

The Art of War:
Examining Museums' Art Therapy Programs for Military Veterans

Diana L. Klein

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Kris Morrissey, PhD

Seth Margolis

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Diana L. Klein

Abstract

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Twenty-two American veterans commit suicide every day, many of them suffering from Post-Traumatic Stress Disorder. Art therapy has been shown to be effective at decreasing the symptoms of PTSD, and a few museums recognize their potential as locations for and as facilitators of art therapy.

The goal of this research was to understand the nature and characteristics of programs art museums are offering for veterans and the potential value of these programs to participants and museums. Methodology included interviews with educators at five museums that offer programs. The findings suggest that these programs have positive impacts on veterans in terms of increased comfort level, decreased stress, and a heightened sense of community. The museum professionals are also positively impacted by their work this new population.

This work may inform museums that are looking to engage with their local veteran community or any population that may be suffering from trauma.

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Finally, a word of thanks to all those who seek to alleviate the suffering of others.

“Sharing the traumatic experience with others is a precondition for the restitution of a sense of a meaningful world. In this process, the survivor seeks assistance not only from those closest to her but also from the wider community. *The response of the community has a powerful influence on the ultimate resolution of the trauma.*”

- J. L. Herman (emphasis mine)

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Chapter One – Introduction

A full quarter of Americans will suffer from a mental illness this year (National Alliance on Mental Illness, 2013). Given an approximate population of 321 million, that means about 80.3 million of us will experience depression, anxiety, bipolar disorder, schizophrenia, or any number of other mental illnesses in 2015. Our nation's 21.8 million military veterans (US Census Bureau, 2014) and 2.7 million service members (Bureau of Labor Statistics, 2014) are not immune from these statistics. Military personnel also experience mental illnesses and even suffer from certain illnesses at higher rates than the general public, most notably Post-Traumatic Stress Disorder (PTSD) (US Dept. of Veterans Affairs). Military PTSD rates vary by service period, “with the highest rate for veterans who served in Vietnam (30 percent), followed by Iraq and Afghanistan veterans (11-20 percent), with the lowest rate for veterans from the Gulf War (10 percent)” (National Initiative for Arts and Healing in the Military, 2013, p. 21).

Traditional treatments for PTSD frequently reside in the field of exposure therapies, which essentially ask the patient to mentally revisit the traumatic experiences until those experiences no longer hold mental sway over the individual. It has become increasingly apparent that these traditional methods of treatment are relatively ineffective at treating many of those symptoms which cause PTSD to become chronic (Collie, Backos, Malchiodi, & Spiegel, 2006). Studies indicate that not only can the symptoms of PTSD be devastating, but the disorder is also strongly associated with life-threatening comorbidities such as substance abuse, depression, and high rates of suicide (Norman, 2010).

Many individuals with PTSD are opting to try non-traditional therapies such as meditation, equine therapy, dance / movement therapy and others. One promising area of non-

traditional treatment is art therapy. Long used for people who have suffered other types of trauma, the psychological community is finding art therapy to be somewhat more effective at combating those aforementioned symptoms that cause PTSD to become chronic. It is also better at reintegrating people with PTSD with their narratives and therein re-establishing missing social characteristics like empathy and goal-setting (Collie et al., 2006). These social characteristics are essential for individuals to regain if they are to fully integrate back into their communities (Collie et al., 2006).

News stories have abounded recently about the tragic statistics around veterans' struggles with PTSD and suicide (one of the most common statistics cites that 22 veterans commit suicide each day (Zarembo, 2015)) as well as around the deadly inefficiencies of the Department of Veterans Affairs, capped by the 2014 retirement of VA Secretary Eric Shinseki. These stories painfully demonstrate that the country needs to do more to be supportive of our returning service members.

At the same time, museums have been attempting to be more inclusive for all visitors. The passage of the Americans with Disabilities Act in 1990 has ensured that museums are accessible for a variety of physical disabilities, and museums have slowly begun to include programming for those who suffer from mental or unseen disabilities. Most common among these new programs are those aimed at families and individuals with Autism Spectrum Disorders (Blake, Rais, Ross, & Wong, 2014), and those who are suffering from Alzheimer's disease and dementia (American Alliance of Museums, 2013, Association of Art Museum Directors, 2014).

While there are museums working in the area of arts engagement with service members and veterans, there has been a lack of research on the cumulative successes and challenges these

institutions have faced. This creates difficulties for museums hoping to begin working with the military community as each must inevitably chart their own course. Individual institutions and organizations have published their recommendations: Project Access (Flynn, 2013) created a booklet to help museums accommodate visitors with mental illnesses, and the Brooks Museum of Art in Memphis has gone so far as to create a “How To” manual for those looking to create art therapy programs (Memphis Brooks Museum of Art, 2014). Both of these documents are helpful standalone projects, but there has not yet been a comprehensive assessment of institutions working with this population across the country. This study will examine how art museums are engaging current and past military personnel who suffer from mental illness in art creation experiences.

Chapter Two – Literature Review

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is a mental disorder brought on by exposure to a traumatic event and is characterized by a variety of symptoms that can plague a sufferer for years (United States Department of Veterans Affairs, 2014a). The Veterans Healthcare Administration (2011) estimates that approximately 10% of adult women and 5% of adult men in America will experience PTSD over the course of their lives (p. 4) The disorder is commonly associated with soldiers and military veterans and “approximately 30% of people who have been in war zones develop PTSD” (Collie et al., 2006, p. 157). For veterans, “exposure to combat and abusive violence [...] are strong predictors of PTSD” (McCarroll, Ursano, & Fullerton, 1997, p. 41 & Collie et al., 2006, p. 157).

There are conflicting numbers about how many veterans suffer from PTSD, but the official statistics from the U.S. Department of Veterans Affairs state that the rate of PTSD is highest among “veterans who served in Vietnam (30 percent), followed by Iraq and Afghanistan veterans (11-20 percent), with the lowest rate for veterans from the Gulf War (10 percent)” (National Initiative for Arts and Health in the Military, 2013, p. 21; National Initiative for Arts and Health in the Military, 2012, p. 4; United States of Veterans Affairs, 2014b) . The numbers are confused for a myriad of social and political reasons (for comparison, please refer to Kulka et al., 1990 and Collie et al., 2006) and further confusing the data is the high prevalence of TBI or Traumatic Brain Injury. TBI symptoms can be mistaken for PTSD in veterans and ongoing research is attempting to distinguish the two.

Trauma, such as a car accident, sexual assault, or a firefight can not only wreak havoc on

a person's body, but can harm the mind. Traumatic events shape the very way memories are created. Avrahami (2005) explains: "normal memories are automatically integrated into a personal narrative [...] without conscious awareness of the process. In contrast, the nature of traumatic memories is dissociative, and they are stored [...] as visual sensory fragments, emotional attitudes, and fixed behaviors that are unchanged over time" (p. 35). Herman (1992) agrees, saying "traumatic memories lack verbal narrative and context; rather they are encoded in the form of vivid sensations and images" (p. 38). As van der Kolk and McFarlane (1996) explain, this is problematic because "the memory of the trauma is not integrated and accepted as a part of one's personal past" (p. 7). Finally, "the personal meaning of the traumatic experience evolves over time, and often includes feelings of irretrievable loss, anger, betrayal, and helplessness" (Van der Kolk and McFarlane, 1996, p. 9).

Post-Traumatic Stress Disorder was not recognized as a mental disorder until 1980 when it was included in the Diagnostic and Statistical Manual of Mental Disorders III. The DSM description of PTSD is a laundry list of symptoms (Appendix A), but they "fall into three main categories. These are called "hyperarousal," "intrusion," and "constriction." Hyperarousal reflects the persistent expectation of danger; intrusion reflects the indelible imprint of the traumatic moment; constriction reflects the numbing response of surrender" (Herman, 1992, p.35). Hyperarousal is a set of behaviors including hypervigilance, exaggerated startle response, and sleep disturbances. Intrusion refers to intrusive thoughts, such as nightmares and flashbacks in which a person believes him or herself to still be in the traumatic situation. Constriction includes avoidance and emotional numbing; avoidance is the intentional evasion of thoughts or

feelings related to the traumatic event (for instance someone with PTSD may avoid driving if they were in a traumatic car accident). Finally, emotional numbing relates to the survivor's efforts to stop experiencing their emotions, and is especially problematic as it "an early predictor of chronic PTSD" (Collie et al., 2006, p. 158). It manifests as "people with PTSD not only actively avoid emotional arousal, but experience a progressive decline and withdrawal, in which *any* stimulation (whether it be potentially pleasurable or aversive) provokes further detachment. To feel nothing seems to be better than feeling irritable and upset" (van der Kolk and McFarlane, 1996, p.12).

These symptoms are not solely about self-perception, but can also affect how an individual sees the world around them:

"Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love, and community. They shatter the construction of self that is formed and sustained in relation to others. [...] Traumatic events destroy the victim's fundamental assumptions about the safety of the world, the positive value of the self in relation to the world, and the meaningful order of creation" (Herman, 1992, p. 51).

