

Brief Report

Signs of Suicide: Using Road Drawings With Inmates on Suicide Observation at a County Jail

Michael J. Hanes, Edmond, OK

Abstract

Suicide is a leading cause of death in jails. This article discusses the use of road drawings as part of a clinical interview by an art therapist to evaluate an inmate's risk for self-harm. Following an overview of suicide in correctional settings, the rationale and procedure for administering road drawings are explained. Examples produced by inmates who were placed on suicide watch illustrate how road drawings can access personal history, mental and emotional states, and behavioral patterns that may put a person at risk for suicide. The road also may function as a therapeutic metaphor for an inmate's capacity for change and restoration.

Introduction

Although art therapy is still relatively new in the field of forensic psychiatry, there is a growing body of research that addresses the benefits of art therapy in correctional settings (Bennink, Gussak, & Skowran, 2003; Ferszt, Hayes, Defedele, & Horn, 2004; Gussak, 2004, 2006; Gussak & Cohen-Liebmann, 2001; Gussak & Virshup, 1997; Liebmann, 1994). The purpose of this article is to examine the benefits of using the art therapy technique of road drawings to evaluate jail inmates at risk for suicide, which is a significant and growing problem in American jails and prisons (White, Schimmel, & Frickey, 2002). Following a general review of the literature on suicide in jails, I explain the rationale and procedure for administering road drawings. Case examples produced by inmates who were placed on suicide watch illustrate how road drawings may be used to help evaluate the risk of suicide and may provide a metaphor for an inmate's capacity for change.

Suicide in Jails and Prisons

With over 400 inmates who take their lives each year, suicide continues to be the leading cause of death in U.S.

Editor's note: Michael J. Hanes, MAT, ATR-BC, LPC, is Director of CQI at Red Rock BHS and an art therapist at the Oklahoma County Detention Center. He is also a graduate faculty member at Phoenix University. Correspondence concerning this article may be addressed to hanes@telepath.com

jails (Hayes, 1995). Research indicates that the suicide rate in detention facilities can be anywhere from 3 to 9 times greater than in the general population (Frieden, 2005; Hayes, 1995; White, Schimmel, & Frickey, 2002). More than 50 percent of all suicides take place within the first 24 hours of incarceration and almost a third occur within the first 3 hours (Hayes, 1994). Haycock (1989) reported that the majority of those who attempt suicide make their decision within 1 hour of the attempt; the act often is performed on a sudden impulse.

The most frequently utilized method of death among incarcerated persons in the United States is strangulation by hanging (Hayes, 1994, 2003). Special housing, such as administrative detention or disciplinary segregation, is the most common location for completed suicides, with most suicides occurring between midnight and 6 a.m. (White, Schimmel, & Frickey, 2002). Many inmates do not exhibit any significant change in mood or behavior that would warn others of their suicidal intentions.

Rowan and Hayes (1995) found several interacting factors that contribute to jail suicide. These include the jail environment itself, which contributes to fear of the unknown; suspicion of the authorities; a seeming lack of control over the future; isolation from significant others; and the dehumanizing effects of incarceration. These factors often are compounded when an inmate experiences a sudden loss of resources or relationships, feels guilt and shame over the charges leading to incarceration, has a mental illness, and/or has a prior history of suicide attempts. Other risk factors include depression, dysfunctional and dichotomous thinking, a view of suicide as a desirable solution to problems, and the availability of an instrument to commit suicide (Hayes, 1995; Weishaar & Beck, 1992).

An overview of jail suicide would be incomplete without reference to suicide attempts that are used to manipulate other people. An inmate may stage an attempt to evade a court appearance or to strengthen an insanity defense. He or she may be avoiding interpersonal conflicts or hoping to relocate to a different cell, the prison infirmary, or a hospital. A suicide attempt may result in preferential staff treatment or compassion from significant others who have been

unsympathetic to the inmate's situation (Haycock, 1992). Yet there are "no reliable bases upon which we can differentiate 'manipulative' suicide attempts posing no threat to the inmate's life from those true 'non-manipulative' attempts which may end in a death" (Haycock, 1992, p. 9).

