A HEALTH PROJECT FOR ART / CREATIVE ARTS THERAPIST "THE STORY OF A PROJECT PREPARATION PROCESS"

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Öz

Sağlık bakımı, multidisipliner bir çalışma alanıdır. Uzmanlık alanları ve seviyeleri arttıkça hizmet kalitesi de artmaktadır. Bu durum, yaşam kalitesini ve hastanın beklenen ömrünü etkiler. Hizmet çeşitliliği nedeni ile bu alan sürekli olarak yeni profesyonelleri kucaklamaktadır. Geçen yüzyılın ikinci yarısında sağlık sektöründe yer alan mesleklerden biri de sanat / yaratıcı sanatlar(müzik-dans terapisi, evcil hayvan terapisi, palyaço tedavisi vb.) terapistliğidir. Sanat ve yaratıcı sanatların Avrupa ve diğer gelişmiş ülkelerde sağlık bakımında kullanımı giderek yaygınlaşmaktadır. Bu terapiler hem yetişkinlerin hem de çocukların iyileşme sürecinde destekleyiçi ve stresi ortadan kaldırıcı olarak ortaya çıkmakta ve hastaların kendilerini klinik tedavilere daha fazla dahil etmelerini sağlamaktadır. Yine de bilinmesi gereken şey, bu faaliyetlerle ilgili tüm mesleklerin ortak bir tanımlaması bulunmamakta ve çoğu gönüllü olarak değerlendirilmekte ve çıkarlarının temsil edildiği uluslararası platform eksikliği çekmektedirler. Bu çalışma, sağlığı geliştirme alanında sağlık çalışanları ve akademisyenleri tarafından hazırlanabilecek uluslararası projeler için bir örnek olarak hazırlanmıştır.

Anahtar Kelimeler: Sanat Terapileri, Sanat Projeleri, Bakım, Sağlık, Geliştirme.

Abstract

Health care is a multidisciplinary workplace. As the expertise areas and levels increase, the quality of service increases. This situation, affects the quality of life and the expected lifespan of the patient. Due to the diversity in service, this field is constantly embracing new professionals. One of the professions that participated in the second half of the last century in the healthcare sector is art / creative arts(like music, dans therapy, pet therapy, clown therapy and so on) therapist. Creative and performing arts have been expanding their use in healthcare in Europe and other developed countries gradually. Those therapies come into view as supporter and stress-reliever during the healing process of both adults and children and provide patients to feel themselves more involved in clinical treatments. However, there is no common identification of all professions related to these activities: Most of them are considered on the volunteer basis and suffer from the lack of international platforms where their interests are represented. This study has been presented as an example for international projects which can be prepared by healthcare providers and academicians in health promotion field.

Keywords: Art Therapies, Art Projects, Health Care, Care and Art.

1-INTRODUCTION

Why are health projects necessary?

As the areas of expertise and levels increase, the quality of health service is increasing. This affects the quality of life and the life expectancy of the patient positively. One of the professions that joined the health sector in the second half of the last century is the art therapist.

Art therapies have been used in various forms for centuries. However, in the literature, the concept of art therapy was first described in the study conducted by Adrian Hill in 1942 with tuberculosis patients. In this study, Hill suggested that painting could be a tool to explain anxiety and traumatic experiences for patients(Akhan, 2012, s133; Case & Dalley, 2014; Malchiodi, 2005).

Art therapy, in general, may be referred as a special name for philosophical therapy or philosophical counseling. Art therapy, which is a specific field of philosophical therapy, works on themes such as self-awareness, thinking about self-awareness, time and encourage (Filiz, 2016). Research emphasizes that art can touch/affect mind and body at the same time (Siegel, 1989). Art therapy is defined as therapeutic interventions with the use of art materials in the presence of a specialist who has completed her / his education in the arts field to reduce physical and psychological problems of patients or healthy people, to increase motivation and to help them cope with stressors(Akhan, 2012; Case & Dalley 2014; Malchiodi, 2005). On the other hand, art therapist is the person who uses her/his artistic skills and experiences to make patients or healthy people feel better (Silver, Hervey, Peterson, Lewis & McGuire, 2001). Application of art therapy has based on the psychosocial theories related therapeutic tools that assist resolving disagreement of human development and education, as well as psychodynamic, cognitive, interpersonal and other emotional