Art Therapy

A variety of treatments are used to treat Post-Traumatic Stress Disorder stemming from standard psychological treatments. However "the complexity of PTSD makes it difficult to treat and no single treatment has emerged as uniquely effective" (Collie et al., 2006, p. 158). Collie et al. (2006) go on to detail how traditional treatments are effective at reducing certain symptoms of PTSD, but "do not appear to be as effective in reducing [...] symptoms such as avoidance and emotional numbing that may lead to PTSD becoming chronic" (p.159). Recognizing the

limitations of traditional treatments, some psychologists are beginning to consider non-traditional therapies to address these resonant and hard to treat symptoms. One of these non-traditional options is art therapy, “a mental health profession in which clients [...] use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem” (American Art Therapy Association, 2013). Lyshak-Stelzer, Singer, St. John, and Chemtob (2007) and Morgan and Johnson (1995) have detailed the successes of art therapy exercises with both adolescent and adult survivors of traumatic experiences.

Collie et al. (2006) state that “art therapists have reported remarkable results from work with combat veterans, and theorists have identified psychological and neurological mechanisms that explain the unique capacities of art therapy to promote recovery from PTSD” (p. 158).

These mechanisms relate back to the fact that traumatic memories are visual and dissociative.

Because traumatic experiences defy people’s ability to describe them (Golub, 1985), art therapy can allow someone with PTSD to express their memories in their natural form. Avrahami (2005) explains:

“The modality allows the trauma to “speak” in its own language – the visual form. It enables the client to contain the boundless chaos of the trauma within the borders of a concrete art product, relate the trauma’s story without verbalizing, and undergo a process of integration. The art therapy modality not only enables the exposure and discovery of forgotten memories, it also facilitates the client’s development of a sense of control over past and present” (p. 6).

Johnson (1987) agrees, calling art therapy a unique method to gain access to traumatic memories. van der Kolk and McFarlane (1996), leading psychiatrists in the field of PTSD have asserted that “merely uncovering memories is not enough; they need to be modified and transformed (i.e., placed in their proper context and reconstructed in a personally meaningful way). Thus, in therapy, memory paradoxically needs to become an act of creation rather than the static recording of events” (p. 19). Herman (1992) explains that this step of narrative reconstruction is an essential aspect not only of treatment, but of eventual recovery. Collie et al. (2006) add that, more than just a treatment for memories, “recent research suggests that treatment for emotional numbing in PTSD needs to include pleasant activities in order to rekindle responsiveness to rewards and to re-establish adaptive social functioning” (p. 158).

Finally,

“a growing body of evidence indicates that providing service members and veterans with opportunities to express themselves and share their stories can help them cope with the most common symptoms of today’s conflicts: *post-traumatic stress* (PTS), *traumatic brain injury* (TBI), and major depression. In general, studies tell us that expressive arts therapies can help individuals sleep better, have improved impulse control, greater concentration, and less depression and anxiety and can serve as a protective factor in suicide prevention” (National Initiative for Arts and Health in the Military, 2013, p. 19).

Further, “veterans who participate in art therapy find ongoing mutual support; learn to understand and cope with symptoms; enhance their strengths and abilities to reenter their communities; and improve their outlook on life” (American Art Therapy Association, 2009). The military has begun to recognize the value of art therapy and art based programming in the

treatment of PTSD. In 2012 a military roundtable was convened to discuss ways to integrate art and art therapy into the lives of veterans. The white paper that originated from the summit states that

“the arts can address one of the reasons a service member or veteran might avoid seeking treatment. Unlike exposure-based therapies, when using the arts, individuals can experience and/or express their thoughts and feelings without necessarily having to talk about or directly confront the trauma, if they are not ready. Participating in pleasurable activities also addresses emotional numbing, another feature of PTS—a lack of interest in activities, detachment from others, and a restricted range of emotional expressiveness” (National Initiative for Arts and Health in the Military, 2013, p.21).

Museums

A sea change has been occurring in the museum world as institutions seek to transition, in the words of Stephen Weil (2010), “from being about something to being for somebody.” For much of the history of museums, the primacy of the object was the *raison d’être* of the institution (Kreps, 2003, p. 312). This has changed, such that the American Association of Museums (now the American Alliance of Museums) (2008) states in its Best Practices publication that museums exist as a public service (p. 19) and furthermore that “it is not enough anymore to appeal to a small, homogeneous audience [...]. There is an expectation that any museum serve some broader slice of society” (p. 20). Museums have long understood their role as a place of education, but are only recently beginning to appreciate their potential to be agents of social change. Museums “are seeking to become more inclusive, to tackle their legacy of institutionalised exclusion and, through addressing issues of representation, participation and access, to promote cultural equality

and democratisation” (Sandell, 1998, p. 410). Gaither (1992) (later echoed by Janes (2010) and Woods (2010)) goes further, that not only must museums *seek* to be more inclusive, but in fact have an obligation to “participate in and contribute towards the restoration of wholeness in the communities of our country” (p. 58).

The American Association of Museums (2008) speaks to Sandell’s point of access, explaining that if all Americans pay for museums through their taxes, museums should be accessible to everyone practically possible (p. 22). Many museums are trying to become more accessible to people with disabilities beyond what the Americans with Disabilities Act (ADA) requires, with such services as art tours for the visually impaired that allow participants to touch objects and video signage with running loops of American Sign Language interpretation.

Flynn (2013) and others detail the new attitudes museums are exhibiting toward the varied needs of their audiences, “yet an essentially unrecognized and still significant audience, persons with mental illness, has been overlooked in these new endeavors,” (Flynn, p. 2). This is largely because, “in the absence of clearly implementable ADA directives, framing a strategy to meet the needs of this particular museum audience is often ad hoc rather than holistic” (Flynn, 2013, p. 3). Indeed, the AAM conference in 2014 was full of sessions on how to make museums more accessible to those with disabilities, but a deep discussion of mental illness was absent. The exception was a panel discussion on making museums accessible to veterans. At the session, four museums detailed their activities in working with veterans and two, the Minneapolis Institute of Arts and the San Francisco Museums of Fine Arts, discussed their art tours for veterans with PTSD.

Museums and Art Therapy

Relatively few museums engage in any form of art therapy, but many art therapists believe they are ideal. Salom (2008) writes that

“museums allow guests to see the artistic expressions of others who, like them, have explored the human experience with all its hues, textures, and tones, and then allowed these experiences to manifest in their work. By creating an atmosphere that houses expressions of all different states of mind, museums become optimal for exploring the concepts of “imparting information,” “universality,” and “installation of hope” (p. 99).

Parashak (2013) agrees: “a visit to a museum to take in the rich and extensive quality of size, color, and texture of its artworks can have a dynamic impact on art therapy clients” (p.241) and, furthermore,

“exposure to the creative expression of others may inspire one to create. We have long been aware of this dynamic in group therapy where members reflect, project, and interact through and about others’ artwork. These responses enable the members of the group to increase their insight into others’ artwork and to promote their reflection and personal growth through their own creative efforts” (p.243).

Treadon, Rosal, and Thompson Wylder, (2006) argue that the relationship is symbiotic, that “art therapists can be of great use to museums by bringing non-traditional groups to the museum and museums can be of value to art therapists by providing a rich resource for clients and for art therapy” (p. 288). While art therapy can be conducted in myriad places, museums are special because of their access to collections: authentic works of art that hold sway over our perceptions.

“Artefacts possess an undeniable power to elicit responses from people. Objects serve as

symbols of ourselves, our relationships, and our lives” (Silverman, 2002, p. 77). Parashak (2013) agrees that real objects offer benefits beyond those which can be copied in a non-museum setting. “As the mental health field demonstrates, such responses can be used as therapeutic tools, and pathways to self-exploration and growth. What museums can uniquely offer is an opportunity for individuals to encounter collections of evocative artefacts, and a laboratory for understanding the powerful connections between people and things” (Silverman, 2002, p. 77). Psychologically, “engagement with museums can deliver positive outcomes such as enhanced self-esteem, confidence, and creativity” (Sandell, 2003, p.45).

In addition to the help art therapy can potentially provide for those suffering from PTSD, Weil stresses that museums need to address the needs of their communities if they are to remain relevant: “the most important new skills of all will be the ability to envision how the community’s ongoing and/or emerging needs in all their dimensions – physical, psychological, economic, and social – might potentially be served by the museum’s very particular competencies (p.253)” Wood, p.27.

Chapter Three – Methodology

Goal

The purpose of this research was to identify those institutions working with current and former military personnel in the fields of art making and/or art therapy, and to identify impacts, successes, challenges, and logistics of their programs, as well as recommendations those institutions have for others seeking to create similar programs.

Sampling

This research used a qualitative methodology. Twelve programs were initially identified by a variety of methods, including a request for information to the American Alliance of Museums' *Museum Junction* (an open forum List Serve sent to members of the Alliance), museum publications (the American Alliance of Museums' *Museums on Call* and the Association of Art Museum Directors' *Next Practices*), and a general internet search. I reached out to each of the 12 by a series of emails and phone calls requesting basic information about the program, asking for an interview, and inquiring whether they were aware of other programs doing similar work.

