
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
<input style="width: 90%;" type="text" value="Children's Hospital Corporation"/>	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input style="width: 50px;" type="text"/>	* First Name: <input style="width: 150px;" type="text" value="Krystal"/> Middle Name: <input style="width: 100px;" type="text"/>
* Last Name: <input style="width: 200px;" type="text" value="Gustafson"/>	Suffix: <input style="width: 50px;" type="text"/>
* Title: <input style="width: 200px;" type="text" value="Grant Officer"/>	
* SIGNATURE: <input style="width: 250px;" type="text" value="Krystal.Gustafson"/>	* DATE: <input style="width: 100px;" type="text" value="06/05/2020"/>

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text" value="06/05/2020"/>	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Children's Hospital Corporation"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="(b)(6)"/>	* c. Organizational DUNS: <input type="text" value="0765937220000"/>

d. Address:

* Street1: <input type="text" value="300 Longwood Avenue"/>
Street2: <input type="text"/>
* City: <input type="text" value="Boston"/>
County/Parish: <input type="text" value="Suffolk"/>
* State: <input type="text" value="MA: Massachusetts"/>
Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code: <input type="text" value="021155724"/>

e. Organizational Unit:

Department Name: <input type="text" value="Psychiatry"/>	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text"/>	* First Name: <input type="text" value="Krystal"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Gustafson"/>	
Suffix: <input type="text"/>	

Title: <input type="text" value="Grant Officer"/>

Organizational Affiliation: <input type="text" value="Children's Hospital Corporation"/>
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* Telephone Number: <input type="text" value="(b)(6)"/>	Fax Number: <input type="text"/>
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* Email: <input type="text" value="(b)(6)"/>
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Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.132

CFDA Title:

Financial Assistance for Targeted Violence and Terrorism Prevention

*** 12. Funding Opportunity Number:**

DHS-20-TTP-132-00-01

* Title:

A Massachusetts Area Prevention Framework to prevent targeted violence and terrorism among Juveniles

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="749,995.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="749,995.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles

B. Heidi Ellis, PhD
Boston Children's Hospital
Boston, Massachusetts

Location of Activities:
Boston, MA (Project 1); Milford, MA (Project 2); Massachusetts, New Hampshire, Maine and
Rhode Island (Projects 3 & 4)

Local Prevention Framework

Civic Engagement
Youth Resilience Programs
Threat Assessment and Management Services Team
Recidivism Reduction and Reintegration

\$749,995

The primary objective of this proposal is to develop a local Terrorism and Targeted Violence (TVT) prevention framework in the state of Massachusetts, hereafter called MAP (Massachusetts Area Prevention framework). Under MAP, we will specifically target the reduction of mental health problems and an increase in social belongingness among adolescents through a multi-pronged, evidence-informed, and community-based program geared towards the particular developmental needs of children and adolescents. This proposal builds on extant trauma and resilience work based out of Boston Children's Hospital and on the existing capacity of the MassBayTAT, a multidisciplinary team convened by the Joint Terrorism Task Force (JTTF) / FBI that serves the New England area. We will implement four projects that offer prevention or intervention programming to youth across a continuum of risk (vulnerable, at-risk, and requiring rehabilitation) for TVT. Projects within the framework include: strengthening individual and societal resistance to violent extremism through an inter-ethnic youth advisory board (Project 1) and school-based programming (Project 2), and expanding capacity of the MassBayTAT to engage at-risk youth in services and to reduce recidivism through intensive, community-based service coordination for youth who have committed TVT-related offenses (Projects 3 and 4).

1. Needs Assessment

Youth targeted violence and terrorism (TVT) is a significant problem. Nationally, youth under the age of 19 are responsible for 15.3% of hate crimes and 70% of elementary/secondary school shootings. There is growing recognition that TVT, including youth TVT, is not the result of any single experience or problem, but rather a complex process that can result from multiple influences and experiences across differing levels of the social ecology.¹⁻⁵ Comprehensive approaches to prevent youth TVT are urgently needed.

Increasingly, **mental illness** is understood to be one factor that may intersect with other risks and should be addressed as part of a comprehensive effort to prevent TVT.⁵⁻⁷ Among participants in San Diego's Pathway to Tolerance Program—a 12-week mental health intervention for youth assailants who are either at-risk for or have committed hate crimes—89% reported anger management issues, 75% had a history of drug/alcohol use, and 34% reported past child abuse or neglect.⁸ Mental health courts that implement a multidisciplinary approach have shown promise for reducing rates of recidivism among juvenile offenders.^{9,10}

Social belongingness appears to be an important protective factor in relation to TVT. School shooters typically have histories of peer rejection.^{5,11} The Center for Disease Control found that 84% of school shooters were described as excluded from mainstream social groups, and the Secret Service reported that 27% of school shooters were part of fringe or generally disliked peer groups.¹² Our own research on Somali young adults found that a sense of belonging and connection was a major protective factor in relation to attitudes in support of violent extremism¹³⁻¹⁵; connection to one's nation of residence and trust in its government were particularly protective.¹⁶

The **overall objective** of this project is to establish an integrated prevention framework that supports a comprehensive, multi-layered approach to identifying, assessing and addressing radicalization and mobilization to TVT among juveniles by implementing four projects that offer either prevention or intervention programming to youth across a continuum of risk (*vulnerable*, *at-risk*, and *requiring rehabilitation*) for TVT. This proposal builds on extant trauma and resilience work based out of Boston Children's Hospital (BCH) and on the existing capacity of a Massachusetts Multidisciplinary Threat Assessment Team (MassBayTAT) convened by the Joint Terrorism Task Force/Boston FBI field office. We propose to develop a local TVT prevention framework in the state of Massachusetts (MA), with extensions throughout the Boston FBI office Area of Responsibility (New Hampshire, Maine, and Rhode Island), hereafter called MAP (Massachusetts Area Prevention framework). Under MAP, we will specifically target the reduction of mental health problems and an increase in social belongingness through a multi-pronged, evidence- and community-based program geared towards the particular developmental needs of adolescents. Our proposal seeks to reduce the risk for TVT among three juvenile populations within MA: any youth who might become at-risk for TVT (*vulnerable*), youth who have evidenced some risk behavior related to TVT (*at-risk*), and those who have already engaged in criminal behavior related to TVT and are re-entering into the community (*requiring rehabilitation*; see Figure 1). Needs and available resources for these three populations are described below.

Existing services and gaps for target vulnerable populations: A DHS-funded formative evaluation of the Boston CVE 'pilot project'¹⁷ identified specific local area recommended actions steps needed to address extremism, including: encourage civic engagement, invest in school systems and expand youth programs and services. Although a range of programming in MA seeks to promote Positive Youth Development (PYD; e.g.,

YouthWorks [employment],¹⁸ Safe and Successful Youth Initiative [gang violence]¹⁹), none of these programs specifically address youth civic engagement related to prevention of TVT. Research has demonstrated that low levels of social belongingness and high levels of intergroup conflict are major risk factors for adolescent violence,^{20–22} however evidence-based programming that focuses on these protective factors is currently not available through many districts, including MA’s Milford Schools.²³ Projects 1 and 2 seek to address these gaps.

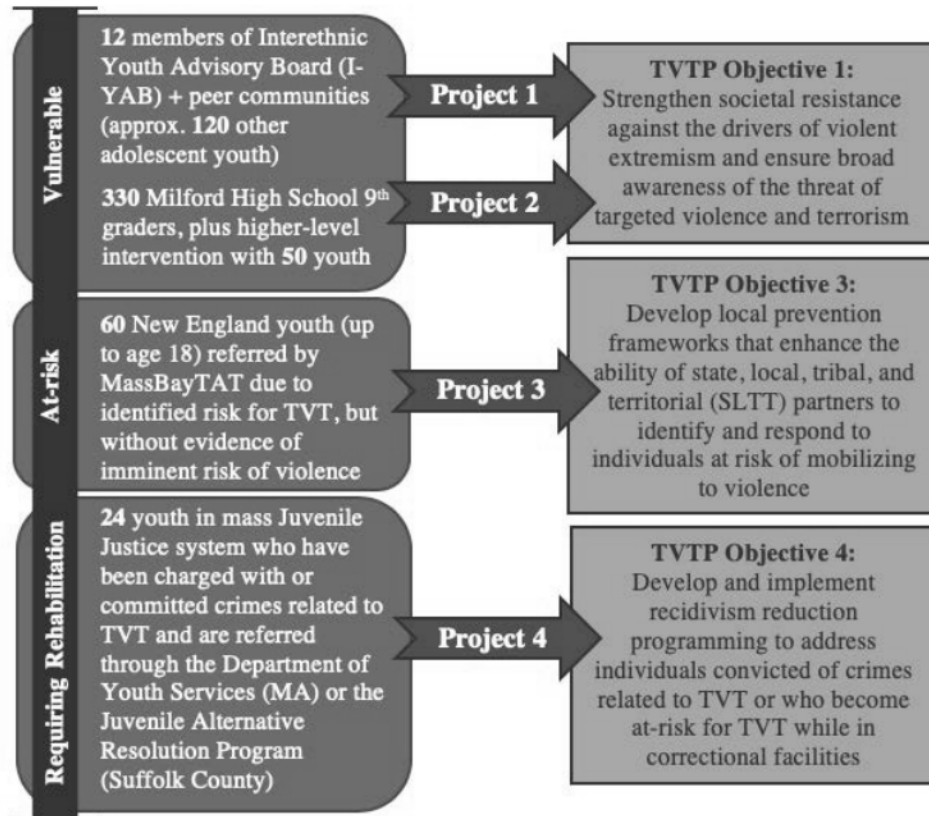


Figure 1. Three target populations for MAP framework and corresponding proposed projects relating to Targeted Violence and Terrorism Program (TVTP) objectives

Existing services and gaps for at-risk population and youth requiring rehabilitation:

There is limited interdisciplinary, community-based programming for at-risk youth in the state of MA^{24–26}; furthermore, there are no programs in existence that focus specifically on providing services to youth who have committed or are at-risk of committing crimes related to TVT.²⁴ Juvenile diversion in MA has been geared historically toward first-time, low-level offenders.²⁷ At present, youth evaluated by the MassBayTAT are typically referred for standard community-based care from mental health clinics or providers in the region; however, this approach has significant limitations. Within the MassBayTAT, the Boston Emergency Services Team provides emergency evaluations but does not provide ongoing services. BCH representatives are present on the team, but the psychiatry service can only serve individuals who are engaged with at least one other medical provider at the hospital. Other services, such as educational support, mentorship, or spiritual guidance, are not represented on the MassBayTAT team.

The following are critical gaps in programming for youth who are either at-risk of or have committed crimes related to TVT:

1) ***Lack of integration and coordination of services.*** Although youth at-risk of or who have committed crimes related to TVT typically present with multi-level needs across the social ecology, services are often fragmented and provided in disciplinary silos. In a national survey of 109 child/adolescent mental health providers affiliated with the National Child Traumatic Stress Network (NCTSN), respondents identified a lack of cooperation with other service sectors as one of the top ten barriers to providing effective care.²⁸ This need was also flagged as critical at a local level; a stakeholder from the MA Office of the Child Advocate (OCA) identified the lack of integration of services as one of the fundamental challenges to effective juvenile diversion services.²⁴ Recognizing this, the OCA is pursuing opportunities to pilot programming with diversion coordinators in select locations; however, these services are not currently in place. Moreover, programming would not be state-wide, would not include long-term follow-up, and would not be scoped to provide the intensive coordination and multi-faceted service plans needed for at-risk populations or those requiring rehabilitation.²⁴ *Integrated, coordinated psychosocial care for youth at-risk of or requiring rehabilitation for crimes related to TVT is a major gap.*

2) ***Lack of specialized training and expertise in TVT.*** Although viewed as critical in prevention and intervention efforts related to TVT,²⁹ the majority of mental health providers lack the expertise needed to effectively service youth at-risk of or requiring rehabilitation for crimes related to TVT. In a nationwide survey of child/adolescent providers affiliated with the NCTSN, we identified that providers felt significantly less prepared to work with youth at-risk of TVT compared to other high-risk populations.²⁸

3) ***Lack of long-term follow up and re-engagement of supportive services.*** At present, the MassBayTAT lacks the capacity and institutional authority to conduct follow-up on cases referred for community-based services. In standard community care, adolescent engagement rates in mental health services are low (14% engaged for youth aged 12-17³⁰) and treatment drop out high (average of 44.5% across multiple studies³¹), especially in community settings with traditionally hard-to-reach populations (54.4%³²). Thus, a major gap in youth TVT programming is the lack of an effective mechanism for ensuring continued engagement in referred services and for repeated assessment of strengths and needs so that care remains appropriate to risk level.

Between 2016-2019, our team demonstrated that we could successfully address these gaps through a multidisciplinary services team called Community Connect (CC).³³ CC served youth referred by the FBI who were at-risk for TVT.³⁴ Projects 3 and 4 build on our experience from CC to address these gaps through implementing an Adolescent Services Coordination Team (ASCT), an adapted and expanded version of our previous CC pilot.

2. Program Design

To address the specific gaps identified above, we seek to build a MAP framework by implementing four projects from the Replication Track that offer either prevention or intervention programming to youth across a continuum of risk (vulnerable, at-risk, and requiring rehabilitation) for TVT: Youth Resilience and Civic Engagement (TVTP Objective 1); Establishing/expanding capacity of Multidisciplinary Threat Assessment Teams to engage at-risk juveniles in services (TVTP Objective 3); and providing community-based recidivism reduction and reintegration (TVTP Objective 4). In keeping with the DHS Strategic Framework for Countering Terrorism and Targeted Violence, our MAP framework will take a “whole-of-society approach...to employ strategic frameworks that integrate various programs to increase community resiliency and reduce the number of individuals likely to radicalize to violent

extremism, while identifying and intervening with individuals (“off-ramping”).” Specific goals of each project within this framework are described below.

Prevention Projects (TVTP Objective 1)

Project 1. Civic Engagement: Inter-ethnic Youth Advisory Board (I-YAB)

Goal 1. To enhance *individual* resilience to TVT through expanding membership and mission of our center’s Inter-ethnic Youth Advisory Board (I-YAB) that currently advises and informs our community-based research program, positioning its members to be integral partners of MAP.

Goal 2. To enhance *community* resilience to TVT through building leadership skills of our I-YAB members so that they take a leadership role in advocating for increased inter-ethnic group understanding within their broader communities.

Project Description. Engaging youth in an advisory capacity offers both individual-level promotion of protective factors, such as belonging and leadership skills, as well as community-wide promotion of programs with more relevance and meaning for youth (e.g., participatory action research).^{35,36} Our 12-member I-YAB, co-led by (b)(6) will meet for a half-day on a monthly basis. Operating under a PYD framework,³⁷ I-YAB activities will seek to amplify youth assets and foster the ‘5 C’s’ of competence, confidence, character, connection, and caring. Applying a PYD framework, these assets are expected to lead to the 6th C of enhanced *contribution*, e.g., civic engagement. Each meeting will consist of cohesion building exercises, leadership training, TVT prevention education, and a facilitated discussion of TVT program operations and evaluation. Towards the end of Year 1, I-YAB members will be asked to generate ideas about activities, projects or events that they believe could enhance cohesion and social capital, and reduce risk for TVT in their broader communities. The group will then select 1 to 3 projects/events (depending on scope and scale) that they will carry out during Year 2.

