



# Suicide Prevention:

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A Community Focus



[www.trainingoutpost.com/suicide-prevention](http://www.trainingoutpost.com/suicide-prevention)

# Your Presenters



**Cassidy Zeller, LCPC**

Cassidy earned her undergraduate degree in Psychology at Millersville University in 2009 and her graduate degree in Clinical Mental Health Counseling from Shippensburg University in 2014. Prior to working at the Counseling Center, she gained experience working in an outpatient setting, providing mental health and drug and alcohol counseling to clients of all ages. She is a Licensed Clinical Professional Counselor and utilizes an eclectic approach to counseling, with a focus on Person-Centered, CBT, Motivational Interviewing, and Relational Therapy. Her clinical interests are in anxiety, depression, LGBTQ+, impacts from family relational issues, and improving self-awareness and acceptance. Cassidy also coordinates the center's assessment efforts, manages the website, and oversees outreach.

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# Your Presenters



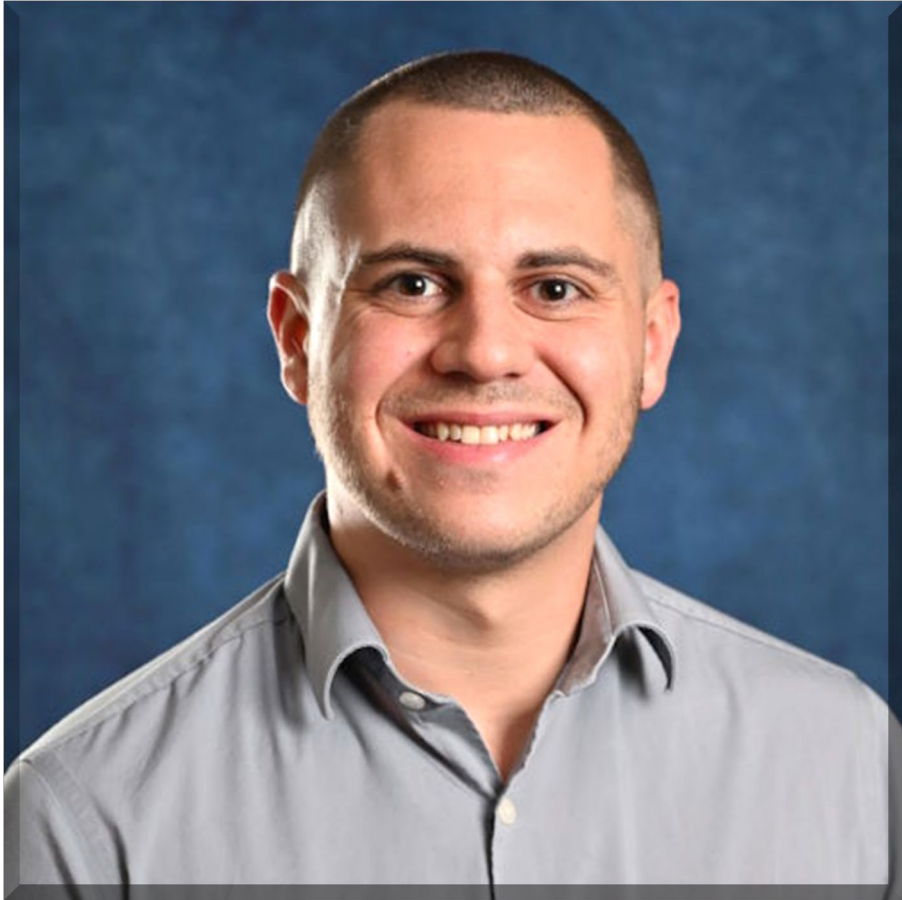
**Stephen Oby, PhD, LCSW-C**

Stephen Oby joined the faculty of Salisbury University's School of Social Work as an Assistant Professor in 2021. Stephen brings more than 15 years of experience in the helping professions to Salisbury, having served primarily children and families in areas of education, mental health, and addiction. Stephen is a Licensed Certified Social Worker—Clinical in the state of Maryland and a Licensed Clinical Social Worker with his “R” privilege in New York State. He brings this experience and expertise to his teaching, where he instructs graduate students in areas related to social work practice.

