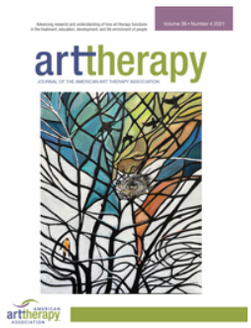

Art Therapy

Journal of the American Art Therapy Association

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/uart20

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To cite this article: Casey Barlow, Evie Soape, David E. Gussak & Anna Schubarth (2021): Mitigating *Over*-Isolation: Art Therapy in Prisons Program During COVID-19, Art Therapy, DOI: 10.1080/07421656.2021.2003679

To link to this article: https://doi.org/10.1080/07421656.2021.2003679

Published online: 28 Dec 2021.

Mitigating *Over*-Isolation: Art Therapy in Prisons Program During COVID-19

Casey Barlow, Evie Soape, David E. Gussak, and Anna Schubarth

Abstract

In January 2020, a new state-wide art therapy in prisons program was established to bring art therapy to youth offenders in four prisons to help mitigate obstacles to their education, such as emotional dysregulation, behavioral issues, and cognitive difficulties. Shortly thereafter COVID-19 halted regular programming. In a system where sequestration is already a normative practice, over-isolation occurred. Art therapists developed strategies to continue providing services, including art-based workbooks and written correspondence. Three case vignettes and overall program feedback illustrate the participants' experiences and responses to the programmatic adjustments.

Keywords: *Corrections; COVID-19; art therapy in prisons; IDEA; youthful offenders*

After eighteen months of intensive contract negotiations between a state university and the state's department of corrections, a new art therapy in prisons program was launched. The program, Florida State University [FSU]/Florida Department of Corrections [FDC] Art Therapy in Prisons, was established to bring art therapy to the "youthful offenders"—considered by the FDC to be persons under the age of 24 found guilty and sentenced prior to age 21 and deemed vulnerable by the courts or FDC –in the institutions to help mitigate obstacles that interfered with their education while incarcerated, necessary for their success upon release. The clinicians –defined and contractually established as *art therapists*– would work alongside the special education staff and faculty to address behavioral, psychological and emotional challenges that impeded the learning processes (Soape et al., 2021).

The program launched February 2020. Shortly thereafter the program was greatly impacted when the world-wide pandemic ran rampant through the prison systems. The nascent team—the two art therapists (Barlow and Soape) and its project coordinator (Gussak) faced two possible outcomes. The program could be suspended, halting its hard-earned forward momentum, or alter its services to address the immediate challenges. After weeks of numerous discussions, the team's new plan to provide alternative services was accepted, remaining in effect until the pandemic restrictions began to lift.

This article briefly introduces the program's genesis, its response to COVID-19, and the new foci developed to address the developing crisis. Along with literature on how art therapy supports this population and how COVID-19 has affected correctional arenas, we review and provide several case vignettes to underscore the effectiveness of the program. Ultimately, this paper further reinforces how art therapy mitigated the *over*-isolation the pandemic created.

Challenges in Correctional Education

Formal education provides opportunities for economic and social progress; conversely those who are under-educated are disproportionately more likely to be incarcerated (Harlow, 2003). Recognizing this, correctional systems have worked toward increasing access to educational programming (Correctional Education Association, n.d.). Such programs have been instrumental in increasing potential employment once released (Weaver et al., 2020) and reducing recidivism (Eriksson, 2020; Florida Department of Corrections, 2020; Nally et al., 2014). It may also reduce institutionalization, promoting successful reintegration into society (Dewey et al., 2020; Harer, 1995; Leone & Wruble, 2017).

Unfortunately, despite the growing prevalence of educational programming in United States prisons, few inmates participate, and even fewer complete them (Florida Department of Corrections, 2019; Stephan, 2008). In Florida, less than 25% of its population participated in an academic program and less than 4% were enrolled in a GED program, from which only 25%

Casey Barlow, MS, ATR, and Evie Soape, ATR, LMHC, are art therapists in the Florida State University/Florida Department of Corrections (FSU/FDC) Art Therapy in Prisons Program; David E. Gussak, PhD, ATR-BC, is Project Coordinator for the FSU/FDC Art Therapy in Prisons Program and Professor of Art Therapy at the Florida State University, Tallahassee, FL; and Anna Schubarth, MS, is Special Education Program Administrator for Bureau of Education, Florida Department of Corrections, Tallahassee, FL. Correspondence concerning this article should be addressed to Dr. Gussak at dgussak@fsu.edu

earned their equivalency diploma (Florida Department of Corrections, 2019).