Identifying Inmates at Risk for Suicide

The county jail where I have worked as an art therapist contends with suicidal inmates on a daily basis. The facility is in a large, midwestern U.S. metropolitan city. At any given time, 2,500 to 2,800 male and female inmates reside at the detention center. In addition to county inmates, the facility houses city, state, and federal prisoners, as well as people who violate immigration laws. Inmates at the county jail often are awaiting bail, trial, transfer, or sentencing, or are serving time for various offenses. Some inmates are held for days, months, or years, depending upon the complexity of their cases or the backlog of cases waiting to be heard by the court.

Jail intake workers, detention officers, infirmary staff, and court personnel are often the first to come in contact with an inmate who is at risk for suicide. Once identified, the individual is placed in special housing. Each cell contains a steel bunk and stainless steel sink and toilet. All personal property is restricted and clothing is removed; inmates are provided a tear-proof smock to reduce the risk of self-injury. The inmate is placed on suicide watch and observed by detention officers every 15 minutes. This barren and restrictive environment reduces the means of self-harm yet often has a dehumanizing effect on the inmate.

Inmates suspected of suicidal impulses are referred to mental health clinicians and/or a psychiatrist to determine the individual's risk for self-harm and need for mental health intervention. Mental health services at the county jail where I work are not comprehensive and include only crisis counseling and medication for stabilization after psychological stress. After it has been determined that the inmate is no longer at risk for suicide, he or she is returned to the general jail population.

Mental health clinicians use several sources of data to evaluate the suicide potential of an inmate. This includes, but is not limited to, a patient interview, clinical observations, and collateral sources of information (e.g., interviews with family members and detention staff, and treatment records). Because collateral sources of information are not available or reliable, a clinical interview with the patient that accurately assesses risk is critically important. Clinicians at this facility generally depend upon the inmate's self-report of internal mental states and history. Hayes (2003) warned, "We should not rely exclusively on the direct statements of an inmate who denies that they are suicidal and/or have a prior history of suicidal behavior" (p. 2). Psychological testing and other standard assessment tools are not available to mental health clinicians.

The motivation for using the road drawing technique discussed here was brought about by the limited availability of resources for use in working with jail inmates at risk for suicide. Road drawings were introduced as part of the

clinical interview with the expectation that acquiring additional information on the inmate's history, mental and emotional states, and behavioral patterns could assist in identifying inmates at risk for suicide.

Roads as a Preferred Drawing Theme

I developed and used the road drawing technique as a means of accessing a person's psychological processes and motivations, and also as a therapeutic metaphor for a person's capacity to undergo reparation and change (Hanes, 1995; 1997). There are several advantages to using roads as a drawing directive in a correctional facility. Riches (1994) observed that an inmate's self-confidence progressively erodes during the experience of incarceration and many inmates define themselves as failures. This lack of confidence often will bring about artistic insecurities in the inmates (Milligan, 1997). However, because a road is simpler to draw than other subject matter, the task is less likely to arouse feelings of insecurity. Even those who are apprehensive about art making can be persuaded to draw the simple lines of a road. Everyone is familiar with roads and most people believe they are capable of drawing one (Hanes, 1997).

Due to time constraints and limited availability of detention staff, clinical evaluations need to be completed rapidly. The road drawing task is simple to administer and can be completed by an inmate in a relatively short period of time. The use of reasonably safe materials lowers potential security risks and safety concerns. As Cheney (1997) warned, "inmates, it is well known, can and will make weapons from anything and everything...[thus] the control of materials is serious business" (p. 94).

The road's mythic and metaphoric meaning has permeated the language, art, poetry, and music of virtually all cultures, hence its universal relevance and ability to elicit a wealth of associations in comparison to other subject matter (Hanes, 1995; 1997). Because the demographic characteristics of the jail population often are diverse, the road is well suited for a drawing theme by reason of its universal significance.