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conflicts. These therapeutic tools can be expressed as providing awareness, developing social skills, behavior management, problem-solving, anxiety reduction, reality orientation, and raising self-esteem (Rubin, 2016;Sayar, 2006) In the light of this information, types of art therapies could be sorted under four headings: Music, Visual Arts, Movement-based Creative Expressions, Expressive Writing (Sayar, 2006; NCCATA, 2018).

It is difficult to find the sufficient number of qualified personnel who can apply art therapies in that field that requires a too high level of professionality. The number of therapists around the world is few as in Europe and the recognition of occupational competencies of those few therapists is inadequate. Because ones who completed music/art education and want to be a therapist do not know which education standards are necessary for being a therapist; and those who have studied medicine/health sciences and are going to be an art therapist do not have a guide on which way should be followed. Further, ones who achieve being a therapist in some way have trouble finding a suitable position for themselves in the labor market. Therapists/artists in this group cannot express the value of talents and diplomas they have, or they have not been appreciated. As the labor market is not satisfactorily informed regarding these occupations. Due to the fact that employers look at cost effectivity, they desire to measure the benefit of skills that therapist show in the field. Nevertheless, there are no indicators meeting these expectations; therefore, they are not able to confirm available knowledge. Thus, the use of art therapies in the field has been approached with suspicion. Moreover, the visibility and the prevalence of evidence-based work on these occupations are not satisfactory and social awareness is insufficient. Hence, supply-demand equilibrium for therapists cannot occur. The dominance of pharmacological treatment trends in a sector causes therapies still to be viewed as luxurious. Further, therapist/therapy payments by social security institutions are not yet on schedule due to the inadequacy of evidence-based studies and, some health policies. MUSA project that was initiated in order to underline these issues and provide a platform bringing therapists together for expressing their problems was conducted with a multidisciplinary viewpoint to a global problem.

Program development in health-related issues, policy making, planning of projects, and integrating the results obtained into processes have been assessed as extremely necessary steps to ameliorate and protect public health (National Research Council (US), 2011)

Healthcare services are conducted with projecting even in the smallest units due to their specificity and their direct impact on human life. Therefore, health projects contribute to public health both directly and indirectly. Many non-governmental organizations, consortiums, and other constitutions; particularly the World Health Organization (WHO), voluntarily fund health-related projects. Similarly, MUSA is a project conducted with the financing of "Education, Audiovisual and Culture Executive Agency by The European Commission" and the co-financing of participating institutions.

With this project; these are aimed: (1) protecting professional rights and liabilities of musical artists, creative and performance artists in health sector in EU (2) helping reciprocal recognition of their vocational training and profiles by other countries (3) forming a supranational platform protecting their rights and profits and, representing them. It has been predicted by EU that those objectives might be attained with some instruments which are the National / European Qualifications Framework (NQF / EQF) and the European Credit System for Vocational Education and Training (ECVET).

The main objective of this project is to describe occupational profiles related art therapies which form adjuvant treatment and, are highly valuable for supporting traditional clinic healthcare services and, ensure their recognition. Therapy areas covered under the project are Music therapy, Clown therapy, Pet therapy, Creative stage and performing arts therapy, Occupational therapies.

The other purpose of MUSA Project is to portray the state of the creative stage and performing arts to all individuals interested in this topic in Europe, set up an online MUSA portal to create a strong communication network for therapists and citizens, and make this sector accessible.

2-METHOD and RESULTS

This study has been conducted to design project for improving health and to explain how the project progresses from intellectual phase to conclusion phase. Scientific methods have been used at every stage of the project including the identification of the problem, literature review, needs analysis, conceptual framework, project management. Seven organizations from 5 countries joint the whole process of this project. The project has been divided into seven Work Packages (WPs): Three transversal WPs and four specific WPs; each are addressing specific activities necessary to achieve the final objectives of the project. The MUSA project started on 1 January 2014 and ended on 30 June 2016.

