

## **Episode 118 - Dr. Jonathan Singer: The Use of Creative Arts as a Community-Based Suicide Prevention Effort**

[00:00:08] Welcome to in social work. The podcast series of the University at Buffalo School of Social Work at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu). We're glad you could join us today. The purpose of in social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice to research. We're in social work. Hello I'm Charles Sims. ONE OF YOUR HOST OF in social work. I'd like to take a moment to address you our listeners. Thanks for downloading more than 400000 of our podcast. We'd like to know what you think of them. Please take a couple of minutes to tell us what you like or don't like about the podcast. If you're an educator and you're using our podcast and your courses how are you using them in your teaching. If you are a professional practitioner how have the podcast influenced your work. We would also like to know what you'd like to see us do next. Please go to our website at [www.insocialwork.org](http://www.insocialwork.org) and click the contact us tab. We look forward to hearing from you again. Thanks for listening. I'm your host Peter Sobota. Well my previous line about us getting the Peabody was an April Fool's prank but no joke. Our podcast series in social work has won a National Award in the category of best website from the National Association of Social Workers Media Awards. We are both humbled and honored to win this prestigious award.

[00:01:51] Speaking of award winning social workers we are very happy to present our podcast colleague unvalued friend Dr. Jonathan Singer as our guest for this episode. Dr. Singer was the recipient himself of the NASW Award for Best Web site for the year 2012 for his own social work podcast. We feel we're in pretty good company in this episode Dr singer discusses one of his primary research interests the use of creative arts as a community based suicide prevention effort. After reviewing current statistics and trends related to suicide in the US Dr singer acknowledges that traditional prevention approaches are effective at addressing the stigma associated with suicide. On a one person at a time basis but often does little to address the public stigma that is so prevalent and alienating for this population. Dr singer describes his efforts drawing on the creative arts as a method that by its very nature is a community based effort. Specifically he tells us about the suicide prevention public mural project he's involved with in the Philadelphia area as well as the storytelling Web site he is involved with again providing a creative forum for those persons contemplating and whose lives have been touched by suicide. He concludes by describing the strengths and limitations of the creative arts approach. Dr. Jonathan Singer Ph.D. is assistant professor at Temple University School of Social Work. Dr. Singer's clinical and research interests focus heavily on family based interventions for suicidal and cyberbully youth service access and service utilization and the use of technology in education and clinical practice. He's interested in the interpersonal mechanisms that protect against or contribute to youth suicidal risk within families.

[00:03:54] How and why parents access services for their suicidal children and how technologies such as podcasts and social networking sites can be used to disseminate information about prevention and intervention with youth suicidal behaviors. As mentioned previously Dr. Singer is also the creator and host of the social work podcast a podcast series whose guests provide information on all things social work. Dr. Singer was interviewed by our own Laura Lewis Ph.D. LCS W. the director of field education here at the school of social work we have Dr. Jonathan Singer with us today to talk about a creative arts approach to suicide prevention. Welcome Jonathan. Thank you. I'm so glad to be here. We're happy to have you. Now Jonathan you've invested a lot of time in looking at the school social workers experience the suicidal behavior. I was a school social worker and you have to tell you that despite all of our efforts to combat the problem of teen suicide it never felt like enough. Can you tell me if that experience was just unique to me or is that a problem across the country. You know I think that a lot of folks probably most folks well

perhaps everybody does suicide prevention feels like while they might be effective with any individual that it's such a huge daunting and anxiety provoking situation. Set of behaviors that maybe for good reasons people don't feel like they're doing enough. How big of a problem suicide in the United States. Suicide is a huge problem. So the latest statistics that we have and those are 2009 2010 some of them from 2011 there's a delay. So in 2009 almost 37000 people died by suicide and almost 700000 people get emergency services after a suicide attempt. It's the third leading cause of death among folks age 15 to 34.

[00:06:10] And the second leading cause of death among folks who are 24 to 35 and the third leading cause of death among 15 to 24 year olds. And in the United States you are twice as likely to die by your own hand than to be killed by somebody else. So 37000 folks kill themselves and about 13000 folks are homicide victims every year. Suicide is on the rise. And in 2010 it was the only leading cause of death that showed a significant increase. So all of the research that's coming out especially that with the military where rates of suicide are suggested to be 20 per 100000 versus in the general population which is about 12 per 100000 suggests that suicide is numerically a problem and also proportionately in terms of death is increasingly a problem. Do you want to say anything about underreporting of suicides for youth. Because I think it's listed as the third leading cause of death that people actually think it from on high percentages or accidents that are misreported. So for youth suicide is considered the third leading cause of death. But the latest numbers that were released by the Center for Disease Control suggested that there was less than 60 deaths that separated the number two cause of death homicide with suicide the third leading cause of death. And to put that into context that means that if 61 more youth died by suicide next year and the rates of homicide stay the same then suicide would then become the second leading cause of death behind unintentional accidents as the leading cause of death among youth. There is some that would say that in fact it is the second leading cause of death because of underreporting.