Prison inmates may have rigid defense mechanisms and often mask their feelings (Gussak & Virshup, 1997). Riches (1994) observed, "many prisoners survive imprisonment by hiding behind an aggressive mask...which conceals embarrassment and loss of confidence" (p. 94). Inmates tend to view roads as a neutral theme and therefore are more likely to draw spontaneously, being less encumbered by the stereotypic or conventional censors that inhibit the emergence of unconscious content (Hanes, 1995). The projective properties of the road drawing allow disclosure of information that inmates may be reluctant to acknowledge through a verbal interview alone.

Lastly, the road motif can function as a metaphor for an inmate's "road of life" and parallel his or her life circumstances. Even from a single drawing, the task can evoke people's origins, the history of their life process, their experiences, and their hopes for the future. The image of a road's reparative features or its need for "periodic upgrade"

can serve as a metaphor for the inmate's capacity for change and restoration.

Materials and Method

I find that 12" x 18" paper lends itself well to the creation of a road drawing. Larger dimensions can be experienced as overwhelming if a person feels compelled to fill the entire space. A smaller surface may be seen as incapable of containing the potential image. Potential security risks and safety concerns limit the drawing materials to a 2B pencil and a pack of eight crayons. Pencils are shortened to a length of 3 inches to prevent their use as potential weapons or instruments of self-harm. Crayons are not likely to be used for self-injury due to their fragility. The use of both crayon and pencil allow for greater detail, shading, and color intensity. Furth (1988) asserted that these qualities yield significant information and draw attention to areas of conflict or importance.

In a correctional facility, materials often are dispensed through a small opening located on the cell door. A tabletop is not always practical; therefore, I often have the participant draw on a large sheet of thick cardboard. Inmates frequently complete the task in 20 minutes or less.

The instructions for the road drawing are simple: "I would like you to draw a road." The following suggestions are offered to reduce artistic insecurities and stereotypic responses:

- Is this a straight road, curvy road, hilly road, flat road, etc.?
- Is the road surface made of cement, dirt, brick, blacktop, etc.?
- What is the condition of your road or roads?
- Is there more than one road or more than one lane?
- Are there any intersections? If so, is this a cross roads, T-intersection, or Y-intersection?
- Where does the road begin? Where does the road end?
- Are there any signs along your road? Do the signs have pictures and/or words?
- What is around your road, alongside, or in your road?

The preceding instructions usually elicit some questions. I reflect all questions back to the individual in such a way as to indicate that there is no right or wrong method of proceeding. Upon completion, inmates are provided time to discuss their road drawings.

Case Examples

The case examples in this section were selected to illustrate the value of the road drawing technique with incarcerated adults. I use a fairly traditional interpretive style in the hope of gaining insight into the inmate's unconscious thought processes and hidden motives. With any drawing, several levels of meaning are possible. Nevertheless, it has been my experience that elements of a road drawing often combine to communicate a relatively consistent and prevalent meaning. Furth (1988) stated that the therapist should "not rely exclusively on symbolic interpretations derived



Figure 1

from a dictionary of symbols, nor go to the opposite extreme and completely devalue this approach" (p. 36). Each road drawing is unique and its personal meaning must not be overlooked (Hanes, 1997).

Miesha

Miesha (pseudonym) was a 24-year-old African American woman who attempted suicide prior to arriving at the county jail. A neighbor called the police after discovering Miesha had cut both her wrists. When police arrived at Miesha's residence, a background check revealed that a warrant had been issued for her arrest due to failure to appear at court. She was taken to a local hospital for treatment of her lacerations and then transported to the county jail, where she was placed on suicide observation.

When requested to draw a road, Miesha responded without hesitation. The road enters the paper from the lower left corner, and travels upward and beyond the upper right edge (Figure 1). In general, the road can be seen as a bridge that connects the earthly plane to the heavens (Chevalier & Gheerbrant, 1996; Cirlot, 1981). Consistent with my observation that road drawings may evoke suicidal thoughts or preoccupation with death, Miesha explained, "I don't want to live anymore. I want to be in heaven."

Miesha's road divides the paper in two, suggesting duality and ambivalence (Bolander, 1977; Furth, 1988; Hanes, 1997). It separates parallel worlds that are opposing and contradictory. Her dichotomous thinking is echoed in her depiction of the soft blue and yellow skies in the south, which are juxtaposed by the ominous black and orange in the north. Referring to the north skies, she stated, "Everything is burning. I'm in hell."

Miesha oriented the paper on the horizontal axis, indicating that her road is narrative of events that can be read from left to right (Furth, 1988; Hanes, 1997). The road in this case functioned as a time line that recorded significant events from her past, her current experiences, and her intent for the future. In the lower right corner, Miesha drew her childhood home and a stick figure that represented her brother. She wrote, "beginning of my life in hell" and explained, "my brother began molesting me when I was 6 years old." She labeled her brother as simply a

“creepy man,” possibly representing her wish to deny her perpetrator’s identity and to psychologically distance herself from him. An opposing account of her origins is drawn on the adjacent side of the road, where she wrote, “as far as people could see one happy girl.” Miesha had told no one of the abuse due to fears of retaliation and abandonment by her family.

At the midpoint of her road, Miesha drew her home at age 12. Tearfully, she said that the “creepy man” had molested her until she was 12. “My mother knew but she didn’t do anything. I thought she loved me. He finally left home.” On the adjacent side of her road, she drew herself with a cousin and wrote, “two cousins loving to be together,” stating, “me and my cousin had a lot of fun together. Those were some of the good times.”

Further down her path, Miesha drew a portrait of herself behind bars. She wrote, “at age 24” and asserted, “here I am in jail.” Ultimately, her road leads to the foreboding skies, through the sun, and into the heavens. The road cuts through the sun, forming what Miesha recognized as “two closed eyes” that may imply an altered state of consciousness as well as her wish to deny her current situation. She wrote, “Still trying to be happy at age twenty-four there is no me I’m out in the world trying to be found not happy.” She disclosed her unfulfilled need to be loved and her tragic history of repetitive abusive relationships.

Miesha’s road drawing was instrumental in disclosing her current thoughts of suicide. Her “highway to heaven” illustrated a desire to transcend the earthly plane to heaven, where she hoped to escape her troubled past and current hardships. Her drawing disclosed her sexual trauma so that it could be acknowledged, witnessed, and openly discussed. It also portrayed her dichotomous thinking that interpreted life events in “all or nothing” terms.

I acknowledged her pain and dreadful experiences while simultaneously recognizing the courage it had taken to survive and prevail her traumatic past. She smiled and nodded in agreement. She seemed relieved to “draw out” her sexual trauma where it could be witnessed and accepted unconditionally. When we inverted her picture, she saw that it reversed the direction of her path, bringing her back to the earthly plan. Miesha traced the road with her finger and responded, “I’m going to stay here (earth).” Through this small gesture, she was able to recognize a glimmer of hope and optimism about her future.

Miesha remained on suicide observation for 3 more days. A psychotropic medication was prescribed and she received additional counseling services. Once stabilized, she was transferred to general jail population.

Lawanda

Lawanda (pseudonym) was a 21-year-old African American female placed on suicide observation after voicing to a detention officer her thoughts of self-harm. She had a history of previous arrests and was currently in jail for possession of a controlled substance. When I asked her to draw a road, Lawanda responded without hesitation. She oriented her paper along the vertical axis, suggesting a need

