

# Creative IDEA: Introducing a Statewide Art Therapy in Prisons Program

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## Abstract

Education is regarded as an avenue for success while the under-educated are disproportionately more likely to be incarcerated and remain within the correctional system. Current prison reforms have focused on increasing access to educational programming. However, these programs are not designed to address the lack of control, poor self-regulation, low emotional intelligence, inadequate social skills, or lack of internal motivation that hinder progress. Art therapy has been found effective in mitigating these impediments. Recognizing this, a partnership arose between a state Department of Corrections and a State University's graduate art therapy program out of which emerged an *Art Therapy in Prisons Program*, funded through the Individuals with Disabilities Education Act. Two art therapists provided services to youthful male and female offenders in four institutions to assuage these obstacles. This article explores the genesis and development of this program, and the flexible adjustments required to address the impending COVID-19. We conclude how those who participated did indeed demonstrate improvement.

## Keywords

art therapy, art therapy in prison, correctional education, COVID-19 pandemic, IDEA, Individuals with Disabilities Education Act, special education, youthful offenders

Education—and the acquisition of knowledge—is highly regarded in our society as an avenue for economic progress and can empower its members to aspire to their full potential. On the other hand, a lack of education has bleaker outcomes—the under-educated

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are disproportionately more likely to be incarcerated. Sixty-eight percent of inmates in the United States' penal system did not receive a high school diploma (Harlow, 2003). Recognizing the exorbitant need within the carceral system to stem the tide of failure, prison reforms have focused on increasing access to educational programming, evident with the development of such programs as Adult Basic Education (ABE), General Education Development (GED), and Vocational Training (VT) (Correctional Education Association, n.d.). Studies show that not only do these programs reduce recidivism (Eriksson, 2020; Florida Department of Corrections, 2020; Lochner & Moretti, 2004), but also increase the likelihood of employment and earning potential once released (Weaver et al., 2020). Moreover, it may reduce institutionalization while nurturing pro-social norms, in turn promoting successful reintegration into society (Harer, 1995).

Despite this, those who are incarcerated experience internal and external challenges. Correctional Education Programming is offered in 9 out of 10 public correctional facilities in the United States; however only a fraction of inmates participate in these programs and even fewer complete them (Stephan, 2008). The Florida Department of Corrections (FDC), consisting of 143 facilities, houses approximately 96,000 incarcerated individuals; less than 25% of these people participated in academic programs in 2019. According to that year's FDC's Annual Report (Florida Department of Corrections, 2019) 4,584 inmates were enrolled in a GED program; however only 1,127 earned their degree by the end of the fiscal year. While this is an accomplishment not to be discredited, it is apparent there is room for improvement.

Inmates often experienced obstacles with school prior to incarceration. Many dropped out of school between 6th and 10th grade either due to family or economic needs, or because of emotional, behavioral, and intellectual challenges (Harlow, 2003; Reingle Gonzalez et al., 2016). Not surprisingly, there is an extraordinarily high illiteracy rate in prison. Studies have revealed that around 65% to 75% of those incarcerated cannot read. In addition, they may have suffered traumatic brain injuries (Morrell et al., 1998) and mental illness (Prins, 2014), making focus and learning that much more difficult. Naturally, these challenges follow them into correctional education and are often exacerbated by the stressors of incarceration.

In an effort to mitigate these obstacles and provide free appropriate public education (FAPE), special education services are offered in 37% of all correctional facilities nationwide (Stephan, 2008), ensuring that students receive individual instruction or extra time to complete assignments and tests. However, these adjustments do not address lack of impulse control and self-regulation skills, low emotional intelligence, poor social skills, or lack of internal motivation, which inevitably hinder academic progress. However, art and art therapy has been found effective in alleviating these impediments and can help clear the way for success, even in such a difficult environment.

## **Establishing a New Art Therapy in Prisons Program**

Taking advantage of the inmates' natural propensity for creating art in the correctional milieu (Gussak, 2019; Kornfeld, 1997; Ursprung, 1997), art therapy has been found

especially beneficial with this difficult and therapeutically challenging population. Literature demonstrates that it is particularly effective in addressing various mental illnesses, and the inmates' abilities to regulate control, promote anger management and mitigate neurological struggles due to brain injury, substance abuse and intellectual challenges (Breiner et al., 2012; Gussak, 2015, 2019). Several empirical studies revealed that art therapy was especially effective in increasing mood and locus of control in addition to facilitating problem-solving, socialization and identity formation (Gussak, 2004, 2006, 2007, 2019).