2.1- As a result of the blockages in the human resources department, the formation of the project idea

2.2-Preparation of logical framework

2.3- Describing stakeholders/analyzing

2.4-Analyzing Problem

2.5-Target analysis

2.6-Budget

2.7-Submission to financial support institutions

2.8-Accept and Application

As a result: It is difficult to find a sufficient number of qualified personnel who can apply art therapies in that field which requires a too high level of professionality. The number of therapists around the world is few as in Europe and the recognition of occupational competencies that those few therapists have is insufficient. This lies on the basis of the problem that individuals who want to be art therapists cannot reach guides helping which way should be followed. In addition, since the visibility and the prevalence of evidence-based work on these occupations are not satisfactory, social awareness is insufficient too. Hence, supply-demand equilibrium for therapists cannot occur. The dominance of pharmacological treatment trends in the sector causes therapies still to be viewed as luxurious. Further, therapist/ therapy payments by social security institutions are not yet on schedule due to the inadequacy of evidence-based studies and some health policies. MUSA project that was initiated in order to underline these issues and provide a platform bringing therapists together for expressing their problems was conducted with a multidisciplinary viewpoint to a global problem.

2.1-As a result of the blockages in the human resources department, the formation of the project idea.

Project meetings are routine works done for Fondazione Dell'ospedale Salesi Onlus at Salesi Children Hospital. This project idea has been formed with the belief that the issues about art therapies/therapists that they have been practicing for many years amateurly (such as education standardization, unacceptance of these initiatives as treatment by social security institutions, vocational definitions not to be identified by vocational qualification institutions, and concerns of physicians regarding whether such complementary therapies are evidence-based or not) need to be moved to a platform. It is foreseen that the project has a very important social responsibility in the sense of defining an important deficit in the field of health and proposing solutions to policymakers.

From this point, the requirements of the project cycle management known as a professional method have been acted upon. The most important features of "project cycle management" can be evaluated as detailed and participatory needs analysis, need-directed solutions, targeted planning, and implementation, measurable/verifiable effects, focus on sustainability, standard practices, and documentation. In this framework, project cycle management consists of six steps in general: a) Identifying the project idea, b) Analyzing the project idea, c) Pre-evaluation, d) Finance, e) Implementation, f) Evaluation (Tekindağ, 2005).

2.2-Preparation of logical framework

Logical framework approach (LFA) has been started to use by United States Agency for International Development (USAID) to develop strategic and institutional projects in the 1960s. Today, while a large number of project supporting organizations are distributing grant aids, they make the Logical Framework Approach obligatory. LFA is a planning and implementation tool for project planners and practitioners based on the analysis results, in which the project objectives are exhibited within a certain logic and systematically (Jackson, 1997; Bilen & Kabukçuoğlu, 2005).

2.3-Describing stakeholders/analyzing

Sharing of the project idea with internal and external stakeholders who are going to be affected by the project, and getting the opinions about the project idea has been carried out. At this stage, it is confirmed that the project idea has been approved by the majority of internal and external stakeholders and then coming to the phase of analyzing the problem.

2.4-Analyzing Problem

At this stage, many problem-solving methods have been used, and lastly, brainstorming has been utilized. The Brainstorm was first applied by Alex Osborn in 1938, and in 1953 it was included in the literature as an effective method of creative thinking (Pfeffer, 1991; Osborn, 1979).