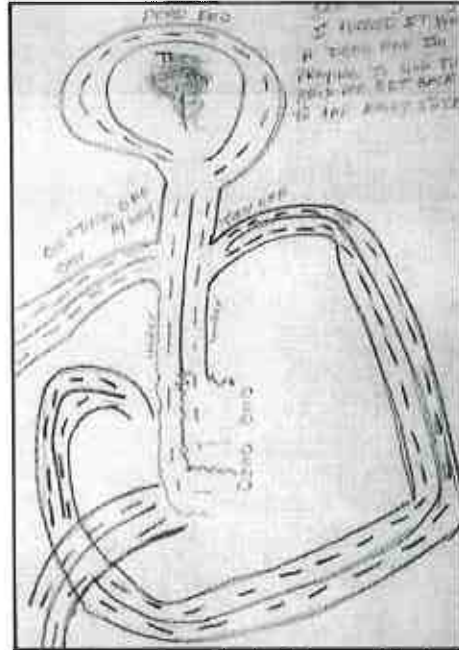


Figure 2

to impact the viewer or make a statement (Furth, 1988; Hanes, 1997). Her road drawing is an array of chaotic interchanges that show confusion, a lack of direction, and inner turmoil (Figure 2). Lawanda stated, “Life has me going in circles. It’s never the right way.”

The “off ramps” may illustrate Lawanda’s attempt to deviate from her path in life, as well as demonstrating her attempt to find a way out of her current life circumstances (Hanes, 1997). Lawanda wrote in the upper right corner, “See every way I turn it was a dead end I’m praying to God to help me get back to the right street.” All her paths lead to a “Dead End” implying that her choices or options are futile and utilized to no avail. The cul-de-sac comes full circle, as if to express her futility and hopelessness. As a “dead end,” it may relate to depression and possible suicidal thoughts (Hanes, 1995, 1997). Lawanda stated, “I can’t find my way out. What’s the use, I might as well be dead.”

I held the paper at a distance and encouraged Lawanda to discover any resemblance of an image or form. Such distancing may liberate as yet unacknowledged content by providing a psychological “comfort zone” which, in turn, creates more favorable circumstances for clients to recognize their imagery (Hanes, 1995). Lawanda was surprised that from a distance her road looked like a stick figure. The cul-de-sac forms the head and the intersections become arms and legs. The east exit ramp is an arm that turns inward and seems to “trip” the figure’s legs. She reflected, “I’m always doing things that end up hurting me.” Her limited foresight had led to poor choices and ultimately brought about her self-defeating actions. Her cul-de-sac was a “blind alley” that reflected her lack of insight and judgment.

Although Lawanda’s confrontation with her road drawing’s “dead end” brought her to an impasse, she recognized her ability to begin choosing healthier paths and to

reduce her self-defeating practices. She stated, "I need to get on the right road and stop doing things to hurt myself." Lawanda was able to identify more constructive actions, while simultaneously recognizing that simple choices alone would not bring about a healthier future.

Mary

Mary (pseudonym) was a 23-year-old Caucasian female. She was placed on suicide observation after voicing thoughts of self-harm during her intake to the county jail. She had no previous arrests and was currently in jail for possession of a controlled substance.

Asked to draw a road, Mary reluctantly completed the drawing in Figure 3. She had subdued reservations regarding the task and required mild assurance and support. She oriented her paper in along the horizontal axis yet her road is drawn in a vertical fashion. As a narrative, her barren road records events in sequential order, from south to north.

Mary drew several information signs to give notice of certain guiding beliefs as well as her outlook on life. Her "Wrong Way" sign suggested that her current path is faulty or misplaced (Hanes, 1997). She stated, "I'm really messing my life up. I'm going the wrong way." The "No U Turns" sign reflected that her current direction in life was certain and inevitable. She said, "I have gone too far to turn around."

Mary's road enters from the bottom and dips over a hill, leaving segments of her road hidden and out of sight. This suggests that she is reluctant to reveal certain aspects about herself and that she may be acting secretly without the knowledge of others (Hanes, 1997). The mounds of earth also give the impression that something is concealed or buried underneath and that underlying forces may be pressing to the surface.