Even prior to incarceration, many individuals drop out of school due to family or economic needs, or because of emotional, behavioral, and intellectual challenges (Harlow, 2003; Reingle Gonzalez et al., 2016). As a result, there remains an extraordinarily high illiteracy rate in prison. In addition, they may have experienced traumatic brain injuries (Morrell et al., 1998) and mental illness (Prins, 2014), making learning that much more difficult. Such impediments are further exacerbated by the stressors of imprisonment.

Special education services and adaptive strategies are offered to mitigate these obstacles (Stephan, 2008), such as individual instruction or extra time to complete assignments. However, such adjustments do not address lack of impulse control, motivation and self-regulation, low emotional intelligence, or poor social skills. However, art therapy has been found effective in alleviating these impediments.

Developing the Art Therapy Prison Program

Previous studies have demonstrated how art therapy is effective in prison, particularly for those with various mental illnesses, difficulty regulating control, problems with anger and aggression and challenges due to brain injury, developmental complications and substance abuse (Breiner et al., 2012; Gussak, 2015, 2019). Several have underscored how effective art therapy is in increasing mood and locus of control while facilitating problem-solving, socialization and identity formation for those inside (Gussak, 2007, 2019).

Recognizing these benefits, representatives from the Florida Department of Corrections reached out to Florida State University's Art Therapy Program to collaboratively develop a program to address impediments that many of FDC's younger wards face in obtaining their education. This program would be funded through a substantial grant obtained through the Individuals with Disabilities Education Act (IDEA) (https://sites.ed.gov/idea/about-idea).

After months of negotiation, the formal partnership emerged from which two art therapists were hired to provide individual and small group art therapy services for youthful offenders in the prisons' education programs with documented emotional, behavioral and cognitive challenges. The contracted primary focus was to reduce their disciplinary referrals and time spent in confinement, which in turn could improve their overall academic attendance and success.

The art therapists were placed in four prisons that provided educational programming, including Adult Basic Education (ABE), General Education Development (GED), Vocational Training (VT), and Special Education/Title 1 Services. Three of these institutions imprisoned boys and men while one housed girls and women; one of the men's prisons was an *Incentivized Camp* for inmates who demonstrated few to no disciplinary actions. Along with the art therapy programming offered, the "youthful offenders" received structured programming that included work assignments and vocational and/or academic services. In addition, these facilities required the younger residents take part in military-style drills to encourage structure and behavior modification.

Initially, the art therapy program was established to demonstrably decrease the participants' disciplinary referrals, reduce time spent in confinement, and improve overall class attendance. The art therapy team was also to address mood, focus, locus of control, problem solving and socialization. In conjunction with the Special Education staff/faculty, the art therapists would help choose who received sessions as part of 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; this included approval of the consent forms signed by all of the participants to allow their experiences and their art to be disseminated in publications and presentations. For a complete summary of this research agenda, structure and initial results, please refer to Soape et al., 2021. However, all of these plans changed with COVID-19.

COVID-19 in Prison

While COVID-19 had a devastating impact throughout the world, those inside prison were especially affected, not only because of its medical toll, but through the psychological and emotional damage it wrought. In essence, those forgotten inside prisons became even further isolated. Those who are incarcerated were regarded as some of the most vulnerable to this illness as:

> [i]ncarcerated populations face many vulnerabilities—including high rates of mental disorders, substance use disorders, co-occurring medical conditions, old age, unstable housing, and poverty—that may increase the risks of infectious disease transmission, morbidity, and mortality during a pandemic. Overcrowded facilities, confined spaces, limited access to hygiene and sanitizing products, and overburdened healthcare services may further place incarcerated individuals and staff at risk for contagion. (Burton et al., 2021, p. 458)

The conditions, overall poor health, reduced healthcare, and security personnel created a rate of infection more than five times higher than the national average (Hawks et al., 2020; Saloner et al, 2020). When the strategy to mitigate such an illness is social isolation, in a system where sequestration is a normative practice, *over*-isolation

occurs. As a result, mental health issues were exacerbated (Carvalho et al., 2020), and a suspension to the needed educational programs occurred. Consequently, the challenges to the already therapeutically-limited environment were aggravated during a time when those incarcerated needed them most. Thus, new strategies and unique approaches were necessary.

Emerging Pandemic

Prior to the pandemic, the art therapists obtained materials, negotiated for space, completed training, and built their caseloads. After a month, however, it became apparent that the pandemic might affect in-person services. To prepare the participants, an art directive was offered focusing on the spreading illness. They were asked to consider what was within and outside of their control. They were prompted to draw their property boxes– an object over which they have control thus serving as an apt metaphor– and include items they may keep inside. Many included hygiene products, personal protective equipment, stockpiles of food and drinks, and entertainment items to keep themselves occupied during lockdown. They were asked to add what they could not control outside of the boxes. Their images reflected concerns about the virus, if they would get sick, their inability to be with loved ones, and difficulty in maintaining social distance with others (Figure 1). Their responses of anxiety, fear, helplessness, and frustration informed our future strategies.