Logic Model for Project 1

Problem statement: An overemphasis on youth deficits leads to stigmatization, group polarization, feelings of marginalization, and erosion of trust in authority/government, thereby increasing risk factors associated with targeted violence and terrorism (TVT).				
Theory of Change: Prevention approaches informed by a Positive Youth Development (PYD) framework <i>reduce</i> risk for TVT by fostering competence, confidence, character, connection, and caring (the 5 C’s).				
Inputs	Activities	Outputs	Short-term outcomes	Long-term outcomes
Staff to support leadership of Inter-ethnic Youth Advisory Board (I-YAB)	Monthly facilitated meetings in accordance with a curriculum	12 I-YAB members engaged	Sustained youth membership in the I-YAB, as measured by attendance records	Individual resilience to TVT is built, as demonstrated by: increased competence, confidence, character, connection, and caring of I-YAB members as measured by the PYD short form ³⁸
Youth members from diverse ethnic groups		24 I-YAB meetings held	I-YAB members demonstrate increased knowledge of TVT prevention, as measured by pre-post knowledge survey	
Incentivization for youth participation (e.g., money for food and transportation)	I-YAB-led community projects/events	1 to 3 I-YAB-led community events/activities	I-YAB members raise awareness of risk and protective factors for TVT, as measured by pre-post knowledge survey	Community resilience to TVT is built amongst I-YAB members, as demonstrated by increased leadership skills and civic engagement as measured by the Roets Rating Scale for Leadership ³⁹ and the Youth Civic and Character Measure ⁴⁰ respectively
Curriculum to support group cohesion, youth leadership skill development, and education in TVT prevention		120 participants at I-YAB-led events	Community members’ satisfaction with I-YAB-led community events/activities, as measured by a brief satisfaction survey	
Resources to support I-YAB-led community projects/events (e.g., food)				

Project 2. Enhancing Social Belongingness: Milford Connects

Goal. To reduce youth vulnerability to TVT by enhancing sense of social belonging and reducing intergroup conflict.

Project Description. In partnership with the Milford, MA school district, we will implement a social belongingness program across the entire 9th grade class at Milford High School (MHS). The program is divided into two phases – Phase 1 (“*Milford Connects*”) will be delivered to all MHS 9th graders in a one-session workshop; Phase 2 (“*Overcoming Adversities*”) will be delivered via a three-session workshop to a sub-sample of 50 students demonstrating a combination of the following needs, each of which are related to greater risk for TVT: (1) low level of perceived social and school belongingness,^{21,41} (b) higher levels of psychological distress,⁴² (c) high levels of intergroup conflict,²² and (d) an inability to identify a trusted adult within the school setting who the student could reach out to in times of need.⁴ These needs will be identified using a web-based survey that will be administered to all MHS 9th graders. Both phases could be delivered through e-learning modules, as needed. Expected outcomes include sustained improvements in mental health and academic grades and decreases in disciplinary citations,^{41,43,44} factors that increase adaptive outcomes like the potential for **leadership** and meaningful **civic engagement**, and **reduce risk for TVT**.

Logic Model for Project 2

Problem Statement: Low levels of social belongingness and high levels of intergroup conflict contribute to increased risk for targeted violence and terrorism (TVT) among adolescents.				
Theory of Change. Implementing school-based programming that normalizes and contextualizes belongingness fears during complex transitions and fosters mutual trust/respect amongst participants will enhance adaptive outcomes and reduce risk for TVT.				
Inputs	Activities	Outputs	Short-term outcomes	Long-term outcomes
Partnership with Milford High School (MHS) Adaptation and integration of previously developed interventions to create “Milford Connects” and “Overcoming Adversity” curricula Workshops designed for flexible delivery via in person and/or e-modules MHS staff support development of school-specific content of curricula Compilation of reliable and valid measures of constructs of interest (e.g. social belongingness, intergroup conflict, psychological distress, and ability to identify trusted adult at school) Translated measures in Spanish and Portuguese Surveys for pre/post data collection MHS 9th graders with protected time for survey and workshop participation Coordination and collaboration with MHS staff for survey delivery and dissemination	Phase 1 data collection; using data to identify students for Phase 2 One-session “Milford Connects” workshop/e-learning module (2 hrs) Three-session “Overcoming Adversities” workshop/e-learning modules (2 hrs each)	330 MHS 9 th grade students who participated in “Milford Connects” 50 students who participated in “Overcoming Adversities” At least 3 school personnel trained in Milford Connects and Overcoming Adversities curriculum	All MHS 9 th graders: increased social belongingness and positive identity after “Milford Connects” All MHS 9 th graders: decreased intergroup conflict, psychological distress/mental health symptoms following “Milford Connects” All MHS 9 th graders: enhanced ability to identify trusted adult after “Milford Connects” workshop Increased sense of social belongingness and positive identity following participation in “Overcoming Adversity” workshop Decreased intergroup conflict, psychological distress/mental health symptoms following participation in “Overcoming Adversity” workshop More students identify trusted adult following participation in “Overcoming Adversity” workshop At least 3 MHS staff trained in “Milford Connects” and “Overcoming Adversities” curricula Increases in 2020-2021 academic year GPAs, decreases in failing grades and disciplinary citations compared to previous 9 th grade	Annual provision of Milford Connects program to MHS 9th graders Reduced youth vulnerability to TVT through increased sense of social belonging and reduced vulnerability to intergroup conflict among MHS students

Honoraria to support MHS staff attendance in curricula training			MHS class cohort(s)	
MHS staff trained in curricula				

Intervention Projects (TVTP Objectives 3 & 4)

Projects 3 and 4: Adolescent Service Coordination Team (ASCT), enhancement of a multidisciplinary threat assessment team

Goal. To establish and sustain an Adolescent Services Coordination Team (ASCT) with the capacity to provide effective, coordinated, community-based supportive services to youth who are both at-risk for, or requiring rehabilitation for, a TVT-related crime.

Project Description. We seek to establish a services coordination team that will work with youth (< age 18) at-risk for TVT. This team will also serve youth (< age 18) who have committed a crime related to TVT and have either been diverted from the criminal justice system or are transitioning out of Department of Youth Services (DYS) custody. These youth will be evaluated and referred by the MassBayTAT, DHS, or the Juvenile Alternative Resolution (JAR) program. ASCT will seek to accomplish the following for each referral:

- a. Develop a **Services Team Plan** through identification of a **range of supportive services** from across the social ecology that address key psychosocial and mental health needs of the youth (e.g., educational support, mental health care, employment skills training, spiritual mentorship, leadership/civic engagement opportunities, family supports). Services seen as most central to youth TVT prevention will be identified as ‘critical’.

Questions Guiding Formation of the Services Team Plan

What *psychosocial stressors* are contributing to youth’s problems? What *services in the youth’s community* could potentially address these?

What specific *ideological, cultural or sociopolitical factors* contribute to the youth’s *struggles or risk for violence*? What specific expertise could be drawn on to *enhance provider understanding* of these factors?

What *family goals/strengths* can facilitate successful engagement in services?

What are the areas of the youth’s life from which they *derive meaning/purpose*? What *prosocial activities* might facilitate *competency building* for the youth? What is the youth’s sense of *self-efficacy*, and what factors are contributing to that perception?

- b. **Facilitate engagement** to these services, prioritizing ‘critical’ services. The Services Team Lead for the youth – a designated member of the ASCT – coordinates this engagement through ‘warm handoffs’ (facilitated referrals) to community providers.
- c. **Build capacity** of the identified service providers to better serve these youth through providing additional support, training and consultation related to specific cultural, religious, social or violence-prevention needs of the youth. Consultative support will focus on educating practitioners about youths’ sociocultural/ideological needs and threat assessment, and providing recommendations for evidence-based mental health interventions matched to those needs.
- d. **Coordinate integration of services** by maintaining regular, biweekly contact with youth, caregiver and all participants in a youth’s Services Team Plan (e.g., educational supports, vocational training, mental health counseling, probation), and encouraging accountability and collaboration of providers through sharing of case information between providers (with caregiver written consent and youth assent). The Services Team Lead will ensure that all providers have relevant information about youth’s progress. Check-ins will serve as

opportunities to monitor perceived changes in risk level and to provide additional support related to specific ideological, cultural, or sociopolitical issues that may be impacting youth’s treatment. Increasing risk will be reviewed by the full ASCT and new services will be implemented as needed.

- e. **Maintain ongoing contact** with youth and caregiver(s) at least every other week for a period of six months beyond stable engagement in services (youth attending 80% of scheduled meetings of ‘critical services’) to ensure services are appropriate to level of risk, and that youth continues in needed services as warranted. For low risk cases, services will be terminated after six months of stable engagement.

These activities will be accomplished by the ASCT consisting of mental health practitioners with expertise in radicalization to violence, and with additional consultation from a network of experts on TVT available to the ASCT through the MassBayTAT and Parents for Peace. For youth transitioning out of DYS custody, we will work with DYS’ Community Operations team, inclusive of interstate case management, to assess risk and supervision needs upon community re-entry and ensure successful engagement in services.

Team operations will be based on our prior experience implementing CC. All cases will be assessed by the MassBayTAT or JAR/DYS prior to being accepted by the ASCT and given a determination of low, moderate or imminent risk of violence based on behavioral risk indicators. Cases with imminent risk of violence will not be accepted by the ASCT. If imminent risk is identified during the course of care the appropriate law enforcement or emergency services will be notified per psychological ethical and legal guidelines.

ASCT will be a voluntary service. At point of initial referral, caregiver(s) will be asked to provide consent, and youth assent, for ASCT support. They will also be informed of limits to confidentiality, and asked to provide releases of information to allow for communication between providers and ASCT staff.

Logic Model associated with Projects 3 and 4.

<p>Problem statement: Youth at-risk or requiring rehabilitation for crimes related to targeted violence and terrorism (TVT) often have contributing significant, multifaceted psychosocial needs that are not being met and/or lack monitoring and care coordination to ensure that services are appropriately matched to fluctuating risk levels and needs.</p> <p>Theory of change: Multidisciplinary teams designed to effectively identify the multifaceted psychosocial needs of youth at-risk for, or who have engaged in, TVT, in addition to triage, delegate, and coordinate services in response to those needs, will reduce risk of TVT and recidivism.</p>				
Inputs	Activities	Outputs	Short-term outcomes	Long-term outcomes
<p>Establishment of an Adolescent Services Coordination Team (ASCT) with expertise in mental health, radicalization to violence, and TVT</p> <p>Partnership with Massachusetts Bay Threat Assessment Team (MassBayTAT), Juvenile Alternative Resolution (JAR) Program, and/or Department of Youth Services (DYS) as referral sources and consultants to ASCT</p>	<p>Determination of referral appropriateness for ASCT services</p> <p>Introduce ASCT services to youth/family</p> <p>Develop Services Team Plan in accordance with youths’ risks, strengths, and</p>	<p># of referrals made to ASCT</p> <p># of referrals accepting ASCT</p> <p># of referrals for community-based services by service type (e.g., mental health, substance abuse, job skills, housing assistance)</p> <p># of Service Team Plans developed within two-weeks of youth/family acceptance of ASCT services</p> <p># of providers by service type consulted to when working with youth</p> <p># of contacts (phone/video</p>	<p>Continued engagement of referred youth in services, as assessed through case notes</p> <p>Increased competence/confidence among service providers in addressing youth needs, as measured</p>	<p>Reduced risk of youth TVT as indicated by improved mental health, service engagement, and social belonging</p> <p>*Low recidivism (determined by case note review)</p> <p>Decreased symptoms of psychological distress and increase of psychosocial functioning as measured by Pediatric Symptom Checklist⁴⁵</p>

Partnership with Parents for Peace as expert consultants to the ASCT	needs	conference/email) between Services Team Lead and members of a youth's service team per week	by pre-/post-survey	Decreased antisocial behavior and Increased prosocial connection as measured by # of prosocial contacts and antisocial behaviors on the Teenage Inventory of Social Skills ⁴⁶
ASCT Service Team Leads	ASCT consultation to community-based practitioners, as needed	# of contacts (phone/video conference/email) between Services Team Lead and youth/caregiver per week	Increased # of prosocial contact as measured by social contact checklist completed by Services Team lead	*Youth follow through on terms of probation, as evidenced by case note review
ASCT protocols for assessing and responding to risk	Ongoing risk monitoring for all active cases	# and % of active cases conferenced weekly by ASCT	Decreased risk level, as evidenced by case tracking during weekly meetings	Establishment of regional networks of existing providers confident in responding to the needs of youth at-risk of or requiring rehabilitation for TVT-related crimes
Protocols for information sharing across agencies/practitioners	Weekly ASCT meetings	# of communities within region that have resource maps and networks/rosters of providers for TVT referrals		
ASCT MOUs and agreements on goals, functioning, operations	Establishing regional networks of providers appropriate for working with referred youth	# of cases that have been anonymized and entered into the ASCT's data management system for case tracking		
Data management system for evaluation and case tracking		% of active cases that demonstrate reductions in risk level 6-months in ASCT service delivery		
Data management system for tracking referral networks				

*applies only to youth who have committed TVT related crimes (i.e. those requiring rehabilitation).

3. Organization and Key Personnel

Dr. Heidi Ellis will lead the project, with support from her team at BCH. Dr. Ellis is a clinical psychologist with 20 years of experience developing, implementing and evaluating prevention and intervention programs for at-risk youth. Over the past ten years Dr. Ellis has also worked in the field of terrorism prevention, conducting both research and prevention/intervention programming on violent radicalization. She served as an advisor to the Boston CVE Pilot Project and is a current member of the MassBayTAT from which referrals for Project 3 and 4 will come from. Through seven federal grants from both the US and Canada she has conducted research on psychosocial factors related to risk for violent radicalization; her work has illustrated the protective influence of social belonging and civic engagement,^{14,16,47} as well as the need to address risk factors such as trauma and mental health problems.^{13,16} Translating these findings into practice, Dr. Ellis co-developed and led a multidisciplinary services team, CC, for youth at-risk of violence, including ideologically-motivated violence.^{33,34} Dr. Ellis also has demonstrated success in scaling and disseminating intervention models.^{48,49}

Dr. Ellis will be responsible for overall project oversight, and ensuring all activities are ethical and timely. She will convene weekly BCH team meetings as well as meet individually with sub-project leads to ensure efficient and effective execution of the project and all associated reported. (b)(6) is an Assistant in Psychology at BCH and Instructor at Harvard Medical School (HMS). (b)(6) has worked closely with Dr. Ellis over the past 15 years and has served as Project Director to four federally funded grants of which Dr. Ellis was PI, as well as Project Coordinator and Evaluator to the CC pilot project. She will serve as Project Director for the overall grant, will serve as the co-lead (with Dr. Ellis) for Project 3, and will co-lead the I-YAB (Project 1) with (b)(6) MSW, has co-developed and led the I-YAB over the past 3 years. She will continue in this capacity under Project 1 as the I-YAB is expanded

and focused on the activities under this grant. In addition, (b)(6) served as a Services Team Lead during the CC pilot; she will continue in this capacity under Projects 3 and 4. (b)(6) is an Attending Psychologist at BCH, a per diem Psychologist at McLean Hospital, and an Instructor of Psychology at HMS. (b)(6) will lead Project 2, for which he is uniquely qualified as a clinician-researcher-advocate with extensive experience in both school-based intervention projects focused on social belongingness and cultural responsiveness across diverse service sectors and co-lead Project 4 with (b)(6) is a Research Associate and Clinical Psychologist at BCH as well as an Instructor at HMS. She will serve as overall program evaluator across all projects under this grant, and co-lead Project 4 with Dr. (b)(6) providing oversight on extension of ASCT programming to the meet the unique needs of juvenile justice involved youth. She will work closely with Dr. Ellis to ensure timely and accurate reporting, ensure that evaluation metrics are collected and analyzed, and work with Dr. Ellis to use this evaluative information to inform project implementation. She will also work with Dr. Ellis and the other team leads to disseminate findings more broadly.

(b)(6) will consult to this project. (b)(6) is a well-known and highly regarded psychiatrist and legal expert in forensic mental health. He has been actively engaged in the behavioral threat assessment and management field for over 30 years. He currently chairs the Legislative Affairs Committee of the Association for Threat Assessment Professionals (ATAP). (b)(6) will serve as a threat assessment expert, and bring to the project his considerable expertise as a member in the operation of MassBayTAT. He consults regularly to the FBI and other government agencies regarding violent extremism and terrorism. (b)(6) will consult to our team on a regular basis throughout the project, and provide support and capacity building in risk assessment and management to providers.

Subject Matter Experts on specific radical ideologies will be available to our Projects 3 and 4 through our partnership with **Parents for Peace**. (b)(6) a former White Supremacist and founder of an international skinhead organization, now works as a motivational speaker promoting tolerance and inter-racial understanding. (b)(6) is a former Muslim supremacist, follower and sympathizer of Al-Qaeda, turned counter Security Intelligence officer and expert on CVE. (b)(6) also works with Muslim communities to address trauma and vulnerability that can predispose young people to be groomed and recruited into supremacy. (b)(6) will support providers working with youth engaged through Projects 3 and 4 in understanding ideological factors.