A second path enters from the east and disappears over the hill. Mary stated, "It could be another path. Maybe the right way. It doesn't matter. It all ends up in the same place." When questioned further, Mary became visibly uneasy and guarded. She shrugged her shoulders or responded with stereotypic statements such as, "I don't know." She was extremely reluctant to come forth with information.

Mary's road eventually emerges from behind the hill. Initially she drew the road extending off the paper, creating a bridge that connects the earthly plane with the heavens. Like Miesha's road, it suggested a preoccupation with thoughts of death. Mary seemed uncomfortable with her path and promptly erased it. She then drew a path that lead to a range of mountains in the distance. She stated, "It is a place I have not been to yet." The mountains seem to float on a bed of clouds and resemble a "castle" that defends and provides safe haven or sanctuary. Mary identified the kingdom as "Heaven" and asserted, "I would rather be there than here." Her place of refuge may illustrate her need to escape as well as her current thoughts of death and suicide. She became quiet and was reluctant to expound any further on her drawing.

Mary's road drawing was useful in portraying her ill-advised and unlawful path, as well as her feelings of help-

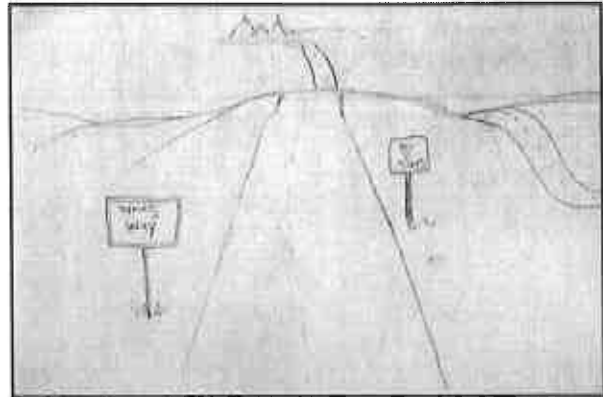


Figure 3

lessness to change it. Ultimately her path led to the heavens where she hoped to find refuge from her current hardship and despair. I reminded her that she could begin to make healthier choices and commit to going forth in the "right way." I referred to the road in the east and suggested that it could be a return path that allowed her to depart from her current direction. She nodded and stated, "I can turn it around." By the end of our interview, she was able identify healthier choices that could change her faulty path. Her demeanor began to change from despair to a sense of hope.

Mary remained on suicide observation for another 4 days. Her suspicion of the authoritarian environment, seeming lack of control over the future, isolation, inability to solve problems, and view of suicide as a desirable solution all placed her at higher risk for suicide. An anti-depressant was administered and additional counseling services were provided. After being stabilized, she was transferred to general jail population.

Anthony

Anthony (pseudonym) was a 21-year-old Latino male placed on suicide watch after he cut both wrists with a razor. He had a history of domestic violence and was currently held in the county jail for assault and battery with a deadly weapon. Anthony voiced his helplessness by saying, "I've lost everything...my job...car...house...wife and my kids." He disclosed that he was a gang member and stated that his helplessness, hopelessness, and suicidal thoughts were compounded by the fact that his life was being threatened by rival gangs in the jail.

Asked to draw a road, Anthony responded without hesitation (Figure 4). His road originates in the south and leads to a crossroads, as if he is at a crucial juncture where he is confronted with alternatives or options of great consequence (Hanes, 1997). Chevalier and Gheerbrant (1996) asserted that a crossroads is not an end but rather a place of meditation and waiting that "affords the opportunity of choosing a smooth path" (p. 261). Crossroads can also be a union of opposites (Cirlot, 1981; Cooper, 1978). In Anthony's case, paradoxical paths are drugs and violence on one side with love and family on the other.

Anthony drew a portrait of himself at the intersection. His forearm has been slashed and it is extended outward to



Figure 4

the viewer. His head is bowed down as he kneels in a pool of blood. "Everyone is happier when I'm gone," he said, "I might as well be dead!"