This method has become the most beneficial method for the project team in determining the possible problems related to the project, detecting causes that may lead to a problem (cause and effect analysis), determining which data will be collected about a problem and determining solution offers to remove a problem. The project team at this stage; long period exchanged ideas with music therapy associations, dance and motion therapy specialists, oncological doctors and nurses, psychologists, animal therapies experts and project consultancy. Their counseling evaluate as a guide. These initiatives are made in a very similar way to the table below.
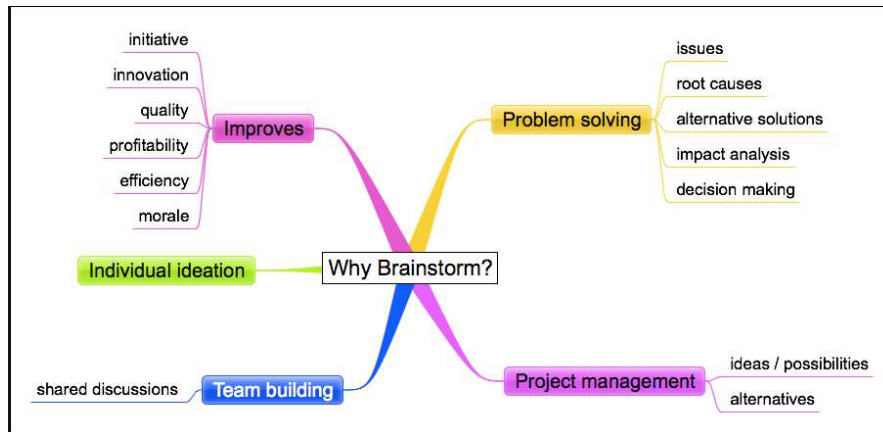
1. BRAIN STORMING MAP

Table 1: http://digitalmindmap.blogspot.com.tr/2012/03/brainstorming-using-mind-maps.html

2.5-Target analysis

Long-term and short-term goals were established, vehicle-objective relationships were put forward, and possible outcomes were considered. Strengths and weaknesses of project proposer and stakeholder institutions were revealed by SWOT analysis method, then the possibility of applying and maintaining the project was discussed.

At this stage, researchers on institutions that can provide funding have been initiated simultaneously. Establishing a rational link between the targets by prepared a logical framework matrix, the introduction of measurable indicators for the targets, and the definitions of the source-cost have been completed. The delegation of activities such as activity planning, meetings covered in the project, interviews, preparation of written and visual materials, human resources and budget management to the partners have been made and, these activities have been approved by each partner.

2.6-Budget

Main items to be used during the project have been identified, and a budget plan including probable expenses, unforeseen expenses as well as economic measures that will be taken in case the project is terminated due to political or other undesirable circumstances has been put forward. An estimated budget was created when the project was being prepared. This preliminary budget was prepared considering the economic classification of the countries. This process was evaluated by quality experts. After that, the working stages were defined one by one (analysis of regulations and laws, analysis of preliminary information, preliminary reports, overseas meetings, product creation, etc.). The real budget was created and implemented. Internal monitoring and evaluation were carried out at each step of the applications. Interim reports were generated. At the end of the project, both the external evaluations and the outcome reports were prepared in the ex post period.

Workflow can be seen in the table below.

2. EU PROGRAMME AND PROJECTS CYCLE MANAGEMENT METHODOLOGY
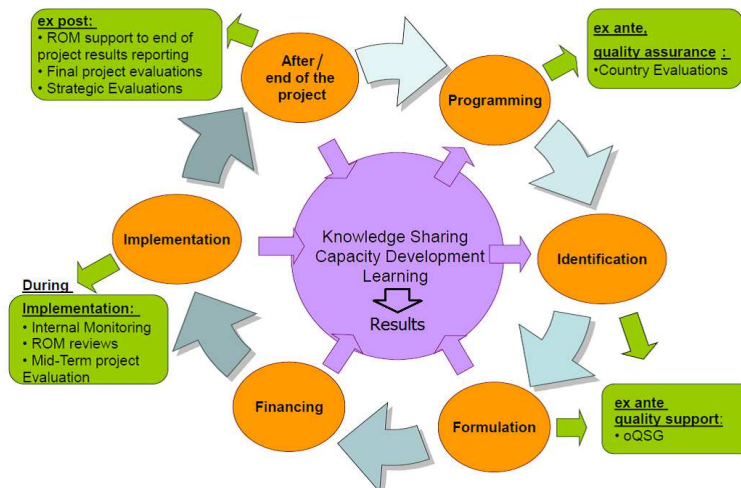

TABLE 2:https://ec.europa.eu/europeaid/programme-and-projects-cycle-management-methodology_en

2.7-Submission to financial support institutions

The project was presented to Education, Audiovisual and Culture Executive Agency by European Commission in February 2013 as a transfer of innovation project with the scope of the program named "A Lifelong Learning: Leonardo Da Vinci Grundtvig and Dissemination".