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# Your Presenters



**Brett Hughes**

Brett is an integral part of the Henson Medical Simulation Center team. His insights, in combination with his exceptional interpersonal skills, allow him to build rapport with both the students and the standardized patients. His commitment to ensuring safe and immersive learning contributes to the success of the simulation program. Brett has brought the Green Bandanna project to Salisbury University and continues with this important education and prevention efforts.

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# Your Presenter

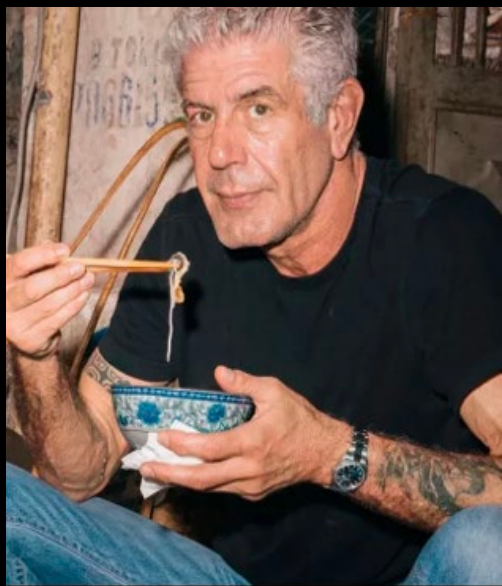
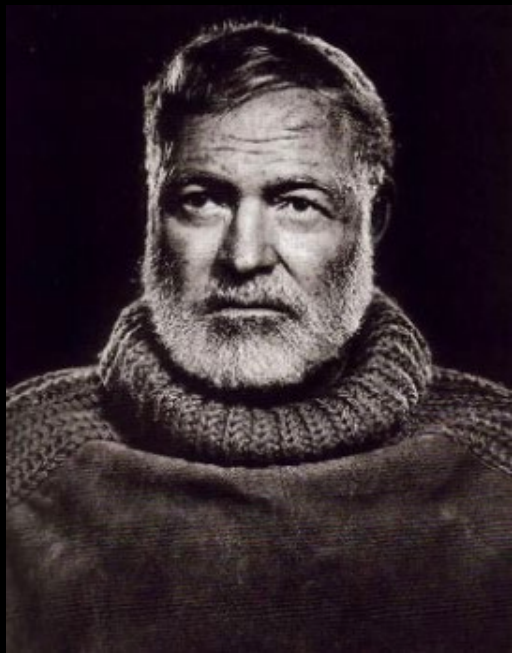


**Brian Van Brunt, Ed.D.**

Dr. Brian Van Brunt has worked in the counseling field for more than 25 years, and specializes in educational counseling, behavioral intervention and support, and issues related to mental health and alcohol/substance abuse by students. He is the Director of Behavioral and Threat Management for DPREP Safety. He previously served as the Assistant Deputy Director of Training for Secure Community Network (SCN), past president of NABITA, a partner with TNG law firm, and past president of the American College Counseling Association. Dr. Van Brunt is a prolific writer, having authored dozens of books, book chapters, and articles. He has also developed various assessment instruments and video training materials. He lives in New Hampshire and New Orleans.