Eight of the initial 12 programs responded to the information requests. Of these eight, six were willing to be interviewed (one dropped out during the interview process), one institution was willing to provide information but did not wish to be interviewed, and the last replied that their program had been a one-time event. None were able to direct me to other institutions doing similar work. The five institutions that are included in this research are the Detroit Institute of Arts, the Morris Museum of Art, the Museum of Glass, the National Veterans Art Museum, and the Phillips Collection.

Table 1: Interview Participation Rate

Agreed to participate in interview	6 (eventually 5)
Declined to participate in interview	2 (eventually 3)
No response	4
Total # of institutions identified	12

Interviews

I conducted the five semi-structured interviews between March 1, 2015 and April 7, 2015. One interview was conducted via Skype, while the other four were phone calls. Each interview was recorded via a digital voice recorder as well as commercially available video recording software. The participants were four museum professionals (educators and teaching artists) and one art therapist; each of the respondents worked directly with the art making program at their institutions. The interview protocol was approved by the University of Washington's Institutional Review Board process and can be found in Appendix B. Each audio recording, video recording, and transcript was saved to a personal password-protected computer, external hard drive, and cloud-based storage site, and will be deleted from the last following completion of this research. Each interview was transcribed using QSR NVivo 10.

Following transcription, the interviews were coded qualitatively. The coding categories were: Logistics, Impacts, Successes, Challenges, and Recommendations, based on the initial research questions of this study. Each interview question originated from one of these categories, and was analyzed under this heading. For instance, the Logistics category included all of the responses to the following interview questions:

- How long has your program been running?
- How is your program funded?
- Can you describe a typical participant?
- Can you walk me through a typical program?
- What led you to create this program?
- Did you find any of the theories or frameworks of art therapy useful in designing your program?

The responses to these questions were aggregated from all five interviews, and the interview responses were then essentialized. For instance, the MMA's response to "How is your program funded?" was "It is a line item within our regular operational expenses within the education department." This was coded as "museum budget" and then was compared to the other responses. All codes can be found in the Code Book in Appendix C. The responses were lightly edited for clarity in the report but can be found in their entirety in the code book.

Institutions

The five institutions spanned the country geographically, and included one museum in the Southeast (Morris Museum of Art; Augusta, Georgia), one in the Mid-Atlantic (Phillips Collection; Washington, DC), two in the Midwest (Detroit Institute of Arts; Detroit, Michigan and National Veterans Art Museum; Chicago, Illinois), and one in the Northwest (Museum of Glass; Tacoma, Washington). These museums are diverse in terms of institution size and budget, with the smallest having fewer than 10 staff and a budget under \$400,000, while the largest employs over 300 staff and has a budget exceeding \$35 million. All of the institutions are either art museums or museums showcasing a particular artistic medium.

Limitations

The small sample size of this study is a limitation, and this study should not be taken as representative of all institutions. Another limitation lies in the problem that this study was predicated as studying “art therapy with veterans with PTSD.” While conducting interviews, it became clear that most of the institutions do not consider their work to be art therapy, which will be discussed in Chapter 5. Furthermore, the museums were not privy to the medical history of their participants and could not say that they had any mental disorder. I decided to continue with the study because, while the museums do not consider their work to be therapy, it still falls within the definition of art therapy as defined by the American Art Therapy Association: “clients [...] use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem” (American Art Therapy Association, 2013). Finally, with regard to the mental health diagnoses of participants, it cannot be assumed that the participants have PTSD, however, the disorder is sufficiently prevalent within the overall veteran population as to be a likely circumstance. In consideration of these limitations, I have used the term “art making experience” in lieu of “art therapy” when considering the actual work done at these museums.

Chapter 4 – Results

Representatives from five institutions (the Detroit Institute of Arts (DIA), the Morris Museum of Art (MMA), the Museum of Glass (MoG), the National Veterans Art Museum (NVAM), and the Phillips Collection (PC)) were interviewed for this study about the impacts, logistics, successes, and challenges of their programs on art making experiences for current and former military personnel, as well as for recommendations they have for other institutions.

Impacts

Four of these programs (DIA, MMA, MoG, PC) did not mention the use of formal evaluation in our interviews, so responses regarding impacts are all anecdotal. The NVAM has used an assessment by the World Health Organization, but found it to be daunting for the participants. One institution was actively privy to the assessment performed by the participants' psychologist and could speak to the participants' responses, but the interviewee's responses are still anecdotal.

Impacts on Participants

Each program described a positive impact on the participants in their programs in a range of ways. The DIA, MMA, and PC all described an increase in the "comfort level" of the participants over the course of the program. Comfort level was variously described as "becoming more social," "opening up" verbally, and being "expressive." The MMA reported the participants relating a lower level of stress following the program. Two, the DIA and MoG, discussed "healing" or "working out issues." One respondent said: "In terms of the healing, we don't know what we're doing, but we know when it's happening" and another replied: "We see them do some really cool things with the materials, and I guess we can say that we do see them working out

specific issues with the materials too, so that's pretty gratifying to see." The MMA and MoG discussed the program's power to inspire participants to make their own art, with the MMA interviewee remarking that at each session he is told by a participant that they've made new art since the past session. The MMA, NVAM, and the PC mentioned that their program reconnects people with their past as artists or creative individuals. The DIA also referred to this concept, saying that adults often deny that they are creative at all, but that this program allows them to see themselves as creative people, an allowance he called a "change in self-perception." Three programs, the PC, MoG, and the MMA, explained that they feel the program is building community among participants. Two of the museums (MoG and DIA) noticed a change in the perception of the participants toward the museum, both stating that they witnessed program participants independently coming to the museum outside of the group, which they took to mean the museum had a greater significance than before the program.

Table 2: Impacts on Program Participants

Increased comfort level	"I saw a real shift in comfort level over the course of that hour"
Decreased stress level	"The participants almost without any break cite that their stress level has been reduced as a result of participating"
Healing / Working out issues	"In terms of the healing, we don't know what we're doing, but we know when it's happening."
Inspiration	"Almost always I'll hear from someone in a follow up session that they've made art [since the last session]"
Connection with past	"A lot of them have told us that they've been reconnected with something that they find meaningful"
Building community	"To seeing them share questions, share responses to our work and also respond to other members of the group; to build community in that way, that they're already a community but kind of have a conversation, new conversations with people in your community using the art as a springboard for the conversation."
New connection with museum	"We have people that now are customers and they come and sit and watch the [art making demonstrations], so they definitely have a different relationship than they had prior."

Impacts on Museum Professionals

Each of the programs also expressed a positive impact on the museum professionals associated with it. To assess this question, I not only analyzed the respondents’ responses to the questions, but their self-reflective remarks throughout the interview. For instance, when describing the impact on the participants, one of the above quotes ends with “so that’s pretty gratifying to see,” which was interpreted as an impact on the professional as well as the participants. Four of the programs used “positive” phrases, such as “that was powerful to watch,” “we see them do cool things,” “gratifying to see,” and “we were happy we can do this.” The MMA and MoG also spoke to the staff’s knowledge gain or change in perception from working with this population, which four museums stated wouldn’t be their “normal” audience (the exception being the NVAM).

Table 3: Impacts on Museum Professionals

Expressed positivity	<p>“That was really powerful to watch”</p> <p>“That’s pretty gratifying to see.”</p> <p>“It just makes all the more reason why were happy we can do this because this is a population that really, really, really is deserving”</p> <p>“Our veterans were so amazing”</p>
Knowledge gain	<p>"[The program] gives us exposure to another group of people that we wouldn't necessarily be working with, we hear some great stories from them"</p>

Rationale

Each of the programs cited their rationale for developing or continuing the program in the area of building relationships within their community or responding to a need. They expressed their answers in different ways, but this was a theme through all of the responses. One respondent said,

“We had a very successful program that we've been running now for 5 years with a local adult day center [...] we felt really confident about the program we had created as being something that could be beneficial to other individuals living in the city.”

Another interviewee responded, “We continue this program, I think, because we do want to have a relevancy and a connection to the community that we're in.” A third respondent, “the museum was thinking in terms of: how can we reach the significant part of the [local] population that doesn't participate in museum programming very regularly, which is the military base in [the city].” The fourth interviewee,

“The general at the time in charge of the [military base] was conversing with our director, and [our director] was wondering, “How can this relationship get going?” And [the general] said that the population that could really use some help would be our Warriors in Transition Battalion so that's how that population was specifically targeted.”

