

The  
Nelson-Atkins  
Museum  
of Art

*Minds in Motion*  
Docent Training Document

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**Part 1—Introduction**

In conversations with friends and colleagues, there is surprise that people who live with dementia might want to visit the Nelson-Atkins Museum of Art (NAMA). Why this reaction? Perhaps because it is easy to believe that people who have cognitive impairment cannot enjoy experiences with art. This document is designed to provide strategies for docents to plan and carry out tours with a community of people who can widen our horizons and teach us to see with new eyes.

The Nelson-Atkins Museum of Art is committed to ensuring that all people have access to art. As with any population, NAMA docents are adept at adapting standard tours to meet the needs of participants. We strive to engage those who might not feel empowered or comfortable. On this tour, participants will enjoy an opportunity to observe art carefully, think about what they see, discuss their ideas or share feelings, and listen to other people's interpretations.

For any guest, regardless of age, background, or experience, the best outcome might be a wish to return: *This is fun and interesting. When can we come again?*

**Part 2—Purpose of Tour**

*Minds in Motion* is a tour for those with dementia, memory loss, or cognitive decline and their caregivers. Created in collaboration with the Heart of America Alzheimer's Association, Kansas City Chapter, the tour provides a safe and caring environment for people with memory loss to explore art with specially trained docents sensitive to the interests and abilities of our visitors.

### Part 3—How is Engagement with Art Beneficial for Individuals with Alzheimer’s?

Challenges for People with Alzheimer’s	Benefits of a Guided Tour
Memory loss	The tour allows individuals to access personal experiences and long-term memories.
Difficulty processing information	The tour allows participants to focus in the moment and encourages mental stimulation.
Struggle performing familiar tasks and frustration with abstract thinking	Looking at art sharpens visual skills and enhances the capacity to investigate and interpret complex ideas in a non-judgmental, accepting environment. The tour also encourages guests to use their imagination and to think creatively.
Problems with language	The tour allows participants to communicate ideas and express feelings.
Disorientation	The tour provides an opportunity for participants to relax in a safe and caring environment.
Limited social opportunities for persons with dementia	The tour provides an enjoyable program that stimulates the mind, heart and spirit and provides a space to build friendships and a sense of community.
Social isolation of caregiver	The tour provides an environment for caregivers to interact with their peers and promotes feelings of validation.

### Part 4—Understanding Dementia, Memory Loss, and Cognitive Decline

#### What is Dementia?

Dementia is not a specific disease. It's an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Alzheimer's disease accounts for the largest percentage of disease which causes dementia symptoms. This is why many people use the terms “dementia” and “Alzheimer’s” interchangeably. Vascular dementia, which results from damage to, or clotting in the vessels and capillaries in the brain, is the second most common dementia type. Vascular dementia and Alzheimer’s often occur together. Lewy body dementia and Frontotemporal dementia round out the list of most common forms; however there are many other neurodegenerative diseases that cause dementia symptoms. Dementia symptoms may also be the result of reversible conditions, such as depression, medication interactions, thyroid imbalances, and vitamin deficiencies to name only a few.

While symptoms of dementia can vary greatly, at least two of the following core mental functions must be significantly impaired to be considered dementia:

- Memory
- Communication and language
- Ability to focus and pay attention
- Reasoning and judgment
- Visual perception

People with dementia may have problems with short-term memory, word finding, making decisions, depth perception, and doing routine tasks. They may become lost, and are sometimes confused about time or place. Symptoms may vary from day to day, or from moment to moment.

### About Alzheimer's Disease

- **Alzheimer's is caused by damage to neurons (brain cells), leading to cell death.** In Alzheimer's disease, sticky protein plaques form between the neurons and interfere with their ability to communicate. Another protein forms inside the neurons and interferes with the internal maintenance of the cell. Overall levels of a chemical messenger called acetylcholine, decline. The brain region called the hippocampus is the center of learning and memory in the brain, and the brain cells in this region are often the first to be damaged. That's why memory loss is often one of the earliest symptoms of Alzheimer's.
- **Alzheimer's is not a normal part of aging,** although the greatest known risk factor is increasing age, and the majority of people with Alzheimer's are 65 and older. But Alzheimer's is not just a disease of old age. Up to 5 percent of people with the disease have early onset Alzheimer's (also known as younger-onset), which often appears when someone is in their 40s or 50s.
- **Alzheimer's worsens over time.** Alzheimer's is a progressive disease, where dementia symptoms gradually worsen over a number of years. In its early stages, memory loss is mild, but with late-stage Alzheimer's, individuals lose the ability to carry on a conversation and respond to their environment. Alzheimer's is the sixth leading cause of death in the United States. Those with Alzheimer's live an average of eight years after their symptoms become noticeable to others, but survival can range from four to 20 years, depending on age and other health conditions.
- **Alzheimer's has no cure.**

### Current Treatments

Drugs have been developed that help improve functioning in some individuals with Alzheimer's disease and related dementias. They include Aricept (generic: donepezil), Exelon, and generic galantamine. These drugs help the brain retain more of the chemical messenger acetylcholine, thus bolstering brain function. In addition, another class of drug, Namenda (generic: memantine) is often added to one of the drugs above to provide what is currently considered the gold standard in treatment.

While drug research is ongoing, non-pharmaceutical treatments also help the person with Alzheimer's to live their best. Many successful approaches employ the use of the cultural arts to reach beyond the disease for memories and emotions. Art creation in its many

forms and art appreciation are affirming and failure free ways to engage the individual and include them in something extraordinary

## **Part 5—Planning a Tour**

The following section encourages docents to adapt existing tours rather than design a special, custom tour for people with memory loss.

Important Considerations:

### **Theme/Topic Selection**

Select a tour theme or topic that will be fun and stimulating. Consider tours that explore a topic/theme, period, or that focus on a special exhibition.

Examples of tour topics: Women in Art, Back to the 60s, Art in Bloom, Portraits, Armchair Traveler, etc.

### **Create a Clear Framework**

Construct a clear organizing framework. Use introductions, transitions, paraphrasing, and conclusions that provide clarity to the tour. Please see *Crafting a Tour* document on VolunteerNET for the importance of these structural components.

### **Length of Tour**

As with other tours, the tour should be no longer than 75 minutes. Allow time for breaks between galleries when needed. Allow extra time for travel.

### **Gallery Selection**

Avoid excess travel. Because mobility can be challenging with some visitors with dementia, use no more than one or two galleries. Galleries should be near to each other. Minimize walking and avoid stairs. Use elevators. Avoid crowds and distractions. Consider gallery acoustics. A quiet space is important for concentration and communication. Keep in mind physical constraints and mobility of guests. Gallery space should allow ample room for portable stools and wheelchairs.

### **Artwork Selection**

Less is more. Use no more than four to five works on your tour. Because some guests may have poor vision, use larger and easily viewable objects. Avoid walls or areas where there is an abundance of images. As with any age or ability, select images that stimulate discussion and use judgment for violent or sexually provocative pieces.

### **Determining Sequence**

The sequence in which you view the works should reflect the theme you have chosen. The sequence may be chronological or from simpler works to those that are more complex in composition and/or meaning. Order the works in a way that is clear and sensible.

### **Prepare for Group Discussion**

Prepare questions that connect participants to works of art and foster interaction among the group. The questions should allow participants to connect the work and themes to their personal lives and imaginations.

### **Team Teaching**

Two docents should lead each tour. Each should take turns leading a discussion in front of a work of art. As one docent leads a discussion, the other docent should float around the group, listen in on what people are saying amongst themselves, and encourage them to share with everyone.

## **Part 6—Engaging the Visitor**

### **Before the Tour: Greeting the Group, Stools, Name Tags, and Bathrooms**

As guests enter the museum, greet them personally and express how delighted you are that they have chosen to visit today. Before the tour begins, distribute stools when needed and make a name tag for each person. As with any age or ability, referring to people by name as they contribute during the tour respects their dignity and lets them know their presence is important.

Also, have a wheelchair at the designated entrance in the event a visitor may need to use it. (Coat check is a distance away and the time it takes to get a wheelchair will eat into your time.)

Lastly, ask the group if anyone needs to use the restroom before the tour starts. Likewise, always be aware of the closest restroom.

### **Starting the Tour and Clear Introductions**

While waiting for the tour to begin, try to connect with the participants by chatting, asking about their day. Put the participants at ease by giving information about where they are and what they will be doing. Give a concise introduction that sets clear expectations. Make known the tour will be interactive and not a lecture. Discuss the no touch rule.

### **Observation and Opening Discussion**

Begin with a moment of quiet, focused looking. Consider doing an inventory of the room before a discussion of individual works of art. Ask open-ended questions that allow people time to look, reflect, and describe. Examples: *What is going on in this picture? How would you describe this painting? How does this painting make you feel?* As with any age or ability, flexibility is key; be prepared to adapt your plan to the conversation at hand. When you invite participation, and visitors realize that you sincerely want to know how they see the objects, they will become relaxed and comfortable.

### **Interpretation/Meaning**

Probe more deeply as discussion flows. Ask questions that give participants an opportunity to interpret works of art. Example question: *Why do you think the artist has isolated this figure? Why do you think the artist chose to make this work so large? Why do you think the artist has only used red*

*and black color in this work?* Guests welcome the occasion to share points of view, make their own conclusions, and appreciate what they see.