Addressing the New COVID-19 Climate: Facilitating Transitions

Shortly after, programming throughout the state's correctional system halted to assess the situation and develop a new course of action. As expected, this introduced numerous challenges. The cessation of in-person services, including art therapy, and over-isolation made the restrictive environment even *more* uncomfortable.

Figure 1. Property Box

Visitation was one of the first services suspended. Thus, the inmates who already struggled maintaining connections with outside support systems felt even more isolated. Concerns for family members as well as the effect the virus might have on their own health were common and overwhelming. They became increasingly frustrated and anxious as greater restrictions were enforced with limited coping resources available. In response, the art therapy team proposed alternative objectives and awaited approval from the Department of Corrections and the respective institutions.

The new goals and approaches were eventually approved. These focused on: decreasing anxiety and fear, increasing frustration tolerance and anger management, and facilitating connections. Additional goals were established based on individual needs, including emotion identification and regulation, distress tolerance, establishing boundaries, and identity reconstruction. As a result, the original research agenda was modified with IRB approval to examine the effectiveness of these adjusted services (Soape et al., 2021).

Initially, the team proposed a tele-health model, following the guidelines provided by the American Art Therapy Association (Treadon, 2020) and various Health Insurance Portability and Accountability Act (HIPAA) sources (Compliancy Group, 2020), similar to the telepsychiatry system developed for the San Quentin State Prison (Burton et al., 2021). Their program relied on external USB cameras and microphone/speakers available in prison computers that were converted into telepsychiatry stations. Psychiatrists were issued laptops and cellphones to connect through the already existing platform previously used for staff video conferences and continuing education courses. The team recommended that their participants be provided tablets with access to a remote network. However, wanting to implement a program immediately to offset any developing mental health complications, the art therapists simultaneously developed and gained consent to provide art-based workbooks that the participants could complete in their dorms.

Remote and Indirect Services: The Workbooks

The art therapy team met daily via video conferencing throughout the planning stages to develop the most effective processes to address the newly-established objectives. What emerged was the use of workbooks. The workbooks focused on various cognitive and developmental exercises modeled after those developed by Silver (2002), and mindfulness exercises after those by Isis (2007).

Each workbook was composed of three to five sheets of plain white copy paper bound together and included a brief description of the program, potential benefits received by participating, and specific instructions on how to complete the suggested drawing prompts. Workbook prompts were open-ended, allowing the participants to respond in a way in which they felt most comfortable. For security reasons, certain art materials were not permitted on the units. While all art therapists working in prison have to contend with such limitations (Gussak, 2019), the materials allowed were even more restrictive now that the participants could not leave their cells. As a result, all of the drawings were completed with pencils or ink cartridges removed from disposable pens. Due to how quickly the art therapy team had to develop and implement this new strategy, the workbooks evolved over time; still, they maintained consistent structure and execution.

The workbooks were distributed and collected by the designated staff members permitted on the units each week. Each was reviewed by the art therapist, feedback and suggestions provided on the completed pages, and subsequent prompts were created based on their responses. They would then be returned to the participants the following week. As the weeks progressed the art therapists asked the clients to write how long it took to complete each directive to confirm that indeed the participants received their workbooks in a timely manner. Additionally, a section was added for the participants to write comments or questions to the art therapists to encourage connection.

Making this unexpected adjustment from in-person to remote art therapy services was uncomfortable but crucial, particularly as the art therapists were just initiating rapport and cultivating a sense of trust. The participants, many who had no prior experience with art making, were provided the workbooks where they were sequestered, but unfortunately without a supportive person to encourage their expression or establish a therapeutic environment. Additional concerns for the art therapists were how the workbooks might emphasize art *product* over the creative *process,* how there was little opportunity to explore their thoughts and emotions that emerged *while* drawing, and that, for many of them, that artwork must look "good" in order to hold any value, issues that the art therapists were better equipped to address in person. Still, the art therapy team believed it imperative to maintain some contact with those inside during this crisis even with such an unorthodox method. Greg, Marquis and Briona (pseudonyms) are just three that exemplify the transitions that occurred, who, like all of the participants in the program, signed an informed consent granting permission to reproduce their art and disseminate their narratives.