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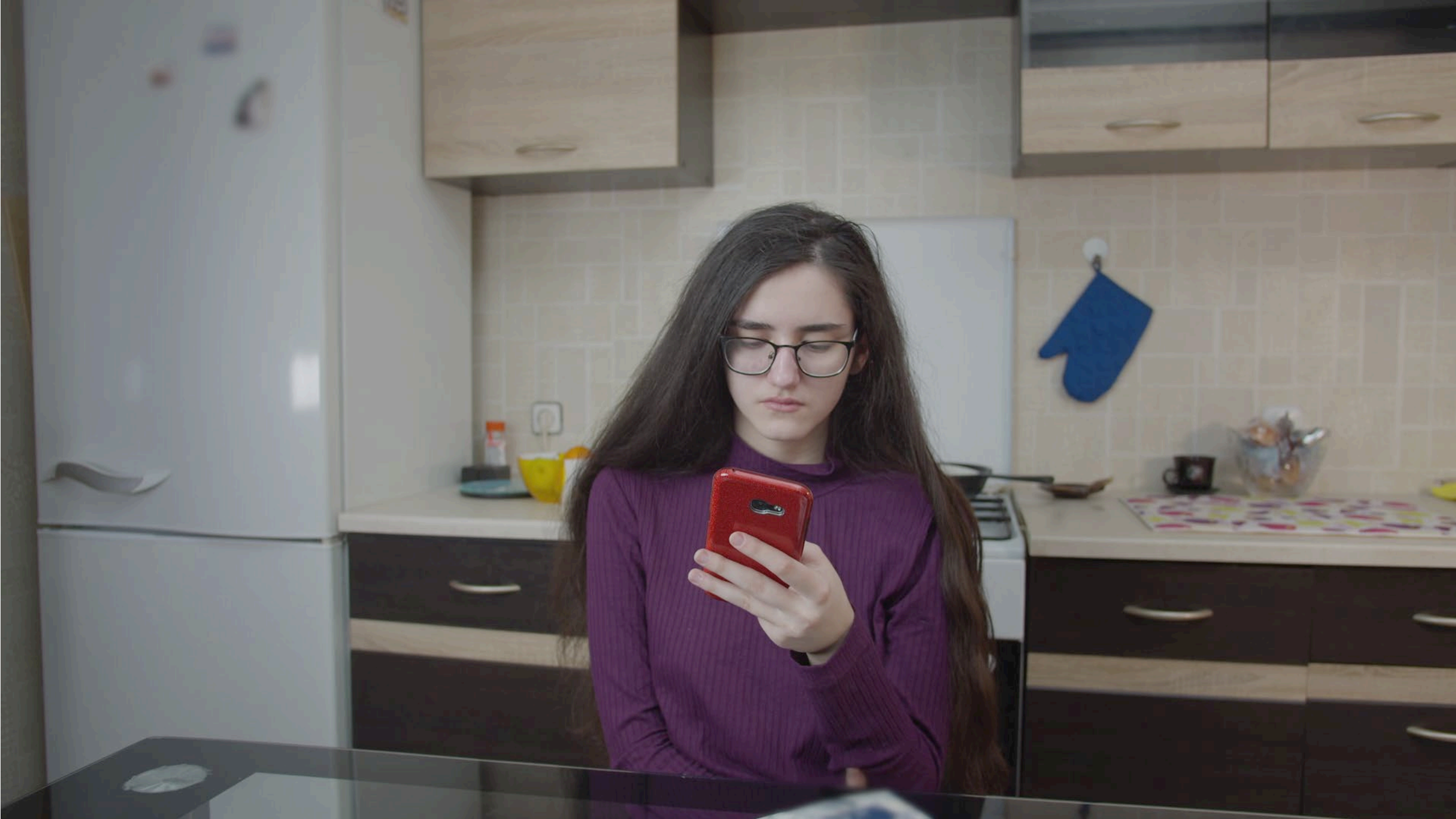
























Suicide rates have been rising in the U.S. over the last two decades — and that the most recent numbers show the highest age-adjusted suicide rate since 1941.