4. Sustainability

Project 1: We anticipate graduating members from our I-YAB at the conclusion of the grant. These 12 members will have individually gained greater understanding of TVT prevention and improved social cohesion within the I-YAB and the broader community. In addition, they will remain as emissaries to their youth communities.

Project 2: (b)(6) will train at least three school staff who can continue to offer the social belongingness interventions beyond the end of the grant. We have intentionally selected an intervention that can safely be provided by individuals without mental health training (paraprofessionals). In Year 1 (b)(6) will identify appropriate school staff and initiate training. In Year 2 (b)(6) will supervise these staff in implementing the intervention, thus leading to full capacity for the staff to offer the intervention beyond the conclusion of the grant.

Projects 3 and 4: The ASCT is designed to build capacity of a network of providers throughout the region. We specifically seek to engage youth with providers who come from existing service

systems and provide services that are either reimbursable via billing or freely available in the community (e.g., through Mass Mentoring Partnership agencies⁵⁰). Over the course of two years, we anticipate building the capacity of these networks of providers to serve youth at risk for TVT. These networks will remain available to the MassBayTAT. We will seek to transfer responsibility for additional unfunded services, e.g., Services Team Lead, to partners who benefit from this service, e.g., agencies involved in the MassBayTAT. We will also coordinate with (b)(6) of the MA OCA around how this program could be sustained beyond the reach of this grant through various mechanisms, e.g., embedding in court clinic systems.

5. Budget Detail and Narrative

Projects 3 and 4 are not severable. Projects 1 and 2 are severable from others and each other. For all four projects in total, we request \$387,195 in personnel and fringe costs. **Dr. Ellis** will contribute 25% effort in Years 1 and 2 (1% each on Projects 1 and 2, 15% on Project 3, and 8% on Project 4) for a total of \$89,492 in salary and \$27,295 in fringe. (b)(6) will contribute 18% effort in Years 1 and 2 (3% on Project 1 and 15% on Project 3) for a total of \$36,381 in salary and \$11,096 in fringe. (b)(6) will contribute 13.5% effort in Years 1 and 2 (0.5% on Project 2, 2% on Project 3, and 11% on Project 4) for a total of \$26,226 in salary and \$7,999 in fringe. (b)(6) will contribute 10% effort in Years 1 and 2 (6% on Project 2 and 4% on Project 4) for a total of \$18,645 in salary and \$5,686 in fringe. (b)(6) will contribute 36% effort in Years 1 and 2 (2% on Project 1, 19% on Project 3, and 15% on Project 4) for a total of \$52,985 in salary and \$16,161 in fringe. (b)(6) will contribute 38% effort in Year 1 (3% on Project 2, 20% on Project 3, and 15% on Project 4) for a total of \$30,343 in salary and \$9,255 in fringe. **The social worker** will contribute 35% effort in Year 1 and 35% effort in Year 2, to Project 3 only, for a total of \$42,630 in salary and \$13,002 in fringe.

Budget Category	Federal Request
Personnel	\$296,702
Fringe Benefits	\$90,494
Travel	\$1,960
Supplies	\$0
Contractual	\$19,500
Other	\$15,070
<i>Total Direct Costs</i>	\$423,726
Indirect Costs	\$326,269
TOTAL PROJECT COSTS	\$749,995

We also request funds to cover travel, consultants, and other expenses. For **Project 1**, we request a total of \$6,984 and \$7,614 for Years 1 and 2, respectively. These costs include travel costs of \$864 per year to cover I-YAB member travel to meetings (\$6 for round-trip MBTA tickets, for 12 members, for 12 meetings/year). Additionally, we request \$6,120 and \$6,750 for Years 1 and 2, respectively, to cover annual stipends for the 12 I-YAB members of \$360, \$1,800 per year for meeting food, and \$630 in Year 2 for I-YAB-led community event supplies (e.g., flyers). For **Project 2**, we request \$2432 in Year 1 for trainer travel to MHS (\$232; 5 trips, 80 miles roundtrip at \$0.58/mile); food for MHS staff trainings (\$1700; 4 trainings at \$425 each); and \$500 in honoraria for participating staff. For **Project 3**, we request \$7,250 each in Years 1 and 2. We request \$5,000 per year for threat assessment consultants (b)(6) at \$250/hour for 10 hours/year and another consultant, to be determined, with expertise in youth threat assessment at the same rate). We also request \$2,250 per year for the Parents for Peace subcontract (10 sessions at \$200/session, plus \$250/year in project coordination and organization). For **Project 4**, we request \$2,500 per year for consultation from (b)(6) (\$250/hour, 10 hours/year).

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OTVTP Implementation & Measurement Plan

You should modify the Implementation & Measurement Plan (IMP) template to the number of outcomes your specific project requires. For *each* outcome in the IMP, create an Implementation Plan table *and* a Measurement Plan table. Please use the definitions provided in the IMP guidance document when crafting your plan. Draft, in the box below, the overarching goal statement for the project. Following completion of the IMP, each grantee is expected to complete the Risk Assessment & Mitigation Plan in Appendix A.

In the Implementation Plan table:

- Type each activity in a separate row; add as many rows as needed.
- Arrange activity rows chronologically by the start date of the activity.
- This IMP should span both years of performance under this grant program.

In the Measurement Plan table:

- Type each outcome indicator in a separate row.
- Include indicators that will help measure the results of the project; it is not necessary to have more than one indicator if that indicator sufficiently measures results.
- Identify and/or design data collection methods to be used to obtain the data that will be reported on quarterly.
- Ensure attention to collection of data that can be broken down by sex and age of project participants or beneficiaries.

Organization Name	Boston Children’s Hospital
Project Title	A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles
Grant Number	
Grant Implementation Period:	
Reporting Period:	

Project Goal Statement

To establish an integrated prevention framework that supports a comprehensive, multi-layered approach to identifying, assessing, and addressing radicalization and mobilization to targeted violence and terrorism (TVT) among juveniles by implementing four projects that offer either prevention or intervention programming to youth across a continuum of risk (vulnerable, at-risk, and requiring rehabilitation) for TVT.

To establish the Massachusetts Area Prevention framework (MAP) that supports a comprehensive, multi-layered approach to identifying, assessing, and addressing radicalization and mobilization to targeted violence and terrorism (TVT) among juveniles by implementing four projects that offer either prevention or intervention programming to youth across a continuum of risk (vulnerable, at-risk, and requiring rehabilitation) for TVT.

Target Population

- *Vulnerable – approx. 462 youth*
 - *Members of Interethnic Youth Advisory Board (I-YAB; 12 members) and peer communities (anticipated reach to 120 other High School youth)*
 - *330 Milford High School 9th grade students, including higher-level intervention with 50 youth*
- *At-risk – approx. 60 youth*
 - *Massachusetts, New Hampshire, Rhode Island, and Maine youth (up to age 18) referred by MassBay Threat Assessment Team (MassBayTAT) due to identified risk for TVT but without evidence of imminent risk of violence*
- *Requiring Rehabilitation – approx. 24 youth*
 - *Youth in mass Juvenile Justice system who have been charged with or committed crimes related to TVT and are referred through the Department of Youth Services (DYS) in MA or the Juvenile Alternative Resolution (JAR) Program of the Suffolk County District Attorney's Office*

OUTCOME 1: *Enhanced individual and community resilience to targeted violence and terrorism (TVT)*

Mid-Term Outcome 1.1: Sustained youth membership in the Inter-ethnic Youth Advisory Board (I-YAB)

Mid-Term Outcome 1.2: I-YAB members demonstrate increased knowledge of TVT prevention

Mid-Term Outcome 1.3: I-YAB members raise awareness of risk and protective factors for TVT

Mid-Term Outcome 1.4: Community member satisfaction with I-YAB-led community events/activities

Long-Term Outcome 1.1: Individual Resilience to TVT

Long-Term Outcome 1.2: Community Resilience to TVT

OUTCOME 1 IMPLEMENTATION PLAN

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
Monthly facilitated meetings of the Inter-ethnic Youth Advisory Board (I-YAB)	<p>Curriculum to support group cohesion, youth leadership skill development, and education in TVT prevention</p> <p>Staff to support leadership of Inter-ethnic Youth Advisory Board (I-YAB)</p> <p>Youth members from diverse ethnic groups</p> <p>Incentivization for youth participation (e.g., money for food and transportation)</p>	2 years	<p>12 I-YAB members engaged</p> <p>24 I-YAB meetings held</p>	

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
I-YAB-led community projects/events	Resources to support I-YAB-led community projects/events (e.g., food and transportation)	2 years	1-3 I-YAB-led community events/activities 120 participants attending I-YAB-led events	

OUTCOME 1 MEASUREMENT PLAN

Outcome Indicator(s)	Data Collection Method and Timeframe	Results (Complete for Progress Report Only)
Sustained youth membership in the Inter-ethnic Youth Advisory Board (I-YAB) by 80% (10/12) retainment of board members.	Demographic information (e.g., sex, age) and attendance data collected via paper attendance records at each monthly I-YAB meeting over the course of the 2-year grant cycle.	
80% (10/12) of I-YAB members demonstrate increased knowledge of TVT prevention as measured by pre-post knowledge survey.	Demographic information (e.g., sex, age) and knowledge of TVT prevention data collected via paper and entered into a web-based survey (e.g., REDCap) pre-I-YAB membership at the beginning of grant Year 1 and post-I-YAB membership at the end of grant Year 2.	
80% (10/12) of I-YAB members demonstrate raised awareness of risk and protective factors for TVT as measured by pre-post knowledge survey.	Demographic information (e.g., sex, age) and knowledge of TVT prevention data collected via paper and entered into a web-based survey (e.g., REDCap) pre-I-YAB membership at the beginning of grant Year 1 and post-I-YAB membership at the end of grant Year 2.	
At least 80% (96/120) community members satisfaction with I-YAB-led community events/activities as measured by a brief post event satisfaction survey.	Demographic information (e.g., sex, age) and event satisfaction data collected via paper and entered into a Web-based survey administration (REDCap) at the end of each I-YAB led event held in Year 2 of the grant.	

Outcome Indicator(s)	Data Collection Method and Timeframe	Results <i>(Complete for Progress Report Only)</i>
<p>Increased competence, confidence, character, connection, and caring (5 C's) in I-YAB members as evidenced by higher scores on each of the 5 C's subscales of the Positive Youth Development (PYD)-short form post project than pre project (baseline).</p> <p>[individual resilience]</p>	<p>Paper survey administration and subsequent data entry into a Web-based database (REDCap) of the Positive Youth Development (PYD) short form (Geldhof et al., 2014) pre-I-YAB membership at the beginning of grant Year 1 and post-I-YAB membership at the end of grant Year 2.</p>	
<p>Increased leadership skills and civic engagement among I-YAB members as evidenced by higher scores on the subscales of the Youth Civic and Character Measure post project than pre project (baseline).</p> <p>[community resilience]</p>	<p>Paper survey administration and subsequent data entry into a web-based database (REDCap) of the of the Youth Civic and Character Measure (Syvertsen et al., 2015) pre-I-YAB membership at the beginning of grant Year 1 and post-I-YAB membership at the end of grant Year 2.</p>	

OUTCOME 2: *Reduced youth vulnerability to targeted violence and terrorism, including increased sense of belonging and decreased vulnerability to intergroup conflict*

Mid-Term Outcome 2.1: Increased sense of social belongingness and sense of organizational identity, through participation in “Milford Connects” (all 9th MHS 9 graders) and “Overcoming Adversities” (50 selected MHS 9th graders) workshops” workshops

Mid-Term Outcome 2.2: Decreased sense of intergroup conflict and psychological distress, through participation in “Milford Connects” (all 9th MHS 9 graders) and “Overcoming Adversities” (50 selected MHS 9th graders) workshops”

Mid-Term Outcome 2.3: Increased ability to identify a trusted adult within school system, through participation in “Milford Connects” (all 9th MHS 9 graders) and “Overcoming Adversities” (50 selected MHS 9th graders) workshops

Mid-Term Outcome 2.4: At least 3 MHS staff trained in “Milford Connects” and “Overcoming Adversities” curricula

Mid-Term Outcome 2.5: Increases in 2020-2021 academic year GPAs, decreases in failing grades, and decreases in disciplinary citations compared to previous 9th grade MHS class cohort(s)

Long-Term Outcome 1.1: Annual provision of Milford Connects and Overcoming Adversities workshops to MHS 9th graders

Long-Term Outcome 1.2: Reduced youth vulnerability to TVT through increased adaptive and protective factors (e.g., sense of social belongingness), and decreased risk factors (e.g., psychological distress and perceived intergroup conflict)

OUTCOME 2 IMPLEMENTATION PLAN

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>
Administration of pre-Phase 1 survey via REDCap to all 9 th grade students at Milford High School (MHS); screening of this survey data for recruitment to 3-session “Overcoming Adversities” workshop series (see below)	<p>Compilation and context-adaptation of existing reliable and valid self-report measures to assess key variables including: social belongingness, intergroup conflict, psychological distress, and ability to identify trusted adult at school</p> <p>Translation and back translation of English language questionnaires into Spanish and Portuguese using MHS translation services</p>	2 months to build survey during Year 1; 1 month to deliver survey	<p>70% or more of MHS 9th grade class (70% of 330 = 230 students) completes survey</p> <p>50 students are identified through survey responses for recruitment to “Overcoming Adversities” workshop series</p>	

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
	<p>Programming of survey measures into REDCap (i.e., Research Electronic Data Capture data management/survey software). This includes back-end (e.g. effective data capture), front-end (e.g., effective user interface) programming.</p> <p>Coordination and collaboration with MHS staff to deliver all class email with link to survey and associated survey reminders and information.</p> <p>Coordination and collaboration with MHS to identify a school block to allow students intentional/dedicated time to complete survey</p>			
<p>Delivery of “Milford Connects” workshop /e-learning module (one session) to all MHS 9th graders</p>	<p>Adaptation and integration of multiple previously developed interventions to create “Milford Connects” workshop curriculum</p> <p>Electronic build-out of workshop curriculum for flexible delivery in person and/or through e-modules (e.g., slides, recording of audio/visual content)</p> <p>Workshop language-based content translated and back-</p>	<p>1 month to develop workshop in Year 1</p> <p>4 hours to train MHS staff</p> <p>2 hour Milford Connects workshop/e-</p>	<p>70% or more (230+/330) of MHS 9th grade class attend “Milford Connects” workshop</p> <p>At least 3 school staff members trained in “Milford Connects” curriculum</p>	

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
	<p>translated into Spanish and Portuguese through MHS translation services</p> <p>At least 3 MHS staff receive training in “Milford Connects” curriculum and support development of school-specific content; honoraria provided to staff who attend/participate</p> <p>All MHS 9th graders provided with protected time for workshop participation</p>	<p>learning delivered in Fall 2020</p> <p>MHS staff to independently deliver 2 hour Milford Connects workshop/e-learning in Fall 2021</p>		
<p>“Overcoming Adversities” workshop series / e-learning modules (three sessions)</p>	<p>Adaptation and integration of multiple previously developed interventions to create “Overcoming Adversities” workshop curriculum</p> <p>Electronic build-out of workshop curriculum for flexible delivery in person and/or through e-modules (e.g., slides, recording of audio/visual content)</p> <p>Workshop language-based content translated and back-translated into Spanish and Portuguese through MHS translation services</p> <p>At least 3 MHS staff receive training in “Overcoming</p>	<p>1 month to develop workshop in Year 1 of grant</p> <p>12 hours to train MHS staff</p> <p>Three 2-hour Overcoming Adversities workshops in Winter 2020</p> <p>MHS staff to independently deliver three 2 hour</p>	<p>50 MHS students complete the three-workshop series, with at least 80% attendance at all three workshops</p> <p>At least 3 MHS school staff members trained in “Overcoming Adversities” curriculum</p>	

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
	<p>Adversities” curriculum and support development of school-specific content; honoraria provided to staff who attend/participate</p> <p>50 MHS 9th graders (subset identified through survey findings) with protected time for student participation</p>	<p>Overcoming Adversities workshop/e-learning in Fall 2021</p>		