Based on the collective understanding of the benefits of art therapy within prison settings, a unique partnership arose. For the past 20 years, the graduate art therapy program at [*the state university*] has been offering it's practicum students the opportunity to provide services for the state prisons' mental health population. In addition, it was in this program where several studies were conducted that demonstrated the advantages of art therapy in these prisons as noted above. Recognizing the positive results, Jerry Brown, Program Manager for the Florida Department of Corrections reached out to the Florida State University's (FSU) Art Therapy Program to collaborate and develop the [FSU/FDC] Art Therapy in Prisons Program in Spring 2018. This project was to be funded through a substantial grant obtained through the Individuals with Disabilities Education Act (IDEA),

a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children. The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 7.5 million (as of school year 2018-19) eligible infants, toddlers, children, and youth with disabilities. (<https://sites.ed.gov/idea/about-idea>, para. 1)

Such programming includes youthful offenders residing in correctional facilities.

Over the next 18 months constant and ongoing negotiation continued amongst the Department of Corrections educational program, the Florida State University's Office of Sponsored Research, and their respective legal representatives. Eventually an additional partnership was established with the university's College of Medicine to provide compliance, training and oversight required through the Health Insurance Portability and Accountability Act.

As indicated in the final contract, this program was specifically established and implemented to provide art therapy services for young inmates to help them overcome struggles with their education. Following a far-reaching search, two full-time art therapists, Evie Soape and Casey Barlow were hired to provide, . . .

. . . one-on-one and small group . . . [art therapy] services to students with disabilities that have documented emotional and behavioral disabilities or have demonstrated significant behavioral issues while incarcerated. The services provided will work to reduce students' disciplinary referrals and time spent in confinement and increase access to academic services. (FSU/FDC Art Therapy in Prisons Program Scope of Service)

These two art therapists were to provide services in two prisons in North Florida and two in Central Florida.

All four sites provided extensive educational programming, which included Adult Basic Education (ABE), General Education Development (GED), Vocational Training (VT), and Special Education/Title 1 Services. One of the institutions in North Florida has a capacity of about 1,500 boys and men in its main facility while its annex houses a little over 1,300 men. In the main unit, the services offered were part of the youthful offender extended day program for those under 18 years old. Along with the art therapy, these youths received structured programming that included work assignments, vocational and/or academic services, counseling/behavior modification and military style drills to reduce idleness and decrease recidivism. The Annex housed inmates who were 18 years or older, and art therapy was offered as part of their special education plan. The second institution in North Florida holds over 1,400 adult men and art therapy services were provided for those in the special education program.

One of the two of the institutions located in Central Florida is designated as an Incentivized Camp; criteria for transferring to this institution is determined by the inmates' previous behavior while incarcerated. They must demonstrate limited to no disciplinary actions for several years before being accepted. This institution houses a little over 1,300 men 18 years and older in its main unit. Art therapy services were offered to its special education and Title I students.

The second facility in Central Florida is a women's institution. Both its main unit and its annex house approximately 1,500 women each. Youthful offenders primarily reside in its main unit. Similar to the first institution discussed, this female institution provides an extended day program for some of the youthful offenders, 18 to 22 years old, that uses military-style drills to encourage structure, behavior modification, and decrease recidivism. Art therapy was offered to those designated with exceptionalities to supplement their educational pursuits.

### *Initial Program Goals*

Overall, the program was established to demonstrate:

- A reduction in the participants' disciplinary referrals
- A reduction of time spent in confinement
- An improvement in overall attendance to academic services

While it was not the intention to ensure improvement in the participants' grades and readiness to take the GED exam, their success in this particular area was still to be considered. In addition, the art therapy team would also ascertain change in mood, focus, locus of control, problem solving and socialization. The art therapists would determine who participated in the individual and group art therapy sessions in conjunction with Special Education staff/faculty during the students' Individualized Education Plan [IEP]. To demonstrate success, a formal research structure was proposed, approved by the University's and the Department of Corrections' Institutional Review Board, and implemented.

### *Initial Proposed Research Structure*

The research design was to be a combination of descriptive and qualitative inquiry including: observation of the inmates' participation, review of ongoing progress notes as compiled by the onsite art therapists conducting the sessions, and semi-structured discussions with institutional personnel. Some of the source records have included any and all disciplinary reports instituted by the facility, demographic questionnaires and clinical progress notes as completed by the art therapists, with all identifying data redacted [name and FDC #]. Data collection would be ongoing until removal from the program, the inmate's transfer, or their discharge/parole from the system. This was also to include semi-structured discussions with each participant when available at least once every quarter or until anticipated discharge from the program/institution/system.

These goals, session structures and research methods were adjusted upon the advent of COVID-19, which caused a disruption and temporary change to the services offered.