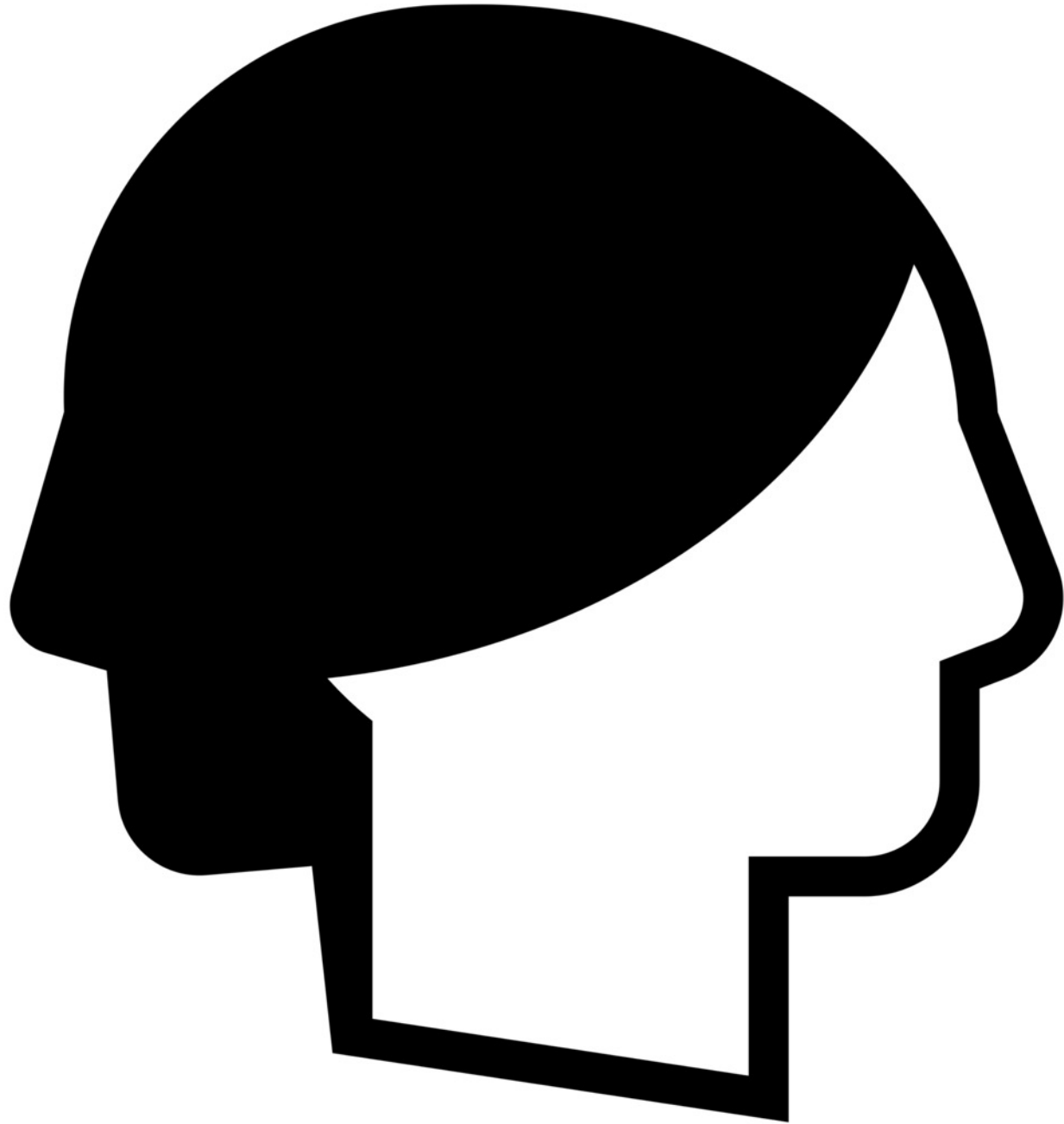
Journal of the American Medicine












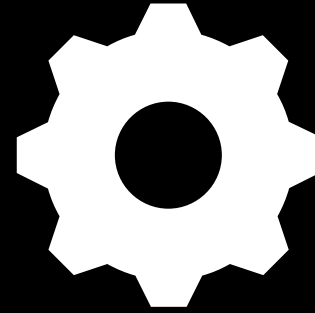
**There is  
opportunity in  
their  
ambivalence**

A row of wooden blocks is arranged on a white surface. The blocks are of varying heights and are slightly out of focus. Some blocks have black silhouettes of people on them. The text "We can stop suicide with care and compassion" is overlaid in white on the left side of the image.