Greg — Behind the Wall

Greg, a 17-year-old Black man serving a two-year sentence for armed robbery, was expected to be released in May 2020, three months after his art therapy services began. All of his services were provided remotely, at the height of the first wave of COVID-19. Several of the prompts in the first workbook encouraged participants to reflect on their personality and sense of identity. He responded with words and images that revealed gang affiliation, an aspect of his identity he openly communicated. In contrast, among these responses was that of a brick wall (Figure 2), often symbolizing an impenetrable exterior and strong boundaries, suggesting a need to protect or hide from others. Based on his responses, it was clear he was not yet ready to engage in the therapeutic process; however, given the circumstances his initial defensiveness was not surprising. Other drawings included marijuana, prescription drugs, and a gaming controller, strategies that helped him 'cope when he was feeling down' revealing poor coping strategies.

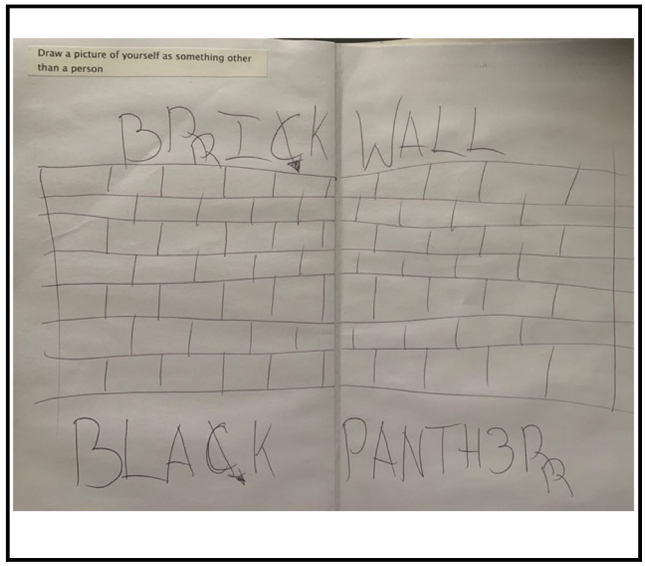

Figure 2. Greg: *Brick Wall*

However, as his departure neared, Greg became more engaged. He began to explore loss and isolation throughout the workbook, such as death of loved ones, and strained relationships due to his disconnection with those outside. These compounding emotions were further exacerbated by pandemic-related precautions. Eventually, Greg began to use the workbook to convey feelings of grief, confusion and dismay, overlaid with a desire for connection, offering a peek of what was hidden behind the wall he first created. Despite his developing ability to express his vulnerabilities and voice frustration of his increased isolation, he remained guarded and focused primarily on his gang affiliation and criminal identity. As a result, his images revealed unresolved conflict, countering sensitive imagery with an impenetrable and threatening facade.

Marquis — Easing Transitions

Marquis was a 17-year-old Black man serving an eight-year sentence for aggravated battery against a

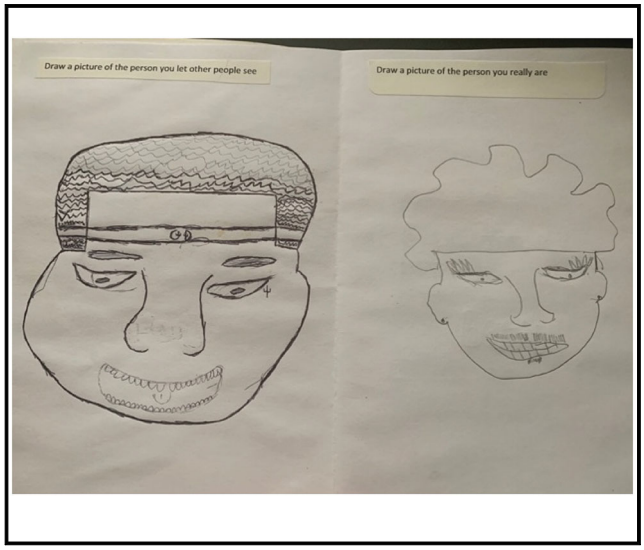

Figure 3. Marquis: *The Self*

pregnant woman. He received his first charge when he was only 10 years old for aggravated assault with a weapon. His school records indicate an extensive history of violence against teachers and peers. After his arrest and imprisonment, Marquis spent most of his time in solitary confinement for threatening others, disrespecting officers, disorderly conduct, weapons possession, fighting, and aggravated battery. When his behavioral challenges were addressed in session he responded "sometimes you have to fight." He was referred to services in March 2020 as these challenges negatively interfered with his academic progress.