### *Alterations and Compromises Due to COVID-19*

In late Winter/early Spring, all state programming changed drastically. Once the various correctional institutions began to recognize the dangers of the COVID-19 pandemic, group activities and educational programming halted to assess the situation and develop a course of action. Eventually, after assessing the situation for 2 months, an altered program resumed.

As the educational and mental health program foci within the four institutions shifted to address the pandemic, the art therapy program proposed an alternative to the original goals and objectives. The program would now address issues brought about by COVID-19, almost a mental health *triage* in a sense. The new goals focused on:

- Decreasing anxiety and fear brought about by uncertainty and confusion
- Increasing frustration and anger management
- Facilitating socialization and connection with those outside in a time when isolation was a possibility

Additional goals were established on a case by case basis. As examples, these may have included:

- Emotion identification and regulation
- Anger management and distress tolerance
- Developing and maintaining boundaries
- Trauma transformation
- Identity reconstruction

The initial proposal suggested a tele-health model, following guidelines provided by the American Art Therapy Association and various HIPAA sources, accomplished through the distribution of tablets and a remote network group established. During the

time it took for the state department to consider this option, the art therapists simultaneously developed worksheets and handouts with specific directions on drawing processes.

The workbooks were designed with a focus on various cognitive, developmental and mindfulness exercises modeled after those developed by Silver (2002) and Isis (2007). The two clinicians, Soape and Barlow, and the project coordinator, Dave Gussak, met remotely via video conferencing throughout the planning stages to develop the most effective directives and prompts that would address the above-mentioned goals from which would emerge the intended outcomes.

Of course, upon the onset of COVID-19, some of the intended research data gathering methods had to be suspended, in particular face-to-face interaction was no longer an option. While the methodology and secure treatment of the data and participants' identity remained consistent, the actual information to be gathered changed. However, preliminary data and information has been gathered per the accepted methods demonstrating some promising and effective results.

### *Participants*

This program served a total of 64 men and women incarcerated in these four institutions. Please refer to Table 1 for a complete breakdown of the participants' demographics.

Please note that the designation for race is recorded here in the manner in which the department of corrections provides them. Their records did not account for those with variations within their racial and cultural identity.

Criminal charges leading to incarceration for those attending the program included, but were not limited to: 1st degree murder; 2nd degree murder; aggravated assault with deadly weapon; burglary of unoccupied dwelling; burglary of occupied dwelling; robbery; robbery with a deadly weapon; carjacking [inc with deadly weapon]; grand theft of motorized vehicle; battery; aggravated battery; sexual battery with weapon; aggravated assault; child abuse; DUI manslaughter; prison escape; fraud; molestation attempt; assault of a law enforcement officer; trafficking stolen property; manufacturing and possession of controlled and illicit substances; criminal mischief. Ninety-two percent [50/54] of the participants had spent time in a juvenile detention facility [35 M; 15 W], some of which as early as 9 years old. Ninety-one percent [58/64] are serving their first adult incarceration [33 M; 25W].

### *Attendance/Participation*

Attendance and participation varied for each clinician due to differences in the pandemic responses between institutions, variations in how and when services could be provided given the schedules of the two art therapists in their respective institutions, availability of meeting spaces, and materials. Art therapy services in the prisons in Central Florida were not yet up and running by the time programming ceased because of the pandemic, whereas services offered in the northern institutions offered face-to-face sessions for several weeks before COVID-19 hit and remote programming

**Table 1.** Demographics of Participants from 4 Florida Institutions.

Variables	(N)	Percentage
Gender		
Male	39	61
Female	25	39
Age		
17	5	8
18	5	8
19	6	9
20	16	25
21	24	37.5
22	8	12.5
Race		
Black	39	61
White	18	28
Hispanic	6	9
Asian	0	0
All other/unknown	1	2
Sentence length		
1–3 years	24	37.5
4–6 years	22	34.4
7–9 years	8	12.5
10–15 years	6	9.4
16–35 years	4	6.2

Note. Sample size (N) includes total number of participants selected from four correctional institutions in Florida (N=64).

**Table 2.** Summary of Packets Sent and Received Per Week for All four Institutions.

Week	1	2	3	4	5	6	7	8	9	10	11	12	Total
Sent	53	18	54	70	71	69	42	42	27	32	0	0	478
Received	0	16	4	28	28	20	23	0	26	10	15	6	176
Total percent returned													37%

became required. Once the Art Therapy in Prisons Program's contingency plans to provide client services through art therapy workbooks was accepted, each participant was expected to complete them independently in their individual living spaces. These workbooks were distributed and collected over 12 weeks. Table 2 provides a summary for all four institutions from week to week on the workbook's distribution and collection during this period.