2.8-Accept and Application

The study was deemed suitable for support with the project number of 539899-LLP-1-2013-1-IT-LEONARDO-LMP Project in November 2013. The project work was carried out according to work-sharing in pursuance of previously prepared work packages, which each organization declared to contribute with respect to its own specialty area.

The organizations participating in the project are:

Italy: Fondazione dell'Ospedale Salesi Onlus,
Azienda Ospedaliero Universitaria Ospedali Riuniti Umberto I,
Italian Professional Association of Music Therapy,
Turkey: Yildirim Beyazit University
Lithuanian: Latvia Music Therapy Association (LMTA)
Poland: Faculty of Pedagogy and Psychology, The University of Bialystock
England: Coleg Llandrillo Cymru

MUSA Project has 7 project partners from 5 different countries. These partners are institutions, which are interested in Vocational Education and Training, can employ interns and workers. Because of that, they are competent groups that are aware of the obstacles and problems in the field of Vocational Education and Training in addition to the demands and needs of the labor market and the health sector.

Specialist profile of participant organizations related to the project: This consists of music therapists, dance therapists, pet therapists, specialists from other therapeutic areas, pedagogues, project specialists, project quality auditors, medical doctors, pediatricians, social workers, nurses, political party representatives, and non-governmental organizations. Contributions and suggestions from each profession were recorded by the rapporteurs and then evaluated by the working groups.

In the lifecycle of the project, communication is generally done by phone, internet resources. At the project, the Skype meeting was held when there is a need and an international project evaluation meeting was held five times in Ancona, Ankara, Bialystock, Llandrillo, and Ancona respectively.

At the management level, MUSA project has been realized according to the main overall project plan with a list in chronological order of all project activities on management, product development, dissemination, and evaluation level. The project plan will serve to plan and to steer the project processes as well as to control and monitor them.

All partners had close contacts during all project phases, mainly via email and Skype; however, most relevant were the 5 transnational project meetings held over the overall duration of the project. A special instrument for communication and information to the public has been recognized by project website MUSA containing all project developments, events, products, and outcomes.

At product level MUSA project has been accomplished through a short state of the art survey, followed by an in-depth data collection, evaluation and analyze phase, in which national VET/higher education concepts has been collected, described and compared with each other. This research work followed scientific quality standards and frameworks as well ECVET and EU policies/instruments concerning the recognition of competences and diplomas.

An external company specialized on the development of e-portal, has been subcontracted so that portal has been developed on highest quality standards in terms of design, development, pilot implementation, final revision and back office assistance.

A special promotion for the MUSA portal has been developed by all partners so this sustainable implementation of the portal had the right from the beginning.

Final Green Paper has been developed by all partners having highly competent in European educational and labor market policy and strategic considerations concerning this issue.

At evaluation level Fondazione Salesi developed an own quality management handbook covering all evaluation activities planned and realized:

- Achievement of a "snap-shot" analyses of the project every 3 months assuring that the project was on track according to qualitative and quantitative indicators of the proposal;
- Production of full content, dissemination and financial report every 6 months;

- Evaluation report about each meeting (5 times) where the partners delivered feedback concerning the operational, social, communication and cooperation issues of the project;

Additionally, an external evaluator has been subcontracted by the Fondazione Salesi with the aim to monitor the project every 12 months stating observations and evaluation outcomes in two reports.