### **Making Connections**

As the discussion progresses, have participants connect the artwork to their lives and experiences, and to the world. Even if someone has memory loss, he or she can talk about the emotional effect of a painting or sculpture, or relate it to past memories. People with Alzheimer's often remember their younger years. The docent might ask questions that reflect back on these days. Examples: *Did anyone have a pet? Who enjoyed picnics, or outdoor activities? What was your favorite job? Who has lived in different areas of the United States?*

### **Go with the Flow**

Be aware that the group may fixate on certain works of art on the tour. Do not rush the group—go where the group wants to go!

### **Wrap-Up**

Toward the end of your discussion, bring together the various threads of conversation, summarizing and synthesizing the ideas and the opinions that have been shared. Show your enthusiasm for the value of these conversations. Do not close the tour with questions that ask visitors to recall what they have seen and discussed.

## **Strategies for Effective Communication**

### **In General**

- Maintain a positive attitude.
- Balance a relaxed atmosphere with a serious plan.
- Allow a person time for expression, yet be prepared to support with gentle help.
- Express interest in all comments and show respect for everyone.
- Do not oversimplify your conversation. Do not talk down or condescend. As with any audience, visitors will look carefully, listen to one another, exchange ideas, and offer unique insight.

### **Non-Verbal and Verbal Tips**

- Always face each speaker directly.
- Establish eye contact with speaker.
- Get the person's attention before speaking to an individual. This sometimes needs to be done multiple times if there are distractions.
- Speak slowly and project your voice.
- Moderate pace and use clear speech and sentences. Pause between new questions or ideas.
- Always paraphrase your group's observations.
- Be patient, sincere, and smile often. Avoid non-verbal negative gestures like crossing one's arms.

## Handling Cognitive Issues

- Always define key words or ideas.
- Repeat and reinforce key ideas/themes/topics frequently. Repeat points in several different ways.
- Summarize larger discussions often.
- Use clear transitions between stops.
- Avoid questions that require short-term memory. Examples: *How are the works of art on this stop similar to the ones we saw in the last gallery? Do you remember the picture of a landscape we looked at during our last stop?* This is a reason for organizing the entire tour in a single gallery or two; you can look and point to the pieces, then ask guests to make a comparison or find contrasts to others.
- Do not correct responses even if participants make mistakes or their comments do not make sense.
- As with any age or ability, make sure everyone can see and hear but also make sure nobody touches or bumps into an art object. You might need to position yourself in-between a visitor and an object at times.

## Part 7—Challenging Situations: Group Balance and Dynamics

### Someone Who Monopolizes the Discussion

As with any age or ability, enthusiastic conversation is the goal, so it's important that no single person dominates the group. Cognitive issues related to Alzheimer's might lead a person to repeat the same comment over and over again. Acknowledge what he or she is saying, then include a piece of information about the artist or time period; connect it to another comment from the group; or use it to pivot to a new line of conversation.

An individual might speak so often that others hesitate. Recognize his or her eagerness, and then remind the group that we can learn from one another only if people feel welcome to share insights and perspectives.

### Irrelevant or Unrelated Comments

A participant might make an observation that appears to have little relevance to the art work. From elementary school students through our grandparents, docents encourage personal reflections about art. If a visitor says something that seems unrelated to the work, it is likely that an aspect of the piece – plus the immediate experience of standing in front of that object – has shaped the spoken remark. Perhaps the guest is making a connection between the art and his or her employment or profession, family and home, hobbies or travel. What seems off-target to the docent might be the whole meaning for the speaker. Again, a conversation may spark an old memory. Do not correct and let the conversation roll!

### People Who Do Not Speak

If a person does not respond verbally, that does not mean he or she is not engaged. Look for clues of involvement. Is the person looking at the art (not the docent)? If a guest points to a work, invite him or her to share what they are thinking. Some people are shy and might feel

reluctant to speak in front of a group. People become confident as they establish trust with one another.

### **Side-Conversations**

Relax! Participants and their spouses or care-partners might talk on the side between themselves, perhaps about the art, or maybe the partner needs to reassure the person with dementia about where they are and what's going on. So long as these do not disrupt the group, please allow these side-conversations.

One reason that it is helpful to have two docents on the tour: while one docent is leading the conversation, the other docent may float amongst the group, listen in on what people are saying amongst themselves, and encourage them to share with everyone.

### **In General**

For any age or ability, docents manage this challenge: how can we balance the interests, capabilities, and personalities of group members? Be supportive, show enthusiasm, allow conversation to go in unexpected directions yet do not hesitate to gently cut off a conversation and take the discussion in a different direction.

## **Part 8—Conclusion**

This document provides some guidelines for touring people with dementia, memory loss, or cognitive decline. *Minds in Motion* fosters personal engagement with art and enables people to practice skills of social interaction. If we provide a meaningful activity where people feel a sense of belonging, then they will go home energized, ready to return. All visitors – including people with dementia and their caregivers – have the opportunity to think new ideas and participate in fruitful dialogue. The Nelson-Atkins Museum of Art becomes a place where the person with Alzheimer's, his or her care-partner, and the docent build a cultural community.