Overall, the numbers reveal a 37% return rate of all distributed workbooks. This included a high number of workbooks going to the participants the first week, with

none collected as there were none to collect at this time. While the art therapists worked hard to assure that all of those in their caseload received services, there were some fundamental challenges to this very unique and new distribution system.

### Overcoming Challenges

As the art therapists were not allowed to go to the respective units, they relied on officers and various custodial staff to bring the books to the dorms and cells of the participants. However, the art therapists did not always receive specific feedback each week from those chosen to deliver the packets, such as who received new material and who did not. Who the workbooks were *intended* to go to was based on the clinicians' respective caseloads. It soon became clear, however, that the workbooks did not get to every person on the clinicians' respective caseload each week for a number of logistical or security reasons. Additionally, these numbers do not account for those who received workbooks but lost them due to time spent in confinement, removal of their property or moved to a different dorm. In other words, once the workbooks left the clinicians' hands, it was not entirely certain if they were delivered, returned, lost, misplaced or simply unaccounted for, and there was no way to ascertain that; disbursement was inconsistent at best, suspended at worst.

Adjusting to the restrictions and limitations brought on by the pandemic was a therapeutic challenge as well. The team had to overcome the frustration of replacing the richness of in-person art therapy services with potentially limiting and disconnecting workbooks and drawing exercise sheets. It was imperative to cultivate a sense of safety and trust within the therapeutic environment, however at the onset of the pandemic the art therapists were just beginning to establish therapeutic rapport. In many cases, clients had only participated in one session before face-to-face sessions ceased. To transition from that to then requesting clients engage in the creative process independently, many with no prior art making experience, without someone to encourage this expression or provide a secure therapeutic environment was a big ask.

The remote delivery of services also inadvertently emphasized art *product* while diminishing the unobservable creative *process*, given that the completed drawings served as the sole content being viewed without the client present. This made it near impossible to discuss the emotions that arose during their creating. Given these initial concerns, it wasn't surprising that the workbooks yielded mixed results. Some clients responded well, engaging fully in the process on a consistent basis, however others did not even attempt to complete the directives presented in the workbooks. And still others responded with feedback that mirrored the team's concerns. Some reflected insecurity in their drawing ability saying things like, "I can't draw like that." or "I don't know what to draw." One client wrote, "I don't feel comfortable doing this because I don't know who is going to see it." And several others noted difficulty focusing, or prioritizing art therapy assignments stating, "There's a lot going on in the dorm." and "I get distracted."

Despite this, there was still a return of over one-third of those distributed, and those that returned them often reflected positively about the attention they received through this adulterated process.



## Emerging Progress

### *Participants' Responses*

One participant indicated he had not received a disciplinary referral in 5 months, crediting his efforts to practicing breathing techniques that had been introduced to him in an earlier art therapy session, and had learned to “take a step back and think” when he gets frustrated or experienced conflict. He liked how art therapy “makes me think” and how he has been able to “express myself more.” Another stated that he “copes with things better” and “it’s [been] good to put emotions on paper;” while one claimed he enjoyed art therapy because it provided “another way of explaining what I think and how I feel,” and yet another explained that the art therapy has been helpful because “. . .when I really focus on it, it clears my mind” and feel “stress free.”

While one inmate in another institution was challenged by completing the workbooks because he found the prompts too directive—“I don’t like restrictions”—he did stress that he enjoyed drawing particularly when he became frustrated or angry. One expressed out and out surprise: “Thanks you for the help; I never thought it would work!”