In particular, MUSA project has been implemented through 7 different work packages, the first four tailored and focused on project core theme and the last three transversals finalized to assure a high level of performances in project realization. Each work package – above listed, had objectives, activities to do, expected result and deliverables:

- Development of Recognition Map of the Creative and Performing Arts Professions in Healthcare in Europe
- Development of the MUSA: Online-Portal for VET promotion and mutual recognition of music therapy professional profiles in Europe
- Promotion and Testing of MUSA Portal
- Sustainable exploitation and implementation of MUSA Portal
- Project Management and Sustainability
- Dissemination
- Quality Management

For MUSA project monitoring and reporting high worth has been assured by the above table containing, per work packages, all output unit with their description.

At the beginning of the project the table were completed with planning issues (date, nature, …) whereas at the end of MUSA project the same table has been confirmed with "effective information" as shown in the table below.

3. MUSA PROJECT SUMMARY TABLE

Workpackage	Deliverable Title	Date (Planned/Realized)	Nature	Dissemination Level	Language Versions	Expected Results/ Impact
WP 1 Development of Recognition Map of the Creative and Performing Arts Professions in HealthCare in Europe	D 1.1 State of the Art Report	02/14 draft 06/14 final	R	PU	English	Very useful to provide a well defined picture of the different co therapies in Europe.
	D 1.2 Project Meeting I	03/14	E	PP	English	30 participants
	D 1.3 Data collection for Recognition Map of the Creative and Performing Arts Professions in healthcare in Europe	04/14 draft 06/14 final	O (Format)	PU	English	Very useful to provide a common methodology for investigation on co therapies
	D 1.4 Report on the therapeutic effectiveness of those activities complementary to clinical care assistance originated by creative and performing arts	05/14 draft 06/14 final	R	PU	English	Very useful to provide effectiveness of co-therapies
	D 1.5 Recognition Map of the Creative and Performing Arts Professions in Healthcare in Europe (draft version)	01/15 draft completed by all partners 03/15 final (revised)	S	PU	English	Very useful for the finalisation of a common competencies framework about co therapies in Europe
WP 2 Development of the MUSA : on-line portal for VET promotion and mutual recognition of music therapy professional profiles in Europe	D 2.6 Project Meeting II	06/14	E	PP	English	15/20 participants
	D 2.7 Recognition Map of Creative and Performing Arts Professions in Healthcare in Europe (final version)	05/15 draft 11/15 final	S	PU	English	Very useful for the design of a tailored architecture of a web site focussed on co therapies
	D 2.8 Focus on music therapist professional profile	06/15	S	PU	English	Very useful to better define the characteristics of the music therapist and facilitate the comparison of the same profile in Europe.

	D 2.9 Server for MUSA on line portal	03/15	**S**	**PU**	English	Very useful for whole project and its dissemination
	D 2.10 The MUSA on line Portal (BETA Version)	05/15	**D**	**PU**	English	Portal has a great potential for future use
WP3 Promotion and Testing of MUSA Portal	D 3.11 Project Meeting III	11/14	**E**	**PP**	English	10 participants
	D 3.12 MUSA Portal Promotion Strategy	03/15 draft only in ITA 05/15 final in ENG	**S**	**PP**	English	A common strategy assured additional efficacy in portal promotion
	D 3.13 Promotion/Exploitation of MUSA portal	06/15	**S**	**PP**	English Italian Polish Turkish	Different languages for static part of the portal has been a key for a wider stakeholder involvement
	D 3.14 Evaluation of MUSA portal	11/15	**S**	**PU**	English	Following the process PDCA (Plan, Do, Check and Act) feedbacks returned essential info for portal revision
	D 3.15 The MUSA portal (final version)	01/16	**D**	**PU**	English Italian Polish Turkish	As above stated different languages for static part of the portal has been a key for a wider stakeholder involvement
WP4 Sustainable exploitation and implementation of MUSA portal	D 4.16 Project Meeting IV	10/15	**E**	**PP**	English	13 participants
	D 4.17 MUSA Green Paper	11/15	**S**	**PU**	English Italian Polish Turkish	A "crispy" document for create awareness but also for trigger the desirable evolution of those profiles close to co-therapies
	D 4.18 Intellectual Property Rights IPR and Commercialization Concept	11/15	**O**	**CO**	English Italian Polish Turkish	The prevention of difficulties in future use of MUSA outputs has been organised through IPR
	D 4.19 Sustainable Implementation of MUSA portal on free market	03/16	**S**	**PU**	English Italian Polish Turkish	High are expectation for future use of the portal
	D 4.20Project Meeting V	05/16	**E**	**PP**	English	10 participants
WP5 Project Management and Sustainability	D 5.21 Partner contracts	03/14	**O** (contracts)	**CO**	English	Among partnership
	D 5.22 Progress Report	02/15	**R**	**PU**	English	For transparent management among partnership
	D 5.23 Final Report	06/16	**R**	**PU**	English	According to project procedure
WP6 Dissemination	D 6.24 Project website	12/14	**S**	**PU**	English	Very useful for project dissemination
	D 6.25 E.N.T.E.R. registration and dissemination	03/14	**O**	**PU**	English	Very useful for project dissemination among ENTER community
	D 6.26 MUSA Email Pool	03/15	**O**	**CO**	English Italian Polish Turkish	Very useful for creation of a tailored mailing list for project dissemination in Europe (158 email