**We can stop suicide with  
care and compassion**



**IDEA**



**ACTION**

# Signs of Potential Suicidal Behavior



- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting recklessly or engaging in risky activities – seemingly without thinking
- Feeling trapped – like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep/sleeping all the time
- Experiencing dramatic mood swings
- Seeing no reason for living or having no purpose in life



# Signs of Potential Suicidal Behavior



- Suicide threats
- Making final arrangements
- Sudden changes in habits and appearance
- Preoccupation with death and suicide
- Increased inability to concentrate
- Loss of interest in previous activities
- Hopelessness
- Rage, anger, seeking revenge
- Reckless behavior or activities

- Feeling trapped
- Sleep difficulties, especially insomnia
- Dramatic changes in mood
- Sudden/recent purchase of a weapon
- No sense of purpose in life
- Sense of being a burden
- Profound sense of loneliness, alienation and isolation
- Sense of fearlessness

# Signs of Potential Suicidal Behavior



LGBTQ+

65+/male

Military

We're through

SELF-HARM

First  
Responder

Physical  
Disability

16-24

Three white, three-dimensional cubes are stacked vertically on a blue gradient background. The top cube is slightly offset to the right, the middle cube is centered, and the bottom cube is slightly offset to the left. Each cube has a number and a period on its front face.

1.

**Recognize they are in trouble**

2.

**Ask the suicide question**

3.

**Find opportunity to intervene**

Be there

A

Equip yourself  
with tools

B

Know what to do  
with “yes”

C







## Consider Your Approach

- Let them know you are concerned and are willing to help.
- Talk about what you are seeing: sadness, upset, etc.
- Without alarm: ask the question.
- NO judgment zone: “You shouldn’t feel that way.”
- Listen, show interest, offer support, and take it seriously.
- Don’t be sworn to secrecy. Always consult with others and seek support.





## Ask the Question

- “Are you having thoughts of suicide?”
- “Are you thinking about killing yourself?”
- “Do you wish you were dead?”





## Follow-up

- “Have you decided how you are going to kill yourself?”
- “Did you decide when you would do it?”
- “Have you collected the things you need to carry out your plan?” (Pills, weapons, ropes, etc.)

# Protective Factors

VIOLENCE AND GENDER  
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DOI: 10.1089/vio.2017.0039

## An Exploration of the Risk, Protective, and Mobilization Factors Related to Violent Extremism in College Populations

Brian Van Brunt, EdD,<sup>1</sup> Amy Murphy, PhD,<sup>2</sup> and Ann Zedginidze, MA, EdM<sup>3</sup>

### Abstract

In the wake of recent escalations and attacks involving members of college and university communities, the authors explore a specific and detailed investigation of how a student, faculty, or staff's radical ideologies can move from strongly held beliefs to extremist violence. Using a case study methodology in addition to a literature review, the authors identify and summarize 30 cases of violence or terrorism motivated by an ideological belief to identify the factors related to violent extremism. This article examines risk factors for violent extremism, mobilization factors contributing to violent actions, and protective factors that reduce the potential for violence to provide a risk assessment model for college and university behavioral intervention teams or threat assessment teams.

**Keywords:** college violence, terrorism, extremist ideology, threat assessment

### Introduction

CAMPUS BEHAVIORAL INTERVENTION and threat assessment teams (BITs/TATs) have become increasingly concerned with how to identify the potential for radicalization of students, faculty, and staff toward extremist violence. There have been several recent attacks, including Alexandre Bissonnet at a mosque in Quebec (Austen and Smith 2017), Abdul Razak Ali Artan at Ohio State (Grinberg et al. 2016), and Dzhokhar Anzorovich "Jahar" Tsarnaev and Tamerlan Tsarnaev at the Boston Marathon (Candiotti 2013), where a radicalized individual carried out a terrorist attack on a college campus or was connected to a college community.

In the wake of the 2016 presidential election, campuses are also seeing an increase in incidents of hardened and fixated political ideologies (Fox News 2017; Hauser 2016; McCarthy 2016), leading to harmful debate, aggressive exchanges, and potential violence requiring a greater understanding of the processes wherein an individual moves from radical thoughts to violent extremism.