Marquis minimally participated in one art therapy group session before he was placed in confinement for disobeying a verbal order. As COVID-19 emerged, he was released from seclusion and began remote services. Unlike his initial session, Marquis responded well independently, filling the workbook pages with detailed imagery and his subsequent responses were more thoughtfully reflective through the way he described their significance.

When restrictions were prematurely lifted in July 2020, in-person services were briefly provided. When Marquis appeared for his session, he was given his completed workbooks and asked to reflect on what he created, including one where he was invited to consider the differences between how he appears to others to how he feels inside (Figure 3). There were clear differences in the two disembodied heads created to represent this request. The image for how he appeared to others seemed more aggressive with its sharp teeth, headband and face tattoo than the smaller head with its more subtle qualities, its stylized hair, earrings, and eyelashes, a seemingly gentler self-image. Still, when asked, he indicated, "they are the same;" it was unclear if this was from a lack of self-awareness or an unwillingness to acknowledge that the mask he puts in place protects a more vulnerable persona. Regardless, he seemed more comfortable expressing himself through the images than through his words.

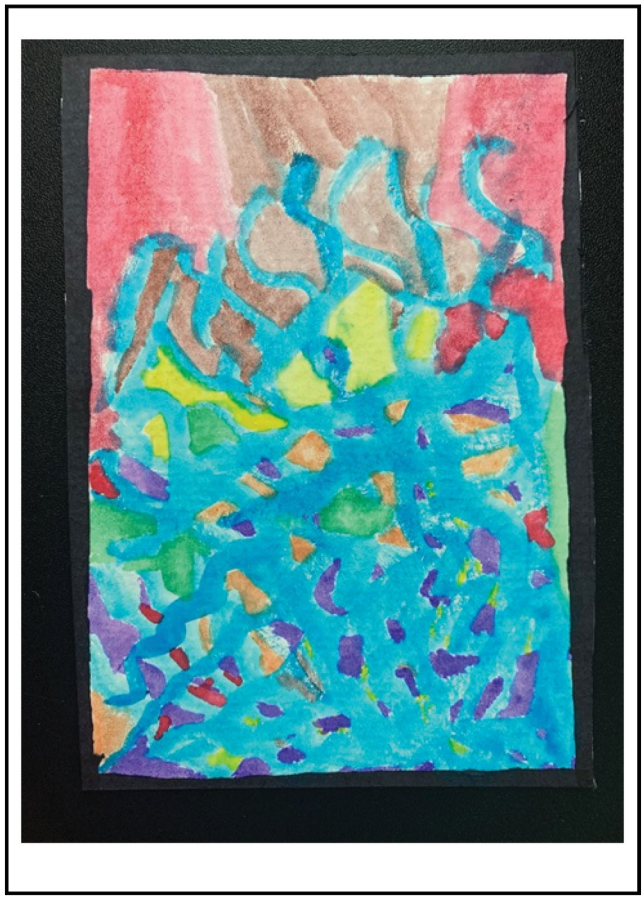

Figure 4. Marquis: *Glimmer of Hope*

As in-person sessions increased, the goals shifted to building a therapeutic rapport, practicing creative self-expression and establishing effective coping skills through mindful techniques. As sessions progressed, Marquis' engagement slowly increased; he admitted that making art "makes me feel different." While still unable to identify his emotions, he recognized that he felt "better" when he was engaged in the process and was attuned to these changes.

His burgeoning emotional intelligence became apparent when Marquis painted an abstract watercolor composition after he was instructed to observe the colors as they appear on a 4" x 6" piece of paper without self-judgement. The intention was to encourage a sense of freedom and openness within a contained space, similar to his own physical circumstances (Figure 4). Marquis indicated that this painting, titled *Glimmer of Hope*, was about his strained relationships with his family. He chose colors that represented several family members including his mother, grandmother, and sister; the blue represented himself and the varying negative feelings he was still unable to articulate. However, he did find solace in the

gold that–for him– represented peace, peeking through the chaotic bands of blue.

It seemed that the remote services provided Marquis the opportunity to develop trust and connections within the virtual therapeutic "space" at his own pace. He could independently practice self-expression even if he could not - or would not- acknowledge the meanings behind the drawings. In addition, perhaps he recognized that he connected with someone outside, albeit remotely. As such, the transition from isolation to programming seemed to ease. He was more interactive, engaged in the art, and accepted the responses to his work in those in-person sessions after the quarantine was lifted. In short, Marquis exhibited, according to the educational and correctional staff, greater expression, internal control and easier disposition.