						addresses)
	D 6.27 MUSA Newsletter	12/14 01/15 10/15	O	PU	English	Easy to use, reaching directly several stakeholder
	D 6.28 MUSA Poster/Flyer	09/14	O	PU	English Italian Latvian	Very useful for project dissemination in different languages
	D 6.29 Professional dissemination/promotion articles (e.g. at « Focus Europe »)	From 06/14 to 06/16	O	PU	Italian	Very useful for project dissemination among experts
	D 6.30 National Promotion tours	From 06/15 to 06/16	O	PU	English Italian Polish Turkish Latvian	Very useful for project and MUSA portal promotion in Europe.
	D 6.31 Dissemination/Awareness Conference	05/16	E	PU	English Italian	Large impact on local community, large consensus about co-therapies, large involvement of international guests
WP7 Quality Management	D 7.32 Quality Management Handbook	06/14 draft 02/15 final	S	PU	English	Peer method for better results
	D 7.33 Snap shot analyses I-VIII	From 01/14 to 06/16	O (snap-shot of the project's development)	PU	English	Very useful to organize the work in the course of the time.
	D 7.34 Half Year Reports I-IV	08/14 03/15 12/15 06/16	R	CO	English	For higher transparency among partnership
	D 7.35 Peer group evaluation report I-V	Shortly after each project meeting	R	PU	English	Very useful to pass critical situations and share processes
	D 7.36 External Evaluation report	10/15 04/16 12/16	R	PU	English	Very useful for higher impact among professionals

Table 3: Project Summary Table

Nature codes:
R – Report   S - Service/Product   D - Demonstrator/Prototype   E - Event
O – Other (e.g. methods, experiences, policy lessons, European cooperation, etc)
Dissemination level codes:
PU =   Public   PP =   Restricted to other programme participants (including Commission services and project reviewers).
CO =   Confidential, only for members of the consortium (including Agency and Commission services and project reviewers).

CONCLUSION

At the end of this study, the following outputs were obtained, both in online and in print. From these outputs, art/creative art therapists who want to evaluate their skills can benefit. More importantly, patients and medical institutions that need art therapies will also benefit. The results of this project work are as follows: MUSA Project Identification Map; Online Art Therapy Status Report; Information Report on the Recognition of the Creative and Performance Arts Professionals in Healthcare Field; Information Report Focused on Professional Profile of Music Therapist; Online MUSA Portal Development Strategy Booklet; Musaproject2014.EU Web Site; MUSA Poster, Brochures, and Documents; the International Co-Therapies Conference; and the "Green Paper" for policymakers prepared to be presented to the European Union Head Office.