When a radicalized individual or group embraces violence as a justified pathway to achieve their political, religious, or social goals, this can transform to extremism and terrorism (Pressman 2016). All sources show a progressive

connection from radicalism to extremism to terrorism. Extremism is the vocal and active opposition to the essential values that potentially escalate to terrorism wherein violence is used to achieve the desired goals and ends (Scarcella et al. 2016). Terrorism is then defined as the unauthorized or unofficial use of violence and intimidation in pursuit of political, religious, or ideological goals (Scarcella et al. 2016). Here, the individual is interested in the attack itself as well as the impact of the attack on others and the larger community. This can occur as a lone terrorist without command and control from a group, or with support or inspiration from other individuals.

Although many individuals in the campus community feel marginalized, treated unfairly, discriminated against, and unengaged in society, only a small number move toward violence to express these frustrations or to bring about change. Radical thoughts and ideas are not, in and of themselves, dangerous or problematic. There are many examples throughout history of positive contributions from radical individuals and groups. Unfortunately, there are other examples wherein an individual's radical thoughts and ideas transform to embrace violence and intimidation as reasonable actions to reach his or her political, religious, or ideological goals. One of the central goals of this research is to better define the tipping point toward violence.

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<sup>2</sup>Angelo State University, San Angelo, Texas.

<sup>3</sup>Teachers College, Columbia University, New York, New York.

**Social Connection**

**Pluralistic Inclusivity**

**Non-Violent Outlets**

**Social Safety**

**Professional/Academic  
Engagement**

**Emotional Stability**

**Global Competence**

**Perspective Taking**

**Resilience**

**Consequence of  
Actions**



# Social Connection



# Pluralistic Inclusivity







# Non-Violent Outlets



# Social Safety





# Professional & Academic Engagement





# Emotional Stability





# Global Competence



# **Perspective Taking**





**Resilience**





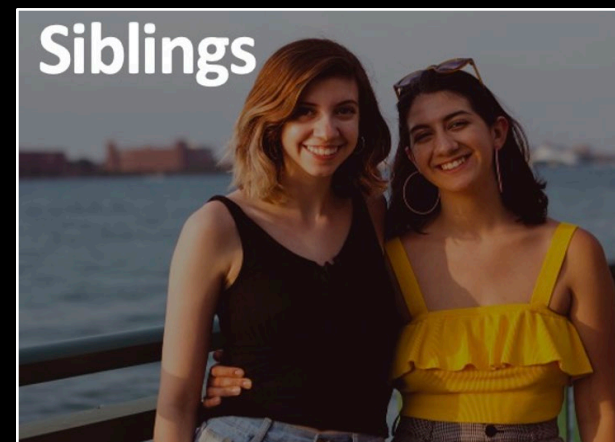
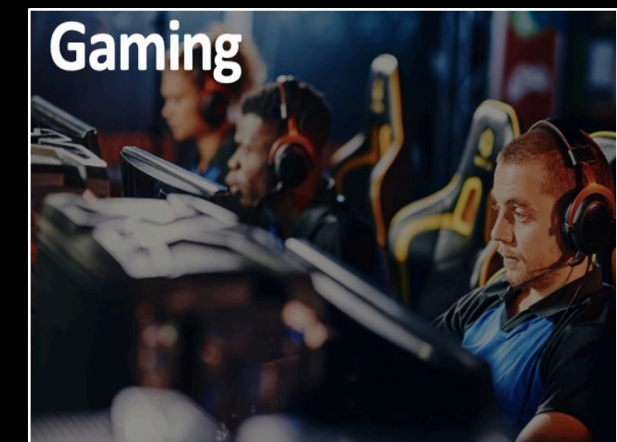
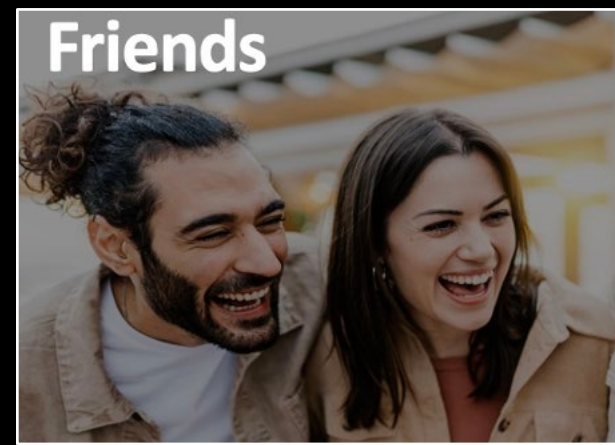
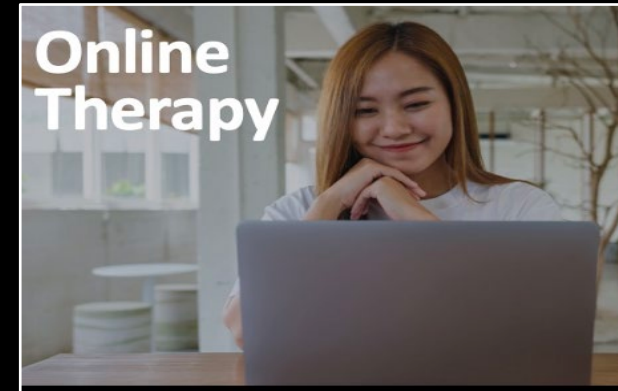