At the south end of his path is a sign that reads, "Despair" indicating that he has lost hope. "What's the use; I've lost everything," he declared. At the juncture are two road signs pointing in opposite directions that read "Lost" and "Hope." The divergent signs illustrate his duality and discord. His indecisiveness and uncertainty is further evident in the southern corners of his paper where he wrote, "Which Way?" and "Where am I going?"

Anthony's path of despair tapers to a "Dead End" sign suggesting his feelings of futility and hopelessness. He wrote, "Death grip in my veins...I am the space between a blink and a tear." The word "Violence" holds a face that appears unconscious or dead, further suggesting suicidal thoughts. Referring to the image, he voiced, "I wish I was dead."

Beneath the "Dead End" sign are flames. Anthony wrote, "Broiling Hate" to the left and told me about his rage and history of explosiveness. I encouraged him to look at his road from a distance. He stated, "It looks like a volcano that is exploding!" He related his imagery to his own volatile and quick-tempered behavior: "I'm blowing my top." Yet, a fire hydrant is located at the intersection, possibly symbolizing a way to manage his anger. Anthony stated, "I can put the fire out and cool down." We discussed ways to better manage his volatile tendencies and self-inflicting anger.

Anthony's path of despair was helpful in portraying his current thoughts of hopelessness and suicide. He recognized that his path of drugs and violence would ultimately lead to his own demise. His crossroads was a crucial juncture that confronted him with healthier options away from his path of destruction. "I need to get away from drugs and violence but it's all I've known," he said. "If I don't, I will lose my family."

Anthony remained on suicide observation for 5 more days. Although he refused medication, he took advantage of counseling services. During that time, Anthony learned that his family was not going to abandon him. Once stabilized, he was transferred to a location that housed members from his own gang.

Conclusion

Road drawings may be used as part of a clinical interview to help assess an inmate's risk for suicide. The drawing task is easy to administer and can be completed in a relatively short period of time. As illustrated in the case examples, inmates may readily respond to the request to draw a road and, in my experience, most participants feel that they are capable of drawing one. Furthermore, the task may be completed with materials that present minimal security risks and safety concerns.

The road drawing technique provides a relatively non-threatening means to help identify inmates who are at risk for self-harm. Because they consider a road to be a neutral theme, the road's projective properties help the therapist and inmates view significant aspects of their mental and emotional states. The drawings may bring forth important information that inmates may otherwise be reluctant to acknowledge in a verbal interview alone. Finally, the road's universal significance is well suited for the diverse demographics that often exist in a correctional setting. The road's mythic and metaphoric meaning quickly elicits a wealth of information that may be helpful in evaluating and providing support for inmates with suicidal impulses. Reflection on the road can help an inmate self-assess his or her capacity for change, shift destructive patterns of thought and action, and instill hope and optimism for the future.

References

- Bennink, J., Gussak, D., & Skowran, M. (2003). The art therapists' roles as primary therapist in a juvenile justice setting. *The Arts in Psychotherapy, 30*(3), 163-173.
- Bolander, K. (1977). *Assessing personality through tree drawings*. New York: Basic Books.
- Cheney, J. (1997). Suspending normal prison taboos through the arts in a prison psychiatric setting. In D. Gussak & E. Virshup (Eds.), *Drawing time: Art therapy in prison and other correctional settings* (pp. 25-41). Chicago: Magnolia Street.
- Chevalier, J., & Gheerbrant, A. (1996). *Dictionary of symbols* (2nd ed.). London: Penguin Books.
- Cirlot, J. E. (1981). *A dictionary of symbols* (2nd ed.). New York: Philosophical Library.
- Cooper, J. C. (1978). *An illustrated encyclopedia of traditional symbols*. London: Thames and Hudson.
- Ferszt, G., Hayes, P., Defede, S., & Horn, L. (2004). Art therapy with incarcerated women who have experienced the death of a loved one. *Art Therapy: Journal of the American Art Therapy Association, 21*(4), 191-199.
- Frieden, J. (2005, January). Suicide risk assessment in jails, prisons. *Clinical Psychiatry News, 33*(1), 63.
- Furth, G. (1988). *The secret world of drawings: Healing through art*. Boston: Sigo Press.

