

Staff and Docent Training (Session C), Wilson Pavilion, Incubator

Session Host and Moderator- Maggie Griffin, Gallery Guide, Nasher Museum of Art

Carolyn Halpin-Healy, Executive Director, Arts & Minds

Jane Tygesson, Program Coordinator for ArtSage, Docent at Minneapolis Institute of Art

Ruth Caccavale, Museum Educator and Lead Gallery Guide, Nasher Museum of Art

Carolyn:

- “Everyone I’ve worked with has had something to build on, knowledge of exhibition, subject matter, etc. The training really involves bringing their existing knowledge along with knowledge about the audience, as well as adjusting their expectations of their audience.”
- Person centered care: (dementia reconsidered)
- Needs of people with dementia: occupation, identity, inclusion, attachment, comfort, love.
- Inclusion: Museums can meet these needs by warmly inviting people – really have the idea of *hospitality* in mind, they need to feel included, shake hands, name tags, use names, etc.
- Occupation: The nature of museums already meet the needs of meaningful occupation.
- Identity: Identity comes into play in the way you personally respond to the art.
- Comfort: Physical comfort, chairs with backs, higher stools, adapting for the physical needs of the attendee.
- Attachment: Attachments with care partners strengthen, new attachments form.
- Love: Love is at the beginning and the end of all of this.
- What is the most important – the art or the participant? It’s a fine line, they both belong at the center. Art and people together keeps the focus and integrity. Art and love together in the center.
- Pedagogy of the oppressed – liberation education –keeping art at the center of the experience. Keeps the experience from switching into cookies and chit-chat.
- Our mission involves art as well as people.
- Arts & Minds hand out: at the center is an interaction in the gallery – facilitator nelly with a painting and a participant. This interaction representing the heart of the work. Come to the work with a positionality – a listening stance – learn to teach in a different way. One concept – *unconditional positive regard* – it’s doable. Putting yourself in a place in which you greet people where they are but also accepting yourself.
- Ultimately what we are after – what we really want is meaning making. Artist are communicating meaningful things of important – we want to embrace the moments that happen in moments of collective looking.

Ruth:

- The first question a docent/volunteer may ask is how are these tours different. These inquiry based tours encourage participants - living in the moment, going on a journey together. The art is just the jumping off point.

Jane:

- We found our pilot project in Minneapolis, 80 – 90% of the visitors had never been to a museum. When participants arrive, we embrace their braveness when they enter so we want to create a safe space for these visitors. One way we look – tell me and I will forget, show me and I may remember, involve me and I will... Normalizing the experience is helpful.
- How many of you have docents that actually lead your program? (about 8 audience hands)
 - o You need to have a confidence in your docents which requires significant training.
- MIA docents have training 1 day a week for two years. Docent's self-select to enter into this population and training. How do you build the tools that you need?
 - o Local Alzheimer's organization (great, but often above the heads of what is needed (scientifically)) – start with training about dementia, how does it impact visitors as they enter the building. Knowing the needs (10am-12pm is the golden hour), what time of day, when, who.
- Living with memory loss. (not dementia, Alzheimer's)
- Docents start with basic medical information, how are they going to craft an experience in the gallery – unlocking the person within who has been living with the shutting down of senses. Lot of training on how we would craft the tours – wrote out 25 tours – using art as launch and then moving into stories they want to tell or experiences they want to create in that moment. This community often know very little about each other, we create an experience to help them learn more about each other (including care partners).
- Information base, how to create tours, what art will we look at,
- Separate entrance for this population - safe quiet area – we go out to their vans meet them with wheel chairs, umbrellas, - out with authenticity, get down, offer hand, do not impose yourself, personal greeting (re-introduce yourself) – it's so good to see you. Make a personal attachment to them, look them in the eyes, - meet them at their level.
- You are going on a journey with them. Two docents on each tour – one leads one follows – at least two people.
- One-on-one everyone has a caregiver or volunteer that stays with them the entire tour.
- Tours generally have 4 objects (5 people, 5 caregivers) – we are going to be looking, on a tour, simple statements we are going to do this, then this, then this.

Questions and Answers:

Q: Radical welcome – great – but a lot of the people in our program are early stage, the question is you can't always identify what stage they are in. How do you teach the nuance of progression to docents? How do you adapt? How do you teach intuition?

A: Flexibility and responding to your visitor. Selecting the right personality for the docents leading these programs.

Log is kept about what works well or doesn't on tours.

Training intuition: debriefs – opportunities for building in observational opportunities so docents new to the program could observe existing and effective programs.

Q: When someone doesn't seem to be a good fit, how do you handle that situation?

A: We sit them down and be honest, we have refused 4 or 5 docents.

Q: Have any of you used video samples in your docent training? Even recording the “cracker-jack” docents on your team and then use that to train new docents.

Q: Follow up training?

A: Nasher – meets monthly and retrains.

Q: Can I ask a dumb question. Why does it take so long, two years to train, for a lot of volunteers that is a long time – why does it take so long to get people competent?

A: Within the first year, people start doing tours, it's about practice with support. After 2 years, they have given 15-20 tours. One day a week, all day, for two years. Different institutions have different needs and experience.

Group Discussion/Suggestions:

- Sheet of the things on the tour that participants could refer back to, so they wouldn't get flustered about what they've forgotten. (for early stage)
- Vetting process is exceptionally important for people who work within this program. Docents self-select, and then they are observed and evaluated, then they meet with the staff one on one and talk to them about their experience (personal experience with dementia), then they shadow 6-8 times before they begin to lead.
- Pooling resources for docent training, reflection,
- Shadowing, mentoring, debriefing (both written and verbal), docents are on teams that always work together. It's important for them to learn to accept different levels of response – adapting the criteria for success. Organized groups provide written feedback after tours – what worked, what didn't.
- Prior to the visit, the organizers email information about the participants. Then after the tour they follow up with input, reflection, pros and cons, etc.
- Participants sharing stories.
- “I Remember Better When I Paint”
- Suggestion:
 - o The AAM NAEA webinars, google hangouts, this would be a great topic

- Sharing resources, who could initiate. Ed Con
- AAM webinars are online – have done accessibility webinars