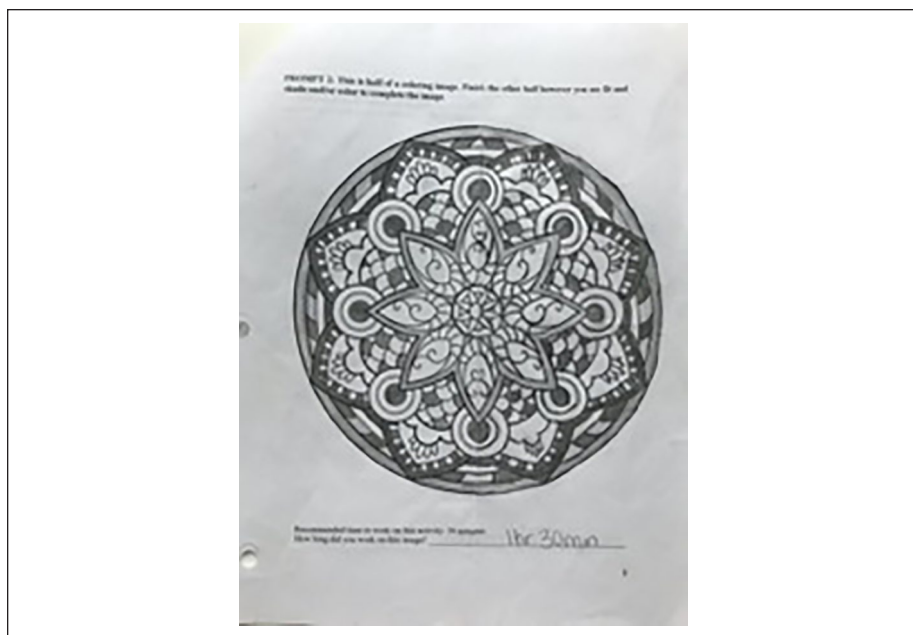
While one complained, “this is childish; please be real with me doing therapy,” another reported that “actually the packets really helped me. I enjoyed them a lot. At first I wasn’t sure, but then I really started to like them. They made me think about things I hadn’t thought of.” One pointed out that “I’m really happy about starting art therapy because art really helps me,” while another indicated “I like anything with creativity” in response to completing the workbooks and beginning in-person art therapy sessions.

One took advantage of the inquiries and exercises in the workbooks by reflecting insecurities and personal desires to be another race; “I think I have identity issues. Maybe I need to work on that.” She also wrote in her workbook, “I’m Depressed! SAD! Lonely! Scared! Mad!” when prompted to reflect on what her biggest worry was at the time. Barlow was able to engage with her remotely through the workbook to begin exploring her sense of identity and to develop various coping methods of addressing her challenges. Finally, in discussing future goals with the art therapist, one of the inmates from a prison in Central Florida indicated, “I want to show people that they can make it through anything. After all I’ve been through, if I can help show them how I made it, maybe I can help them.”

As a result, the art received, while limited in materials allowed, demonstrated a remarkable range of responses to the prompts provided in the workbooks. While some provided insight into the current state of anxiety, frustration and confusion they were feeling, others demonstrated a remarkable level of focus, attention, humor and coping. Still, some simply engaged in the materials provided, becoming invested in the repetitive sketching (Figure 1).

### *Participants' Drawings*

To be certain, expressing vulnerability within the correctional milieu is risky, particularly with the fear of others taking advantage of any perception of weakness; this is



**Figure 1.** Mandala: Drawing response to a workbook prompt.

one reason why art therapy is so beneficial inside the walls; it provides an opportunity for such expression without having to give voice to it (Gussak, 2019). Through the art making process, the art therapist can encourage and support vulnerable expression and through this can develop robust therapeutic rapport by withholding judgment and building trust and acceptance within the therapeutic relationship and group dynamic. A relatively safer therapeutic environment is even more strengthened by clearly outlining expectations of group members, and maintaining consistency and confidentiality whenever possible.

The art therapists cultivate safety through active art making whereas the drawing surface serves as a metaphorical container to safely explore and hold vulnerability. Figure 2 reflects the results of one participant who was asked to create a visual representation of his safe space.

The two ends of a long piece of paper were folded inward to create a gate fold. On the outside, the creator drew a mountainous nature scene behind a wrought iron fence topped with sharp spikes, clearly creating a dangerous barrier to what is on the other side.

However, unlike the creator's experiences inside, this gate *can* be opened. Inside, the viewer is invited into an open, peaceful and tranquil forest scene (Figure 3). Creating such a safe space seems to establish something tangible that the creator can reflect upon when sessions become too overwhelming, a place of peace when beginning to sit and work through uncomfortable emotions. In general, this directive offers an opportunity to identify and illustrate specific needs for safety, a place to which one



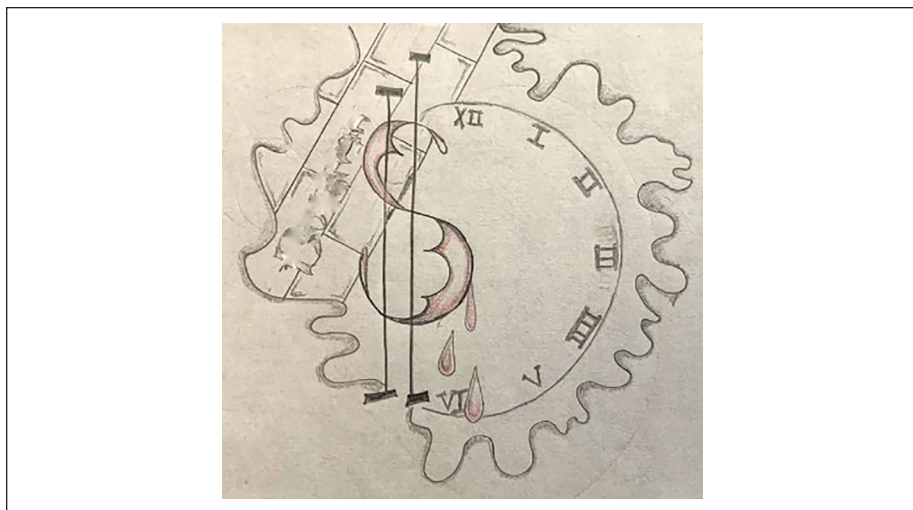
**Figure 2.** Marvin – “Visualizing Safety” (Outside).