# Outpatient Therapy



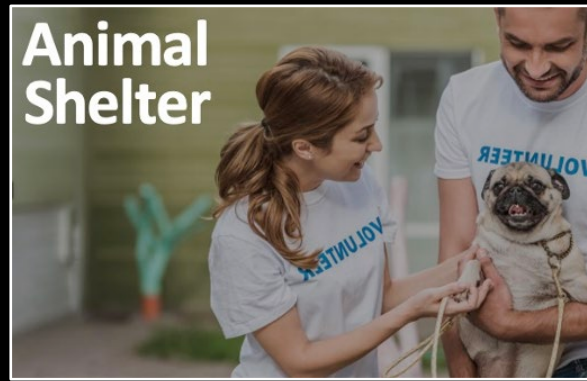








**Martial Arts**



**Animal Shelter**



**Cooking Class**



**Art Night**



**Homeless Shelter**



**Choir**



**Big Brother/  
Big Sister**



**Hiking Group**



**Social Justice**



**Youth Groups**



**Nursing Home**



**Accessible**

**Flexible Hours**

**Affordable**

**Close Proximity**

**Online Options**

**Diverse Staff**

**Supportive of Family**

**Warm Referral**

**Follow Up**

**Obtain Buy-in**

A close-up photograph of a wooden door with a metal ring handle. The door is made of dark wood with a visible grain and some blue staining. The handle is a simple metal ring with a small knob at the top. The word "Accessible" is written in white, bold, sans-serif font across the lower portion of the door.

**Accessible**





**Flexible Hours**

# Affordable





A wide-angle, low-perspective shot of a two-lane asphalt road stretching straight to the horizon. The road is flanked by green fields, and the sky is filled with large, white, fluffy clouds. The overall tone is slightly desaturated, giving it a cinematic feel.

# Close Proximity

A man with long dark hair, a beard, and round glasses is sitting at a light-colored desk. He is wearing a blue and white plaid shirt over a white t-shirt. He is smiling and looking down at a smartphone he is holding with both hands. A laptop is open on the desk to his left. The background is a blurred kitchen area with a white countertop, a kettle, and some jars. The text "Online Options" is overlaid in large white font on the left side of the image.

# Online Options





**Diverse Staff**





Support Family



# Warm Referral





**Follow Up**



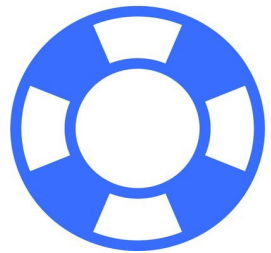
# Obtain Buy-in







# National Resources for Suicide Help



**American  
Foundation  
for Suicide  
Prevention**

[www.afsp.org](http://www.afsp.org)



**nami**

National Alliance on Mental Illness

[www.nami.org](http://www.nami.org)



[www.thetrevorproject.org](http://www.thetrevorproject.org)



[www.jedfoundation.org](http://www.jedfoundation.org)



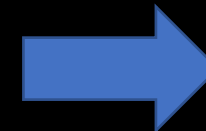
[www.sprc.org](http://www.sprc.org)