Briona — Seeking Self Connection

Briona was a 21-year-old Black woman serving an eight-year sentence for home invasion and conspiracy to commit robbery with a deadly weapon. She had a long history of abuse which severely affected her emotionally; she once threatened a man with a knife after smelling his cologne that unconsciously triggered traumatic memories. She was often defensive and self-deprecating. When she first met the art therapist, she was working on obtaining her GED so that she could provide a better life for herself and her ten-month-old daughter; but then COVID-19 hit, and all programming stopped. As a result, Briona's first experience with art therapy services was through a workbook.

Briona filled each page, introducing the art therapist to herself, her daughter and fiancé through both real and imagined stories. Despite having minimal contact with the art therapist, Briona readily revealed her challenges and fears. Still, Briona tended to hide behind words rather than images due to concerns about being judged. When asked to complete a template of a playing "card you have been dealt in life;" Briona picked the "Joker." She described herself as a "trick of all trades," seemingly reflecting the dichotomous outwardly humorous persona and the traumatized figure she masked, always wondering "what next?" (Figure 5). However, over time, as trust built, her work became more pictorial.

When prompted to draw a gift she would give someone, Briona completed "a magical mom necklace" (Figure 6). She described that it would bestow upon her daughter the ability to summon Briona whenever she needed her. While creative and ingenious, it underscored Briona' loss and increased isolation.

Unfortunately, services were inconsistent. While she eagerly met with the art therapist upon temporary return to in-person services in June 2020, the quarantine resumed almost immediately after. This time, the distribution of the workbooks was sporadic after a spike of positive COVID-19 cases inside the prison. Over the next two months, Briona received only two workbooks,

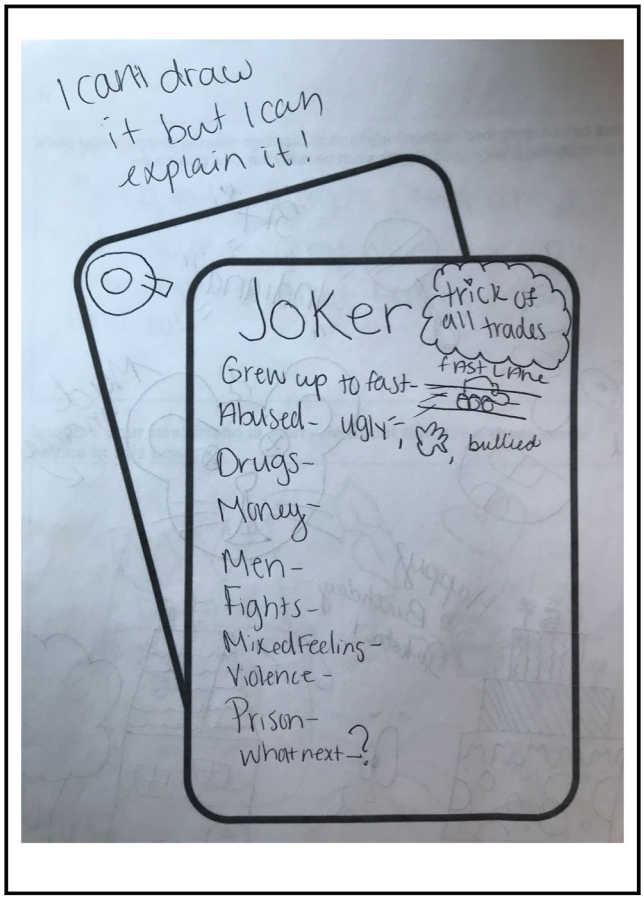

Figure 5. Briona: *Joker Card*

neither of which could be returned due to institutional complications. Still, the workbooks provided her a way to remain engaged. As a result, when in-person sessions resumed Briona enthusiastically rushed to the session.

After Briona requested permission to mix colors and be "messy," she grinned widely, rolled her shoulders back, sat up straight, and began to draw. She exclaimed, "I get a whole hour here?! I don't want to go back! This is my happy time." For the next several sessions, Briona built upon the drawings completed while isolated, diligently increasing her personal reflections and identity reconstruction. She identified areas where she felt vulnerable, "I think I'm distant to myself…unbalanced. I don't think I understand quite everything that I should." Yet, there were signs of growing confidence; "I used to drown, now I'm floating. First you have to learn how to float before you can swim."