**Figure 3.** Marvin – “Visualizing Safety” (Inside).

can escape and to imagine what life is like on the other side of the fence. It introduces tools to facilitate visualization, providing the participants opportunities to *escape* and imagine other options when overwhelmed, stressed, angry or sad about their current environment. Eventually, the participants internalize this to develop positive coping and self-regulation skills.

Another exercise offered to the participants is name embellishment; using the materials provided, the participants embellish their name with symbols and decorations to provide a glimpse of the person behind their moniker (Figure 4). A rather simple and

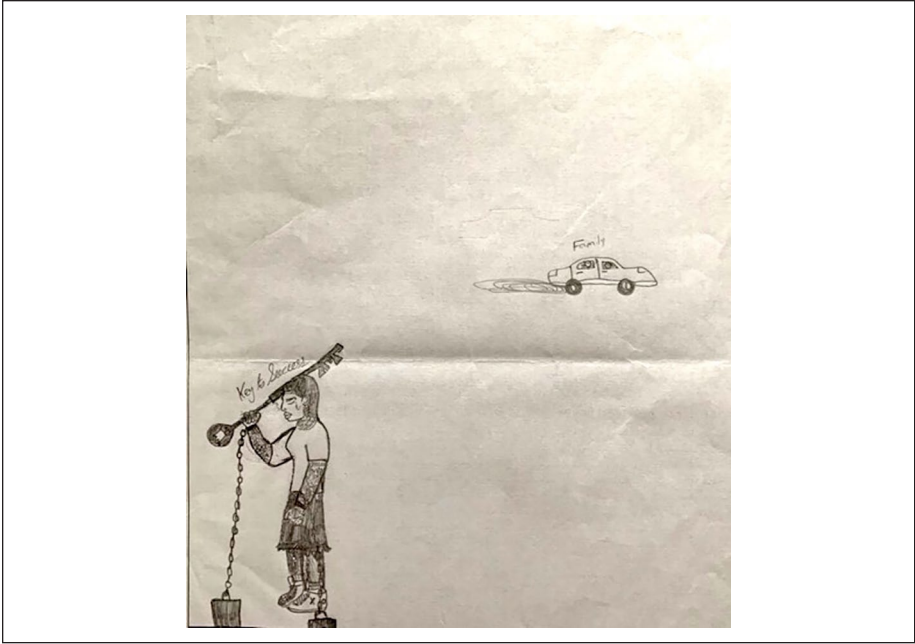


**Figure 4.** Dan – “Wasted Time”.

structured task, it reinforces a sense of self within an environment in which identity is compromised through the requisite uniforms and assigned numbers; they are seen and recognized. Such a directive is valuable in beginning the process of rehumanization and identity formation (Gussak, 2007, 2019; Gussak et al., in press). Figure 4 is one client’s response to a name embellishment directive used to promote identity reconstruction.

As a result of the ongoing frustrations, challenges, fears and limitations brought about by the pandemic, the workbooks adapted to the needs of the participants inside to include providing opportunities to reduce and manage feelings of uncertainty, anxiety, worry, and anger. In such cases, those locked up inside needed to be reminded that there were people outside that remembered them; the art provided a connection and a means to communicate and have themselves recognized. Still, other prompts suggested that they explore, externalize and process difficult life experiences.

In one prompt, the participants’ workbook requested that they draw a picture of everyone in your family, including you, doing something, which is a variation of the Kinetic Family Drawing. One person drew a cartoon-like image of himself standing in the bottom right corner, chained to the ground, hitting himself over the head with a large Folsom Adams key, sardonically labeled “Key to Success”; in the center of the page is a small car driving quickly in the opposite direction, labeled “Family”. There is no other environment or sense of space or belonging for the forms. This drawing (Figure 5), in revealing a profound sense of loss and abandonment, provided an opportunity for the creator to sincerely express what he dared not put into words. This initiated particular directives that allowed him to be recognized and seen as accepted by others, ultimately resulting in greater investment in the process.