Successes

Respondents were asked to define programmatic success in a very open ended way. Three of the institutions (DIA, MMA, MoG) said that they measure success by participant happiness: “When the people are leaving happy, essentially / And they're eager to stay and do more and not leave, that's showing [...] that's successful.” Three also referenced either participant count or the size of the program, the PC saying they would feel more successful having more participants (their pilot program had had one iteration prior to the interview), the NVAM proudly announcing a large number of participants, and the MoG expressing a desire to grow the program from its current size. The DIA and PC mentioned measuring success in terms of participant engagement:

“We always measure success by engagement / If we're seeing that people are individually expressing their own ideas, that's successful for us. The people are remaining engaged throughout the entire class period /People are verbalizing by the end of four classes if they are eager to share in some way about what they're doing, that shows a successful program too.”

Other topics that came up individually were: creating a connection with the participants (“Creating the best customized experience that I can”), aligning the gallery experience with the studio experience, the excitement of teaching (“Any time you're teaching someone and they make things and that thrill, that excitement that you have, you can share that, and it's very satisfying”), gaining attention for the institution, securing funding (“Get funded and stay on budget!”), and having fruitful collaborations.

Table 4: Measures of Success

Participant Happiness	"When the people are leaving happy, essentially / And they're eager to stay and do more and not leave, that's successful"
Participant Count	"We'd love to grow it big and have a facility to do this"
Engagement	"We always measure success by engagement. / If we're seeing that people are individually expressing their own ideas, that's successful for us. The people are remaining engaged throughout the entire class period /People are verbalizing by the end of four classes / If they are eager to share in some way about what they're doing, that shows a successful program too"
Other Measures	Creating connections with participants, Aligning gallery and studio experiences, Excitement of teaching, Gaining attention for the institution, Securing funding, Fruitful collaborations.

Challenges

This question was also asked in an open-ended manner. Similar to successes, there were a few common themes and many individual challenges. Three of the five bemoaned the difficulty

of working with the VA or the government, while a fourth was critical of the VA's role in healthcare ("The VA can't do it. They simply cannot do it.") Each of these described their difficulty in working with the government on a personal level:

"I think my main challenge was getting in to the VA hospital to be honest with you. I submitted the proposal for this program in December of 2013 and it took until December 2014 to kind of go through all of the hoops of: how do you actually get into the VA before we could actually do the program. That was even having an institutional partner [...] onsite. So that was the logistical challenge in terms of just getting into the VA can be really daunting and you have to be really patient, is what I think was what I learned with that."

Two also described the difficulty on a larger societal level. One interviewee:

"There's a lot of bureaucratic stuff that you have to deal with that in some sense keeps a lot of opportunities like this from happening / Things like just to get on base requires like a large amount of identification and personal background checks, things like that that people who were looking to start a program might not anticipate"

and another:

"You get a little glimpse into how the US government operates, for better or for worse. Which is again a lot to deal with, a lot to process, it's sometimes shocking, and it just makes all the more reason why were happy we can do this because this is a population that really, really, really is deserving and are not getting all that they possibly could that they be getting, you know in terms of their leaving their contract with the United States government."

I want to clarify that my interviewees were not anti-governmental in their interviews, but the difficulty in dealing with governmental bureaucracy came up with sufficient frequency as to be salient.

The remainder of the challenges were individual and specific to the institution, and included: aligning gallery and studio experiences, finding a community partner (“The biggest challenge is finding strong people to partner with, it even goes beyond strong organizations, you really need to have that key person on the other side that's really committed to what you're trying to do”), logistics, fit and / or finding participants (“That's the biggest thing, so networking, really getting to know what groups are in your community, what their needs are, that's the biggest challenge is just finding the right fit”), being outside your comfort zone, a need for staff training to deal with the intensity of the program, and a need for consistent funding (“We didn't get paid. For like close to 6 months / It's just been hard. It's been really hard”). This last point came from a program that was solely grant funded, and would possibly be relevant for other institutions seeking to fund their program through grants. I will speak more to this in Chapter 5.

Three of the five museums said that their program would continue, while another is still in its pilot phase and is hopeful to become permanent, and the last is seeking funding and administration but the museum professional is hopeful that it will continue.

Table 5: Challenges

VA / Government	“I think my main challenge was getting in to the VA hospital”
Others	Aligning gallery and studio experience, Finding a community partner, Logistics, Fit, Finding participants, Outside comfort zone, Staff training, Funding

Program Logistics

For a summary on program logistics, please see the table on page 32.

Duration and Funding

Most of these programs are quite new, with the Phillips Collection beginning in late 2014, the Morris Museum of Art and Museum of Glass in 2013, and the National Veterans Art Museum in 2011. The longest-running program, at the Detroit Institute of Arts, has operated for approximately 20 years, though due to staff turnover, the interviewee was not exactly sure of the start date. Three of the institutions currently fund the programs through their general operating budgets, though one of those programs once charged participants a nominal fee of “\$2-5 per participant.” Of the other two programs, one is funded directly through private donations from the museum’s board and members, and the other is completely grant funded.

Participants

The DIA, NVAM, and PC work exclusively with veterans; with the DIA and PC drawing their participants from local Veterans Administration hospitals and NVAM working with non-affiliated veterans in the community. (By non-affiliated, I mean that they aren’t coming to the program based on participation in the VA community and in some cases may outright reject the VA. The respondent said veteran participants “start talking, "Yeah I'm at the VA and I don't want to go there anymore ‘cuz I'm done with it. But I like the art so I'm gonna come here"”) The PC program targets older adult veterans (65+), while the DIA has a greater age spread: “I'd say that most of the participants are 40-50s. [...] But the more I think about it, the last couple rounds we are getting more younger guys too, in their twenties. It really kind of spans the ages.”

Both of the programs working with current military personnel (MoG and MMA) are

working with their local military base's Warriors in Transition Battalion. The Army describes the role of the Warrior Transition Units as "[providing] the support wounded, ill and injured Soldiers need to heal and transition back to the force or out of military service as a Veteran" (United States Army, 2014). The Army provides the following information about this population: 86% have been deployed to theater, 5.5% are battle injured, and 11.4% have PTSD as their primary diagnosis. (In a separate interview, the commander of the Warrior Transition Units cited that "1,700 of the 3,654 [service members currently in the WTUs] [46.5%] were being treated for various types of post-traumatic stress and behavioral problems" (Sisk, 2015).) MMA and MoG independently described their participants in much the same way. One respondent explained:

"Most of these participants have one or more of the following conditions, [...] either a bodily injury, some sort of mental impairment or special need, which may or may not have been developed as a result of their service. PTSD is a big one that we see a lot of in working with psychologists that are also part of this transition battalion group; we know that that's how the military is classifying a large number of the participants"

and the other:

"[Participants] either had been wounded in combat or in training or had some other medical or health or emotional issues, which made it so that soldier wasn't able to serve in the Armed Forces any more, according to the Armed Forces / many of them had severe issues of all those different natures that they were dealing with."

Types of Programs

There were three program structures described in the five interviews. The DIA and PC employ a combination gallery tour and art making experience. This program format is described

by an interviewee:

“They're generally here for 2-2.5 hours and they have a gallery experience first, led by an interpretive program volunteer or docent; they generally will have something based on a Visual Thinking Strategies experience. It's a learner-centered, open-ended, inquiry-based approach to tour in the galleries where they're asked specific questions to try and evoke their own responses and create a discussion among them and their peers. They'll usually look at 3-4 objects in several different galleries and that will be 45 minutes to an hour. Then the group will come into the studio for an hour to an hour and a half. We don't necessarily link our activities in the studio with what they're looking at in the galleries because that kind of goes against our teaching basics.”

The second program type is used by the MoG and is strictly an art making experience where the participants go through a series of workshops to learn how to blow glass. MMA engages in both of these program formats on alternating months. The final program format is used at NVAM and is sporadic in frequency and travels around the city to marches, festivals, and events at community centers.

The programs vary in terms of frequency. MoG has participants come in once a week for eight straight weeks, while the DIA has participants come in once weekly for four weeks. The MMA program meets once monthly, alternating its meeting place between the military base and the museum. NVAM's program is held sporadically in response to larger community events. The PC program is a pilot that, at time of interview, had occurred once.

There are different approaches to what is made in the studio, with MMA stating that they

make different projects every month because they can't be assured of who will attend, while the DIA designed more long-term projects to be completed over the course of a four-week program. MoG begins each session with a group meal, in order to "build community" between the participants and the instructors.

Art Therapy Grounding

Finally, when asked about their adherence to the best practices of art therapy, four of the five institutions said emphatically that their program is not art therapy. The PC's gallery component is similar to a program designed by an art therapist, but the art making experience is currently dissimilar to therapy (in the words of the respondent). The MMA said their program "could be very loosely classified as expressive therapy," but that they shy away from calling it therapy. Each said instead that they attempt to do what they do best (be that conducting VTS or facilitating art making) in a sensitive manner. The one dissenting opinion was found in the interviewee from NVAM who is an art therapist and for this reason obviously does consider her work to be art therapy.