[00:08:04] We only know that somebody died by suicide. If it has been ruled a suicide typically by the coroner's office and for various reasons you can imagine if you're in a small town and you know the coroner and the coroner knows you and knows that for religious reasons suicide is a sin. And the coroner would be sympathetic and say hey the child's dead the family suffering enough. I'm going to call this an accidental death. Right. So suddenly you have one kid who wanted to die had the intention to die and actually took the means into his own hands to die by suicide. And yet it's not counted as a suicide. So we say it's the third leading cause of death but it's possible it's likely that it's the second leading cause of death in youth. There is a study that came out in January of 2013 by Matt KNOX and his colleagues at Harvard. It was the first study that provided a nationally representative sample of suicide risk in youth. And what they found was that about 12 percent of kids in their lifetime reported suicidal ideation 4 percent reported a plan and 4 percent reported attempts. One of the things that was most interesting about this study was that of the kids that reported that they had thought about suicide and reported making an attempt that the time between onset of ideation an attempt was about a year which suggests that there's a very small window of opportunity to intervene with kids between the first thoughts of suicide and the first attempt.

[00:09:37] Now this isn't to say that all kids that think about suicide will go on to make an attempt over the course of a year. Not at all. In fact it's only about a third but that if there is a way to tap into that quickly then we will go a long way in reducing the suicide attempt rate and ultimately the death rate in youth. So what would you say is the current approach to suicide prevention in the US, what are we doing. Well right now we're doing a bunch of things in terms of youth. There are number of different levels of suicide prevention. You have the sort of universal screening that happens in schools. The ideas that you try and catch kids who demonstrate some sort of risk for something that we know is associated with later suicidal ideation plan attempt or even death. And then you have selected interventions where we look at specific clusters of individuals say kids who are involved with the juvenile justice system or drugs or have been abused or engage in other risky

behaviors such as smoking and we target interventions to those folks. And then the final way that we do it is that we actually intervene with kids who have said I want to kill myself or I wish I were dead. So really we target the folks who are at most high risk now in terms of the adults. We also have screening. It doesn't tend to address as many kids as in schools because there's no one place that adults are like kids or in schools. But one places primary care when you have folks go in for physicals or.

[00:11:26] And when I say Folks I mean adults when you have adults going in if they're primary care providers asking them questions have you been feeling lately have you had thoughts of killing yourself. Those sorts of things that can be a way of screening. But there is nothing outside of the schools and I should say and the military the military has been doing a fantastic job lately of addressing the issue of suicide. And in part it's because you have a very highly structured and closed system in which you have a lot of information about everybody and you can really address these issues. So in terms of approaching suicide prevention United States for certain groups like kids in the military you have more systematic approaches for everybody else it's just kind of catch as catch can on an individual basis. And so one of the things that I think is really important to know about this is that you have no full on way of preventing suicide in either the United States or the world. That is universal that is systematic and that has been shown to work right. So you're talking about several layers of effort, universal screening targeted interventions to people who might express thoughts of suicide. Isn't that enough. What are the limitations associated with all of those approaches. Well I think one of the biggest limitations is that if you look at the rates of suicide they've actually started to go back up again. After years of decline you have a situation where both among adolescents and adults and in part this is being driven by some recent stats about suicide in the military. But you see rates of suicide increasing in the United States.

[00:13:18] And so just from a purely numerical level obviously there are limitations we're not doing a good enough job of identifying and preventing suicide on a more conceptual or theoretical level. All of the efforts that I've discussed are based on the individual and they're based on what we can think of as a behavioral health model meaning that for whatever reason an individual will find themselves having thoughts of suicide making attempts making plans. This could be because they have an underlying depression anxiety PTSD aggressive impulsive disruptive disorder maybe their environmental things they have access to weapons all those sorts of things but it really focuses on the individual and addressing the problem of suicide on an individual level is possibly one of the problems with our current approach to suicide prevention. And so what I mean by that is that one of the things that happens in suicide prevention is that if we're dealing with it one person at a time we can address the personal stigma. Right. The sense that there's something wrong with me that there is a stain on me that somebody can say oh I'm a bad person. I've got I'm flawed somehow. We can address that but we can't address the public stigma the sense that the public has that something's wrong with you if you are thinking about killing yourself then you must be defective or deficient in some way. It's the classic thing that we see in social work all the time about folks who are marginalized and oppressed being seen as morally deficient or to blame for their problems. And so just addressing the individual really fails at addressing the bigger issue that we believe is a contributor to suicide risk. I see.