- Gussak, D. (2004). Art therapy with inmates: A pilot study. *The Arts in Psychotherapy, 31*(4), 245-259.
- Gussak, D. (2006). Effects of art therapy with prison inmates: A follow-up study. *The Arts in Psychotherapy, 33*(3), 188-198.
- Gussak, D., & Cohen-Liebmann, M. S. (2001). Investigation vs. intervention: Forensic art therapy and art therapy in forensic settings. *The American Journal of Art Therapy, 40*(2), 123-135.
- Gussak, D., & Virshup, V. (1997). (Eds.). *Drawing time: Art therapy in prisons and other correctional settings*. Chicago: Magnolia Street.
- Hanes, M. J. (1995). Utilizing road drawings as a therapeutic metaphor in art therapy. *American Journal of Art Therapy, 34*(1), 19-23.
- Hanes, M. J. (1997). *Roads to the unconscious: A manual for understanding road drawings*. Oklahoma City, OK: Wood 'N' Barnes.
- Haycock, J. (1989). Manipulation and suicide attempts in jails and prisons. *Psychiatric Quarterly, 60*(1), 85-98.
- Haycock, J. (1992). Listening to "attention seekers": The clinical management of people threatening suicide. *Jail Suicide Update, 4*(4), 8-9.
- Hayes, L. M. (1994). Developing a written program for jail suicide prevention. *Corrections Today, 56*(2), 182-187.
- Hayes, L. M. (1995). *Prison suicide: An overview and guide to prevention*. Mansfield, MA: National Center on Institutions and Alternatives.
- Hayes, L. M. (2003). Scope of a national public health problem and guiding principles to prevention. *Preventing Suicide: The National Journal, 2*(4), 2-5.
- Liebmann, M. (Ed.). (1994). *Art therapy with offenders*. London: Jessica Kingsley.
- Milligan, L. (1997). A barbed wire garden: Art therapy in a maximum security prison for adolescents. In D. Gussak & E. Virshup (Eds.), *Drawing time: Art therapy in prisons and other correctional settings* (pp. 175-186). Chicago: Magnolia Street.
- Riches, C. (1994). The hidden therapy of a prison art education programme. In M. Liebmann (Ed.), *Art therapy with offenders* (pp. 77-101). London: Jessica Kingsley.
- Rowan, J. R., & Hayes, M. (1995). *Training curriculum on suicide detection and prevention in jails and lockups*. Mansfield, MA: National Center on Institutions and Alternatives.
- Weishaar, M. E., & Beck, A. T. (1992). Clinical and cognitive predictors of suicide. In R. Maris et al. (Eds.), *Assessment and prediction of suicide*. New York: Guilford Press.
- White, T. W., Schimmel, D. J., & Frickey, R. (2002). A comprehensive analysis of suicide in federal prison: A fifteen-year review. *Journal of Correctional Health Care, 9*(3), 321-343.

Call for Papers

Special Viewpoint Series: Contemporary Narratives of Art Therapy Practice

Art Therapy: Journal of the American Art Therapy Association is seeking submissions for a special Viewpoint series on contemporary art therapy practice. The purpose of this series is to explore forward-looking, progressive models of art therapy that are responsive to present-day societal and mental health needs—and that may move our profession well beyond its dominant beliefs and existing concepts. Art therapists are invited to send viewpoints describing their philosophy and practices, addressing such questions as: What *is* art therapy today? Where and how do art therapists find employment? Has art therapy practice changed for veteran art therapists? What do new art therapists encounter in their work that may require a different professional preparation? How are art therapy ideals reconciled with pragmatic realities?

Submissions will be accepted from March 15 through August 15, 2008.

Please refer to the "Guidelines for Submission" and "Attention Authors" pages published in this issue of the journal for specific requirements for manuscripts. Send submissions to *Art Therapy* Editorial Office, atj@mtmary.edu