[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

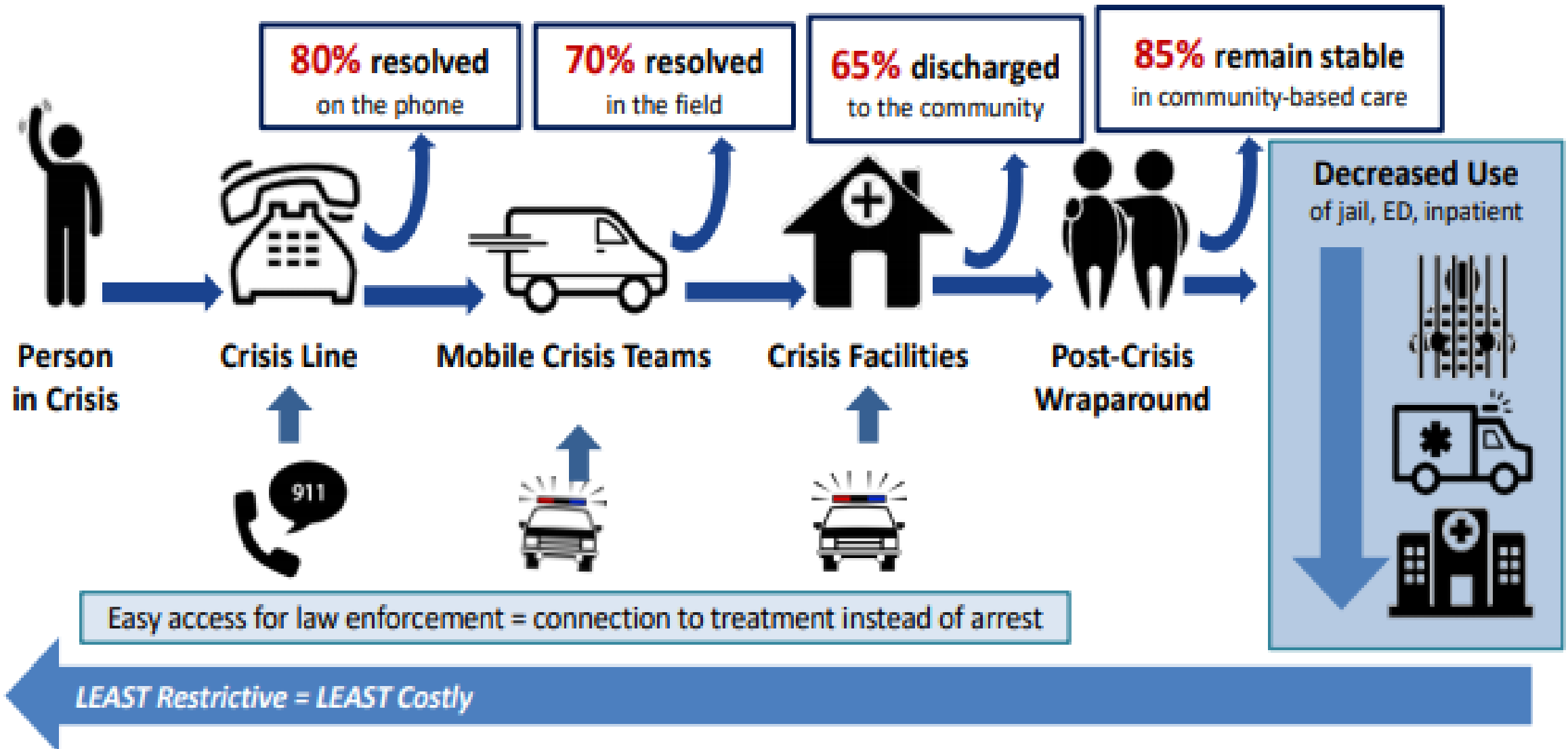
# What is the 988 Suicide and Crisis Lifeline?

National Suicide Prevention and Mental Health Crisis hotline system available by calling or texting 988. Chat services are also available at [988Lifeline.org](https://988lifeline.org)





# Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>