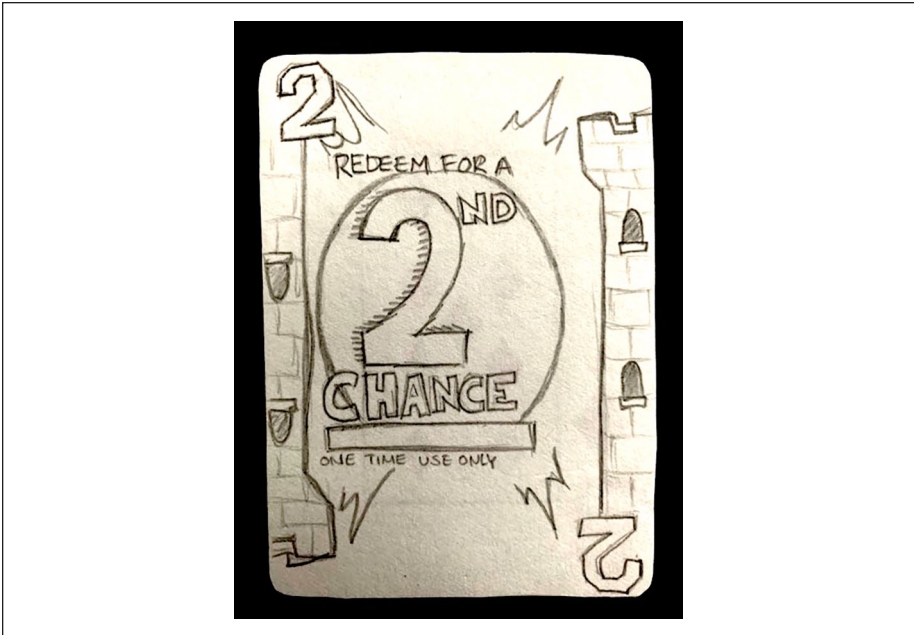
**Figure 5.** Seth – “Key to Success”.

During one particular exercise, the participants were provided a standard playing card covered with white paper on one side. They were prompted to draw an image of a ‘card you have been dealt’ in life. The creator of Figure 6 instead chose to create a redeemable ticket for a second chance.

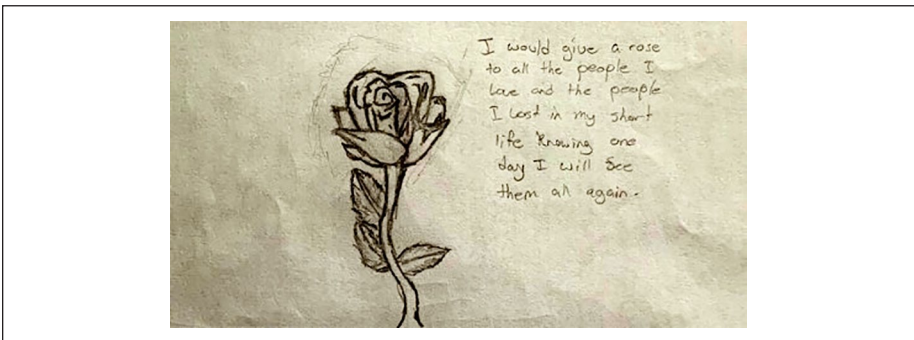
Encouraging self-reflection and expression, such suggested exercises provided the participants opportunities to express themselves in ways that were novel and provided the art therapy team information regarding their worldview, ability to cope, and locus of control. In this manner, the creator used a humorous means of creating a poignant request—to be given another chance.

Some of the prompts focused on increasing self-awareness through positive coping skills; and identifying common cognitive distortions such as negative thought patterns, overgeneralizations, or catastrophizing. One particular exercise fostered connection with others, such as inviting them to consider what gift they might give someone. One drew a rose, accompanied with the written statement, “I would give a rose to all the people I love and the people I lost in my short life knowing one day I will see them again” (Figure 7).