Table 6: Logistics

	NVAM	MoG	MMA	DIA	PC
Program Start Date	2011	2013	2013	1990's	2014
Program Frequency	Weekly (with additional programs occurring sporadically)	Weekly for 8 weeks per group	Monthly	Weekly for 4 weeks per group	Occurred once (pilot program)
Program Location	Around the community	At the museum	Alternating between the museum and the military base	At the museum	One day at the museum, the following day at the hospital
Program Components	Varied: drawing, theater, writing	Art making experience	At base: Art making experience; At the museum: Tour followed by art making experience	Tour followed by art making experience	Tour followed by art making experience
Program Affiliation	Unaffiliated	Warriors in Transition Battalion	Warriors in Transition Battalion	VA Hospital	VA Hospital
Funding Mechanism	Grant Funded	Donor funded	Line item in budget	Millage funds	Line item in budget

Recommendations

The final interview question asked interviewees to state recommendations they would have for other institutions looking to create similar programs. Two of the most common recommendations were related: “fit” and “networking.” Three of the museums expressed the need for “fit,” the idea that the needs of the participant population should match up to the particular skill set of the museum. The respondent from MMA said: “I would say work within your community to find a need that already exists.” And from the interviewee at MoG: “Try to

provide programming for a population that really can use it.” Finally from the PC:

“The idea of not reinventing the wheel so we're taking something that we do and do really well and then we're talking to the VA and talking about how to change and adapt it. So rather than creating something completely new, we're taking what we know is a very successful program format and [...] trying to reach a new audience with it.”

Relatedly, the DIA and NVAM spoke of networking, or finding and keeping the right population in the museum. DIA: “That's the biggest thing so networking, really getting to know what groups are in your community, what their needs are, that's the biggest challenge is just finding the right fit.” NVAM: “So the challenges I would say are getting the veterans to the museum. [...] We just find that the best way to do it is be out there in the community. Period.”

The DIA, PC, and MMA all spoke to the need for collaboration. The respondent from the PC:

“I think [...] having that ambassador, having that other organization that's already working at the site that you want to work with / It's great to kind of have someone who knows the audience be a part of the development conversations to give you a better sense if what you're suggesting would be a match for the site.”

The interviewee from the DIA agreed: “Finding strong people to partner with; it even goes beyond strong organizations, you really need to have that key person on the other side that's really committed to what you're trying to do.”

This was corroborated by MMA: “Try and find someone to partner with who has the ability to develop something tangentially. Finding a partner that also has a need that fits your needs and doing so in a manner that you can kind of scale as you go.”

The respondents listed a few other recommendations: having alignment with funding

bodies (“trying to find those people who are interested in supporting those populations in terms of growing the program like this”), choosing the right instructor, patience (“I think we talked about patience, is a key thing”), the necessity of engagement, and building trust in the participant population (“If you're not in the program, if you're not in the community for the long haul, you're just not going to get the support from the veterans, it's not gonna happen. It's really building trust and kind of being there in the long haul”).

Table 7: Recommendations

Fit	"I would say work within your community to find a need that already exists"
Networking	"That's the biggest thing: networking, really getting to know what groups are in your community, what their needs are, that's the biggest challenge is just finding the right fit."
Others	Alignment with funding bodies, Instructor selection, Patience, Necessity of engagement, Building trust in the participant population

Chapter Five: Discussion and Conclusion

The field of museum programming for veterans with mental illness is very nascent, and for the reasons discussed earlier, the specific diagnoses of the participants cannot be known. The literature is replete with examples of the successes of art therapy for veterans as well as the potential for museums to act as a therapeutic agent, but to a large extent this potential is, as yet, undocumented within this population. The results of these interviews brought several topics to the forefront for discussion.

Building New Audiences

There is discussion in the museum field about trying to reach “non-traditional” audiences and responding to needs in our communities, and the observation that each of these museums had to stretch themselves to accommodate this different audience confirms the challenge. The fact that each of these institutions specifically sought out their military participants speaks volumes to how these museums view themselves and their role in their communities. Four of the five museums told me that this population was not their “normal” museum population, and many of them mentioned going outside of their comfort zone to work with these participants. Both the Museum of Glass and the Morris Museum of Art, the institutions that work with current military personnel, explained the difficulty of integrating themselves into military life, where soldiers have different jargon and lifestyles than “typical” museum participants. Yet even with this slight discomfort, the museums still sought to make a difference with this “new” audience.

All too often we hear more about the difficulties in working with new audiences – be it allowing for alternate conceptions of collections and fearing a loss of authoritative voice, a changing educational landscape, or visitors’ desire for more media-savvy exhibits. I was initially

concerned that my interviews would lean toward the challenges of programming, but instead each participant extolled the amazing experience they have working with this population. Every interview was upbeat in its descriptions of its program, its participants, and the impacts they see it having on themselves and the people with whom they work. When we discussed challenges, many of the conversations focused in on the minutia like “make sure your studio can accommodate wheelchairs.” Hearing the respondents discuss their furniture arrangement as a challenge was refreshing. Moreover, the challenges the museums discussed were not institutional, about trying to find staff and administration buy-in or the struggle to secure long-term funding (for the most part, more on this later), instead the challenges were about how to best serve their population and museum staff, to make sure everyone was benefitting from the relationship.

Funding Mechanisms

In the turbulent fiscal era of the past decade, museums have hunkered down financially, clinging to their core expenses and jettisoning many “fringe” programs to stay financially solvent. It is worth noting then that three of these five programs are supported from their institution’s core budget, suggesting institutional buy-in. The other two institutions had different funding mechanisms. One is funded through private donations from its board and other donors, and its respondent maintained that finding funding has not been a challenge for them. The interviewee responded that there are a many people in the community who want to help wounded service members and are happy to donate to the program. Only one institution has struggled to find and utilize consistent funding for the program, most of which has come by way of grants. Since this one grant-funded program cannot be representative of all such programs, it should not

be taken necessarily as a cautionary tale. Grant-funded programs are consistently maintained in many institutions around the country, and an institution should not shy away from attempting this type of programming just because it will be grant-dependent. Many of the interviewees did point out that these programs are usually not particularly expensive, incurring mostly just a few staff members' salaries and general art supplies.

Use of Art Therapy

Prior to conducting this research, I anticipated that museums would consider their work to be art therapy and that they might partner with art therapists. I was surprised at how infrequently this was the case – only one of the museums used art therapists as a part of the program, yet it appears that much of what the institutions do is very similar to art therapy. I did not press my respondents as to why they did not think of their program as therapy, but many made comments about their lack of training in that field. It's definitely advisable not to claim licensure that you don't have, but it could be that this reluctance is related to the controversy of museums as therapeutic agents. Much has been written about whether museums should seek to use their facilities in a therapeutic way without a field-wide consensus. The programs in this study seem to have found a middle ground. NVAM, which employs art therapists, is so different in its structure to the other programs as to be a challenging comparison, but it would be interesting to observe these programs being run by art therapists to see if they would differ, or if museums really are performing therapy, just without the name. Moreover, it would be interesting to see if an art therapy partnership would have an easier time in finding and retaining participants from their knowledge of the community.

Walk-in Veterans

Another trend was a lack of programming for walk-in veterans (not affiliated with either Veterans Affairs services or military bases). In 2008 (the most recent year for which such data was available), only 36% of veterans used VA benefits, including healthcare (United States Dept. of Veterans Affairs). This means that 64% of veterans did not make contact with the VA in 2008 (in a meaningful way), and are living their lives outside of VA programs. Many of these individuals are not in contact with the VA because they do not need services, but some choose not to work with the department (a veteran as cited by a museum professional: "Yeah I'm at the VA and I don't want to go there anymore 'cuz I'm done with it.")

Only one of the programs interviewed for this study has historically worked with walk-in veterans, while a second had only begun to do so a month before our interview. For the other programs, the veterans and service members needed to be associated with either the VA or a military base to be informed about the program. For those institutions that did not work with walk-in participants, their programs were structured to have pre-made group cohesion, so walk-in participants would not have fit their program design. Furthermore, it is possible that some of the museums that run veteran programming and were not included in this study allow for walk-ins (personal conversation with museum professionals concludes this might be the case).

Partnerships

Throughout the study, I consistently asked all of my contacts if anyone was aware of other programs doing similar work. I was sent the contact information for a wide array of non-profit organizations doing art therapy work with veterans, but none of the museums were able to name another museum engaged in this work. Each program I interviewed developed

independently of any of the others, and unaware of the work being done at the other institutions.

This has many implications, most notably that the institutions cannot collaborate on their programs. Without collaboration, each institution will continue to forge its own program and will not be able to contribute to the larger knowledge and skill base surrounding veteran art therapy programs. Additionally, each program will need to develop its own evaluation criteria, which becomes a challenge systematically as no one can speak to larger trends. Finally, this creates a barrier for veterans and their family members who may be searching for such services. Without more easily accessible information about the existence and scope of these programs, it may be challenging for individuals to learn about programs in which they could participate.

A way to deal with this final limitation would be to partner with local community organizations that work with veterans, or with local art therapists. Many cities have chapters of national non-profits that work specifically with veterans including organizations such as the VFW, AMVETS, and Wounded Warriors. If a museum located far from a VA hospital wanted to help veterans in their community, they could seek out these organizations or the myriad of others that can be found online. Partnering with local organizations could help to ensure greater access to these programs for all of the veterans in a community, as well as help the museum capitalize on its skills rather than spend a great deal of its time trying to find an audience.

Future

The future for this type of programming is unclear. While each of the programs I interviewed was hopeful that their program would continue, there are many variables beyond an individual educator's wishes. A few days before this paper went to press, the US Army released a

report stating that it will soon close ten of its Warrior Transition Units, including the Warriors in Transition Battalion that works with the Morris Museum of Art. The MMA had been very positive in its hopes for continuing the program when initially interviewed. Whether the MMA will be able to transform its program to help other veterans or members of the community has yet to be seen.

Museums' roles in their communities are changing and expanding. Programs such as those included in this study have heeded Weil's edict that museums go from "being about something to being for somebody" (2010). It is my opinion that museums will never "take over" the therapeutic industry, however I believe that we can add our services to those already existing in our communities. This has precedent in Alzheimer's programming taking place in a number of art museums. These museums are not attempting to single-handedly "cure" Alzheimer's, rather they are trying to be of service to those in their communities who could benefit from this programming. I envision veterans' programming moving in the same direction.

Finally, this study sought to understand how museums are conducting art therapy programs for military veterans suffering from PTSD, but this work could be greatly elaborated to help many traumatized groups in our communities. As stated in the beginning of this paper, estimates state that 10% of adult American women and 5% of adult American men experience PTSD at some point in their lives. Percentages may be much higher amongst other groups, particularly refugees from war zones and individuals living in high-crime environments (NVAM is conducting inspiring work amongst youth on the South side of Chicago). There are large segments of our population dealing with the after effects of trauma that could be well served by museums.

Further Research

Because this type of programming is relatively new, there are many opportunities for further study. Anecdotally, and as a non-clinician, it appears that many of the impacts on the program participants map to common symptoms of PTSD. For instance, the noted impacts of increased comfort level, decreased stress level, and increased sense of community could indicate decreased hyperarousal. Improved self-perception and connection to past enjoyment could indicate decreased constriction and emotional numbing. This is strictly conjecture, but further research in psychology could help to determine whether museums programs are helping with symptom abatement. Along the same lines, evaluation could be conducted to ascertain the function of these programs in the lives of the participants and to better understand the role of the museum as a location for art therapy. This field of study shows great promise; to be better understood and funded, more evaluation should be conducted both museologically and psychologically to understand its full potential.

Conclusion

This study sought to describe how art museums are conducting art making programming for current and former military personnel living with mental illness. I conducted five semi-structured interviews with museum professionals at art museums around the country, and then coded their interviews to learn about logistics, successes, challenges, impacts, and recommendations. Each program reported positive impacts on both the participants and the museum professionals involved with the program. The participants relayed a variety of positive impacts such as increased comfort, decreased anxiety, a better sense of community, and in some cases, a heightened sense of creative inspiration and improved self-perception. The professionals

also reported positive impacts including being able to work with a previously under-served population as well as exhibiting a sense of passion for the subject in the interviews. While each of the programs had a variety of challenges, four of the five museums reported that the successes overcame challenges and that they would continue their programs in the future. The museums became involved in this work to become better connected with their communities, and recommended conducting similar programs to museums in order to best utilize their skills in their communities. Each professional I interviewed was proud of their program, convinced of its efficacy, and eager to continue their program into the future.

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Appendix A

PTSD Symptoms from DSM-5

Criterion A: stressor

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: **(one required)**

1. Direct exposure.
2. Witnessing, in person.
3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.

Criterion B: intrusion symptoms

The traumatic event is persistently re-experienced in the following way(s): **(one required)**

1. Recurrent, involuntary, and intrusive memories. Note: Children older than six may express this symptom in repetitive play.
2. Traumatic nightmares. Note: Children may have frightening dreams without content related to the trauma(s).

3. Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness. Note: Children may reenact the event in play.
4. Intense or prolonged distress after exposure to traumatic reminders.
5. Marked physiologic reactivity after exposure to trauma-related stimuli.

Criterion C: avoidance

Persistent effortful avoidance of distressing trauma-related stimuli after the event: **(one required)**

1. Trauma-related thoughts or feelings.
2. Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).

Criterion D: negative alterations in cognitions and mood

Negative alterations in cognitions and mood that began or worsened after the traumatic event: **(two required)**

1. Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol, or drugs).
2. Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous").
3. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
4. Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest in (pre-traumatic) significant activities.

6. Feeling alienated from others (e.g., detachment or estrangement).
7. Constricted affect: persistent inability to experience positive emotions.

Criterion E: alterations in arousal and reactivity

Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event: **(two required)**

1. Irritable or aggressive behavior
2. Self-destructive or reckless behavior
3. Hypervigilance
4. Exaggerated startle response
5. Problems in concentration
6. Sleep disturbance

Criterion F: duration

Persistence of symptoms (in Criteria B, C, D, and E) for more than one month.

Criterion G: functional significance

Significant symptom-related distress or functional impairment (e.g., social, occupational).

Criterion H: exclusion

Disturbance is not due to medication, substance use, or other illness.

Specify if: With dissociative symptoms.

In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:

1. **Depersonalization:** experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).
2. **Derealization:** experience of unreality, distance, or distortion (e.g., "things are not real").

Specify if: With delayed expression.

Full diagnosis is not met until at least six months after the trauma(s), although onset of symptoms may occur immediately.

Retrieved from: http://www.ptsd.va.gov/professional/PTSD-overview/dsm5_criteria_ptsd.asp

Appendix B

Interview Protocol

Museum Programming with Veterans

University of Washington

Researcher's name: Diana Klein, [Email]

Thesis Advisor: Kris Morrissey, Director of the Museology Graduate Program.

[Phone] [Email]

I am asking you to participate in an interview that is part of my Master's Thesis work at the University of Washington. The purpose of this research is to describe the nature of museum programming for military veterans, in particular programs which involve art therapy. I will record the interview for my research purposes only. I will not use your name but I may use the name of your institution. Your participation is voluntary, refusal to participate will involve no penalty or loss of benefits, and you may discontinue participation at any time. If you have any questions now or in the future, you may contact me through the numbers on the bottom of this form. Do you have any questions? Do you agree to participate in this interview?

How long has your program been running?

How is it funded?

Can you describe a typical participant?

Can you walk me through a typical program?

What led you to create this program?

What impacts have you seen this program have?

On the veterans?

On the museum professionals involved?

On the institution?

How would you describe the value of this program to the participants?

Has this program changed the way program participants view the museum?

What makes you say that?

There are a variety of theories and frameworks in the field of art therapy. Do you find any of them useful in designing or implementing your program?

When considering your program, how would you define success?

What does a successful program look like?

For the institution?

For the participant?

For any collaborators or partners?

What have been the challenges of this program?

How have you addressed these challenges?

Have you faced any challenges in promoting your program?

Do you anticipate that your institution will continue this program?

Why or why not?

Given the successes and challenges of this programming, what would be your recommendations to other museums looking to create similar programs?

I had difficulty finding information about this type of programming. Why do you think that might be the case?

Thank you,

Diana Klein

Master's Candidate – Museology; University of Washington

[Phone]

[Email]

Appendix C

Code Book

Research Question 1: Logistics

Research Question	Interview Question	Research Site	Code	Quote		
Logistics	1	1	20	Dec-14		
		1	48	20 years		
		1	30	2013		
		1	98	Oct-13		
		1	60	2011		
				museum	It's funded by the institution through the institution's budget.	
	1	2	20	budget		
			2	48	Millage	Well we are a publicly funded institution at this point so we have millage funds from the tri-county area which we're within. And from those millage funds, we have a community partnership agreement with the three counties, so they're funding us. And so those funds are basically what over the costs of the program.
		2	48	Free		
					charge	Originally, it was free, and the cost actually is minimal. we were asking each one of the partnering organizations to do a token contribution, I think we did a sliding scale from like \$2-5 per participant.
	2	48	participants			
				museum	it is a line item within our regular operational expenses within the education department.	
	2	30	budget			
				Donors	It is funded privately through outreach to our donors.	
	2	98	Donors			
				Grants	Our participants are from the [city's] Veterans Hospital they tend to be older adults, and by that I mean generally 65+	
1	2	60	Grants			
				Veterans	the people who immediately signed up were people who already had an interest in the arts and would already feel comfortable with the concept of engaging in a museum experience	
	3	20	Veterans			
				older (65+)	We had 4	
	3	20	older (65+)			
				art oriented	So we know that we're dealing with guys that have PTSD, we know that we're dealing with guys that have physical or cognitive limitations. Some people are recovering from being homeless for some amount of time.	
	3	20	art oriented			
				4 participants	We do have some younger guys from more recent	
	3	20	4 participants			
				Veterans		
	3	48	Veterans			
				Impairment		
	3	48	Impairment			
				mixed age		
	3	48	mixed age			

situations but generally they are older guys, I'd say that most of the participants are 40-50s I would guess. But I mean the more I think about it, the last couple rounds we are getting more younger guys too, in their twenties. It's really, it really kind of spans the ages.