Projects that concern public health around the world are supported by many financiers. At the end of a projects prepared according to the technical requirements of financial institutions, successful outputs are obtained. In some project activities, the intended target may not be reached at the maximum level. Half of the targeted goal can be achieved, and sometimes very unexpectedly, very different and valuable results can be achieved. Sometimes knowledge accumulates for projects that can be done later. Each result should be

expressed logically to the financier, and the widespread impact of the results should be explained. Effective projects need to be designed in all areas of health in order to both improve health and access to the most convenient service in the easiest way. The planning of projects by multidisciplinary groups consisting of health professionals and project developers is crucial for projects' success and projects' supportability by the financiers. Healthcare professionals need to be entrepreneurial and courageous to develop projects intended to solve problems in the area. MUSA and similar projects are developable pilot projects having the feature of prototype project.

REFERENCESS

Akhan, Latife Utaş (2012). Psikopatolojik Sanat ve Psikiyatrik Tedavide Sanatın Kullanılışı. *Journal of Higher Education & Science/Yükseköğretim ve Bilim Dergisi, S.*2, s. 132-135.

Case Caroline, Dalley Tessa (2014). *The handbook of art therapy.* Routledge.

Malchiodi, Cathy A (2005). Expressive therapies: History, theory, and practice. Expressive Therapies. In. C.A. Malchiodi (Ed.), *Expressive Therapies* (pp.1-15). Newyork: Guilford press.

Filiz, Şahin (2016) Sanat Terapisinin Felsefi Boyutları. *Mediterranean Journal of Humanities mjh.akdeniz.edu.tr* VI/1, 169-183

Siegel, Bernie S (1989). Peace, Love & Healing: The Bodymind & the Path to Self-healing: an Exploration. Caedmon.

Silver, Rawler (2001). Art as Language: Access to Thoughts and Feelings Through Stimulus Drawings. *The Arts in Psychotherapy,* 28, 213-214.

Rubin, Judith A (Ed.). (2016). *Approaches to art therapy: Theory and technique.* Routledge.

Sayar, Özge Özgür (2006). "Kentli ve sağlıklı olmaya sanatsal bir çözüm: sanat yoluyla insana yardım: Sanat Terapisi". *Kent ve Sağlık Sempozyumu 07109 Haziran 2006 BURSA Bildiri Özetleri Kitabı - Sözel Bildirileri* S. 64, ss. 308-309.

National Coalition of Creative Arts Therapies Associations Fact sheet on creative arts therapies. Available at: http://www.nccata.org/aboutnccata

National Research Council (US) Committee on Health Impact Assessment. (2011). Why We Need Health-Informed Policies and Decision-Making.
https://www.ncbi.nlm.nih.gov/books/NBK83538/

Tekindağ, Faruk Cengiz (2005). *Proje Döngüsü Yönetimi ve Mantıksal Çerçeve Yaklaşımı. Sivil Toplum Geliştirme Programı,* Yerel Sivil Girişimler Projesi. Ankara.
http://www. orkoop. org. tr/uploads/files/proje_yonetimi_kitabi. pdf.
Erişim Tarihi: 14 Nisan 2018

Jackson, B (1997). *Designing projects and project evaluations using the logical framework approach. UCN Monitoring and Evaluation Inatiative.*
https://www.researchgate.net/profile/William_Jackson12/publication/265012218_Designing_Projects_and_Project_Evaluations_Using_The_Logical_Framework_Approach/links/565e604708ae4988a7bd5818/Designing-Projects-and-Project-Evaluations-Using-The-Logical-Framework-Approach.pdf. Erişim Tarihi: 14 Nisan 2018

Bilen Gülhan, Kabukçuoğlu M. Serdar (2005). *Proje süreci yönetimi ve mantıksal çerçeve matrisi hazırlama ilkeleri.* Bilgi Üniversitesi Yayınları.

Pfeffer, Jeffrey (1991). Organization theory and structural perspectives on management. *Journal of Management,* 17(4), 789-803.
http://home.snu.edu/~jsmith/library/body/v26.pdf. Erişim Tarihi: 14 Nisan 2018

Osborn, Alex (1979). *Applied imagination: Principles and procedures of creative problem-solving (3rd. rev. ed.).* New York: Charles Scribner's. [Orig. ed. 1953.]