[00:15:17] So why take a creative arts approach to suicide prevention that strikes me in the social work education that while we're training students to go out and work with populations marginalized populations in some cases that's without combating the problem of stigma. We're really not able to make the kind of impact that we should be able to I would agree with that and I think that making this distinction between suicide as an individual level problem or a community or societal level problem really shifts the way that we think about how to address it. And so you asked about this creative arts approach to suicide prevention. You know one of the things about a creative arts approach is that it is not necessarily but it's hard to make it something that is not community based.

You can have individual arts and say therapy one on one but to have a community arts project you are involving the community in doing something I love that it's a community based effort. And to me it makes perfect sense for social work to be leading the way it. I understand that your daughter was involved in the painting of a mural in Philadelphia. What was that like having my daughter be involved in painting this suicide prevention mural was I think something that's going to be it's going to stick with me as one of my favorite memories of my entire professional career. Let me back up just briefly and explain what this mural was. The city of Philadelphia has a program a mural arts program and they were approached by the Department of Behavioral Health and the American Foundation for Suicide Prevention. Philadelphia chapter to work on a suicide prevention mural. There's never been anything like this in the world that we can find.

[00:17:17] And over a 15 to 18 month period over a thousand people were involved in developing the design and then actually painting the mural through community paint days. One of the reasons why this was so important for Philadelphians in particular is that Philadelphia has a much higher suicide attempt rate among its African-American males than in comparable cities around the country. Even though the death by suicide rate is no different it's an issue that is important to address in Philadelphia and one that we don't seem to be doing a good job at doing so. When it came down to these paint days one day I said to my wife and I said hey let's bring Emerson down to the suicide prevention mural. Paint day we had a conversation is this something that you bring a 4 year old to. Of course this is my area. So I said well yes of course it is right because it's suicide prevention and part of suicide prevention is reasons for living. It's hope it's all of the things involved with that. So I thought this will be amazing my daughter will go down she'll paint the mural and then forever she'll be able to look at it on the wall of Horizon House at 30 first and chestnut in Philadelphia and say I painted part of that. The reality was that she was four. And after about five minutes of painting different shades of brown in this particular section of the mural she was like OK I'm done. So it didn't really end up being the full blown like afternoon of painting I'd imagine. But she contributed nonetheless and I was very grateful for that opportunity.

[00:18:55] So even your 4 year old daughter could connect to this effort. That seems like what makes this approach so unique is that it really speaks to people no matter where the people can really connect with it from a variety of different perspectives. I think that is a great point that even a 4 year old can connect to a suicide prevention project. Absolutely yeah. And Jonathan I'd love to hear more about the mural arts program. You also have a storytelling Web site that I would love to hear a little bit more about too. Yeah. So this suicide prevention project this creative arts project had a number of components. There was the mural. There were also some storytelling workshops that were facilitated by Molly Leighton who's a psychologist in Philadelphia and then during a conversation that I had with James Burns who was the lead muralists for this project through the Mural Arts Program. We started talking about where should you put the mural. My first thought was you should put it everywhere right because suicide prevention is everywhere but you can't put a mural everywhere. You simply can't blanket the city with the mural. We can't. So do we put it on the side of a school. Well in terms of youth suicide prevention that could be great. I mean it would certainly raise the hackles of many in the community to have a suicide prevention mural in the schools because of again the stigma we were talking about before. Should you put it on the wall of the factory.

[00:20:29] If I were to be reductionistic and simplistic I would say that yes if you're looking at older men who are the most at risk for dying by suicide. Putting a mural on a factory wall is a great idea. Should you put it on a hospital. Well there are certain issues with that. So the question of where to put it kept coming up in the end we put it at social service agency that had a great wall in the central part of the city so that worked out well. But through this conversation this idea of where do you put suicide prevention. We came up with the idea of a storytelling website a website where people could go 24/7 365 to share stories of either surviving the death of a loved one by suicide of

surviving a suicidal crisis themselves. So if they had attempted or had suicidal ideation or for folks like social workers and other mental health professionals who had helped someone through a suicidal crisis this was the place where these folks could go and share their story. And then again at anytime of the day or night people could go and read those stories both as a way of saying I'm not alone but also as a way of connecting addressing stigma and hopefully tapping into some sense of hope because all the stories while they reflect pain also reflect among the survivors the pain of losing somebody but also the hopes for people so that they don't die by suicide. Sure. What I love about the project Jonathan is that the process of contributing to the mural and contributing to the Web site as you said so elegantly give people hope that there's a real therapeutic aspect of being able to contribute.