3 30 Soldiers

most of these participants have one or more of the following conditions, sort of either a bodily injury, some sort of mental impairment or special need, which may or may not have been developed as a result of their service, PTSD is a big one that we see a lot of in working with psychologists that are also part of this transition battalion group we know that that's how the military is classifying a large number of the participants.

3 30 Impairment

And the age of the participants I would say is typically between 19 years old and probably 40 years old.

3 30 mixed age

There may be in a session as low as say 6 participants and I don't think that there's typically ever any more than 10 or 11.

3 30 6-11 participants

3 98 Soldiers

either had been wounded in combat or in training or had some other medical or health or emotional issues, which made it so that soldier wasn't able to serve in the armed forces any more, according to the armed forces / many of them had severe issues of all those different natures that they were dealing with,

3 98 Impairment

It's a population that can be quite nervous at times.

3 98 uncomfortable

Social interaction with other soldiers of different ranks can be confusing or a little just awkward with them.

3 60 Veterans gallery

1 4 20 experience

The first part occurred on a Monday here at the museum But during that time we took an hour and we looked at two artworks and we really had inquiry driven conversations to engage with individuals about what they were seeing.

4 20 inquiry based

part two occurred the following day at the VA hospital and they have a teaching artist who comes in pretty regularly and so we kind of ended up collaborating with that teaching artist in that he, he runs a really open class to be honest with you, [...] so the goal for that class was to have them responding through art making the creative process, to what they had seen and talked about and some of them had responded and some people were not interested in doing that so we had a couple of people

4 20 art making

			who were doing like replications, someone else who did something that was completely unrelated.
4	20	twice weekly	
4	48	once weekly	
4	48	gallery experience	they're generally here for 2-2.5 hours and they have a gallery experience first, led by an interpretive program volunteer or docent they generally will have something based on a VTS experience. So it's a learner-centered open-ended inquiry-based approach to tour in the galleries where they're asked specific questions to try and evoke their own responses and create a discussion among them and their peers so they'll usually look at 3-4 objects in several different galleries then the group will come into the studio for an hour/hour and a half. But then they come in here and what we have been doing, at least a couple few years, is we generally introduce one particular project on the first day and continue to develop it over the course of four weeks. As opposed to doing four separate projects.
4	48	inquiry based	
4	48	art making	
4	48	Longitudinal projects	
4	30	once monthly	we were conducting sort of outreach art experiences. That were typically anywhere between 30 minutes to maybe 2.5 hours depending on what sort of schedule the soldiers had. It was usually a fairly open time and so some of them could stay for much longer than other ones but that was happening once a month. And the projects were always revolving, we didn't, we couldn't do a lot of things that were, that the soldiers could continue to work on because they're transitioning out of their military service. And so we can't always rely on having the same participants month to month. So most of the projects had to be either contained within the time that we were visiting or something that they were able to take home with them and use materials that they might have. And so we decided that we were going to alternate every other month the participants come to the museum and they go on a tour and then they make art work at our site. so it's very, you know in terms of the program, it's very just straightforward [art making]. so at every class, we'll start with a group meal, which we found to be very good for building community with the
4	30	art making	
4	30	revolving projects	
4	30	gallery experience	
4	98	art making	
4	98	Meal	

teachers and the soldiers and at which time, [redacted], our lead instructor can lay out their game plan for the evening.

	4	98	once weekly	
	4	60		Conducts many different programs, each is different
				We had a very successful program that we've been running now for 5 years with a local adult day center and where we used the museum education so that the inquiry based gallery experiences and we combined it there with their art therapist and they have a full time art therapist at this adult day center and that program we had gotten it up and running and running really well we felt really confident about the program we had created as being something that could be beneficial to other individuals living in the city
1	5	20	Expansion	the veterans were one of the first groups and we've had them continuously and so we continue this program I think because we do want to have a relevancy and a connection to the community that we're in.
	5	48	Relevance	the museum was thinking of, in terms of how can we reach the significant of the [city's] population that doesn't participate in museum programming very regularly,
	5	30	build relationship	But the general at the time in charge of the [base], General [redacted] was conversing with [redacted], our director, and [local artist], and [director] was wondering, how can this relationship get going and Gen. [] said that the population that could really use some help and in terms of this stuff, would be our WTB so that's how that population was specifically targeted,
	5	98	build relationship	So it made me start to question like what is the, the context, like how do you put this together in such a way that you can use the best of what the city has to offer in an urban context
	5	60	help veterans	I'm going to say that the session at the VA hospital was run through recreational therapy that they're using the teaching artist, it's actually more like an open arts studio,
1	8	20	not therapy	so I would say that that is not art therapy.
				But I would say though for the session that occurs here [at the museum] what we're essentially doing in we have developed this library of inquiry based conversations that we co-developed with the art therapist at the existing relationship at the adult day center that we work with and so it's great because we're reusing a lot of the same questions. Which is really fantastic,
	8	20	therapist designed	
	8	48	not therapy	We don't claim to be doing art therapy, I'm sure that

8	48	VTS	would look really different if we did. we are steeped in VTS, we've all been trained in that, and we've made a really conscious effort over the years to examine closely of VTS that can be translated to a hands-on art making environment. I really try and shy away from saying therapy.
8	30	not therapy	Experience.
8	30	expressive therapy	There's an element of what we do that I think you could classify sort of loosely as expressive therapy. Sort of in the creative arts therapy realm I think we just try and facilitate a positive experience.
8	30	positive experience	Where they take some time using materials doing things that they wouldn't do on their own.
8	98	not therapy	we're not consulting any art therapy doctrine or textbook or stylist way of working, we're just teaching [making art] blowing with very, very sensitive people.
8	98	Staff	Not asked, is an art therapist and bases her practice in that field
8	60		

Code Book

Research Question 2: Impacts

Research Question	Interview Question	Research Site	Code	Quote
2	6.1	20	anecdotally	I think from anecdotes,
	6.1	20	comfort level	I felt was amazing was their comfort level, I saw a real shift in comfort level over the course of that hour. And by that I mean, I noticed individuals who initially were not opening up, opening up by the end of that hour and I thought that you know again this is anecdotal and we've only seen it once, but it was kind of a nice idea of watching the transformation of an audience going from being reticent and violent in some cases to seeing them share questions, share responses to our work and also respond to other members of the group
	6.1	20	build community	to build community in that way, that they're already a community but kind of have like a conversation, new conversations with people in your community using the art as a springboard for the conversation. they do start to verbalize more, the more they're becoming comfortable with the space, with the museum, with the staff, I think safe is a key word here at the museum. We try to create a safe space for them to explore and express themselves, express their own ideas. So that starts in the galleries with a strong docent led experience where they do feel comfortable sharing their ideas in front of the other people in the group. / the first time they come in, a few people might share the discussion, but as happens with really all of our groups, we generally see more people participating as the weeks go on as they become more comfortable, so being able to verbalize their thoughts that's something we certainly see that the materials give them an opportunity to kind of bring some of their thoughts to life, to visualize things and then in the end we get them talking.
	6.1	48	comfort level	And we see them do some really cool things with the materials, and I guess we can say that we do see them working out specific issues with the materials too, so that's pretty gratifying to see.
	6.1	48	Therapy	the first thing I would say is the participant almost without any break cite that their stress level has been reduced as a result of participating,
	6.1	30	anxiety decrease	
	6.1	30	comfort	things the general demeanor of the participants, candor

		level	between the participants, all of those things seem to increase throughout the session. So you can tell they've become more talkative, they become more social. a lot of them have cited participating in this program has connected them with a part of their own particular interests that they may have abandoned or maybe not
6.1	30	reconnecting with past experiences	given as much thought to / a lot of them have told us that they've been reconnected with something that they find meaningful almost always I'll hear from someone in a follow up session that they've made art, at least one person will let me know that they've made art between the last session
6.1	30	inspirational	and the current session.
6.1	98	Healing	In terms of the healing, we don't know what we're doing, but we know when it's happening.
6.1	98	Happiness	Because the soldiers are looking forward to this so much and what we hear all the time is, "this is the highlight of my week," "this is what I look forward to," / so this gives them something to look forward to and I think the one that sums it up the best is, "it's like Christmas. I look forward to Wednesday because it's like Christmas when I see what I made the week before, when it's finally [done] and I can actually hold it and look at it." /it's just something that we kind of see happening and in terms of an enthusiasm, a drive, a sparkle in people's eye something that they can think about doing one day after they leave the service, not necessarily for a living
6.1	98	inspirational	
6.1	60		Not asked
2	6.2	20	Positive
	6.2	48	Exposure
	6.2	48	Positive
	6.2	30	different perception better relationship
	6.2	30	relationship