Briona's struggling self-identity was underscored when she was provided an outline of a head on the front and back of the same piece of paper. She was asked to complete them with what people see when they look at her compared to what is hidden beneath (similar to what Marquis created in Figure 3 but with templates). Briona's insecurities with her own identity resulted in her returning to a tendency to overemphasize words rather than images. The first outline was filled with

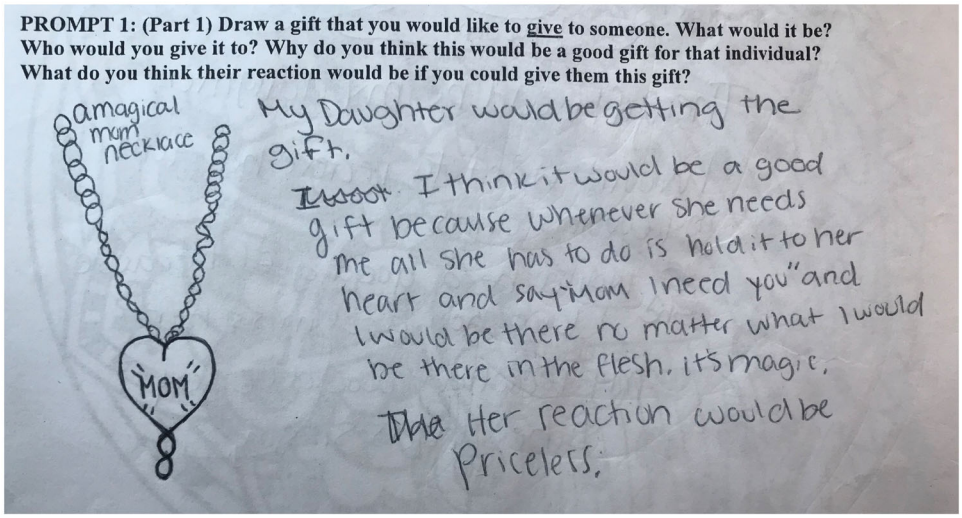

Figure 6. Briona: *A Magical Mom Necklace*

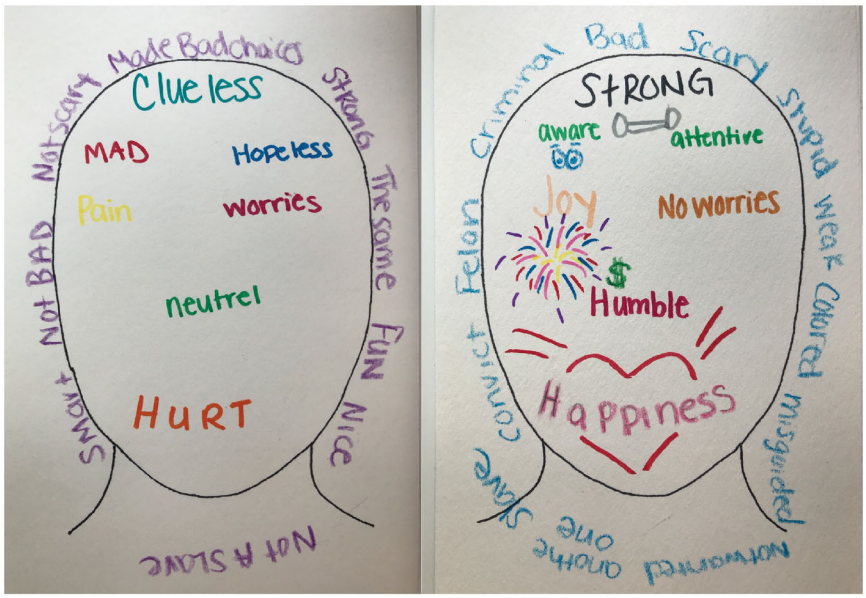

Figure 7. Briona: *Inside Outside Identity*

terms that represented strength, including "no worries," "humble," and "happiness;" words she would have liked to have projected to others. Surrounding this head were terms that revealed her perceptions of how she believed others actually saw her: "bad," "scary," "stupid," and "criminal." The second template was filled with how she actually felt but kept hidden: "clueless," "mad," and "hopeless." Surrounding this outline were what she wished society understood about her: "made bad choices," "strong," "smart." and "nice" (Figure 7).

As sessions progressed, she began to draw more images and feel more comfortable. Many of these embodied fantastical themes, specifically fairy tales, seemingly as a means to escape her dreary environment and instill a sense of hope. The princesses and mermaids she drew embodied power and independence for her. When asked to draw herself as a superhero she again created a colorful mermaid (Figure 8). Significantly, she placed a magical mom necklace [similar to the one in Figure 6] around the mermaid's neck akin to the one she

Figure 8. Briona: *Niagara Superhero*

originally intended to give her daughter. It seemed that by giving the necklace to the mermaid–her own self-symbol– Briona recognized that she needed her daughter just as much as her daughter needed her. Considering that this figure seems somewhat immobile as her tail is crammed into the bottom of the page, she would need her daughter to come to her. This seems reflective of her current circumstances of helplessness; for her, it would take magic to connect with her daughter. Briona continued to work in art therapy since restrictions were lifted and has demonstrated strivings toward regulating her emotions and frustrations realistically while processing much of her grief and trauma.

Workbook Feedback

We solicited feedback from participants, staff, and faculty to determine the program's effectiveness during this time. Many demonstrated how much they appreciated the encouragement and positive regard afforded them through the written communications from the art therapists in the workbooks. The participant responses to the workbooks were mixed. Some clients responded well, engaging fully in the process, while a few rarely completed the requests. Some revealed initial insecurities, particularly in their drawing abilities, writing, "I don't know what to draw." One wrote, "I don't feel comfortable doing this because I don't know who is going to see it." Several others admitted difficulty focusing stating, "There's a lot going on in the dorm" and "I get distracted." Some provided superficial responses. Still, others responded with more personal and introspective responses.

Over time their willingness to explore nuanced issues increased, and many indicated that through the books, they felt connected with those outside; they appreciated being *seen* and *heard.* As one wrote, "Yes, I'm facing challenges; thank you for sending me this message and noticing" and "thanks for helping me; I feel good to know that someone is working with me when I am in prison…" Such positive comments soon outnumbered the concerns.

While the pandemic brought with it additional stressors that resulted in higher than average disciplinary reports and seclusion, many who returned their drawings and received feedback underscored how helpful the prompts were in processing their frustrations and anxieties. Indeed, anecdotally, it seemed that the transition back to regular programming was easier for those that received services remotely than those who had little contact; the indirect art services providing a necessary transition from no activity to full interactions.

Further Reflections

Agreeing that *not* providing these needed services was not an option, the team debated the safest delivery for all concerned. Although correctional staff continued to maintain security inside, there was no contact with the population; therefore, it was prudent to work remotely. Still, there remained some uncertainty about how this could affect the program's trajectory. However, the Department of Corrections and the program team members remained adamant that the program was even more vital during this time of over-isolation. As indicated, it was during this time that the established adjustments were determined.

Complicating matters was that the relationships with the staff inside were not fully established prior to the pandemic. Nevertheless, ongoing communications, collaborations and commiserations were necessary to earn trust in these cautious environments. As some of the participants' workbooks were collected by the staff on-site, it sometimes became necessary to defend the services provided while remaining flexible and thoughtful in accommodating any discomfort brought about by these nontraditional services. All this was processed and strategized during the daily check-ins.

Already a difficult environment for art therapists to work in, the program's clinicians had to develop their own strategies of adjusting to the crisis. Since the pandemic began, the art therapists' self-care was prioritized–if they were unable to care for themselves they could not care for those inside. The weekly meetings became daily consultations. This not only allowed the team to develop

proactive strategies, it facilitated connection and community–the team members were not alone.

Conclusion

After months of indirect services, the Department of Corrections determined that it was safe to resume in-person services on a limited basis, following proper CDC guidelines. The art therapists returned to the institutions on a limited basis between July and November with some intermittent suspensions following the increase of COVID-19 cases in the institutions. The clinicians returned permanently in December 2020 and began the new transition. Group sizes were limited to nine people with established social distancing and mask protocol. Art materials and surfaces were sanitized after each session and participants were discouraged from sharing them. The art therapists encouraged good hygiene, providing antiseptic wipes, hand sanitizer and soap, and masks and gloves.

As the research agenda and the anticipated programmatic expectations were slowly returning to pre-pandemic practices, the art therapists, recognizing the success of the adapted therapeutic tools, continue to offer them when appropriate. For example, the workbooks are sometimes provided for those who are unable to attend sessions in person, and the more effective remote directives were adapted for some in-person sessions to ease the transition and to maintain consistency.

Despite the infancy of the program and the complications of the world-wide pandemic, the program not only survived, but thrived, transforming the challenges into unique opportunities. The proactive responses of the team were recognized as effective and valuable. So much so that a newly edited and expansive contract has recently been finalized that doubles the impact and reach of the program, establishing two additional art therapists to serve four more institutions. After initiating and maintaining an art therapy in prisons program during COVID-19, while challenging and anxiety-provoking, the team was able to reassess and recognize *success* as reflexive, responsive, collaborative and attentive to those forgotten inside– elements that will assist this program in serving these people for years to come.

ORCID

Casey Barlow http://orcid.org/0000-0001-9704-1236
Evie Soape http://orcid.org/0000-0001-7283-9495
David E. Gussak http://orcid.org/0000-0002-2836-6608
Anna Schubarth http://orcid.org/0000-0002-1620-2884

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