[00:22:19] But there's also a parallel I think to your having search for where to put a right because nowhere in your physical surroundings did it seem to me quite perfect sense. I imagine people coming to the Web website or people viewing the mural must have the feeling there is a place for me a symbolic piece about having read stories and having that give comfort to people who feel very isolated. I think you're absolutely right. I think that's a beautiful way of putting it that there is a challenge about where do you put this. And then by having it on the web it allows people to seek it out and find it which is great. So I love the project. I really would love to see more communities taking this kind of approach. Is there anything else Jonathan you'd like to tell us about the process of creating the mural or your Web site. Well you know one of the things that I would say is that the storytelling Web site which you can go to [storytellingmural.org](http://storytellingmural.org) to read stories or to contribute that website is a moderated Web site. Because even though we want people to share we also know that there can be negative effects of sharing the wrong kinds of stories around suicide. There are some famous studies about reporting of suicides reporting that sensationalizes suicide that actually increases suicide risk among people not just youth.

[00:23:47] And so all of the stories are moderated to make sure that what they're focusing on is really that pain caused by the death of somebody who died but also the hope among those who were suicidal and found another way not to be ish but just to say look this is a crisis here and right now and there's likely some other way to get out of this other than killing yourself. Here's some thoughts. You bring up a good point Jonathan. Can you summarize for us what are some of the strengths and limitations of the creative arts approach. So some of the strengths of the creative arts approach are that it served as a way of bringing together a group of stakeholders. So you had the Department of Behavioral Health you had a private foundation that focuses on suicide prevention. The American Foundation for Suicide Prevention. It brought together this creative arts crew the mural arts project. It brought together people who were emergency responders firefighters M.S. workers. It brought out of the woodwork folks who had lost people to suicide that had never reached out. It managed to tap into a thousand people from all walks of life around this one subject. This one heterogenous subject but this one subject that ordinarily wouldn't come together at the same table. And it did so in such a way that people could focus on the arts and the creativity and the sense of doing something and making a contribution together to address suicide prevention. And in doing so people had conversations about suicide prevention. They had conversations about people that they loved that died about their own pain and suffering in a setting that wasn't a therapist's office. It wasn't your school counselor. It wasn't your physician. These were people that you were standing next to painting or that you were talking with at a workshop.

[00:25:51] It was really an amazing way of drawing out some real strengths in numbers of support through community to address this topic that as I said earlier is typically seen as an individual problem rather than somebody in a doctor's office and somebody who is providing treatment or education being the force behind the healing the individuals themselves actually. Absolutely. That's exactly right. There was no therapist saying here's what you need to do to get better. There is no doctors saying you know what if you take this medication after two months you might start to feel

some effects and after a year you'll see significant symptom reduction. Like it wasn't like that it was the community which I think is a beautiful point about this. Yeah it's very congruent with social work. The idea of empowering people in all all other people in the helping professions have a role to play. It's nice that individuals can also play a significant role in their own rule. Outside of formal therapy. Yeah absolutely. And let me just say one or the other. I just want to be specific about one of the strengths. So I mentioned that there were firefighters and other emergency service workers that participate in this project. So one of the biggest limitations of placing suicide prevention within a behavioral health model is that those who are most at risk for dying by suicide are those that are least likely to get help. There are those that are least likely to engage with mental health are behavioral health services. This includes folks in the military emergency responders. Older men. What you find is on crisis hotlines. The folks that call most often are women right the ones who die most often are men.

[00:27:43] And so what we had was we had the target group in attendance at this project not because it was a suicide prevention project although that was obvious there was not like there was a hidden agenda here but because it was a community effort. Right. And you could show your support for the community and say that I am a team player. I'm a community player. By participating in this. And so it address that stigma of I'm supposed to be as a service member or a first responder. I'm supposed to be strong in the face of a crisis. I'm supposed to be able to do what most other people can't do which is withstand an enormous amount of pressure and adversity. And of course if you're somebody in the armed forces or a first responder that is suicidal. Well all that goes right out the window. So really you call yourself a firefighter. And how can you save somebody else if you can't even save yourself. And so this project really addressed that individual level stigma and provided a public forum where people could be supported and cared for. That's great Jonathan. It really helps to break down some the barriers that prevent people getting help. Absolutely. Let me just say briefly one of the biggest limitations of this is one of the biggest limitations of this creative arts project for suicide prevention that I was part of in the city of Philadelphia is that there are no outcome measures that we have established. It's really hard for me to say that on a community wide level. We have addressed the suicide rate in Philadelphia.