	6.2	30	Respect	I can say personally speaking it's given me a deeper respect for the people that we serve in these sort of outreach.
	6.2	98	knowledge gain	The pressures, the concerns, just the way they speak is like learning a foreign language for us / you get a little glimpse into how the US government operates, for better or for worse. Which is again a lot to deal with, a lot to process, it's sometimes shocking, it just makes all the more reason why were happy we can do this because this is a population that really, really, really is deserving and are not getting all that they possibly could that they be getting, you know in terms of their leaving their contract with the United States government. It's very, very deep and powerful stuff for me and certainly for [names instructors],
	6.2	98	Positive	our veterans were so amazing / etc
2	6.3	20		Not asked
	6.3	48	institutional	people from across the museum come for that [art show] opening to hear people sharing their stories about the artwork. It's become a fixture I'd say.
	6.3	30		Not asked
	6.3	98		Not asked
	6.3	60		Not asked
2	7.1	20		Not asked
	7.1	48	perception	we like to see increased confidence, in general but also confidence in them being a creative person, so many people especially adults deny that they're creative at all, so it's really cool to see with the veterans and with everybody, that change in perception really, we have ability with our classes to make people really open up how they think about themselves a little more broadly.
	7.1	30		Not asked
	7.1	98		Not asked
	7.1	60		Not asked
2	7.2	20		Not asked
	7.2	48	Visitors	the veterans is they will start to amble in here on their own sometimes / similar to any group we hope to have people have a sense of ownership in a sense of the museum and its collections, they certainly get to know their way around after they've participated in the program for a while and so I think they feel good about coming back.
	7.2	30		Not asked

7.2 98 Visitors
7.2 60

We have people that now they're customers and they come and sit and watch the [art making demonstrations], so it's, they definitely have a different relationship than they had prior.

Not asked

Code Book

Research Question 3: Successes

Research Question	Interview Question	Research Site	Code	Quote
3	9	20	Engagement	we'd really like to see more individuals engaged and by that I mean more veterans and also we'd like to see more caregivers coming and being engaged as well creating the best customized experience that I can so that I can create an experience that individuals can draw the most from it and create the most number of personal connections. So that I think is really key to success for me.
			Connection	create a better link between what happens here in the galleries and what happens the next day in that open studio.
			Gallery = Participant Count	And I think success would be more than 4 people. Well we always measure success by engagement. / . If we're seeing that people are individually expressing their own ideas, that's successful for us. The people are remaining engaged throughout the entire class period /People are verbalizing by the end of four classes if they are eager to share in some way about what they're doing, that shows a successful program too.
			Engagement	And when the people are leaving happy, essentially. / and they're eager to stay and do more and not leave, that's showing that they're that's successful
			Happiness	Any time when we can have a participant whose experience while making art with the museum either in their world at the base or here at the museum when that experience is rewarding in itself and the time that they spend is enjoyable.
			Happiness	any time you're teaching someone and they make things and that thrill, that excitement that you have, you can share that, and it's very satisfying
			Teaching excitement	, any time you're teaching someone and they make things and that thrill, that excitement that you have, you can share that, and it's very satisfying
			Happiness	it's a success because it's drawing great attention to our institution
			Attention for museum	we'd love to grow it big and have a facility to do this, have a dedicated place to have classes all the time
			Size	One that can get funded and stay on budget!
			Funding	

9	60	Participant Count	we had close to 70 people in and out which is unheard of It was really by the strength of these collaborations and relationships and people, as my other people I met that are as passionate about the work as I and really care
9	60	Collaborations	about veterans.

Code Book

Research Question 4: Challenges

Research Question	Interview Question	Research Site	Code	Quote
4	10	20	VA	I think my main challenge was getting in to the VA hospital to be honest with you. I submitted the proposal for this program in December of 2013 and it took until December 2014 to kind of go through all of the hoops of how do you actually get into the VA before we could actually do the program. That was even having an institutional partner, so that's the [nonprofit partner], who's our partner in this because they really are helping shepherd this program and make sure it happens, that was even having them onsite. So that was the logistical challenge in terms of just getting into the VA can be can be really daunting and you have to be really patient is what I think was what I learned with that.
			Program connectivity	So I'd really like to see the level of connectivity between those two moments [gallery exploration and open studio] combined that's kind of a challenge because we lose some key people that are really great at working with the other ones. So that peer-based dynamic can change sometimes, just based on people kinda graduating out of the program. So that can be a little awkward when you have those transitional periods where you only have a couple of people who have been here before and you have 10 people who are brand new, just trying to get comfortable. Those kind of transitions are the biggest challenge we have with community groups.
	10	48	Personal dynamic	the biggest challenge is finding strong people to partner with, it even goes beyond strong organizations you really need to have that key person on the other side that's really committed to what you're trying to do
			Finding a partner	That's the biggest thing so networking, really getting to know what groups are in your community, what their needs are, that's the biggest challenge is just finding the right fit.
	10	48	Fit	there's a lot of bureaucratic stuff that you have to deal with that in some sense keeps a lot of opportunities like this from happening / Things like just to get on base requires like a large amount of identification and personal background checks, things like that that make people who
	10	30	VA	

			were looking to start a program might not anticipate.
			You know there's some mobility issues that can come in to play when you're talking about people that have potential physical or bodily injuries and so sometimes things like wheelchairs, making sure that the art room space we use is mindful of the type of space it takes to turn around in a wheel chair. And things like that that most people should be doing anyway but if someone was looking to participate in a program like this, you've got to be very mindful of disabilities and how to make accommodation.
	10	30	Logistics
			one of the challenges for our staff is people like myself who may be weren't accustomed to the culture of the military we had to figure out how we could work with them in an environment that we weren't necessarily comfortable with.
	10	30	Outside comfort zone
	10	98	Staff training
	10	60	Getting participants
	10	60	Funding
4	10.1	20	Maybe
			finding more training and more support for what we're doing is our main focus for this year even though we did promotion, we had difficulty getting veterans to come in.
			we didn't get paid. For like close to 6 months. / it's just been hard. It's been really hard.
			[Will continue through pilot stage] / we're about to have our Spring program next week
			Yeah I think they absolutely will. Especially now we have begun the group art show at the end of each year I think, this yeah will be our 5th or 6th year for that, that really shows a value there because people from across the museum come for that opening to hear people sharing their stories about the artwork. It's become a fixture I'd say.
	10.1	48	Yes
			Because the relationship is already established and it seems to be beneficial for both of us and the need for outreach for soldiers in our community doesn't seem to be something that's going to go away.
	10.1	30	Yes
			We currently have a grant proposal with [a national funder] and we're very interested in it, we don't know if that's going to go through
	10.1	98	Yes
	10.1	60	Maybe
			I don't know!

Code Book

Research Question 5: Recommendations

Research Question	Interview Question	Research Site	Code	Quote
5	11	20	Patience	I think we talked about patience, is a key thing I think too for us the having that ambassador, having that other organization that's already working at the site that you want to work with is, having an ambassador. / It's great to kind of have someone who knows the audience be a part of the development conversations to give you a better sense of what you're suggesting would be a match
	11	20	Collaboration	for the site. So that was really helpful talking to him. the idea of not reinventing the wheel so we're taking something that we do and do really well and then we're talking to the VA and talking about how to change and adapt it. So rather than creating something completely new, we're taking what we know is a very successful program format and helping trying to reach a new audience with it.
	11	20	Fit	finding strong people to partner with, it even goes beyond strong organizations you really need to have that key person on the other side that's really committed to what you're trying to do and that has been a challenge
	11	48	Collaboration	with the community group program. That's the biggest thing so networking, really getting to know what groups are in your community, what their needs are, that's the biggest challenge is just finding the
	11	48	Networking	right fit.
	11	30	Fit	I would say work within your community to find a need that already exists
	11	30	Collaboration	And try and find someone to partner with who has the ability to develop something tangentially. Finding a partner that also has a need that fits your needs and doing so in a manner that you can kind of scale as you go.
	11	30	Instructor	I would suggest hiring someone and keeping the instructor consistent. / : And I think that ideally it should be someone that is probably not a contract worker, probably somebody who, because you're dealing with the military because you're working with representing the museum in a space that we're not accustomed to normally and we get a chance to sort of talk about our institution, I think it's most valuable to have somebody that works on staff full time doing that kind of stuff

- 11 98 Fit try to provide programming for a population that really can use it
- 11 98 Funding trying to find those people who are interested in supporting those populations in terms of growing the program like this which is a little bit out of our normal realm at of the museum here.
- 11 60 Engagement A lot of these, whether it's equine therapy or a lot of these it's really about engagement. You have to engage. So the challenges I would say are getting the veterans to the museum. And I think that's the challenge for veterans' organizations anyway. And challenges of promoting the program. We just find that the best way to do it is be out there in the community. Period.
- 11 60 Networking It's a matter of, you know how you introduce this to the veterans you know word of mouth from each other is the best form, it's just, it's you know, when a vet can vet your program. And conversely, if you're not in the program, if you're not in the community for the long haul, you're just not going to get the support from the veterans, it's not gonna happen. It's really building trust and kind of being there in the long haul,
- 11 60 Building trust