The workbooks offered several prompts that introduced mindfulness and grounding techniques to encourage the participants to be present in each moment, focus on their senses, and withhold judgment of self, their surroundings, and experiences. Such exercises have been shown to improve focus, reduce stress, and improve well-being



**Figure 6.** Tyrone – “2nd Chance”.

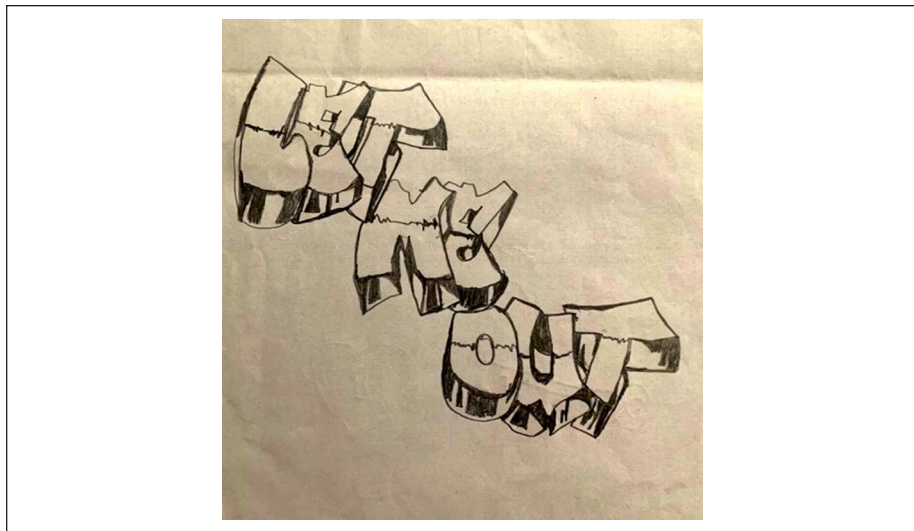


**Figure 7.** Marvin – “Loved and Lost”.

(Rappaport, 2013). One such exercise was the continuous contour drawing technique, a variation of the blind-contour drawing (Ault, 1996). Such exercises strengthened focus and presence by requiring that the artist draw an image with one continuous line, never lifting the pencil. Figure 8 emerged out of one such attempt.

While an exercise in mindfulness, such a result reveals as well a sublimation of the participant's frustrations and anxiety. While a potentially aggressive and threatening statement, this exercise allowed for the redirection, focus, and containment of the volatile feelings; an expression that might otherwise be inappropriate outside the





**Figure 8.** Seth – “Let Me Out”.

containment of the art piece (Gussak, 2019; Kramer, 1993). As with a majority of the art produced, a healthier, socially productive and validated outlet emerged.

## Summary

The program, intended to begin in the summer of 2019, was off to a slower than expected start due to various final contract negotiations and hiring of the art therapists. Once the art therapists began in February 2020 there still remained some difficulties finalizing space, ordering needed supplies and coordinating schedules with the on-site staff. However, all prison administration, special education staff and security personnel were especially accommodating and helpful.

Within several weeks, however, the program, as it was designed, had to be reevaluated to accommodate the outbreak of COVID-19, subsequently limiting person-to-person contact.

Various contingency plans were proposed and eventually the art therapists worked in conjunction with the education staff and security personnel at the four prisons to provide remote services via distributed and collected workbooks.

The numbers indicate a developing acceptance of the remote programming, with an increase in distributed and collected workbook pages over time. While not ideal, the pages offered the participants the opportunity to explore and express their frustration and anxiety with materials and directives that would provide secure expression, control and focus. As indicated by the feedback—written and stated—from the participants, overall, they found some benefit from the services. Unfortunately, due to such confounding circumstances as rising anxiety from the increased cases of COVID-19, increased seclusion and isolation and inconsistent contact, there was no way to

ascertain the full effect of the program in reducing disciplinary reports and placement in seclusion, nor their ability to focus on educational programming. However, anecdotally, it did appear that those who did participate found some measure of relief from anxiety, fear, and prolonged boredom. Thus, while the initial goals established for the program have not yet been reached, the goals developed as a result of COVID-19, at least on the surface, seemed attainable.

### **Addendum: Moving Forward**

In late summer/early autumn 2020, due to a perceived decrease in COVID-19 cases, cessation of self-isolation and quarantine for the state began. In response, the Florida Department of Corrections introduced a phased up approach allowing the art therapists, with proper safety and health precautions, to begin providing on-site individual sessions 1 day per week for each of the facilities. While this was in effect for 3 weeks, due to a rapid increase in COVID-19 cases, including within the correctional institutions, educational services slowed and soon ceased in several units within the prisons. As a result, the art therapists began to limit their presence on-site; however, by the middle of autumn 2020, yet again, the state determined that services could proceed, and in-person sessions have resumed on a limited basis at the time this manuscript was submitted for publication. All in all, despite inconsistent and unanticipated obstacles and messaging, the program has been exceptionally proactive. We anticipate that once the restrictions are fully lifted and it is safe to once again to fully provide in-person sessions, given what we have learned and adjusted to, we will see a remarkable success rate in meeting not only the originally agreed upon goals but those that were developed over the course of this project.

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