[00:29:24] I can't tell you that fewer African-American males in Philadelphia are going to be attempting suicide this year as a result of this project. I can't even tell you if anybody that participated in the project is less likely to have suicidal ideation making an attempt or die by suicide. We just don't have that information. And those are typically the metrics by which suicide prevention projects are measured at the very least number of people referred to services again within the behavioral health model. That is a metric we can't say that. And I think that we have to rethink how we measure suicide prevention and what we're really looking at as an important component of suicide prevention if we're going to make a project like this be more empirical or more rigorously evaluated. You have any thoughts about that Johnathan being that your research grade school social work. How do we deal with the fact that some important work in this field may not have evidence necessarily to support the advocacy of this right. This is I think this is part of the conflict that we have in social work which is that when we're involved with something especially a community level intervention that is a community effort and perhaps not funded through NIH or doesn't have millions and millions of dollars and tons of evaluators on board. It can be hard to say well how does this work especially if the metrics aren't things that people necessarily think of as being the holy grail of how you would measure that. What I would say is that I think having after the fact. Focus groups maybe before and after focus groups of what do you think about suicide.

[00:31:13] What do you think about the resources that are available. How do you conceptualize suicide when you think of somebody who's suicidal or somebody who's died by suicide. What do you think about them. How is it that you would go about developing community do you think that this is something that can be addressed on a community wide level or do you think we should focus

on individual level variables. I think all of those questions if you could somehow gather information about those could be really really useful. One of the dominant theories of why people die by suicide was proposed by Thomas Joiner in 2005 and one of the things that he talks about is the sense of people being isolated and not feeling like they belong and that that is a huge factor for why people ultimately die by suicide. And I really believe that a project like this a community level project that involves the creative arts that's expressive that allows people to say what they want to say through artistic expression through a community project. I think that it would address that sense of loneliness and isolation. I'm not exactly sure how to measure it. Maybe I should call Thomas Joyner but you know I think it's the thing that we could figure out and if we could I have a fantasy that every community in the country could have a project like this where they develop a suicide prevention mural. An accompanying Web site where people can share stories and that in this way we start to address issues of stigma shame and the loneliness and the isolation that often accompanies people at risk for suicide. So that would be great.

[00:32:47] Jonathan I looked at your feed online. I happen to know that you studied jazz at an earlier stage in your life. Are you a jazz musician. Yes I am. I wonder if you still played and I wonder can you tell the audience tell me if you wouldn't mind if that has influenced the direction of your work. Well so to answer your first question I'm a jazz drummer. I played straight ahead jazz Latin jazz all sorts of jazz and played a bunch of different kinds of music. I played South by Southwest a couple times. I mean I was a gigging drummer for years and years and years because I have a family now and because I am full time faculty at Temple University School Social Work and I have other responsibilities the 10-year and promotion committee should know about. I'm very dedicated to my scholarly work. I do play and I play only occasionally of course. I would love to play more but having had this experience of being involved in music and knowing what it's like to be in a community of musicians while playing music and being involved in that energy of creativity especially in jazz with the improvisation I've always known in my gut that there is real power in the creative arts in change individual level and community. I mean you just have to sit in a jazz club listening to an amazing jazz combo to know that everybody is transformed when they're listening to that. They get moved to a different place. It's not a mural right. It's not a paint by numbers thing that you get a whole community involved in.

[00:34:26] But for that moment that community of people sitting in the jazz club they're moved to a different place as are the musicians. So absolutely I think that it's an untapped area of research of intervention and prevention for social workers and other helping professionals is this idea of the creative arts. And you know I think of social work as a science and an art. And I think that what is so great about your approach to suicide prevention is that you're bridging both the. So I know you're currently studying the experience of parents seeking services for their suicidal youth. Well I'll be looking forward to hearing more about that line of work too. Thank you. It's been a very exciting study so far and I'm very excited about some of the directions for future work especially around parent focused interventions. But we can talk about that some other time. Great. I look forward to hearing more about that. Thanks so much Jonathan. Oh my pleasure Laura. Thank you so much for talking with me about this you've been listening to Dr. Jonathan Singer discuss the use of creative arts as a community based suicide prevention effort and in social work. And please be sure to check out Dr. singer's own social work podcast for his latest interview with his guest Araon dean and professor Dr. Nancy Smith. Hi I'm Nancy Smith professor and dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series.

[00:36:16] For more information about who we are as a school our history our programs and what we do we invite you to visit our Web site at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu).