



SHARPEN[®]
POWERING HEALTHY MINDS

Professional Development & Continuing Education

10 Evidence-Based Courses for Professionals

29.5 hours of professional development and continuing education in suicide prevention, safety planning and screening, self-harm, trauma-informed care, mental health literacy, mindfulness, eating disorders, and dissociative identity disorder.

10 Courses	29.5 PD Hours Available	64,156 Platform Users	30+ Research Studies
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Suicide Prevention | Safety Planning & Screening | Postvention | Self-Harm
Trauma-Informed Care | Mental Health Literacy | Mindfulness | Eating Disorders | Dissociative Identity Disorder



Resiliency Technologies, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 7243. Programs that do not qualify for NBCC credit are clearly identified. Resiliency Technologies, Inc. is solely responsible for all aspects of the programs.

About This Guide

Evidence-Based Professional Development

Resiliency Technologies, Inc. has been developing award-winning courses for counselors, educators, and licensed professionals for over 20 years. Built on the same evidence base that powers the Sharpen® system, our courses are developed alongside national researchers and feature documentary film testimony from clinicians, researchers and individuals in recovery. Each course includes a downloadable training certificate indicating hours completed.

The Sharpen® platform has reached 64,156 users through more than two dozen sustained deployments, with more than 700 modules and 4,000 videos, and 96% of users report it effective and would recommend it.

700+ Modules	64,156 Platform Users	29.5 Hrs PD Hours Available	96% Effective & Would Recommend
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RESEARCH PARTNERS Edward Via College of Osteopathic Medicine (VCOM) Emory University James Madison University Medical University of South Carolina Prisma Health Children's San Diego State University Stanford University School of Medicine University of California at Berkeley University of South Carolina University of West Georgia VNS Health	APPROVALS & CERTIFICATIONS NBCC Approved Continuing Education Provider™, ACEP No. 7243 CME/CNE/CE via Galen Mental Health (APA & ACCME) Yoga Alliance YACEP Approved Woman-Owned Small Business (WOSB) Certified NYC Women Business Enterprise (WBE) SCRA Client Company
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Ten Courses - Overview

1	Sharpen® Suicide Safety Planning	1 Hour	1.0 NBCC credit hour
2	Sharpen® Suicide Screening	1 Hour	1.0 NBCC credit hour
3	Sharpen® Suicide Prevention	1.5 Hours	1.5 NBCC credit hours
4	Sharpen® Suicide Postvention	1 Hour	1.0 NBCC credit hour
5	Sharpen® Overcoming Adversity: Trauma and the Developing Brain	4.5 Hours	4.5 NBCC credit hours
6	Sharpen® Mental Health Literacy	6 Hours	6.0 NBCC credit hours
7	How to Teach 5 Minute Mindfulness™ to Kids	4 Hours	4.0 NBCC credit hours
8	Sharpen® Eating Disorder Awareness and Prevention for Health Professionals	4 Hours	4.0 NBCC credit hours
9	The Integration of Sylvia the Wood Nymph: A Five-Part Training on Dissociative Identity Disorder	5 Hours	Not offered for NBCC credit 5 CME/CNE/CE hours via Galen Mental Health
10	Sharpen® Self-Harm and NSSI	1.5 Hours	1.5 NBCC credit hours



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COURSE 1 | SUICIDE SAFETY PLANNING

Sharpen® Suicide Safety Planning

1 Hour | 1.0 NBCC Credit Hour

Instructor(s): Robyn Hussa Farrell, MFA, E-RYT, MPH Site Preceptor (UC Berkeley, SDSU) & Deirdre DeLeo, MA, LCSW, VNS Health Safe Pathways

This one-hour course teaches the Safety Planning Intervention, a brief suicide prevention intervention. Participants learn the seven components of a safety plan, how protective factors reduce suicide risk, and how to complete a digital safety plan and resiliency toolkit with a client in real time.



CONTINUING EDUCATION CREDIT

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Earning credit (1.0 NBCC credit hour): Complete all required course content, pass the course quiz with a score of 80% or higher (8 of 10 correct; retakes permitted) and submit the course evaluation. No partial credit is offered.

Registration: \$25 (one-time), paid at sharpenminds.com. The course is online, self-paced and on demand, and requires a computer or mobile device with internet access and audio for the films.

Questions or ADA accommodation requests: Resiliency Technologies, Inc., 13176 Kellam Court, Ste 111, San Diego, CA 92130 | 917-771-4977 | rfarrell@sharpenminds.com | sharpenminds.com

LEARNING OBJECTIVES

As a result of participating in this program, participants will be able to:

- Explain the evidence supporting safety planning as a brief suicide prevention intervention
- List the seven components of a safety plan and describe the purpose of each
- Describe how protective factors reduce suicide risk and identify at least three to reinforce with a client
- Apply a digital safety plan and resiliency toolkit with a client in real time

EVIDENCE BASE & DEPLOYMENT

Sharpen® draws on twenty years of prevention work in schools, health systems and communities, reaching 87,792 people through live trainings before any of it became digital. The curriculum was written by practitioners who first certified in the field's gold-standard models, including CONNECT postvention through the South Carolina Office of Suicide Prevention, and it is structured against the four strategic directions of the 2024 National Strategy for Suicide Prevention (U.S. Department of Health and Human Services, 2024).

Led by Deirdre DeLeo, MA, LCSW, of VNS Health Safe Pathways, the course teaches the Safety Planning Intervention, which Stanley and Brown developed while working with veterans in suicidal crisis (Stanley & Brown, 2012). In emergency departments, the Safety Planning Intervention paired with structured follow-up calls was associated with 45% fewer suicidal behaviors over six months than usual care (Stanley et al., 2018).

The course is the professional training component of VNS Health Safe Pathways, a five-year New York State Office of Mental Health suicide prevention initiative, where it has been delivered to 534 participants across 23 cohorts with more than 200 certifications issued. Among trained

	providers, confidence in suicide risk management improved significantly ($p = .001$), the proportion reporting high confidence rose from 48.9% to 72.3%, and the low-confidence group was eliminated entirely. Of participants surveyed, 94.8% called the training a good use of their time and 95.5% would recommend it (Rios & Biber, 2024). <table data-bbox="743 489 1421 640"> <tr> <td data-bbox="743 489 1084 640"> 45% Fewer Suicidal Behaviors (Stanley et al., 2018) </td><td data-bbox="1084 489 1421 640"> 534 Providers Trained (VNS Health) </td></tr> </table>	45% Fewer Suicidal Behaviors (Stanley et al., 2018)	534 Providers Trained (VNS Health)
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COURSE 2 | SUICIDE SCREENING

Sharpen® Suicide Screening

1 Hour | 1.0 NBCC Credit Hour

Instructor(s): Robyn Hussa Farrell, MFA, E-RYT, MPH Site Preceptor (UC Berkeley, SDSU); Alex Karydi, PhD, LMFT; & Deirdre DeLeo, MA, LCSW

This one-hour course teaches providers to screen for suicide risk with the Columbia Protocol (C-SSRS), to ask directly about suicidal ideation, intent and plan, and to connect people to the crisis response pathway that fits the level of risk.



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LEARNING OBJECTIVES

As a result of participating in this program, participants will be able to:

- Describe the Columbia Protocol (C-SSRS) as a validated universal screening instrument and identify the settings in which it is indicated
- Demonstrate how to ask directly about suicidal ideation, intent and plan
- Summarize current research on suicide risk factors among the youth and young adult populations you serve
- Identify the threshold at which a screening result requires escalation, and name the crisis response pathways available in your setting

EVIDENCE BASE & DEPLOYMENT

Led by Alex Karydi, PhD, LMFT, and Deirdre DeLeo, MA, LCSW, of VNS Health, the course teaches the Columbia-Suicide Severity Rating Scale (Posner et al., 2011), a validated universal screener with versions for clinicians, staff, parents and peers in multiple languages. Participants learn how its two ideation questions and four behavior questions work, why the final behavior question is asked even when ideation is denied, and how low, moderate and high risk levels guide the next step: connection to community services, a mobile crisis team, the 988 Suicide & Crisis Lifeline (988 Suicide & Crisis Lifeline, n.d.), or an emergency department when danger is imminent. The course rests on research showing that asking directly about suicide does not increase suicidal ideation (Dazzi et al., 2014), and it reviews risk factors for suicide among adolescents and young adults, including the elevated risk faced by LGBTQ+ youth.

It is the professional training component of VNS Health Safe Pathways, a five-year New York State Office of Mental Health suicide prevention initiative, where it has been delivered to 534 participants across 23 cohorts with more than 200 certifications issued. Among trained providers, confidence in suicide risk management improved

	significantly ($p = .001$), the proportion reporting high confidence rose from 48.9% to 72.3%, and the low-confidence group was eliminated entirely. Of participants surveyed, 94.8% called the training a good use of their time and 95.5% would recommend it (Rios & Biber, 2024). <table><tr><td data-bbox="743 453 1084 604">200+ Certifications Issued (VNS Health)</td><td data-bbox="1084 453 1421 604">95.5% Would Recommend</td></tr></table>	200+ Certifications Issued (VNS Health)	95.5% Would Recommend
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COURSE 3 | SUICIDE PREVENTION

Sharpen® Suicide Prevention

1.5 Hours | 1.5 NBCC Credit Hours

Instructor(s): Robyn Hussa Farrell, MFA, E-RYT, MPH Site Preceptor (UC Berkeley, SDSU); Alex Karydi, PhD, LMFT; & Taylor Davis, Ed.S., LPC

This course translates public health evidence on suicide risk and protective factors into practical, strength-based tools for professionals working with youth. Using Sharpen®'s long-form documentary interview format, participants hear directly from national suicidologists and community experts. The curriculum was developed using the same approach as all Sharpen® courses: filmed interviews with experts, modular delivery, and a strength-based framework grounded in published prevention science.



CONTINUING EDUCATION CREDIT

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LEARNING OBJECTIVES

As a result of participating in this program, participants will be able to:

- Differentiate warning signs from risk factors for suicide
- Identify evidence-based public health protective factors for suicide
- Apply strength-based approaches when working with youth
- Describe the four strategic directions of the 2024 National Strategy for Suicide Prevention and explain how a comprehensive approach to prevention is structured
- Identify evidence-based gatekeeper training models, including safeTALK, ASIST and CONNECT, and locate a certified trainer
- Demonstrate how to start a conversation with someone who may be at risk, and identify the point at which an active threat requires an emergency response

EVIDENCE BASE & DEPLOYMENT

Led by Alex Karydi, PhD, LMFT, and Taylor Davis, Ed.S., LPC, the course teaches the distinction that organizes prevention practice: risk factors are situational events whose weight varies from person to person, while warning signs are changes from an individual's own usual pattern. Participants learn the major public health protective factors drawn from the American Foundation for Suicide Prevention, the Columbia Lighthouse Project and the Suicide Prevention Resource Center. The course grounds its practice guidance in the strengths perspective (Saleebey, 1996), which holds that every individual possesses inherent capacity for growth and change.

The course also maps the gatekeeper training landscape, covering safeTALK and its TALK steps, ASIST, and CONNECT postvention from NAMI New Hampshire, and tells participants how to find a certified trainer for each. Additional subject matter experts appearing on film include Timothy D. Brewerton, MD, DLFAPA, FAED, DFAACAP, CEDS-S; Stephen P. Hinshaw, PhD; Mary Bartlett, PhD; and Nicole Siegfried, PhD, CEDS, alongside contributors speaking from lived experience.

	It is the professional training component of VNS Health Safe Pathways, a five-year New York State Office of Mental Health suicide prevention initiative, where it has been delivered to 534 participants across 23 cohorts with more than 200 certifications issued. Among trained providers, confidence in suicide risk management improved significantly ($p = .001$), the proportion reporting high confidence rose from 48.9% to 72.3%, and the low-confidence group was eliminated entirely. Of participants surveyed, 94.8% called the training a good use of their time and 95.5% would recommend it (Rios & Biber, 2024). <table><tr><td data-bbox="743 672 1084 793">23 Provider Cohorts (VNS Health)</td><td data-bbox="1084 672 1419 793">95.5% Would Recommend</td></tr></table>	23 Provider Cohorts (VNS Health)	95.5% Would Recommend
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COURSE 4 | SUICIDE POSTVENTION

Sharpen® Suicide Postvention

1 Hour | 1.0 NBCC Credit Hour

Instructor(s): Robyn Hussa Farrell, MFA, E-RYT, MPH Site Preceptor (UC Berkeley, SDSU) and Alex Karydi, PhD, LMFT

Postvention, the organized response following a suicide loss, is an essential and often under-resourced component of community mental health. This 1-hour course prepares professionals to lead compassionate, evidence-based responses that reduce contagion risk and support survivors. Using Sharpen®'s documentary format, participants hear from national suicidologists on safe messaging, contagion risk, and the practical steps organizations must take in the aftermath of a suicide loss.



CONTINUING EDUCATION CREDIT

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LEARNING OBJECTIVES

As a result of participating in this program, participants will be able to:

- Define postvention and explain its relationship to prevention
- Describe the mechanisms of suicide contagion and identify who is at elevated risk following a loss
- Apply safe messaging guidelines when communicating about a suicide death
- Locate and use national postvention and media guideline resources

EVIDENCE BASE & DEPLOYMENT

The course features Alex Karydi, PhD, LMFT, speaking from her role directing State and Territorial Initiatives at the Suicide Prevention Resource Center (SPRC), the only federally supported resource center dedicated to advancing the implementation of the National Strategy for Suicide Prevention. Following SPRC's definition, it presents postvention as an organized response after a suicide that facilitates healing, reduces the harmful effects of exposure, and prevents suicide among people at high risk after exposure, and it treats a planned postvention response as prevention work.

Its guidance on contagion and media coverage rests on the research synthesis by Gould and Lake (2013): suicide clusters occur primarily among teenagers and young adults, suicide rates rise after an increase in news stories about suicide and fall after a decrease, and media guidelines can reduce contagion by changing the volume and content of reporting. Participants are directed to the Recommendations for Reporting on Suicide (Reporting on Suicide, n.d.), the Framework for Successful Messaging (National Action Alliance for Suicide Prevention, n.d.),

	After a Suicide: A Toolkit for Schools (American Foundation for Suicide Prevention & Suicide Prevention Resource Center, 2018), and postvention resources from the American Foundation for Suicide Prevention, the American Association of Suicidology, the Defense Suicide Prevention Office and the VA Rocky Mountain MIRECC for Suicide Prevention. It is the professional training component of VNS Health Safe Pathways, a five-year New York State Office of Mental Health suicide prevention initiative, where it has been delivered to 534 participants across 23 cohorts with more than 200 certifications issued. Among trained providers, confidence in suicide risk management improved significantly ($p = .001$), the proportion reporting high confidence rose from 48.9% to 72.3%, and the low-confidence group was eliminated entirely. Of participants surveyed, 94.8% called the training a good use of their time and 95.5% would recommend it (Rios & Biber, 2024). <table data-bbox="743 936 1421 1056"> <tr> <td data-bbox="743 936 1086 1056"> 534 Participants (VNS Health) </td><td data-bbox="1086 936 1421 1056"> 94.8% Good Use of Their Time </td></tr> </table>	534 Participants (VNS Health)	94.8% Good Use of Their Time
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COURSE 5 | TRAUMA-INFORMED CARE
Sharpen® Overcoming Adversity: Trauma and the Developing Brain

4.5 Hours | 4.5 NBCC Credit Hours

Instructor(s): Robyn Hussa Farrell, MFA, E-RYT, MPH Site Preceptor (UC Berkeley, SDSU) who worked alongside 25+ national researchers, clinicians, child welfare professionals, foster parents and adults who grew up in foster care. These experts are featured in more than 35 films throughout the course.

Through expert testimony and personal stories of resilience, participants learn the impact of long-term activation of the stress-response system, how trauma impacts the developing mind, attachment theory, the prevalence of childhood trauma, and research on strategies for breaking cycles of abuse. Participants also receive access to programs suitable for teens ages 14 and up. Recommended companion for SMHL, Suicide Prevention and Postvention, and 5 Minute Mindfulness™.


CONTINUING EDUCATION CREDIT

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Earning credit (4.5 NBCC credit hours): Complete all required course content, pass the course quiz with a score of 80% or higher (20 of 25 correct; retakes permitted) and submit the course evaluation. No partial credit is offered. Registration: \$72 (one-time), paid at sharpenminds.com. The course is online, self-paced and on demand, and requires a computer or mobile device with internet access and audio for the films.

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LEARNING OBJECTIVES

As a result of participating in this program, participants will be able to:

- Define Adverse Childhood Experiences and describe their prevalence and clinical presentation
- Explain how long-term activation of the stress-response system affects the developing brain and body, and recognize the comorbidities commonly associated with trauma
- Describe the dissociative disorders and explain the relationship between early trauma and disrupted identity integration
- Apply attachment theory to clinical scenarios, including the role of early caregiving in later relational and emotional functioning
- Explain the evidence on intergenerational transmission of abuse and identify strategies for breaking cycles of abuse
- Describe typical early childhood development and explain how responsive relationships and positive childhood experiences shape outcomes

EVIDENCE BASE & DEPLOYMENT

Sharpen® Overcoming Adversity has been in continuous deployment since 2017. The course is built on foundational trauma literature, including the original Adverse Childhood Experiences study (Felitti et al., 1998), van der Kolk's work on the neurobiology of childhood trauma and on developmental trauma disorder (2003, 2005), and the California Surgeon General's report on adverse childhood experiences and toxic stress (Bhushan et al., 2020).

The trauma and child development content in this course is drawn from the Sharpen® library that has been evaluated in multiple settings. Built with more than 20 child welfare agencies and researchers in the area of childhood trauma, relevant modules have been made available to foster parents across South Carolina as a continuing education program through the South Carolina Department of Social Services. Similarly, police officers and health workers have attended training for secondary traumatic stress.

- Identify evidence-based interventions for children affected by trauma, including play therapy and filial therapy
- Describe trauma-informed practice with children in foster care, including recognizing trauma responses and responding appropriately
- Identify protective factors and strategies that reduce toxic stress and build resilience in children and families
- Describe posttraumatic growth and hardiness, and explain the conditions associated with growth following trauma
- Identify challenges associated with reintegration following combat trauma and strategies that support successful transition

In an IRB-approved single-group pre-post design, 401 foster parents consented and 334 completed both the training and both surveys. Resilience rose from 3.54 to 3.85 on the Brief Resilience Scale (+8.63%, $p < .001$, $d = 0.267$) and self-compassion from 3.39 to 3.64 on the Self-Compassion Scale Short Form (+7.35%, $p < .001$, $d = 0.242$), with 88.5% mean module completion across 22,475 video views and 525.7 hours of collective watch time (Biber, Hussa Farrell & Farrell, 2026). An earlier pilot with South Carolina foster parents found significant improvement in the same two measures and established the design that study scaled (Biber, 2025).

The veteran reintegration and posttraumatic growth modules were developed as Sharpen® Warrior, built with Upstate Warrior Solution and more than 10 veteran health agencies and led by a psychologist with 40 years in the U.S. Department of Veterans Affairs who also appears on film in this course. The program was featured at the 2019 National Coalition for Homeless Veterans conference in Washington, DC.

The longest-running professional training deployment of Sharpen® Overcoming Adversity is VNS Health Safe Pathways, a five-year New York State Office of Mental Health initiative serving LGBTQI+ and BIPOC youth, families and providers across New York City. A longitudinal evaluation of the provider training, which has reached 534 participants across 23 cohorts from 2022 to 2026, drawing on 750 pooled survey responses, with more than 200 certifications issued to licensed clinicians and health workers (Rios & Biber, 2024).

The trauma and child development material has been presented in professional settings including the Attachment and Trauma Network annual conference (2021, 2022), the South Carolina Foster Parent Association Annual Conference (2023), and the Southeastern School Behavioral Health Conference (2021, 2023, 2025).

334

Foster Parents Completed (3-Year Study)

88.5%

Mean Module Completion

COURSE 6 | MENTAL HEALTH LITERACY
Sharpen® Mental Health Literacy

6 Hours | 6.0 NBCC Credit Hours

Instructor(s): Robyn Hussa Farrell, MFA, E-RYT, MPH Site Preceptor (UC Berkeley, SDSU) who worked alongside more than 15 national researchers and clinicians in mental health. These experts are featured in 100 films throughout the course. She has taught this course to undergraduates at a public university in the Southeast.

Mental health literacy is the knowledge and fluency needed to recognize, manage and prevent mental health difficulties. This six-hour online course covers what mental health literacy is, why stigma has to be addressed directly, how to start a conversation with someone who is struggling, and what to expect from therapy. It then carries those skills into trauma and stress, suicide prevention and disordered eating prevention, so that a learner leaves with the protective factors that run through all four.

The course is built around 100 documentary films, nearly five hours in all. Learners hear directly from people describing their own experience of anxiety, depression, ADHD, grief, suicidal thoughts and eating disorders, from the families who supported them, and from the researchers and clinicians who treat them.


CONTINUING EDUCATION CREDIT

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Earning credit (6.0 NBCC credit hours): Complete all required course content, pass the course quiz with a score of 80% or higher (28 of 35 correct; retakes permitted) and submit the course evaluation. No partial credit is offered.

Registration: \$45 (one-time), paid at sharpenminds.com. The course is online, self-paced and on demand, and requires a computer or mobile device with internet access and audio for the films.

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LEARNING OBJECTIVES

As a result of participating in this program, participants will be able to:

Mental Health Literacy

- Describe the four components of mental health literacy
- Identify the core features, risk factors and protective factors of common mental disorders, including ADHD, depression, anxiety and panic disorders, and PTSD
- Describe how public stigma, self-stigma and cultural and family stigma affect help-seeking and engagement in treatment
- Describe strategies for starting a supportive conversation with someone who may be struggling, and identify when to connect them to crisis resources
- Identify what to expect from therapy, including the types of providers, the limits of

EVIDENCE BASE & DEPLOYMENT

Sharpen® Mental Health Literacy has evolved over twenty years of development and more than 30 research studies across more than 20 institutions. Its modules were selected using Sharpen® platform data on the most requested and most used content, on top of two decades of community-based participatory research, and they follow the Sharpen® logic model of risk and protective factors (Hussa Farrell & Farrell, 2026).

The program is built against the established mental health literacy literature (Jorm et al., 1997; Kutcher et al., 2016; Sampaio et al., 2022), and it follows the finding that interventions raising knowledge alone may leave stigma untouched, so that stigma has to be addressed directly if literacy gains are to translate into behavior (Martinez & Hinshaw, 2016; Soria-Martinez et al., 2024). The trauma, suicide prevention and disordered eating sections draw on the core literature for each topic, including the Adverse Childhood Experiences study (Felitti et al., 1998), clinical trials of mindfulness-based interventions (Goldberg et al., 2018; Hoge et

confidentiality and the evidence-based treatments

Trauma and Stress

- Explain how adverse childhood experiences and chronic stress affect mental and physical health, and identify the role of supportive relationships in resilience
- Describe the stress response, including the roles of the sympathetic and parasympathetic nervous systems, and apply evidence-based stress management strategies
- Summarize research on mindfulness practices and how they improve health outcomes
- Identify mental health stressors and help-seeking barriers specific to athletes, and describe ways to support them
- Explain how identifying and naming emotions improves protective factors for coping and help-seeking

Suicide Prevention

- Differentiate warning signs from risk factors for suicide
- Identify evidence-based protective factors for suicide and apply strength-based approaches when working with youth
- Describe the four strategic directions of the 2024 National Strategy for Suicide Prevention and explain how a comprehensive approach is structured
- Identify evidence-based gatekeeper training models for suicide prevention

Disordered Eating Prevention

- Identify the types of eating disorders, their common risk factors and their medical and psychiatric comorbidities
- Explain how weight stigma and internalized weight bias affect self-esteem, and describe strategies, including ending fat talk and mindful eating, that build a partnership with the body

al., 2023), the 2024 National Strategy for Suicide Prevention (U.S. Department of Health and Human Services, 2024), and a review of eating disorder risk factors across 284 studies (Barakat et al., 2023).

This program has been delivered to foster parents through the South Carolina Foster Parent Association, to medical students at the Edward Via College of Osteopathic Medicine as the branded Mindful MEDS toolkit (Berreta et al., 2023), and to college students and peer mentors (Biber & Rothman, 2024; Hussa Farrell & Abel, 2025). Across three years in which the course was delivered to South Carolina foster parents, 334 completers gained on the Brief Resilience Scale (8.63%) and the Self-Compassion Scale Short Form (7.35%), both $p < .001$, alongside an 88.5% mean module completion rate (Biber et al., 2026); an earlier pilot with South Carolina foster parents found significant improvement in the same two measures (Biber, 2025). Across four consecutive cohorts of the semester-long college build, 97.4% of respondents recommended the course and 24.7% volunteered unprompted that it should be required of all students; the fourth cohort was independently analyzed by an evaluation team at San Diego State University and has been submitted for publication (Levy et al., 2026).

97.4%

College Students
Recommend

30+

Research Studies

COURSE 7 | MINDFULNESS & STRESS MANAGEMENT

How to Teach 5 Minute Mindfulness™ to Kids

4 Hours | 4.0 NBCC Credit Hours

Instructor(s): Robyn Hussa Farrell, MFA, E-RYT, YACEP, MPH Site Preceptor (UC Berkeley, SDSU)

Written in 2007 by Robyn Hussa Farrell, MFA, E-RYT, 5 Minute Mindfulness™ is an evidence-based, trauma-aware mindfulness curriculum built for people who need to lead a practice for others. It was created inside eating disorder and substance use treatment settings and has been delivered continuously since then across K-12 schools, vocational rehabilitation, early childhood programs, adolescent athletics and healthcare systems. The curriculum covers four modality categories, and every activity follows a three-part structure that fits inside a five-minute window. Recommended companion to Overcoming Adversity and Suicide Prevention. The course is Yoga Alliance YACEP approved.



CONTINUING EDUCATION CREDIT

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Earning credit (4.0 NBCC credit hours): Complete all required course content, pass the course quiz with a score of 80% or higher (12 of 15 correct; retakes permitted) and submit the course evaluation. No partial credit is offered. Registration: \$90 (one-time), paid at sharpenminds.com. The course is online, self-paced and on demand, and requires a computer or mobile device with internet access and audio for the films.

Questions or ADA accommodation requests: Resiliency Technologies, Inc., 13176 Kellam Court, Ste 111, San Diego, CA 92130 | 917-771-4977 | rfarrell@sharpenminds.com | sharpenminds.com

LEARNING OBJECTIVES

As a result of participating in this program, participants will be able to:

- Apply at least two mindfulness-based stress reduction (MBSR) strategies to support their own wellbeing and the wellbeing of the clients, students or patients they serve
- Describe the physiological and psychological mechanisms by which brief, repeated mindfulness practice supports stress regulation, attention and emotion regulation
- Demonstrate at least one 5 Minute Mindfulness™ technique using the three-part centering, core practice and cool-down structure (the ARC), suitable for a professional, classroom or clinical setting
- Select an appropriate technique from the four categories of mindfulness practice (breathing, gentle movement, meditation and journal writing) for a given population, setting and time constraint, including adapting language to participants' belief systems
- Identify trauma-informed adaptations for leading mindfulness with children and adults who have experienced trauma or adversity,

EVIDENCE BASE & DEPLOYMENT

Mindfulness-based interventions are associated with reduced suicide risk and strengthened protective factors across multiple studies and a meta-analysis (Chesin et al., 2023; Collins et al., 2018; Miller & Interian, 2025; Schmelefske et al., 2022), and self-compassion specifically has been linked to reduced suicidal ideation and self-harm (Cleare et al., 2019; Suh & Jeong, 2021). 5 Minute Mindfulness™ has been delivered as suicide prevention training to coalitions in South Carolina and New York, including as part of VNS Health Safe Pathways, a five-year New York State Office of Mental Health suicide prevention initiative. From 2013 to 2019 it ran as a youth-to-youth peer resiliency program in South Carolina, in which high school students were trained to facilitation fidelity and then led sessions for elementary-aged children in K-12 schools.

The program has been evaluated continuously across seventeen years. The National Eating Disorders Association commissioned the original best-practices toolkit, and exercises from the curriculum were published

including creating a safe environment and responding when a practice brings up strong emotions Describe how to deliver a 5 Minute Mindfulness™ practice with fidelity inside a two-to-five-minute window, and summarize the research on the benefits and limits of brief, regular practice	in Yoga and Eating Disorders (Costin & Kelly, 2016). More than 5,000 South Carolina educators received the training through the Compassionate and Resilient Schools initiatives, whose outcomes were published in the Journal of Child and Adolescent Trauma (Parker et al., 2020), with train-the-trainer delivery to more than 1,000 of them. Across eleven documented South Carolina cohorts, 90.4% understood the MBSR evidence base, 90.0% intended to bring the curriculum into their setting, and 93.9% learned something new (Hussa Farrell, 2026). Sixteen adolescent athletes completed an eight-week protocol measured with three validated instruments; sport anxiety fell significantly by week 8, and mindfulness improved ($p = .031$) (Patrizi et al., 2019). All thirty K-2 students in an early childhood deployment, every one living in housing insecurity, gained across all five literacy dimensions and all six social-emotional domains assessed (Bauer et al., 2020). In New York City healthcare workforce cohorts, confidence rose from 37 to 41 ($p = .001$), the high-confidence group grew from 48.9% to 72.3%, the low-confidence group was eliminated, and participants' belief that suicide cannot be prevented fell significantly ($p = .029$, $d = 0.51$) (Rios & Biber, 2024). <table data-bbox="743 1113 1421 1260"> <tr> <td data-bbox="743 1113 1084 1260"> 5,000+ South Carolina Educators Trained </td><td data-bbox="1084 1113 1421 1260"> 93.9% Learned Something New </td></tr> </table>	5,000+ South Carolina Educators Trained	93.9% Learned Something New
5,000+ South Carolina Educators Trained	93.9% Learned Something New		

COURSE 8 | EATING DISORDERS

Sharpen® Eating Disorder Awareness and Prevention for Health Professionals

4 Hours | 4.0 NBCC Credit Hours

Instructor(s): Robyn Hussa Farrell, MFA, E-RYT, MPH Site Preceptor (UC Berkeley, SDSU), who worked alongside more than 20 national researchers and clinicians in eating disorders. These experts are featured in more than 30 films throughout the course. She has led this training in communities since 2006, and the program has been further evolved and evaluated in collaboration with Timothy D. Brewerton, MD; Natalie Fadel, PsyD; Maggie Gainey, PhD; and Duke Biber, PhD.

Developed over 15 years in collaboration with researchers in disordered eating prevention, this 4-hour course features national experts, patients, and family members in a documentary-style learning experience. Eating disorders carry among the highest death rates of any mental illness, and a health professional is often the first to see the signs. The course prepares counselors, social workers, nurses, physicians and other health professionals to recognize eating disorders across the diagnostic spectrum, screen with validated tools when symptoms are present, account for trauma and co-occurring conditions, confront weight bias in their own practice, understand the medical risks that need medical management, and help patients reach the right level of care and treatment team.



CONTINUING EDUCATION CREDIT

Resiliency Technologies, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 7243. Programs that do not qualify for NBCC credit are clearly identified. Resiliency Technologies, Inc. is solely responsible for all aspects of the programs.

Earning credit (4.0 NBCC credit hours): Complete all required course content, pass the course quiz with a score of 80% or higher (16 of 20 correct; retakes permitted) and submit the course evaluation. No partial credit is offered. Registration: \$90 (one-time), paid at sharpenminds.com. The course is online, self-paced and on demand, and requires a computer or mobile device with internet access and audio for the films.

Questions or ADA accommodation requests: Resiliency Technologies, Inc., 13176 Kellam Court, Ste 111, San Diego, CA 92130 | 917-771-4977 | rfarrell@sharpenminds.com | sharpenminds.com

LEARNING OBJECTIVES

As a result of participating in this program, participants will be able to:

- Describe the prevalence, mortality and medical and psychiatric severity of eating disorders, including among males, LGBTQ+ individuals and older adults
- Identify risk and protective factors for eating disorders, including genetics, dieting, perfectionism, trauma and weight stigma
- Identify the eating disorder diagnoses, including ARFID, and their emotional, behavioral and physical warning signs
- Explain how weight stigma and weight bias in health care affect patients' health, help-seeking and treatment, and describe weight-inclusive alternatives

EVIDENCE BASE & DEPLOYMENT

An estimated 28.8 million Americans will have an eating disorder in their lifetime, and eating disorders cause about 10,200 deaths each year (Deloitte Access Economics, 2020). LGBTQ youth diagnosed with an eating disorder have nearly four times the odds of a past-year suicide attempt (The Trevor Project, 2022), childhood maltreatment is linked to earlier onset and more severe illness (Molendijk et al., 2017), and weight stigma is associated with depression, dieting and lower self-esteem (Himmelstein et al., 2018).

Eating disorder prevention is the oldest work in the Sharpen® system, developed since 2006. This training has been evaluated twice in medical settings. At Greenville Health System Children's Hospital, now Prisma Health,

- Identify validated eating disorder screening tools and describe when to screen
- Describe how trauma and co-occurring conditions, including anxiety, depression, PTSD and suicidality, affect eating disorder development and treatment
- Describe the roles of the multidisciplinary treatment team and evidence-based treatments, including family-based treatment and CBT-AR, and the medical risks, such as refeeding syndrome, that require medical management
- Identify steps that help patients get the care they need, including levels of care and referrals for medical, psychological, nutritional and peer support

91% of participating pediatricians and residents said it assisted them in diagnosing eating disorders (Haddad et al., 2015). In a 2023 to 2025 pilot with medical students and residents at the Edward Via College of Osteopathic Medicine and Spartanburg Regional Healthcare System, confidence to recognize and treat eating disorders rose and anti-fat attitudes fell (Fadel et al., in peer review). The school-based version of this curriculum produced significant gains in educators' self-efficacy (Anderson et al., 2017), and an adaptation for community health workers is in peer review (Smith et al., in peer review).

91%

Pediatricians: Helped
Diagnose EDs

Since 2006

Eating Disorder Prevention

COURSE 9 | DISSOCIATIVE IDENTITY DISORDER

The Integration of Sylvia the Wood Nymph: A Five-Part Training on Dissociative Identity Disorder

5 Hours | 5 CME/CNE/CE hours via Galen Mental Health | Not offered for NBCC credit

Instructor(s): Timothy D. Brewerton, MD, DLFAPA, FAED, DFAACAP, CEDS-S

Resiliency Technologies is honored to collaborate with Timothy D. Brewerton, MD on this five-part, five-hour training on Dissociative Identity Disorder. The course begins with an actual therapy session in which Dr. Brewerton discovers that a patient who came to him for depression and binge eating in fact suffered from DID and a history of extensive trauma. Participants view archival video clips taken across years of treatment, observing the dissociative process, the presence of identified alters, and ultimately Sylvia's full integration.

CONTINUING EDUCATION CREDIT

Course 9 is not offered for NBCC credit. This course has been approved for 5 CME/CNE/CE hours through our partners at Galen Mental Health. To obtain these CEs, complete the course quiz; once the quiz has been completed successfully, you will be prompted to complete the required forms for CME/CNE/CEs.

Registration: \$149 (one-time), paid at sharpenminds.com. The course is online, self-paced and on demand, and requires a computer or mobile device with internet access and audio for the films.

LEARNING OBJECTIVES

- Explain the historical development of the concept of dissociation, multiple personality disorder (MPD), and dissociative identity disorder (DID)
- Compare the adaptive functions of the various alters identified and described in this case presentation
- List the DSM-5 diagnostic criteria for Dissociative Identity Disorder (DID)
- Describe modern neurobiological findings that support the validity of DID
- Summarize the major principles of DID treatment

EVIDENCE BASE & DEPLOYMENT

Timothy D. Brewerton, MD, DLFAPA, FAED, DFAACAP, CEDS-S is Affiliate Professor of Psychiatry & Behavioral Sciences at the Medical University of South Carolina. He holds board certifications in general, child-adolescent, and forensic psychiatry, and addiction medicine. Distinguished Life Fellow of the American Psychiatric Association; Distinguished Fellow of the American Academy of Child and Adolescent Psychiatry; Founding Fellow and former Board Member of the Academy of Eating Disorders (AED); author of more than 170 articles and book chapters, editor of 2 texts, and has given more than 400 presentations nationally and internationally.

5 Hours

CME/CNE/CE Credit

APA 2026

As seen at American Psychiatric Association annual meeting

PEER ENDORSEMENTS

"DID is much more common than previously thought. Seeing archival footage of how Sylvia's DID comes to light in treatment is truly a gift. Dr. Brewerton walks through the adaptive function of different identities so they can be safely integrated." -- Theresa Fasshi, PhD, FAED, CEDS-S, Encourage Trauma Center, Houston TX

"This course will provide the new clinician or the most seasoned professional with unique insights into treating this most challenging clinical population." -- Heather Hower, MSW, LICSW, UCSD School of Medicine / Brown University

COURSE 10 | SELF-HARM & NSSI
Sharpen® Self-Harm and NSSI

1.5 Hours | 1.5 NBCC Credit Hours

Instructor(s): Robyn Hussa Farrell, MFA, E-RYT, MPH Site Preceptor (UC Berkeley, SDSU), who worked alongside seven national researchers and clinicians in self-harm and suicide prevention. These experts are featured in eight films throughout the course.

Self-harm is one of the most common ways a young person's pain becomes visible to a provider, and one of the most misunderstood. This 1.5-hour online course, in two parts, gives providers a shared, practical framework for recognizing non-suicidal self-injury (NSSI), understanding what the behavior does for the person, asking directly about self-injury and suicide, planning for safety, and connecting youth and families to care. It also points learners to the companion Sharpen® suicide screening and safety planning courses for the full training in those skills.


CONTINUING EDUCATION CREDIT

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Earning credit (1.5 NBCC credit hours): Complete all required course content, pass the course quiz with a score of 80% or higher (12 of 15 correct; retakes permitted) and submit the course evaluation. No partial credit is offered. Registration: \$39 (one-time), paid at sharpenminds.com. The course is online, self-paced and on demand, and requires a computer or mobile device with internet access and audio for the films.

Questions or ADA accommodation requests: Resiliency Technologies, Inc., 13176 Kellam Court, Ste 111, San Diego, CA 92130 | 917-771-4977 | rfarrell@sharpenminds.com | sharpenminds.com

LEARNING OBJECTIVES

As a result of participating in this program, participants will be able to:

Part 1: Recognizing self-harm

- Differentiate non-suicidal self-injury (NSSI) from suicidal behavior by intent, frequency and lethality
- Recognize warning signs of suicide using the FACT framework: feelings, actions, changes and threats
- Identify the physical, behavioral and cognitive warning signs of self-harm in youth and young adults
- Summarize current prevalence data, the populations at elevated risk, and the protective factors that lower risk
- Describe the functions self-harm most often serves and the cycle that maintains it
- Describe digital self-harm and how online environments can raise or lower risk

EVIDENCE BASE & DEPLOYMENT

Self-harm is common, starts young and carries real risk. Between 18% and 23% of adolescents worldwide report NSSI at some point in their lives (Moloney et al., 2024; Xiao et al., 2022), and 9.1% of U.S. children ages 9 to 10 already report it (Burke et al., 2023). A history of self-injury is one of the stronger known predictors of later suicidal thoughts and behaviors (Franklin et al., 2017), which is why the course pairs every question about self-injury with a question about suicide. Digital self-harm roughly doubled among U.S. teens between 2016 and 2021 (Patchin & Hinduja, 2024), and adolescents who see self-harm content online in a given week are more likely to self-injure that same week (Hamilton et al., 2025).

The course teaches providers to assess the function self-harm serves (Klonsky, 2007; Nock, 2010), and it draws on a featured researcher's interviews with young women followed from childhood in the Berkeley Girls with ADHD Longitudinal Study about how self-harm started, continued and stopped (Ahmad & Hinshaw, 2024).

Part 2: Ask, plan and support

- Demonstrate how to ask directly about self-injury and about suicidal ideation, intent and plan
- Apply the SOARS model and the Inventory of Statements About Self-Injury (ISAS) to document onset, frequency, method, function and stage of change
- Identify the criteria that require escalation beyond routine follow-up
- Describe how safety planning for self-harm differs from suicide safety planning, including counseling on access to lethal means
- Match evidence-based treatments to the clinical picture, with dialectical behavior therapy for adolescents (DBT-A) as first-line care for adolescent NSSI
- Respond to a disclosure of self-harm using non-shaming language, coach parents and caregivers, and connect youth and families to care and crisis lines

Dialectical behavior therapy for adolescents has the strongest evidence base for adolescent self-harm (McCauley et al., 2018; Mehlum et al., 2014).

18-23%

Adolescents Reporting NSSI

9.1%

U.S. Children Ages 9 to 10
Reporting NSSI

Getting Started

All ten courses are available through the Sharpen® platform at sharpenminds.com. Courses can be accessed individually or as part of a bundled professional development package. Organizations interested in deploying Sharpen® as a branded professional development hub should contact us to discuss implementation options, pricing, and CE administration.

FOR INDIVIDUALS	FOR ORGANIZATIONS	FOR HEALTH SYSTEMS
Access all 10 courses at sharpenminds.com . Each course includes a downloadable completion certificate. See sharpenminds.com	Deploy Sharpen® as your organization's branded professional development platform. Contact us for volume pricing, onboarding support, and CE administration. Get in touch at info@sharpenminds.com .	Clinical and payor-facing solutions at sharpenhealth.com . Our clinical team supports EHR integration, CAT-MH® screening, and outcomes reporting. See sharpenhealth.com

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REFERENCES

- 988 Suicide & Crisis Lifeline. (n.d.). *988 Suicide & Crisis Lifeline*. <https://988lifeline.org>
- Ahmad, S. I., & Hinshaw, S. P. (2024). A qualitative analysis of perspectives on self-directed violence in a prospective longitudinal study of young women with and without childhood ADHD. *Journal of Attention Disorders*, 28(9), 1255-1266. <https://doi.org/10.1177/10870547231221729>
- American Foundation for Suicide Prevention & Suicide Prevention Resource Center. (2018). *After a suicide: A toolkit for schools* (2nd ed.). Education Development Center.
- Anderson, C. N., Holody, K. J., Flynn, M. A., & Hussa-Farrell, R. (2017). An exploratory evaluation of the feasibility, acceptability, and efficacy of the mental fitness disordered eating program in schools. *Eating Disorders*, 25(3), 230-245. <https://doi.org/10.1080/10640266.2017.1289793>
- Barakat, S., McLean, S. A., Bryant, E., Le, A., Marks, P., National Eating Disorder Research Consortium, Touyz, S., & Maguire, S. (2023). Risk factors for eating disorders: Findings from a rapid review. *Journal of Eating Disorders*, 11, Article 8. <https://doi.org/10.1186/s40337-022-00717-4>
- Bauer, C., Carson, G., Shirley, L., & Hussa Farrell, R. (2020). *After-school resiliency for children ages 4 to 7: LEAP program outcomes* [Program evaluation]. Mental Fitness, Inc.
- Berreta, K., Nguyen, C., Stoner, A. M., Ridgeway, L., Wilson, A., Fadel, N., & Biber, D. (2023). A RE-AIM analysis of a mental health app for undergraduate and medical students during the COVID-19 pandemic: A retrospective cross-sectional study. *International Journal of Environmental Research and Public Health*, 20(13), Article 6266. <https://doi.org/10.3390/ijerph20136266>
- Bhushan, D., Kotz, K., McCall, J., Wirtz, S., Gilgoff, R., Dube, S. R., Powers, C., Olson-Morgan, J., Galeste, M., Patterson, K., Harris, L., Mills, A., Bethell, C., & Burke Harris, N. (2020). *Roadmap for resilience: The California Surgeon General's report on adverse childhood experiences, toxic stress, and health*. Office of the California Surgeon General. <https://doi.org/10.48019/PEAM8812>
- Biber, D. (2025). The impact of an mHealth mental health literacy training for foster parents. *Trends in Psychology*, 33(3), 836-849. <https://doi.org/10.1007/s43076-023-00348-x>
- Biber, D. D., Hussa Farrell, R., & Farrell, T. (2026). *Mental health literacy training for foster parents: A three-year implementation and analysis* [Preprint]. SSRN. <https://doi.org/10.2139/ssrn.6624959>
- Biber, D., & Rothman, R. (2024). Mental health literacy training for college female peer mentors: A pilot study. *Higher Education, Skills and Work-Based Learning*, 14(1), 181-191. <https://doi.org/10.1108/HESWBL-06-2023-0148>
- Burke, T. A., Bettis, A. H., Walsh, R. F. L., Levin, R. Y., Lawrence, H. R., Sheehan, A. E., Turnamian, M. R., & Liu, R. T. (2023). Nonsuicidal self-injury in preadolescents. *Pediatrics*, 152(6), Article e2023063918. <https://doi.org/10.1542/peds.2023-063918>
- Chesin, M. S., Dave, C. V., & Myers, C. (2023). Using mindfulness-based cognitive therapy to prevent suicide among high suicide-risk patients who also misuse opioids. *International Journal of Mental Health and Addiction*, 21, 3721-3734. <https://doi.org/10.1007/s11469-022-00817-x>
- Cleare, S., Gumley, A., & O'Connor, R. C. (2019). Self-compassion, self-forgiveness, suicidal ideation, and self-harm: A systematic review. *Clinical Psychology & Psychotherapy*, 26(5), 511-530. <https://doi.org/10.1002/cpp.2372>
- Collins, K. R. L., Stritzke, W. G. K., Page, A. C., Brown, J. D., & Wylde, T. J. (2018). Mind full of life: Does mindfulness confer resilience to suicide by increasing zest for life? *Journal of Affective Disorders*, 226, 100-107. <https://doi.org/10.1016/j.jad.2017.09.043>
- Costin, C., & Kelly, J. (Eds.). (2016). *Yoga and eating disorders: Ancient healing for modern illness*. Routledge.
- Dazzi, T., Gribble, R., Wessely, S., & Fear, N. T. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence? *Psychological Medicine*, 44(16), 3361-3363. <https://doi.org/10.1017/S0033291714001299>

- Deloitte Access Economics. (2020). *The social and economic cost of eating disorders in the United States of America: A report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders*. <https://www.hsph.harvard.edu/striped/report-economic-costs-of-eating-disorders/>
- Fadel, N., Estep, C., Stoner, A., Gainey, M., Brewerton, T. D., Biber, D. D., Redden, D., & Hussa Farrell, R. (in peer review). Evaluation of an eating disorder training pilot program for medical students and residents aimed at increasing competency and decreasing weight stigma.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Franklin, J. C., Ribeiro, J. D., Fox, K. R., Bentley, K. H., Kleiman, E. M., Huang, X., Musacchio, K. M., Jaroszewski, A. C., Chang, B. P., & Nock, M. K. (2017). Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. *Psychological Bulletin*, 143(2), 187-232. <https://doi.org/10.1037/bul0000084>
- Goldberg, S. B., Tucker, R. P., Greene, P. A., Davidson, R. J., Wampold, B. E., Kearney, D. J., & Simpson, T. L. (2018). Mindfulness-based interventions for psychiatric disorders: A systematic review and meta-analysis. *Clinical Psychology Review*, 59, 52-60. <https://doi.org/10.1016/j.cpr.2017.10.011>
- Gould, M. S., & Lake, A. M. (2013). The contagion of suicidal behavior. In Forum on Global Violence Prevention, Board on Global Health, Institute of Medicine, & National Research Council, *Contagion of violence: Workshop summary*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK207262/>
- Haddad, G., Farrell, T., & Hussa-Farrell, R. (2015). *Increasing awareness of co-morbid mental health conditions among pediatricians and pediatric residents* [Program evaluation]. Greenville Health System Children's Hospital.
- Hamilton, J. L., Untawale, S., Dalack, M. N., Thai, A. B., Kleiman, E. M., & Yao, A. (2025). Self-harm content on social media and proximal risk for self-injurious thoughts and behaviors among adolescents. *JAACAP Open*, 3(3), 431-438. <https://doi.org/10.1016/j.jaacop.2024.11.008>
- Himmelstein, M. S., Puhl, R. M., & Quinn, D. M. (2018). Weight stigma and health: The mediating role of coping responses. *Health Psychology*, 37(2), 139-147. <https://doi.org/10.1037/hea0000575>
- Hoge, E. A., Bui, E., Mete, M., Dutton, M. A., Baker, A. W., & Simon, N. M. (2023). Mindfulness-based stress reduction vs escitalopram for the treatment of adults with anxiety disorders: A randomized clinical trial. *JAMA Psychiatry*, 80(1), 13-21. <https://doi.org/10.1001/jamapsychiatry.2022.3679>
- Hussa Farrell, R. (2026). *5 Minute Mindfulness™: A practice-based evidence review, 2007-2024* [Unpublished manuscript].
- Hussa Farrell, R., & Abel, C. (2025). *Efficacy of mental health literacy training for college peer mentors: Sharpen® MHL impact on Vescent mentors* [White paper]. Resiliency Technologies, Inc.
- Hussa Farrell, R., & Farrell, T. (2026). *The Sharpen® system: Seamless multi-level prevention: Evidence-based logic model validated through server-side engagement data from 9 prevention toolkit implementations (2019-2026)* [White paper]. Resiliency Technologies, Inc. <https://sharpen.health>
- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental health literacy": A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*, 166(4), 182-186. <https://doi.org/10.5694/j.1326-5377.1997.tb140071.x>
- Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review*, 27(2), 226-239. <https://doi.org/10.1016/j.cpr.2006.08.002>
- Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy: Past, present, and future. *Canadian Journal of Psychiatry*, 61(3), 154-158. <https://doi.org/10.1177/0706743715616609>
- Levy, J., Hussa Farrell, R., Farrell, T., Pish, M., Fassas, J., Reed, E., Hinshaw, S., & Biber, D. (2026). *A program evaluation of the Sharpen® Mental Health Literacy (Sharpen® MHL) college course at a southeastern university in the United States* [Manuscript submitted for publication].

- Martinez, A. G., & Hinshaw, S. P. (2016). Mental health stigma: Theory, developmental issues, and research priorities. In D. Cicchetti (Ed.), *Developmental psychopathology: Vol. 4. Risk, resilience, and intervention* (3rd ed., pp. 997-1039). Wiley.
- McCauley, E., Berk, M. S., Asarnow, J. R., Adrian, M., Cohen, J., Korslund, K., Avina, C., Hughes, J., Harned, M., Gallop, R., & Linehan, M. M. (2018). Efficacy of dialectical behavior therapy for adolescents at high risk for suicide: A randomized clinical trial. *JAMA Psychiatry*, 75(8), 777-785. <https://doi.org/10.1001/jamapsychiatry.2018.1109>
- Mehlum, L., Tørmoen, A. J., Ramberg, M., Haga, E., Diep, L. M., Laberg, S., Larsson, B. S., Stanley, B. H., Miller, A. L., Sund, A. M., & Grøholt, B. (2014). Dialectical behavior therapy for adolescents with repeated suicidal and self-harming behavior: A randomized trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(10), 1082-1091. <https://doi.org/10.1016/j.jaac.2014.07.003>
- Miller, R. B., & Interian, A. (2025). Sitting with suicide: Mindfulness-based cognitive therapy for suicide prevention in military veterans. *Clinical Social Work Journal*. <https://doi.org/10.1007/s10615-025-00994-x>
- Molendijk, M. L., Hoek, H. W., Brewerton, T. D., & Elzinga, B. M. (2017). Childhood maltreatment and eating disorder pathology: A systematic review and dose-response meta-analysis. *Psychological Medicine*, 47(8), 1402-1416. <https://doi.org/10.1017/S0033291716003561>
- Moloney, F., Amini, M., Sinyor, M., Schaffer, A., Lanctôt, K. L., & Mitchell, R. H. B. (2024). Sex differences in the global prevalence of nonsuicidal self-injury in adolescents: A meta-analysis. *JAMA Network Open*, 7(6), Article e2415436. <https://doi.org/10.1001/jamanetworkopen.2024.15436>
- National Action Alliance for Suicide Prevention. (n.d.). *Framework for successful messaging*. <https://suicidepreventionmessaging.org>
- Nock, M. K. (2010). Self-injury. *Annual Review of Clinical Psychology*, 6(1), 339-363. <https://doi.org/10.1146/annurev.clinpsy.121208.131258>
- Parker, J., Olson, S., & Bunde, J. (2020). The impact of trauma-based training on educators. *Journal of Child & Adolescent Trauma*, 13(2), 217-227. <https://doi.org/10.1007/s40653-019-00261-5>
- Patchin, J. W., & Hinduja, S. (2024). Adolescent digital self-harm over time: Prevalence and perspectives. *Journal of School Violence*, 23(4), 542-554. <https://doi.org/10.1080/15388220.2024.2349566>
- Patrizi, J., Jones, A., Bishop, B., Stoner, A. M., Fadel, N. M., & Bendyk, H. (2019, May). *Courtside mindfulness, keep your head in the game: The effects of 8-week mindfulness training on adolescent volleyball athletes* [Poster presentation]. American Psychiatric Association Annual Meeting, San Francisco, CA, United States.
- Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., Currier, G. W., Melvin, G. A., Greenhill, L., Shen, S., & Mann, J. J. (2011). The Columbia-Suicide Severity Rating Scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults. *American Journal of Psychiatry*, 168(12), 1266-1277. <https://doi.org/10.1176/appi.ajp.2011.10111704>
- Reporting on Suicide. (n.d.). *Recommendations for reporting on suicide*. <https://reportingonsuicide.org>
- Rios, I., & Biber, D. (2024). *Sharpen® health care worker app data* [Program evaluation]. Resiliency Technologies, Inc.
- Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work*, 41(3), 296-305. <https://doi.org/10.1093/sw/41.3.296>
- Sampaio, F., Gonçalves, P., & Sequeira, C. (2022). Mental health literacy: It is now time to put knowledge into practice. *International Journal of Environmental Research and Public Health*, 19(12), Article 7030. <https://doi.org/10.3390/ijerph19127030>
- Schmelefske, E., Per, M., Khoury, B., & Heath, N. (2022). The effects of mindfulness-based interventions on suicide outcomes: A meta-analysis. *Archives of Suicide Research*, 26(2), 447-464. <https://doi.org/10.1080/13811118.2020.1833796>
- Smith, H., Fadel, N., Stoner, A., Gainey, M., Brewerton, T. D., Biber, D. D., Redden, D., Farrell, T., & Hussa Farrell, R. (in peer review). Sharpening community health worker skills to combat eating disorders. *International Journal of Medical Students*.

- Soria-Martinez, M., Navarro-Pérez, C. F., Pérez-Ardanaz, B., & Martí-García, C. (2024). Conceptual framework of mental health literacy: Results from a scoping review and a Delphi survey. *International Journal of Mental Health Nursing*, 33(2), 281-296. <https://doi.org/10.1111/inm.13249>
- Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256-264. <https://doi.org/10.1016/j.cbpra.2011.01.001>
- Stanley, B., Brown, G. K., Brenner, L. A., Galfalvy, H. C., Currier, G. W., Knox, K. L., Chaudhury, S. R., Bush, A. L., & Green, K. L. (2018). Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department. *JAMA Psychiatry*, 75(9), 894-900. <https://doi.org/10.1001/jamapsychiatry.2018.1776>
- Suh, H., & Jeong, J. (2021). Association of self-compassion with suicidal thoughts and behaviors and non-suicidal self-injury: A meta-analysis. *Frontiers in Psychology*, 12, Article 633482. <https://doi.org/10.3389/fpsyg.2021.633482>
- The Trevor Project. (2022, February 17). *Eating disorders among LGBTQ youth* [Research brief]. <https://www.thetrevorproject.org/research-briefs/eating-disorders-among-lgbtq-youth-feb-2022/>
- U.S. Department of Health and Human Services. (2024). *2024 national strategy for suicide prevention*. <https://www.hhs.gov/programs/prevention-and-wellness/mental-health-substance-use-disorder/national-strategy-suicide-prevention/index.html>
- van der Kolk, B. A. (2003). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinics of North America*, 12(2), 293-317. [https://doi.org/10.1016/S1056-4993\(03\)00003-8](https://doi.org/10.1016/S1056-4993(03)00003-8)
- van der Kolk, B. A. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35(5), 401-408. <https://doi.org/10.3928/00485713-20050501-06>
- Xiao, Q., Song, X., Huang, L., Hou, D., & Huang, X. (2022). Global prevalence and characteristics of non-suicidal self-injury between 2010 and 2021 among a non-clinical sample of adolescents: A meta-analysis. *Frontiers in Psychiatry*, 13, Article 912441. <https://doi.org/10.3389/fpsyg.2022.912441>