OUTCOME 2 MEASUREMENT PLAN

Outcome Indicator(s)	Data Collection Method and Timeframe	Results <i>(Complete for Progress Report Only)</i>
Increased sense of general social belongingness, after completion of workshop(s) as indicated by a statistically significant increase in perceived social belongingness as measured by the General Belongingness Scale in pre and post workshop surveys.	Demographic information (e.g., sex, age) and social belongingness data collected via a web-based survey (e.g., REDCap) survey administration of the General Belongingness Scale (Malone et al., 2012) pre/post “Milford Connects” and “Overcoming Adversities” workshops in Year 1 Fall/Winter 2020, Year 1 of Grant	
Increased sense of organizational identity as measured by an MHS adapted version of the classic Organizational Identity Scale (Mael & Ashforth, 1992) in pre and post workshop surveys.	Demographic information (e.g., sex, age) and Organizational Identity data collected via a web-based survey (e.g., REDCap) survey administration of the Organizational Identity Scale (Mael & Ashforth, 1992) pre/post “Milford Connects” and “Overcoming Adversities” workshops in Year 1 Fall/Winter 2020, Year 1 of Grant	
Decreased sense of intergroup conflict after completion of workshop(s) as indicated by a statistically significant decrease in perceived intergroup conflict as measured by an MHS adapted version of the classic Intergroup Competition Scale (Mael & Ashforth, 1992) in pre and post workshop surveys	Demographic information (e.g., sex, age) and intergroup conflict data collected via a web-based survey (e.g., REDCap) survey administration of the Intergroup Competition Scale (Mael & Ashforth, 1992) pre/post “Milford Connects” and “Overcoming Adversities” workshops in Year 1 Fall/Winter 2020, Year 1 of Grant	

Outcome Indicator(s)	Data Collection Method and Timeframe	Results (Complete for Progress Report Only)
Decreased psychological distress/mental health symptoms after completion of “Milford Connects” workshop as indicated by statistically significant decreases in anxiety (GAD-7) and depression (PHQ-9) in pre and post workshop surveys.	Demographic information (e.g., sex, age) and psychological distress/mental health symptoms data collected via a web-based survey (e.g., REDCap) survey administration of the PHQ-9 (Spitzer et al., 1999) and the GAD-7 (Spitzer et al., 2006) pre/post “Milford Connects” and “Overcoming Adversities” workshops in Years 1 Fall/Winter 2020, Year 1 of Grant	
Increased student ability to identify a school provider who is open and willing to help in times of need as evidenced by (1) ability to write a staff member’s name and role at the school and (2) commitment to contact this person after the workshop in person, phone, or email to establish connection	Demographic information (e.g., sex, age) and ability to identify and contact trusted adult data collected via a web-based survey (e.g., REDCap) survey pre/post “Milford Connects” and “Overcoming Adversities” workshops Fall/Winter 2020, Year 1 of Grant	
At least 3 MHS staff trained in “Milford Connects” and “Overcoming Adversities” curriculum as evidenced by staff ability to pass (90% or above score) “knowledge check” assessment of curriculum (i.e., content) and delivery (i.e., implementation logistics).	Staff ability to pass (90% or above score) “knowledge check” assessment of curriculum (i.e., content) and delivery (i.e., implementation logistics) Fall/Winter 2020, Year 1 of Grant	

Outcome Indicator(s)	Data Collection Method and Timeframe	Results (Complete for Progress Report Only)
<p>Improvements in academic grades as well as decreases in number of failing grades and disciplinary/delinquency citations among 2020-2021 9th graders as compared to previous cohort years of MHS 9th graders. At minimum will compare 9th grade of 2020-2021 to 9th grade of 2019-2020.</p>	<p>School based descriptive and demographics data on grades, failing grades, numbers of delinquency citations will be reviewed at the end of the school year.</p> <p>Analysis conducted after close of 2020-2021 academic school year and prior to the delivery of “Milford Connects” in Fall/Winter of 2021, Year 2 of grant</p>	
<p>Annual provision of Milford Connects and Overcoming Adversities program to MHS 9th graders as evidenced by report from MHS staff that workshops have successfully occurred</p>	<p>Yes/No indicator as to whether workshops occurred</p> <p>Winter 2021, Year 2 of grant</p>	
<p>Reduced youth vulnerability to TVT through sustained increase in sense of social belongingness, sustained increase in sense of organizational identity, sustained decrease in psychological distress, sustained decrease in intergroup conflict, sustained ability to identify trusted adults as evidenced by whole grade survey delivered to MHS 10th graders in Fall/Winter 2021 as compared to data collected in Winter 2020 (approximately one year earlier)</p>	<p>Demographic information (e.g., sex, age) and social belongingness data collected via a web-based survey (e.g., REDCap) survey administration of the General Belongingness Scale (Malone et al., 2012); Intergroup Group Conflict and Organizational Identity (Mael & Ashforth, 1992); PHQ-9 (Spitzer et al., 1999); GAD-7 (Spitzer, 2006); ability to identify and contact trusted adult.</p> <p>Fall/Winter 2021, Year 2 of grant</p>	

OUTCOME 3: *Established Adolescent Service Coordination Team (i.e., a regional multidisciplinary services team) with the capacity to provide effective, coordinated, community-based supportive services to youth who are at-risk of or have committed a targeted violence and terrorism (TVT)-related crime, which will reduce youth risk of TVT and recidivism to TVT through improved mental health, increased service engagement and social belonging, decreased antisocial behavior and increased prosocial contacts.*

Mid-Term Outcome 3.1: Continued engagement of referred youth in mental health and other supportive psychosocial services.

Mid-Term Outcome 3.2: Increased competence/confidence among service providers in addressing the needs of referred youth.

Mid-Term Outcome 3.3: Increased prosocial contact of referred youth.

Long-Term Outcome 3.1: Reduced risk of referred youth engaging in TVT.

Long-Term Outcome 3.2: Reduced recidivism to TVT by referred youth.

Long-Term Outcome 3.3: Reduced symptoms of psychological distress and increased psychosocial functioning of referred youth.

Long-Term Outcome 3.4: Decreased antisocial behavior and increased prosocial connections of referred youth.

Long-Term Outcome 3.5: Referred youth follow through on probation terms.

Long-Term Outcome 3.6: Establishment of regional networks of providers confident in responding to who are at-risk of or have committed a targeted violence and terrorism (TVT)-related crimes.

OUTCOME 3 IMPLEMENTATION PLAN

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
Determination of referral appropriateness for ASCT services	<p>Establishment of an Adolescent Services Coordination Team (ASCT) with expertise in mental health, radicalization to violence, and TVT</p> <p>Partnership with Massachusetts Bay Threat Assessment Team (MassBayTAT), Juvenile Alternative Resolution (JAR) Program, and/or Department of Youth Services (DYS) as referral sources</p> <p>ASCT MOUs and agreements on goals, functioning, operations</p> <p>Protocols for information sharing across agencies/practitioners</p>	Within 3-days of receipt of referral	<p>60 referrals of youth at-risk of TVT will be deemed appropriate for ASCT services</p> <p>24 referrals of youth charged with TVT crime will be deemed appropriate for ASCT services</p>	
Introduction of ASCT services to youth/family	<p>Establishment of an Adolescent Services Coordination Team (ASCT) with expertise in mental health, radicalization to violence, and TVT</p> <p>ASCT MOUs and agreements on goals, functioning, operations</p> <p>Protocols for information sharing across agencies/practitioners</p>	Within 1-week of referral acceptance	<p>80% (48) of youth who are at-risk of TVT accepts ASCT services</p> <p>80% (20) of youth who have committed a TVT-related crime accepts ASCT services</p>	

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
Development of a Services Team Plan in accordance with youths' risks (low, moderate, or high), strengths, and psychosocial needs	Partnerships with MassBayTAT, DYS, and JAR ASCT Service Team Leads ASCT protocols for assessing and responding to risk Data management system for evaluation	Within 2-weeks of youth/family acceptance of ASCT services	90% of Service Team Plans will be developed within two-weeks of youth/family acceptance of ASCT services 90% of cases will be provided referrals for community-based services by service type (e.g., mental health, substance abuse, job skills, housing assistance)	
Monthly ASCT meetings	Protocols for information sharing across agencies/practitioners ASCT MOUs and agreements on goals, functioning, operations Data management system for evaluation and case tracking	Monthly throughout the 2-year grant cycle	At least 2 in-depth active cases conferenced and 100% of active cases briefly presented for risk monitoring monthly by full ASCT	

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
Ongoing risk monitoring (low, moderate, high) for all active cases	ASCT Service Team Leads Partnership with MassBayTAT, JAR, and DYS Protocols for information sharing across agencies/practitioners Data management system case tracking	Monthly throughout the 2-year grant cycle	100% of cases will be anonymized and entered into the ASCT's data management system for case tracking 60% of active cases will demonstrate reductions in risk level 6-months into ASCT service delivery	

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
<p>ASCT consultation to community-based practitioners, as needed</p>	<p>ASCT members with expertise in radicalization to violence</p> <p>ASCT Service Team Leads</p> <p>Partnership with MassBayTAT, JAR, and DYS as expert consultants</p> <p>Partnership with Parents for Peace as expert consultants</p> <p>Protocols for information sharing across agencies/practitioners</p>	<p>Timing and frequency of consultation will depend on individual need</p>	<p>100% of practitioners requesting consultation in TVT prevention and/or intervention will receive a one-time consultation with the option of continued consultative follow up</p> <p>60% of providers by service type consulted to when working with youth</p> <p>At least one contact (phone/video conference/email) between Services Team Lead and members of a youth's service team per week- contact will vary as warranted by the case/level of risk</p> <p>At least one contact (phone/video conference/email) between Services Team Lead and youth/caregiver per week- contact will vary as warranted by the case/level of risk</p>	

Activity	Inputs/Resources	Time Frame	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
Establishing regional networks of existing providers who are interested in working with referred youth	Data management system for tracking referral networks	Over the course of the 2 years grant period	For 100% of communities (e.g., town, city, municipality) represented by a youth served, a network/roster of providers and a resource map for TVT referrals will be created.	

OUTCOME 3 MEASUREMENT PLAN

Outcome Indicator(s)	Data Collection Method and Timeframe	Results (Complete for Progress Report Only)
Continued engagement of accepted youth in mental health and other supportive psychosocial services, defined as youth attendance in 80% of scheduled meetings with respective providers and services.	<p>Data related to service engagement will be collected via a paper checklist by the Services Team lead through on-going contact with youth/caregiver, during regular Services Team meetings and during monthly ASCT meetings.</p> <p>Time frame for data collection will begin once referral is accepted as an ASCT case until termination from ASCT services.</p>	
Increased competence/confidence among service providers in addressing the needs of youth at risk of TVT and/or recidivism to TVT, as evidenced by higher scores on a pre-/post- survey.	<p>Demographic information (e.g., sex, age) and competence/confidence level among service providers in addressing the needs of youth at risk of TVT and/or recidivism to TVT collected via web-based survey (e.g., REDCap) pre-service provision of initial ASCT youth referral and after termination of services with that youth. A follow up survey will be collected at the end of the 2-year grant cycle.</p> <p>Time frame for data collection dependent on initial individual service engagement.</p>	
Increased # of prosocial contact of ASCT youth as indicated by an increased reported frequency of social contact from time of case acceptance to termination.	<p>Data related to prosocial contact will be collected via paper on a Social Contact Checklist filled out by the Services Team lead through on-going contact with youth/caregiver, during regular Services Team meetings and during monthly ASCT meetings.</p> <p>Time frame for data collection will begin once referral is accepted as an ASCT case until termination from ASCT services.</p>	

Outcome Indicator(s)	Data Collection Method and Timeframe	Results <i>(Complete for Progress Report Only)</i>
<p>Reduced risk of youth at risk for or engaging in TVT, as indicated by:</p> <ul style="list-style-type: none"> • Improved mental health evidenced by a decrease in symptoms of psychological distress and an increase in psychological functioning as measured by the Pediatric Symptoms Checklist; • Decreased antisocial behavior and increased prosocial connection as measured by Teenage Inventory of Social Skills; and • Continued engagement of referred youth in mental health and other supportive services, as measured by as youth attendance in 80% of scheduled meetings with respective providers of “critical services”. 	<p>Web-based survey administration (REDCap) of the Pediatric Symptoms Checklist and the Teenage Inventory of Social Skills pre-ASCT services and at termination of ASCT services.</p> <p>Data related to service engagement will be collected via a paper checklist by the Services Team lead through on-going contact with youth/caregiver, during regular Services Team meetings and during monthly ASCT meetings.</p> <p>Time frame for data collection will begin once referral is accepted as an ASCT case until termination from ASCT services.</p>	
<p>Low recidivism and youth follow-through on terms of probation.</p>	<p>Quarterly review of case notes to assess TVT recidivism and adherence to probation terms.</p>	

Outcome Indicator(s)	Data Collection Method and Timeframe	Results <i>(Complete for Progress Report Only)</i>
<p>For 100% of communities (e.g., town, city, municipality) represented by a youth served, a network/roster of providers and a resource map for TVT referrals will be created.</p>	<p>Data collection related to resource mapping for each identified community (e.g., gathering information about existing providers and community services) within the FBI's area of responsibility will be collected in Microsoft Word documents and Excel spreadsheets by a member of the ASCT team.</p> <p>Resource mapping and provider information gathering documentation will begin at the onset of the 2-year grant cycle and will continue throughout the longevity of the grant.</p>	

APPENDIX A: RISK MANAGEMENT PLAN

The following risk assessment chart is designed to assist in the identification of potential occurrences that would impact achieving project objectives, primarily those originating externally and that are outside of the organization’s control. Risks could include, but are not limited to: economic, social, or political changes; changes to planned partnerships; legal or compliance changes; or other risks unique to this project. Use the chart below to identify these risks; add additional rows if necessary.

Risk Identified	Likelihood of Risk Occurring (low/medium/high)	Risk Analysis (brief assessment of the impact the identified risk could/would have on the project)	Risk Management Plan (plan to minimize the impact that the risk presents to the project and adjustments to be made if the risk transpires)
COVID-19 prohibits face-to-face meetings or closes schools	Medium	Although our team has planned for the possibility of transferring all activities to an online format, there is the potential for the curricula or services to be less effective on-line, or for family/youth engagement to be more difficult.	All programmatic activities for Project 1 and 2 (I-YAB meetings, MHS curricula) can be transferred on-line. MassBayTAT is already establishing a secure on-line platform. Community-based services that the ASCT refers to for projects 3 and 4 may be done online (e.g. telemedicine) but others may be more difficult to achieve (e.g. engaging youth in prosocial gatherings); on-line alternatives will be sought for these.
MassBayTAT could cease to operate	Low	Without the MassBayTAT our formal systematic referral source for project 3 would disappear, however we anticipate that through ongoing relationships with FBI agents our team would remain known and referrals would continue informally	We would maintain contact with the members of the MassBayTAT, including FBI agents, to ensure that they are aware that ASCT can manage TVT youth referrals,
I-YAB members could refuse to participate in project for fear of stigma/distrust of national security agencies	Low	In the event that youth expressed concerns about participating in something associated with CVE or DHS we would be unable to carry out the I-YAB activities as planned (e.g. youth may not agree to participate in meetings or host / plan TVT awareness events)	Should this be an issue, we would engage youth in honest dialogue about their fears/concerns and use this as an opportunity to engage in community education, partnership, and trust building. We are deeply familiar with these issues and have a strong track record of engaging community partners around these issues; while the specific

			activities might shift, we would still work towards our goals through genuine partnership and dialogue.
Mental health or service providers could refuse to take referrals out of fear of legal liability	Low	We anticipate that even if some were reticent to take cases, other providers could be located and services could be provided. There may be some types of service, e.g. mosque mentorship, that are more impacted than others by this risk.	We would 1) work to find other providers that were willing, and 2) work to mitigate legal liability, e.g. through providing our threat assessment consultant to provide consultation and co-sign clinical notes thus documenting shared responsibility of risk. If this became a significant issue we would also work with relevant governing bodies e.g. US Attny Office (supporter of this proposal, see LOS) to seek assurances of legal protection or a means of addressing these concerns.

**Harvard Medical School
Curriculum Vitae**

Date Prepared: June 2, 2020
Name: Beverley Heidi Ellis, PhD
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Home Address: (b)(6)
Work Phone:
Work E-Mail:
Work FAX:

Place of Birth: Oregon City, OR

Education

1994	B.A.(Magna Cum Laude)	English	Yale College
1997	M.S.	Psychology	University of Oregon
2000	Ph.D.	Clinical Psychology (Thomas Dishion, Ph.D.)	University of Oregon

Personal Statement

I am an Associate Professor in Psychology and Psychiatry at Harvard Medical School (HMS) and Boston Children's Hospital (BCH), a licensed clinical psychologist and the Director of the Refugee Trauma and Resilience Center at BCH, a partner in the National Child Traumatic Stress Network (NCTSN). The focus of my work is on understanding how trauma exposure, discrimination, and social context impact developmental trajectories. Over the past 18 years I have conducted a Community Based Participatory Research program with Somali immigrants and am Principal Investigator of a multi-site, longitudinal research project examining developmental pathways to and away from violence, including ideological violence, gang involvement, and constructive civic engagement. I also developed and co-led a community-based multidisciplinary intervention team for violence prevention, including prevention of ideologically motivated violence. In summary, I have a demonstrated a track record of successful research and publication on topics related to violent radicalization, have established partnership with the community, practitioners, and law enforcement, and have the capacity and skill needed to conduct the proposed research.

Predoctoral Training

9/00-8/01	Predoctoral Internship	Clinical Psychology	VA Boston Consortium
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Postdoctoral Training

9/01-8/02	Clinical Fellow	Child Psychiatry	Boston University Medical Center
9/02-8/03	Research Fellow	Child Psychiatry	Boston University Medical Center

Faculty Academic Appointments

09/2003- 02/2006	Assistant Professor	BUMC Departments of Psychiatry and Psychology	Boston University School of Medicine and Boston University College of Arts and Sciences
09/2005- 12/2006	Assistant Professor	BUMC Department of Pediatrics	Boston University School of Medicine and Boston University College of Arts and Sciences
01/2007- 08/2008	Adjunct Assistant Professor	Department of Psychology	Boston University College of Arts and Sciences-non voting
01/2007- 09/2009	Instructor in Psychology	Department of Psychiatry	Harvard Medical School
10/2009- 7/2016	Assistant Professor of Psychology	Department of Psychiatry	Harvard Medical School
7/2016-	Associate Professor of Psychology	Department of Psychiatry	Harvard Medical School

Appointments at Hospitals/Affiliated Institutions

2/2007-	Associate Scientific Clinical	Department of Psychiatry	Boston Children's Hospital
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Major Administrative Leadership Positions

Local

2007-2010	Associate Director, Children's Hospital Center for Refugee Trauma, National Child Traumatic Stress Network	Boston Children's Hospital
2008-2013	Co-Chair, Intervention and Services Research Team, Center for Behavioral Science	Boston Children's Hospital
2010-	Director, Boston Children's Hospital Refugee Trauma and Resilience	Boston Children's Hospital

National

2007	Co-Leader, Bi-Weekly Conference Calls and Quarterly Face-face trainings	National Child Traumatic Stress Network Learning Collaborative: Trauma Systems Therapy for adolescents with co-occurring substance use and trauma.
2010-2012	Mental Health Lead, Refugee Health Technical Assistance Center	Office of Refugee Resettlement/ Department of Public Health, MA

Committee Service

Local

2007-2008	Intervention and Services Research Team	Boston Children's Hospital
2011-	Program for Behavioral Science Steering Committee	Department of Psychiatry, BCH
2012-	Scientific Advisory Committee for "Addressing Mental Health Disparities in Refugee Children: A CBPR Collaboration"	Harvard School of Public Health
2013-	Harvard Medical School Psychiatry Research Committee	Harvard Medical School

Regional

2009-2010	Youth Violence Prevention Funder's Collaborative, Family supports and mental health working group	The Philanthropic Initiative
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National

2002-2005	Refugee Trauma Task Force	National Child Traumatic Stress Network
	2002-2005	Co-Chair
2007-2012	Refugee Collaborative Group	National Child Traumatic Stress Network
	2007-2012	Chair
2009-2010	National Advisory Council. Preventing Partner Violence in Immigrant Communities: Strengthening What Works	Robert Wood Johnson Foundation
2013	Invited participant, Expert meeting on refugee immigrant and adolescent school success	Urban Institute, Washington DC
2014	Invited participant, White House committee: "Local strategies to enhance resilience and reduce violence"	White House National Counter Terrorism Center
2014-2015	Advisor, U.S. Attorney's Office Working Group on Multidisciplinary Threat Assessment and Intervention	U.S. Attorney's Office, MA
2014	Countering Violent Extremism Leadership Forum	U.S. Department of Justice
2015	Invited expert, Targeted Violence Intervention Best Practice Summit	Cook County Department of Homeland Security, Rutgers University, and University of Illinois-Chicago
2017-2019	Member, Steering Committee for National Child Traumatic Stress Network	SAMHSA/NCTSI
2018	Member, Policy Committee for National Child Traumatic Stress Network	SAMHSA/NCTSI
2018	Reviewer, multidisciplinary Special Emphasis Panel (SEP) for applications responsive to RFA-MD-18-005, "Youth Violence Prevention Interventions that Incorporate Racism/Discrimination Prevention"	National Institute on Minority Health and Health Disparities (NIMHD)

International

2019	Expert consultant in the International Consensus Guidelines Committee for the Prevention of Violent Radicalization and Extremist Violence	Canadian Practitioners Network for the Prevention of Radicalization and Extremist
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Violence (CPN-PREV)
Montreal, Canada.

Professional Societies

- 2003-2010 International Society for Traumatic Stress Studies
2003- American Psychological Association (APA)
2007-2009 Member, Education and Training Committee, Division 56
2008-2011 Appointed Member, APA Task Force on the Psychosocial Effects of War on Children and Families Who are Refugees from Armed Conflict Residing in the United States

Editorial Activities

• Ad-Hoc Reviewer

Journal of Traumatic Stress
American Journal of Public Health
Journal of Consulting and Clinical Psychology
American Journal of Community Psychology
Journal of Immigrant and Refugee Studies

• Other Editorial Roles

- | | | |
|------|--|---|
| 2014 | Invited area expert reviewer for book proposal | Columbia University Press; confidential materials |
| 2015 | Invited technical reviewer for final report submitted to NIJ Research and Evaluation | National Institute of Justice/ U.S. Department of Justice |
| 2018 | Invited area expert reviewer for book proposal | Oxford University Press |
| 2019 | Invited expert reviewer for “The Governors Roadmap to Preventing Targeted Violence” | National Governors’ Academy, Washington DC |

Honors and Prizes

- | | | | |
|------|---|----------------------------|---|
| 1994 | Wallace Non-fiction Writing Award | Yale College | For outstanding achievement in non-fiction writing |
| 1998 | Graduate Student Research Award | University of Oregon | For excellence in research & to support research in graduate school |
| 1999 | Graduate Student Research Award | University of Oregon | For excellence in research & to support research in graduate school |
| 1999 | Beverly Fagot Dissertation Fellowship Award | University of Oregon | For excellence in developmental psychopathology research & to support dissertation research |
| 2017 | David S. Weiner Award | Boston Children’s Hospital | For Leadership and Innovation in Child Health |
| 2018 | Marsico Visiting Scholar | Denver University | Visiting social sciences scholar (Short-term) |

2018	Sarah Haley Memorial Award for Clinical Excellence	International Society for Traumatic Stress Studies	For excellence in clinical service to a traumatized individuals
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Report of Funded and Unfunded Projects

Past

- 2001 Romanian treatment foster care
Oregon Social Learning Center
PI (\$10,000)
Assessed feasibility of implementing and evaluating Early Intervention Treatment Foster
Care in the Romania Child Welfare system.

- 2003-2006 Stigma and PTSD in refugee adolescents
NIMH, R21 MH70261
PI (\$483,000)
Tested theoretical model of stigma as a fundamental cause of mental disorder among Somali
adolescent refugees resettled in New England. Used qualitative and quantitative data to
understand service access, social stressors, discrimination, and mental health among Somali
youth.

- 2003-2006 Center for Medical and Refugee Trauma
SAMHSA, U79 SM54305
Associate Director
Developed and disseminated interventions for children who had experienced medical or
refugee trauma. Provided technical assistance to service sites nationally who provided care
for medically traumatized and refugee children. My role was to lead refugee-related
activities.

- 2003-2007 Evaluation of Trauma Systems Therapy for adolescents with co-occurring trauma and
substance use
SAMHSA NCTSN grant, 1 UD1 SM56225-01
Collaborator (PI: David Barlow, Boston University)
This project developed an intervention development and evaluation center focused on
developing innovative and powerful integrated treatments for comorbid traumatic stress and
substance abuse in adolescents. My role was to collaborate in the adaptation of the treatment
model Trauma Systems Therapy to be appropriate for substance using adolescents.

- 2005-2006 Somali adolescent mental health symptom expression & help seeking behavior
Boston Healing Landscape Project
PI (\$6,500)
Used qualitative data to understand mental health symptom expression and patterns of help
seeking among Somali adolescents.

- 2007-2008 Caring Across Communities
Robert Wood Johnson Foundation
Collaborator, Clinical Team Leader
Supervised and led weekly clinical team meetings of a team implementing the treatment
model Trauma Systems Therapy.

- 2007-2009 A services approach to preventive mental health with adolescent refugees
NIMH, R-01

Consultant (PI: Steven Weine)

Examined over time the experiences of at-risk refugee adolescents from two cultural groups so as to characterize the family and ecological protective resources that may be enhanced by preventive services, and to use this contextual knowledge of family and ecological protective resources to develop a preventive intervention for at-risk refugee adolescents that is tailored to fit different cultural contexts and service settings.

- 2007-2010 School-based Trauma Systems Therapy for Somali adolescent refugees
Robert Wood Johnson Foundation Caring Across Communities
PI & Director (\$300,000)
Developed, implemented and evaluated school-based mental health services for Somali adolescent refugees in Boston Public Schools. Developed community partnerships to support and sustain activities.
- 2009-2010 Trauma informed services for unaccompanied children
Office of Refugee Resettlement grant to Latino Health Institute, Sub-contract to BCH
Co-Investigator (PI: Jose Hidalgo)
Oversaw needs assessment within network of UAC shelters. Adapted and oversaw implementation and evaluation of Trauma Systems Therapy in four shelters for unaccompanied children. Provided training to shelter workers.
- 2010-2012 Piloting methods for assessing Somali youth susceptibility to joining negative social groups
BCH Research Faculty Council Award
PI (\$25,000)
Conducted a mixed-methods research project examining issues related to assessing and understanding radicalization among Somali young adults.
- 2010-2012 Refugee Health Technical Assistance Center
Office of Refugee Resettlement; grant to DPH MA/Cochran, subcontract to BCH
Director
The major goal of this project was to provide refugee health and mental health technical assistance nationally to refugee-serving agencies.
- 2007-2012 Children's Hospital Center for Refugee Trauma and Resilience
Substance Abuse and Mental Health Services Administration (U79 SM060444); Grant to NYU/Saxe, subcontract to BCH
PI & Director (\$336,000)
The major goal of this project was to develop, evaluate and disseminate interventions for refugee youth in order to raise the standard of care for traumatized refugee children. In addition, the program served as a national advisor to sites working with child refugees.
- 2013-2014 Project SHIFA Maine
Maine Behavioral Health Partnership, Spurwink Services
PI (\$34,700)
The goal of this project was to provide consultation and technical assistance to the implementation of Project SHIFA (developed by Boston Children's Hospital) in Lewiston/Auburn, Maine where Spurwink Services partners with local schools and the Somali community in order to increase access to needed services, reduce mental health symptoms and increase academic success for refugee youth.
- 2015 Integrating Mental Health and Education Fields into Countering Violent Extremism
Department of Homeland Security
Subcontractor (\$19,427)

The goal of this project was to better understand the interaction between mental health risk and protective factors to radicalization to violent extremism in Somali-American refugee communities.

- 2012-2016 Understanding pathways to and away from violent radicalization among resettled Somali refugees
NIJ (2012-ZA-BX-0004)
PI (\$579,733)
The major goal of this project is to understand the pathways to diverse outcomes (e.g. violent extremism, gang involvement, criminality, and positive civic engagement) among Somali refugees through a longitudinal mixed method interview design. The roles of trauma, social bonds and mental health will be examined.
- 2014-2016 Trauma Systems Therapy for Refugees Minneapolis
AchieveMpls and Watercourse Counseling Center
PI (\$49,000)
The goal of this project is to adapt, disseminate and evaluate Trauma Systems Therapy for refugees with Somali refugees in the Minneapolis Public Schools district.
- 2015-2016 Adaptation of Group Work with Somali Youth
Subcontract from Spurwink Services Inc., sponsor: the Cohen Foundation
Co-I (\$12,500)
The goal of this project is to adapt, disseminate and evaluate the group component of our TST-R intervention for use with multi-ethnic youth.
- 2012-2017 Identifying and countering early risk factors for violent extremism among Somali refugee communities resettled in North America
Department Of Defense Minerva Initiative (N00014-13-1-0243) FP01008016
PI (\$852,186)
The goal of this project is to empirically examine Social Control Theory (specifically the ways in which trauma and weak social bonds create conditions conducive to increasing violence) in relation to attitudes towards political violence among Somali refugees resettled in the United States and Canada.
- 2017-2019 A Multidisciplinary Pilot Project to Prevent Violence
Weil family Foundation
PI (\$150,000)
The goal of this project is to implement and evaluate a pilot multidisciplinary team to prevent violence, including violent extremism, among diverse youth in the Boston area.

Current

- 2016-2021 Children's Hospital Center for Refugee Trauma and Resilience
SAMHSA (U79 SMSM080047)
PI & Director (\$2,999,042)
The major goal of this project is to develop, evaluate and disseminate interventions for refugee youth in order to raise the standard of care for traumatized refugee children. In addition, the program serves as a national advisor to sites working with child refugees.
- 2012-2017 Children's Hospital Center for Refugee Trauma and Resilience
SAMHSA (U79 SMSM061246)
PI & Director (\$2,399,996)
The major goal of this project is to develop, evaluate and disseminate interventions for refugee youth in order to raise the standard of care for traumatized refugee children. In

addition, the program serves as a national advisor to sites working with child refugees.

- 2015-2018 Gang Affiliation and Radicalization to Violent Extremism Within Somali-American Communities
NIJ (2014-ZA-BX-0001)
PI (\$795,149)
The goal of this project is to understand how processes related to gang involvement are similar to or different from processes leading to support for violent extremism among Somali-American refugee communities. Secondary data analysis of a longitudinal mixed-method dataset as well as original data collection using a psychological autopsy/case analysis methodology of confirmed violent extremists will be used.
- 2015-2018 Understanding Diverse Trajectories in Radicalization over Time and the Role of Internet Use
Department Of Defense Minerva Initiative (N00014-13-1-0243), FP01008016
PI (\$389,516)
The goal of this project is to better understand how on-line internet use may play a central role in radicalization to violence in Somali-American refugee communities. Data analysis of mixed-methods data set of qualitative and quantitative data, as well as original data collection will be used.
- 2015-2019 Preventing the Next Generation: Mapping the Pathways of Child Mobilization into Violent Extremism
Department of Defense Minerva Initiative (N00014-13-1-0234), FP01008016
Sub PI (\$225,326)
The goal of this project is to further understand protective and risk factors to radicalization to violence in Somali-American refugee communities. Data analysis of mixed-methods data set as well as original data collection will be used.
- 2016-2018 Understanding how personal and societal changes relate to vulnerability to violent extremism among Somalis in North America
NIJ (Supplement to 2014- ZA-BX-0001)
PI (\$377,020)
The goal of this project is to extend current research on Somali youth and violent extremism by conducting psychological autopsy interviews with youth who joined ISIS and other foreign terrorist organizations, and to understand the impact of efforts to counter violent extremism, and changes over time in attitudes and behavior of Somali youth, through the collection of a fourth wave of data in our ongoing longitudinal study.
- 2016-2021 Spurwink proposal to 2016 National Child Traumatic Stress Initiative (NCTSI) – Category III, Community Treatment and Services (CTS) Gran Mental Health Services for Children of Refugees
SAMHSA NCTSN Category III Community Treatment and Service Center
Sub PI (\$81,754)
The goal of this project is to adapt components of Trauma Systems Therapy for Refugees (TST-R) with underserved populations in Maine. Refugee populations including Somali, Iraqi, Congolese and Sudanese communities in Maine are currently greatly underserved, and increasing access to effective, culturally-appropriate trauma services is critical to reaching these vulnerable youth and reducing disparities in mental health.
- 2017-2020 Exploring Pathways Among Discrimination and Health Among Somali Young Adults
NIMHD R21 MD012405
Role: Multiple PI: Ellis (PI), Lincoln (PI)

The major goal of this project is to conduct secondary analyses of the Somali Youth Longitudinal Study dataset to examine how different types of discrimination and social marginalization relate to health outcomes among Somali young adults, and to collect new qualitative data to understand Somali health concerns of Somalis.

2018-2020 Public Safety Canada Community Resilience Fund: Understanding radicalization among diverse Canadian communities

Role: PI \$128,227

The major goal of this project is to compare models of psychosocial factors and radicalization across diverse groups within Canada.

2019 United States Department of State Speakers Program: A Psychosocial Approach to Rehabilitation and Reintegration in Kyrgyzstan, North Macedonia, and Kosovo.

Role: Invited speaker

The major goal of this project is to conduct site visits in countries actively building capacity to support the successful repatriation, reintegration and rehabilitation of children and women who have spent time in ISIS controlled territories.

2019-
Ongoing Developing a Multidisciplinary Approach to supporting the successful repatriation, reintegration and rehabilitation of children and women who spent time in ISIS controlled territories.

Role: Co-leader

The major goal of this project is to develop a team and platform with expertise from multiple relevant disciplines that can together articulate a multidisciplinary approach to building capacity and supporting efforts within countries seeking to reintegrate children and women from ISIS.

2020-
ongoing Developing an On-line tool to support capacity building of providers working with children who spent time in ISIS controlled territories.

Role: PI (currently seeking funding)

The major goal of this project is to develop an on-line training resource to support and scaffold their understanding and treatment of trauma, violent extremism, and other needs among children from ISIS.

Training Grants and Mentored Trainee Grants

2013-2017 Physical Activity and Education to Reduce Cancer Risk Among Somali Women

American Cancer Society Grant, MRSG-13-069-01-CPPB

Mentor of Kate Murray, PhD, University of California, San Diego Department of Family and Preventive Medicine, La Jolla, CA

The goal of this project is to support the adaptation, implementation and evaluation of a physical activity intervention among Somali women living in San Diego. I provide mentorship on community-based participatory research methods and conducting research with Somali participants.

2018-2020 Transdiagnostic group treatment for refugee and immigrant youth: An intervention study
Thrasher Research Fund Early Career Award

Mentor of Jeffrey Winer, PhD, Boston Children's Hospital/Harvard Medical School
Boston MA

The goal of this project is to evaluate the effectiveness of a transdiagnostic group treatment for immigrant and refugee youth

Report of Local Teaching and Training

Clinical Supervisory and Training Responsibilities

2002-2003	Primary clinical supervisor for three Psychology graduate students on the Boston University Intensive Residential Treatment Program	3 hours/week
2003-2006	Primary clinical supervisor for predoctoral psychology interns through the Boston Medical Center Child Psychiatry rotation of the VA Boston Consortium	2 hours/week
2003-2006	Clinical team founder and leader of the Boston Medical Center Child Refugee Team. Developed and directed clinical service and associated weekly clinical team meetings for program serving child refugees in the outpatient setting.	1 hour/week
2007-2012	Clinical team leader for Project SHIFA: school-based Trauma Systems Therapy for Somali adolescent refugees. Supervise and lead weekly clinical team meetings of psychology and social work trainees implementing the treatment model Trauma Systems Therapy for Somali youth in Boston Public Schools/ Boston Children's Hospital	1 hour/week
2007-	Primary clinical supervisor for psychology staff member on implementation of Trauma Systems Therapy for Refugees.	1 hour/week

Laboratory and Other Research Supervisory and Training Responsibilities

2012-2015	Primary research supervisor for Postdoctoral fellow/ Boston Children's Hospital	1 hour/week
2012-	Primary research supervisor for psychology faculty/ Boston Children's Hospital	3 hours/week
2017-2018	Primary research supervisor for Postdoctoral fellow/ Boston Children's Hospital	1 hour/week
2015-	Primary research supervisor for Social Work PhD student/ Boston University	1 hours/week

Formally Supervised Trainees

2002-2005	Dechen Lhewa, Expected Ph.D. Boston University Department of Psychology 2009 Provided research supervision leading to successful data collection and paper co-authorship (Journal of Traumatic Stress).
2003-2005	Maryam Kia Keating, Ph.D., Assistant Professor, University of California, Santa Barbara Provided research supervision including primary oversight for dissertation from conception through publication (Journal of Child Clinical Psychiatry), also additional co-authorship on paper published in Journal of Transcultural Psychiatry.
2003-2007	Helen Z. MacDonald, Ph.D., Postdoctoral fellow in the Behavioral Sciences Division of the National Center for PTSD Provided research supervision including primary oversight for dissertation from conception through manuscript submission, also supervised additional data collection and paper co-authorship

- (Journal of Consulting and Clinical Psychology).
- 2004-2006 Jason Fogler, Ph.D., The Counseling Center of Nashua
Provided research supervision leading to publication.
- 2005-2007 Meredith Charney, Ph.D., Trauma Services Program, Washington DC VA Medical Center
Provided research supervision leading to co-authorship of paper published in Journal of Traumatic Stress, and one additional manuscript currently submitted for publication; also served on dissertation committee.
- 2007- Alisa Miller, Ph.D., Instructor, Harvard Medical School Department of Psychiatry, Boston Children's Hospital
Primary dissertation supervisor prior to PhD and currently research advisor. Provided research supervision leading to co-author of paper published in Journal of Child and Adolescent Trauma; additional co-authored manuscripts in preparation, and mentored submission of grant proposal with Dr. Miller as PI.
- 2009-2010 Eva Alisic, Ph.D. Candidate Psychotrauma Center for Children and Youth, University Medical Center Utrecht, the Netherlands
Research supervisor for 8-week internship, co-authored manuscript submitted for publication.
- 2012-2015 Kate Murray, Ph.D, Junior faculty, Comprehensive SDSU/UCSD Cancer Center Partnership
Serve as mentor on Dr. Murray's K01 grant related to physical activity intervention development and evaluation with Somali women.
- 2012-2015 Noshene Ranjbar, M.D., Harvard Medical School/Boston Children's Hospital psychiatry fellow
Meet monthly with Dr. Ranjbar to provide supervision and mentorship for research projecting implementing and evaluating a mindfulness group intervention for children and adolescents.
- 2012-2015 Vanja Lazaravic, Ph.D., Harvard Medical School/Boston Children's Hospital psychology postdoctoral fellow
Met weekly to provide supervision, mentorship and career guidance on research with immigrants and refugees.
- 2012- Colleen Barrett, MPH, Project Coordinator, Boston Children's Hospital.
Research supervisor to early career project coordinator. Mentored multiple co-authorship of manuscripts.
- 2012-2018 Molly Benson, PhD, Instructor Harvard Medical School Department of Psychiatry, Boston Children's Hospital.
Research advisor and supervisor on clinical programs to junior faculty. Mentored multiple co-authorship of manuscripts, first PI submission of grant proposal
- 2013- Saida Abdi, LICSW, Boston University School of Social Work
Provide weekly supervision on dissertation research. Mentored multiple co-authorship of manuscripts. Dissertation committee reader.
- 2014-2015 Farah Raheem, MD, Harvard Medical School/Boston Children's Hospital psychiatry fellow
Provide research supervision and mentorship on research on Muslim mental health and service use
- 2015-2017 Sarah Paton, LICSW, University of Tennessee School of Social Work, Capstone Committee Member
Provide supervision and mentorship for two Capstone research projects on refugee mental health
- 2016- Emma Cardeli, PhD, Instructor Harvard Medical School Department of Psychiatry, Boston Children's Hospital.
Research advisor and supervisor on clinical programs to junior faculty. Mentored multiple co-authorship of manuscripts, first PI submission of grant proposal

- 2017-2019 Jeffrey Winer, Ph.D., Harvard Medical School/Boston Children's Hospital psychology postdoctoral fellow
Met weekly to provide supervision, mentorship and career guidance on research with immigrants and refugees. Supervised development of early career award (funded)
- 2019- Jeffrey Winer, Ph.D., Harvard Medical School/Boston Children's Hospital Instructor in psychology
Meet weekly to provide supervision, mentorship and career guidance on research with immigrants and refugees. Supervise implementation of Thrasher early career award.

Local Invited Presentations

No presentations below were sponsored by outside entities

- 2006 Trauma, immigrants and refugee mental health issues/ Invited Speaker
Harvard Divinity School
- 2006 A trauma primer for pastoral counselors/ Invited Speaker
Harvard Divinity School
- 2007 Help-seeking among Somali adolescent refugees: Rethinking pathways to care/ Invited speaker
International Children's Mental Health Forum, Harvard School of Public Health
- 2007 (spring) Introduction to trauma for pastoral care professionals/ Invited speaker
Harvard Divinity School
- 2007 (fall) Introduction to trauma for pastoral care professionals/ Invited speaker
Harvard Divinity School
- 2007 Perceptions of discrimination and trauma symptoms among Somali youth/ Lead presenter
Interventions and Services Research Team, Boston Children's Hospital
- 2008 Dissemination of Treatment Models: lessons and questions/ Lead presenter
Interventions and Services Research Team, Boston Children's Hospital
- 2008 Mental health of Somali adolescent refugees: The role of discrimination and post resettlement stressors/ Grand Rounds
Department of Psychiatry, Boston Children's Hospital, Boston MA
- 2008 Rethinking pathways to care: Help seeking among Somali adolescent refugees/ Invited Speaker
FXB Center for Human Rights, Harvard School of Public Health
- 2009 Working with refugee and immigrant youth: Trauma and Social Context/ Invited Speaker
Harvard School of Education
- 2009 Trauma Systems Therapy: Basics and adaptation for Somali youth/ Invited Speaker
Boston Children's Hospital Neighborhoods Program
- 2010 Project SHIFA: Supporting the Health of Immigrant Families and Adolescents/ Invited Speaker
Boston Children's Hospital Office of Child Advocacy/ Government Relations
- 2011 Trauma Workshop for Boston Public School staff/ Invited Speaker
Boston Children's Hospital Neighborhood Partnerships
- 2011 Project SHIFA: Preliminary evaluation of a multi-level intervention for Somali youth/ Invited Speaker
International Children's Mental Health, HSPH
- 2011 Project SHIFA: Trauma Systems Therapy for Somali Youth
(Presentation for Lewiston/Auburn public schools representatives and Safe Schools Healthy Students representatives)/ Invited presenter
Boston Children's Hospital
- 2012 Working with Refugee Families/ Invited Speaker

- Boston Children's Hospital, Pediatric Psychiatry Seminar
- 2013 Supporting the mental health of Somali adolescent refugees/ Invited Speaker
Cambridge Health Alliance Global Health and Human Rights seminar
- 2014 Trauma Systems Therapy for Refugees/ Invited Speaker
Massachusetts General Hospital Center for Diversity Presentation
- 2014 Understanding Pathways To and Away From Violence Among Resettled Somali Youth/ Invited Speaker
Boston Children's Hospital Psychiatry Grand Rounds
- 2014 Immigrant Health: Mental Health Interventions for Refugee Youth/ Invited Speaker
Harvard Medical School: Office for Diversity Inclusion and Community Partnerships
- 2015 Mental Health, Violence and Resilience among Young Somali Refugees: When Community Engagement is not a Method but an Answer
Child Mental Health Forum, Judge Baker Children's Center
- 2018 Four lessons from a Community Based Research Program and the emergence of a violence prevention initiative
Community Health Grand Rounds, Boston Children's Hospital
- 2018 Mental Health, Violence, and Resilience among young Somali refugees
McLean Hospital Depression and Anxiety Division

Report of Regional, National and International Invited Teaching and Presentations

Regional

No presentations below were sponsored by outside entities

- 2010 Effectively working with Somali youth and families/ Invited Speaker
Lewiston Maine Public Schools District
- 2013 Trauma Systems Therapy for Refugees: 2-day Training Session/ Invited Speaker
Spurwink Services, Portland ME
- 2017 Preventing violence through community partnerships: a Multidisciplinary Team for Individual and Community Resilience
New England Chapter of the Association of Threat Assessment Professionals
- 2017 Somali youth Risk and Resilience Study: A Panel of four perspectives
Northeastern University Center for Urban Studies and the Department of Criminology
- 2017 Mental Health, violence and resilience among young Somali refugees: When community engagement is not a method but an answer
Grand Rounds, Boston University Medical Center
- 2017 Who is at risk for violent extremism? Unask the question.
Tufts University, Somerville MA

National

No presentations below were sponsored by outside entities

- 2003 A Neurons to Neighborhood approach to treating refugee children/ Invited Speaker
Annual meeting of the International Society for Traumatic Stress Studies Chicago, IL
- 2004 Mental Health of Somali Adolescent refugees: Risks and Resiliencies/ Invited Speaker
Annual meeting of the International Society for Traumatic Stress Studies, New Orleans

- 2004 Trauma Systems Therapy for Refugees/ Invited Speaker
Annual meeting of the International Society for Traumatic Stress Studies, New Orleans
- 2004 Community Participatory Methods in Research with Somali Refugees/ Invited Speaker
Annual meeting of the International Society for Traumatic Stress Studies, New Orleans
- 2005 National Survey of Refugee Programs/ Invited Speaker
Annual meeting of the National Child Traumatic Stress Network, Alexandria, VA
- 2005 Addressing stigma of mental illness among Somali refugees/ Invited Speaker
Annual meeting of the National Child Traumatic Stress Network, Alexandria, VA
- 2005 Concordance of Somali refugee adolescent and caregiver reports: Trauma and PTSD/ Invited Speaker
Annual meeting of the International Society for Traumatic Stress Studies, New Orleans
- 2005 Emotion Language, Emotion Regulation and PTSD in children at risk for maltreatment/ Invited Speaker
Annual meeting of the International Society for Traumatic Stress Studies, Toronto, Canada
- 2005 Trauma Systems Therapy: Dissemination and implementation in two settings/ Invited Speaker
Annual meeting of the International Society for Traumatic Stress Studies, Toronto, Canada
- 2007 Child and Adolescent Refugee Mental Health/ Invited Speaker
Culture and Trauma Speaker Series of the National Child Traumatic Stress Network, National Teleconference
- 2007 Trauma Systems Therapy: An overview/ Invited Speaker
Annual meeting of the American Academy of Child and Adolescent Psychiatry, Boston MA
- 2007 Caring for Traumatized Children within the System of Care: a Trauma Systems Therapy approach/ Invited Speaker
Pre-Meeting Institute of the annual meeting of the International Society for Traumatic Stress Studies, Baltimore MD
- 2007 Perceptions of discrimination in traumatized vs. non-traumatized Somali refugee adolescents/ Invited Speaker
The annual meeting of the International Society for Traumatic Stress Studies, Baltimore, MD
- 2007 Somali adolescents and pathways to mental health care: Understanding help seeking in one refugee community/ Invited Speaker
The annual meeting of the International Society for Traumatic Stress Studies, Baltimore MD
- 2008 School-based Mental Health services for youth: Engaging key stakeholders/ Invited Speaker
Annual meeting of the National Child Traumatic Stress Network, Anaheim, CA
- 2008 Trauma in a social context: Discrimination and adolescent refugee mental health/ Invited Presidential Address
American Psychological Association Annual Convention, Boston MA
- 2008 Recruitment and retention in trauma research: Meeting the challenge of special populations—Trauma research with refugees: community-based participatory research methodology/ Invited Panelist
American Psychological Association Annual Convention, Boston MA
- 2008 Trauma and Refugees, recent advances in science and practice—Adapting interventions for refugee youth: trauma systems therapy for Somali adolescents/ Invited Speaker
American Psychological Association Annual Convention, Boston MA
- 2009 School-based Trauma Systems Therapy for Refugees: Engaging partners/ Invited Speaker
The annual meeting of the International Society for Traumatic Stress Studies, Atlanta GA
- 2009 Building Effective, Self Sustaining Programs for Traumatized Children and Families/ Invited

Speaker

- 2009 The annual meeting of the International Society for Traumatic Stress Studies, Atlanta GA
Somali youth in the U.S.: From alienation to acceptance/ Invited Speaker
Department of Homeland Security, Washington DC
- 2010 From alienation to acceptance: Understanding Somali youth in the U.S./ Invited Speaker
U.S. Department of State, Washington DC
- 2010 Treating Traumatized Immigrant and Refugee Youth/ Invited Speaker, Webinar
Center for Health and Health Care in Schools, Georgetown University, Washington DC
- 2010 Insider and Outsider Perspectives: Community based research with young Somali refugees/
Invited Speaker
PRIM&R Conferences, San Diego, CA
- 2011 Understanding the needs of refugee youth: Trauma and the social context/ Invited trainer, 2 half-
day trainings
Regional Child Protection Center, Blank Children's Hospital, Des Moines, IA
- 2011 Understanding and preventing suicide among refugees/ Invited Speaker
Office of Refugee Resettlement National Consultation, Washington DC
- 2011 Trauma and Unaccompanied Minors/ Invited Speaker
Office of Refugee Resettlement, Department of Unaccompanied Children Annual Meeting,
Washington DC
- 2012 Understanding violent extremist attitudes among Somali refugees/ Invited Speaker
Department of Defense/ Minerva initiative Annual Meeting, Washington DC
- 2013 Trauma and Unaccompanied Minors/ Invited speaker, Webinar
Child Welfare League of America, ORR and Department of Unaccompanied Children
- 2013 Understanding pathways to and away from violent extremism among Somali refugees/ Invited
Speaker
Department of Justice, National Institute of Justice, Domestic Radicalization program meeting,
Washington DC
- 2013 When what happens outside the office matters most: The role of the social environment in
treatment/ Invited workshop speaker
NCTSN All Network Conference, Philadelphia, PA
- 2013 Understanding and countering early risk factors for violent extremism among Somali refugees/
Invited Speaker
Department of Defense, Washington, DC
- 2013 Discussant for paper presented by Carola Suarez-Orozco on "Immigrant youth: what we know
and what we don't know"/ Invited Discussant
Urban Institute, Washington, DC
- 2013 Trauma Systems Therapy for Refugees/ Trainer, day-long training
For partners at University of Louisville and Seven Counties Services, Louisville, KY
- 2014 Trauma Systems Therapy for Refugees: 2-day Training Session/ Invited Speaker
Minneapolis, MN
- 2014 The Impact of Trauma on Children/ Invited Speaker
Maryland Assembly on School-Based Health Care Conference (MASBHC) Owings Mills, MD
- 2014 Impact of Trauma: Plenary Follow-Up/ Invited Speaker
Maryland Assembly on School-Based Health Care Conference (MASBHC), Owings Mills, MD
- 2014 Countering Violent Extremism/ Invited Discussant

- Department of Justice, Washington D.C.
- 2014 How Do We Engage Traditionally Underserved Communities in Meaningful Ways to Facilitate Mental Health Services/ Invited Presenter
NCTSN All-Network Conference, Falls Church, VA
- 2014 Identifying and countering early risk factors for violent extremism among/ Invited Speaker
Somali refugee communities resettled in North America Department of Defense, Washington, DC
- 2014 Understanding pathways to and away from violent radicalization among resettled Somali refugees/
Invited Presenter
National Institute of Justice, Washington DC
- 2014 Children of Refugees: Health, Education, and Development of Young Children in Refugee Families/ Invited Speaker
Migration Policy Institute / Foundation for Child Development
- 2015 Sketching the Model part I, Targeted Violence intervention/ Invited moderator
Best Practices Summit Cook County DHS/Rutgers University/UIC at Chicago, IL
- 2015 Sketching the Model part II, Targeted Violence intervention/ Invited moderator
Best Practices Summit, Cook County DHS/Rutgers University/UIC at Chicago, IL
- 2015 Gang Affiliation and Radicalization to Violent Extremism within Somali-American Communities/Invited Presenter
American Society of Criminology Annual Meeting, Washington DC
- 2015 Why individuals Radicalize to Violent Extremism in the United States: Lessons from the National Institute of Justice/ Discussant
American Society of Criminology Annual Meeting, Washington DC
- 2015 Radicalization to Violent Extremism: How does it happen and how should criminal justice agencies respond?/ Invited Speaker
International Association of Chiefs of Police Annual Meeting, Chicago, IL
- 2016 National Security Conference/ Invited speaker, Plenary session
United States Attorney's Office for the District of Massachusetts, Cambridge MA
- 2016 Health approaches in community-level strategies to Countering Violent Extremism and Radicalization: A Workshop/ Key note speaker, Plenary session
National Academies of Sciences Engineering Medicine, Washington DC
- 2016 Mental Health, Violence and Resilience among Young Somali Refugees
Grand Rounds, NYU Child Study Center, New York NY
- 2017 Countering Violent Extremism in the Trump Era
Panelist, CATO institute, Washington DC
- 2017 Intervening in the Social Environment to Address Child Traumatic Stress:
A Trauma Systems Therapy Approach
American Academy of Child and Adolescent Psychiatry, Annual meeting, System of Care Special Program, Washington DC
- 2017 Multi-Stakeholder Conversation to Strengthen Localized responses to violence
Panelist on Community Engaged Research approaches, Soufan Group and The Prevention Project, Minneapolis MN
- 2018 Guest Lecturer: Child and Lifespan Development (two sections)
Denver University

- 2018 Guest Lecturer: Introduction to Clinical Psychology
Denver University
- 2018 Who is at risk for radicalizing to violence? Unask the question
Denver University Psi Chi/Psychology club
- 2018 Webinar presenter: Exploring policy challenges, solutions, and resources for addressing trauma among refugee youth
National Child Traumatic Stress Network
- 2018 Invited key note speaker and consultant: A Boston-Based model for preventing violence. Illinois Criminal Justice Association and the National Governor's Association Stakeholder meeting, Chicago IL
- 2019 Key note speaker for NCTSN national all network virtual meeting. Welcome to America: Building resilient communities for traumatized children and their families.
- 2020 Panelist: Prosocial Ties and Disengagement from Violent Extremism:
USIP Initiative on Violent Extremist Disengagement and Reconciliation Kickoff, Washington DC
- 2020 Round Table on Prosocial Ties and Disengagement from Violent Extremism. US Institute of Peace, Washington DC
- 2020 Round Table on Reintegration Rehabilitation of Children and Women from ISIS controlled territories: U.S. Department of State

International

No presentations below were sponsored by outside entities

- 2004 Mental Health and Post Resettlement Stressors of Somali Adolescents resettled in Boston, Massachusetts USA: Preliminary findings/ Invited Speaker
International Conference "Anthropology and Health: Cross-Cultural aspects of Mental Health and Psychosocial Well-Being in Immigrant/Refugee Adolescents," Hvar, Croatia
- 2010 Trauma Systems Therapy/ Invited Speaker
University of Utrecht, Netherlands
- 2010 Project SHIFA: Supporting the Health of Immigrant Families and Adolescents/ Invited Speaker
ARC (Association of Trauma Researchers), Centrum 45, Netherlands
- 2011 Suicide among Refugees: Understanding the social and cultural context for prevention strategies/
Speaker, Webinar
Refugee Health Technical Assistance Center, ORR
- 2014 Somali Communities in Resettlement: Perceptions of Society and Security/ Invited Speaker
Terrorism Society and Security, Ottawa, Canada
- 2015 Different Pathways, Different Programs: Understanding diverse outcomes among Somali youth/
Invited Speaker
Three Country Conference on Radicalization and Violent Extremism Department of Justice, Washington DC
- 2015 Spanish Officials Delegation Academic Roundtable on Countering Violent Extremism/Invited speaker
Department of Homeland Security, Boston regional branch, Boston MA
- 2016 Greece Officials Delegation Academic Roundtable on promoting Refugee Youth Resilience
US State Department, hosted by Refugee Trauma and Resilience Center of Boston Children's Hospital, Boston MA
- 2016 Georgia Officials Delegation Academic Roundtable on Countering Violent Extremism/Invited speaker

- US State Department, hosted by Northeastern University Department of Criminology, Boston MA
- 2016 North Africa Delegation Academic Roundtable on At-Risk Youth, Resilience, CV
US State Department, hosted by Refugee Trauma and Resilience Center of Boston Children's Hospital, Boston MA
- 2017 Safeguarding Democracy and Preventing Violent Extremism: Roundtable
Speaker/invited participant, Embassy of Sweden, Washington DC
- 2017 Seminar on Safeguarding Democracy and Preventing Violent Extremism: Roundtable
Speaker, Embassy of Sweden, Washington DC
- 2017 Manchester Officials delegation Academic Roundtable
US State Department, hosted by the Refugee Trauma and Resilience Center at Boston Children's Hospital, Boston MA
- 2018 Federalized approaches to addressing violent extremism: Good practices, innovations, and challenges.
Speaker/Invited participant, Brookings Institute, Washington DC
- 2018 Trauma Research as Social Activism and Creating a Just World: Community Based Participatory Research with Somali Immigrants: Seeking to understand the Negative Impact of Stigma and Discrimination without Contributing to the Problem
International Society of Traumatic Stress Studies, Washington DC
- 2018 Master Methodologist Invited Speaker: Community Based Participatory Research as both a means and an end: Lessons from a 15-year CBPR program with Somali refugees
International Society of Traumatic Stress Studies, Washington DC
- 2018 Multi-disciplinary approaches to preventing/countering violent extremism: A Workshop.
Speaker/Invited participant, Oxford University, Oxford England
- 2018 Preventing violence through community partnerships: A Boston based approach. Invited speaker, EU / Prevention Project/RUSI: A Roadmap to Progress: The State of the Global P/CVE Agenda
Brussels, Belgium
- 2018 Community Connect: Preventing violent extremism through genuine partnerships
RUSI: London Launch of "A Roadmap to Progress: The State of the Global P/CVE Agenda
Invited speaker, London, England
- 2019 Preventing violence through genuine partnerships: Lessons from a 15-year Community Based Participatory Research Program. Key Note speaker: CVE Symposium—U.S. Embassy Paris, US State Department and European Forum for Urban Security.
- 2019 Countering Violent Extremism: Community Strategies, a Multi-Regional Project. International Visitor Leadership Program, U.S. Department of State, featured speaker Boston MA
- 2020 Trauma and Social Connection: Understanding Barriers and Opportunities in working with children returning from Iraq and Syria. US State Department Speakers Program, Mother's Program, Skopje Macedonia.
- 2020 Trauma and Social Connection: Understanding Barriers and Opportunities in working with children returning from Iraq and Syria. US State Department Speakers Program, presentation to state social workers, Skopje Macedonia.
- 2020 Trauma and Social Connection: Understanding Barriers and Opportunities in working with children returning from Iraq and Syria. US State Department Speakers Program, presentation to mental health providers in Kosovo Repatriation, Reintegration and Rehabilitation program,

Prishtina Kosovo.

Report of Clinical Activities and Innovations

Current Licensure and Certification

2003- Massachusetts Licensed Psychologist Provider

Practice Activities

- 2007-2012 Clinical team leader, Trauma Systems Therapy for Somali Youth Boston Children's Hospital
I led a weekly interdisciplinary team meeting for clinicians serving Somali youth under a school-based mental health project implementing Trauma Systems Therapy for Somali adolescents. I also provided direct service to clients as needed. This team sees approximately 25 patients for ongoing treatment, and provides individual treatment, home-based care, psychopharmacology, and school-based groups. The clients seen present with a range of difficulties, such as PTSD, Dissociative Identity Disorder, and Depression. All cases demand cross-cultural expertise, and many youth also require assistance in issues related to acculturation and adjustment
- 2007-2008 Clinical team leader, School-based Trauma Systems Therapy Boston Public Schools
Through a partnership with the Alliance for Inclusion and Prevention, I serve as clinical team leader for a school-based mental health program dedicated to serving traumatized children in five Boston Public Schools. Through this project, I provide ongoing training and oversight regarding the fidelity of implementation of the treatment model Trauma Systems Therapy. Under this treatment model, the primary focus of treatment is the intersection of stressors in the social environment and a traumatized child's related emotional dysregulation. This team currently manages approximately 10 clients for ongoing treatment; at clinical capacity it is expected to manage 60 clients. Clients present with trauma histories and related emotional and behavioral dysregulation.
- 2007- Clinical consultant for Trauma Systems Therapy Boston Children's Hospital
I provide consultation to agencies nationwide who are implementing Trauma Systems Therapy. Consultation includes on-site training and consultation as well as weekly teleconferences with supervisors, agency leaders, and clinicians. Currently I provide two hours/month of consultation to an adolescent trauma and substance abuse treatment facility, SCAN, Laredo TX.
- 2012- Clinical oversight, Trauma Systems Therapy for Refugees programs (30 minutes/ week) Spurwink, ME; Minneapolis, MN; Louisville, KY; West Springfield, MA; Akron, OH; Toronto and Alberta Canada
I provide program development, adaptation and implementation guidance for a variety of agencies who are implementing Trauma Systems Therapy for Refugees. Currently programs serve refugee youth from Somalia, Bhutan, and diverse backgrounds. Programs range in size from approximately 30 to 200+ refugee youth, and include community education, school-based skills groups, and multi-level mental health intervention.
- 2012-2016 Oversight of development of web-based preventative intervention (30 minutes/ week) Boston Children's Hospital
I provide program development and oversight for the development, implementation and evaluation of an innovative web-based social media prevention program for refugee youth, focused on promoting a positive social identity.

Clinical Innovations

Trauma Systems Therapy treatment model (2002-)	I co-developed the treatment model Trauma Systems Therapy (TST) for children and adolescents who experience emotional dysregulation as a response to traumatic exposure. This treatment model is a major innovation within trauma treatment, as it a) addresses both the social environment that triggers dysregulation as well as the child's regulation response, b) is phase-based depending on level of need within the social environment and the child's dysregulation, c) integrates different services as needed (e.g. home-based, advocacy, psychopharmacology, and psychotherapy) and d) is both an organizational model as well as a clinical model. TST has been implemented in more than 26 program across 10 states. The original manual was published in 2005, and a new revised version published in 2015.
Trauma Systems Therapy for Refugees (2005-)	Building on the original TST model, I have led the adaptation of this model for refugee youth and their families. The adaptation is designed to address issues specific to caring for refugees, including overcoming barriers to engagement and addressing acculturative stress. TST-R includes an extensive community-outreach and psychoeducation component, a school-based skills group that serves to destigmatize services and provide skills around managing acculturative stress, and more targeted intervention through the provision of TST. TST-R also integrates cultural brokers into all levels of care. We have developed extensive training resources and manuals documenting how to engage, train and incorporate cultural brokers into the treatment.
Promoting Positive Social Identity (2012-2016)	I developed the conceptual foundations for, and oversee the implementation of, an innovative on-line preventative intervention Promoting Positive Social Identity (PPSI). The goal of PPSI is to promote protective factors for young refugees, specifically supporting positive ethnic identity and also superordinate identity. The intervention involves facilitating on-line posting, sharing and conversation related to identity and challenges to holding dual identities. The 8-week intervention provides critical questions and engaging material, allows for moderated sharing and discussion, and uses a private, secure social media platform designed for this intervention. We are currently piloting this intervention.
Community Connect (2017-)	In response to the urgent need for alternatives to a law enforcement response to the problem of youth radicalizing to violence, I developed (in partnership with community collaborators and colleague Saida Abdi) a multidisciplinary team to prevent violence. The team is built on strong partnerships with leaders from diverse faiths, mental health, education, community, and law enforcement. The goal of the team is to 1) engage youth at risk for violence or criminal justice involvement in needed supportive services, and 2) provide expert consultation and support to those service providers to improve their capacity to serve youth from diverse ethnic, religious and social backgrounds. We have established a referral relationship with the FBI and currently work with youth identified by the FBI as radicalizing to violence, in addition to serving other youth at risk for other types of violence. This program is considered by the MA US Attorney and FBI leadership to be a model program for preventing violent extremism.

Report of Education of Patients and Service to the Community

Activities

No presentations below were sponsored by outside entities.

2005 Catholic Charities, Jackson, MS/ Invited Speaker

- Presented on Trauma Systems Therapy and Refugee Youth
- 2005- Somali Mutual Assistance Associations, Boston MA
Ongoing collaboration with two local mutual assistance associations (Somali Development Center and the Refugee and Immigrant Assistance Center) providing assistance and education in the area of mental health services to Somali youth. Approximately 1 hour/week.
- 2008 Clinical considerations Healing Invisible Wounds, Kennebunkport, ME/ Invited Speaker
Presented on working with refugee and immigrant children
- 2008 A National Summit to promote the well-being of Arab and Muslim youth, SAMHSA-sponsored, Dearborn, MI/ Invited Speaker
Provided Trauma-informed Services
- 2009 New Hampshire Endowment for Health, Manchester New Hampshire/ Invited Speaker
Working with Somali refugee youth: Project SHIFA, Learning collaborative for addressing the health and wellbeing of Refugee youth and families in New Hampshire
- 2011-2012 Cambridge Ellis Preschool/ Coordinator and Speaker
Coordinate and provide series of lectures on early child development
- 2011-2013 Board member, Cambridge Ellis Preschool/ Board Member
- 2016 Briefing to Lisa Monaco, Chief Counterterrorism Advisory/Obama administration
- 2016 Briefing to Under Secretary of the State Sewall
- 2016 Advisory conversations with Farah Pandith, Federal CVE Task Force, OCP/DHS
- 2016 Doctor Radio: Interviewed on NYU/Langone Doctor Radio program on refugee child mental health
- 2018 Why Sports Matter: Journey's End, Podcast developed by The Religion of Sports. Subject matter expert interviewed for podcast featuring refugee youth.

Educational Materials for Patients and the Lay Community

No presentations below were sponsored by outside entities.

- | | | | |
|------|---|-----------|---|
| 2005 | Brief for Teachers and educators - Children of War: a video for educators | Co-Author | National Child Traumatic Stress Network, CA
http://nctsn.org/products/children-war-video-educators-resource-guide-2005 |
| 2005 | Brief for Teachers and educators - Children of War: a video for educators resource guide. | Co-Author | National Child Traumatic Stress Network, CA
http://www.nctsn.org/products/children-war-video-educators-2005 |
| 2014 | Briefs for Community Members, Policy makers, and law enforcement - Somali Community in North America: Engaging our Greatest Resource | Author | http://www.childrenshospital.org/centers-and-services/programs/o--z/refugee-trauma-and-resilience-center-program/research-and-innovation/somali-youth-risk-and-resilience-project |
| 2015 | Brief for Community Members - Somali youth in North America: Engaging our greatest resource to increase youth resilience and reduce risk. | Author | http://www.childrenshospital.org/centers-and-services/programs/o--z/refugee-trauma-and-resilience-center-program/research-and-innovation/somali-youth-risk-and-resilience-project |

2015	Interviewee on The World: Series on Resilience, story focused on Somali refugee youth served by our clinical program	Public Radio International http://www.pri.org/stories/2015-12-08/she-survived-hunger-and-homelessness-then-she-had-figure-out-her-identity
2019	Expert speaker for online training series Understanding Trauma and the Impact on Learning Part 1: Definitions and Effects on the Brain	Training and Access Project (TAP), Open Pediatrics. https://www.openpediatrics.org/course/tap-online-training-understanding-trauma-and-impact-learning-part-1-definitions-and-effects

Report of Scholarship

Peer Reviewed Publications in print or other media

○ **Research Investigations**

1. Fisher PA, **Ellis BH**, Chamberlain, P. Early intervention foster care: a model for preventing risk in young children who have been maltreated. *Children's Services: Social Policy, Research and Practice* 1999;2(3):159-182.
2. **Ellis BH**, Fisher PA, Zaharie S. Predictors of disruptive behavior, developmental delays, anxiety, and affective symptomatology among institutionally reared Romanian children. *J Am Acad Child Adolesc Psychiatry* 2004;43(10):1283-92.
3. Saxe GN, **Ellis BH**, Fogler, J. Comprehensive care for traumatized children: An open trial examines Trauma Systems Therapy. *Psychiatr Ann* 2005; 35(5):443-448.
4. **Ellis BH**, Lhewa D, Charney M, Cabral H. Screening for PTSD among Somali adolescent refugees: psychometric properties of the UCLA PTSD Index. *J Trauma* 2006;19(4):547-51.
5. **Kia-Keating M, **Ellis BH**. Belonging and connection to school in resettlement: young refugees, school belonging, and psychosocial adjustment. *Clin Child Psychol Psychiatry* 2007;12(1):29-43.
6. **Ellis BH**, MacDonald HZ, Lincoln AK, Cabral HJ. Mental health of Somali adolescent refugees: the role of trauma, stress, and perceived discrimination. *J Consult Clin Psychol* 2008;76(2):184-93.
7. Geltman PL, Grant-Knight W, **Ellis BH**, Landgraf JM. The "Lost Boys" of Sudan: use of health services and functional health outcomes of unaccompanied refugee minors resettled in the U.S. *J Immigr Minor Health* 2008;10:89-96.
8. Betancourt TS, Agnew-Blais J, Gilman S, Williams D, **Ellis BH**. Past horrors, present struggles: The role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone. *Soc Sci Med* 2010;70:17-25.
9. **Ellis, BH**, Lincoln A, Charney M, Ford-Paz R, Benson M, Strunin L. Mental health service utilization of Somali adolescents: religion, community, and school as gateways to healing. *Transcult Psychiatry* 2010;47(5):789-811.

10. **Ellis BH**, MacDonald HZ M, Klunk-Gillis J, Lincoln AK, Strunin L, Cabral HJ. Discrimination and mental Health among Somali refugee adolescents: the role of acculturation and gender. *Am J Orthopsychiatry* 2010;80(4):564-575.
11. **Ellis BH**, Fogler J, Hansen S, Forbes P, Navalta CP, Saxe G. Trauma systems therapy: 15-month outcomes and the importance of effecting environmental change. *Psychological Trauma: Theory, Research, Practice, and Policy* 2011;4(6):624-630.
12. Saxe G, **Ellis BH**, Fogler J, Navalta CP. Preliminary evidence for effective family engagement in treatment for child traumatic stress: a solutions-oriented approach to preventing dropout. *Child & Adol Ment Health*. 2011;17(1):58-61.
13. Betancourt TS, Newnham E, Layne CM, Kim S, Steinberg A, **Ellis BH**, Birman D. Trauma history and psychopathology in war-affected refugee children referred for trauma-related mental health services in the U.S. *J of Traumatic Stress* 2012; 25(6):682-690.
14. **Ellis BH**, Miller A, Abdi S, Barrett C, Blood E. Multi-tier mental health program for refugee youth. *J of Consult and Clinl Psychol* 2012;81(1):129-140.
15. Cochran J, Geltman PL, **Ellis BH**, Brown C, Anderton S, Montour, J, Vargas M, Komatsu, K, Senseman, C, Cardozo, B, Sivilli, T, Blanton, C, Shetty, S, Taylor, E, Lankau, E, Ao T. Suicide and suicidal ideation among Bhutanese refugees – United States, 2009-2012. *Morbidity and Mortality Weekly Report* 2013;62(26):533-536.
16. **Ellis BH**, Alisic, E, Reiss, A, Dishion, T. Emotion regulation among preschoolers on a continuum of risk: the role of maternal emotion coaching. *J of Child and Family Studies* 2014; 23(6).
17. **Ellis BH**, Alisic E. Maternal emotion coaching: a protective factor for traumatized children’s emotion regulation? *Journal of Child & Adol Trauma* 2013; 6(2):118-12.
18. **Ellis BH**, Abdi S, Horgan J, Miller A, Saxe G, Blood E. Trauma and openness to legal and illegal political activism among Somali refugees. *Journal of Terrorism and Political Violence* 2014; 0:1-27.
19. Betancourt TS, Abdi S, Ito B, Lilienthal GM, Agalab N, **Ellis BH**. We left one war and came to another: resource loss, acculturative stress, and caregiver-child relationships in Somali refugee families. *Cultural Diversity and Ethnic Minority Psychology*. 2014; 21(1).
20. **MacDonald HZ, **Ellis BH**, Pulsifer M, Lyons M. Executive functioning in children with Posttraumatic Stress Symptomatology. *Journal of Child and Adolescent Trauma*, 2015; 8(1).
21. **Ellis BH**, Benson MA, Miller AB, Geltman PL, Lankau EW, Ao T, Shetty S, Lopes Cardozo B, Cochran J. Understanding Bhutanese refugee suicide through the Interpersonal-Psychological Theory of suicidal behavior. *Journal of Orthopsychiatry*; 2015; 85(1): 43-55.
22. Lincoln, A., Lazarevic V, White M, **Ellis BH**. The impact of acculturation style and acculturative hassles on the mental health of Somali adolescent refugees. *Journal of Immigrant and Minority Health* 2016; 18(4):771-778.
23. **Ellis BH**, Abdi SM, Miller AB, White MT, Lincoln AK. Protective Factors for violence perpetration in Somali young adults: the role of community belonging and neighborhood cohesion. *Psychology of Violence*. 2015;4(5).

24. **Ellis BH**, Abdi SM, Lazarevic V, Lincoln A, White M, Stern J, Horgan J. Relation of psychosocial factors to diverse behaviors and attitudes among Somali refugees. *American Journal of Orthopsychiatry*. 2015, Advance online publication. <http://dx.doi.org/10.1037/ort0000121>.
25. Hagaman, A, Sivilli, T, Ao, T, Blanton, C, **Ellis, BH**, Lopes-Cardozo, B, Shetty, S. An investigation into suicides among Bhutanese refugees resettled in the United States between 2008 and 2011. *Journal of Immigrant and Minority Health* 2016; 18(4):819-827.
26. Ao T, Shetty S, Sivilli, T, Blanton, C, **Ellis, BH**, Geltman, P, Cochran, J, Taylor, E, Lankau, E, Lopez-Cardozo, B. Suicidal Ideation and Mental Health of Bhutanese Refugees in the United States. *Journal of Immigrant Minority Health* 2016; 18(4):828-835.
27. **Murray K, Ermias A, Lung A, Mohamed A, **Ellis BH**, Linke S, Kerr J, Bowen D, Marcus B. Culturally adapting a physical activity intervention for Somali women: The need for theory and innovation to promote equity. *Translational Behavioral Medicine: Practice, Policy and Research*. In press.
28. **Ellis, BH**, Abdi, SA. Building Community Resilience to Violent Extremism through Genuine Partnerships. *American Psychologist* 2017; 72 (3), 289-300.
29. Betancourt, T., Newnham, E., Birman, D., Lee, R., Ellis, BH., and Layne, C. Comparing trauma exposure, mental health needs, and service utilization across clinical samples of refugee, immigrant, and U.S.-origin children. *Journal of Traumatic Stress*, accepted for publication.
30. **Ellis, BH**, Lincoln, A.K., Abdi, S.M., Nimmons, E., Issa, O., & Decker, S. (2018). "We All Have Stories": Black Muslim Immigrants' Experience with the Police. *Race and Justice*, 1-22 doi: 10.1177/2153368718754638
31. **Ellis, BH**. Preventing Radicalization to violence through partnerships and collaboration. *Harvard Public Health Review* 2018, Vol 19, pp. 1-5.
32. **Ellis, BH**, Sideridis, G., Miller, A., Abdi, S., and Winer, J. Trauma, trust in government, and social connection: How social context shapes attitudes related to the use of ideologically or politically motivated violence. *Studies in Conflict and Terrorism*, 2019.
33. **Ellis, BH**, Sideridis, G, Miller, A, Abdi, S, & Lincoln, A. Understanding patterns of civic development and antisocial attitudes/behaviors among Somali immigrants, I: Change over one year. Under review.
34. Cardeli, E., Sideridis, G., Lincoln, A., Abdi, S., **Ellis, BH**. Social Bonds in the Diaspora: The Application of Social Control Theory to Somali Refugee Young Adults in Resettlement. *Psychology of Violence* 2020; 10(1): 18-29.
35. **Ellis, BH.**, Decker, S., Abdi, S., Miller, A., Barrett, C., & Lincoln, L. A Qualitative Examination of How Somali Young Adults Think About and Understand Violence in Their Communities. *Journal of Interpersonal Violence*, in press.
36. **Ellis, BH**, Miller, AB, Schouten, R, Agalab, N, & Abdi, SM. The challenge and promise of a multidisciplinary team response to the problem of violent radicalization. *Journal of Terrorism and Political Violence*, in press.

37. Weine, S, **Ellis BH**, Z, Brahmhatt, Z, & Cardeli, E. Rapid review to inform the rehabilitation and reintegration of child returnees from the Islamic State. *Annals of Global Health*, in press.

○ **Other peer-reviewed scholarship**

1. Lustig S, Kia-Keating M, Grant-Knight W, Geltman, **Ellis BH**, Keane T, Saxe G. Review of child and adolescent refugee mental health. *J Am Acad Child Adolesc Psychiatry* 2004;43(1):24-36.
2. **Ellis BH**, Kia-Keating M, Yusuf SA, Lincoln A, Nur A. Ethical research in refugee communities and the use of community participatory methods. *Transcult Psychiatry* 2007;44(3):459-8.
3. Murray LK, Cohen JA, **Ellis BH**, Mannarino A. Cognitive behavioral therapy for symptoms of trauma and traumatic grief in refugee youth. *Psychiatr Clin North Am* 2008;17(3):585-604.
4. **Ellis BH**, Miller A, Baldwin H, Abdi S. New directions in refugee youth mental health services: Overcoming barriers to engagement. *J Child Adolesc Trauma* 2011;4(1):69-85.
5. **Ellis BH**, Rousseau, C., and Lantos J. (2017). The Dilemma of Predicting Violent Radicalization. *Pediatrics*, 140 (4) doi: 10.1542/peds.2017-0685.

Non-peer reviewed scholarship in print or other media

○ **Reviews, chapters, monographs and editorials**

1. **Benson M, **Ellis BH**, Chew M, Batia K, Thiel de Bocanegra H. Survey of national refugee working group sites, 2004: Summary Report. National Child Traumatic Stress Network, National Resource Center. 2005.
2. Birman D, Ho S, Pulley, Batia K, Everson M, **Ellis BH**, Betancourt T, Gonzalez A. Mental health interventions for refugee children in resettlement: White Paper II. National Child Traumatic Stress Network, National Resource Center. 2005.
3. **Ellis BH**, Rubin A, Stichick Betancourt, T, Saxe GN. Mental health interventions for children affected by war or terrorism. In M. Feerick and G. Silverman, editors. *Children Exposed to Violence*. Baltimore, MD: Brookes Publishers; 2006. p. 159-187.
4. Saxe GN, MacDonald HZ, **Ellis BH**. Psychosocial approaches for children with posttraumatic stress disorder. In Friedman, Resick and Keane, editors. *Handbook of PTSD*. New York: Guilford Press; 2007. p. 359-375.
5. **Ellis BH**, Betancourt T. Mental health treatment for child and adolescent refugees and immigrants. In Walker and Barnett, editors. *Immigrant medicine*. Philadelphia, PA: Elsevier Press; 2008. p. 675-682.
6. Kisiel CL, Blaustein M, Fogler J, **Ellis BH**, Saxe G. Treating children with traumatic experiences: understanding and assessing needs and strengths. In J.S. Lyons, D.A. Weiner, editors. *Behavioral health care: assessment, service planning, and total clinical outcomes management*. Kingston, NJ: Civic Research Institute, 2009: p. 17.1-17.15.

7. Grant-Knight W, Geltman P, **Ellis BH**. Physical and mental health functioning in Sudanese unaccompanied minors. In D. Brom, R. Pat-Horenczyk, J. Ford, editors. Treating traumatized children: risk, resilience and recovery. New York: Routledge/Taylor & Francis Group; 2009. p. 102-116.
8. **Ellis BH**, Saxe G, Twiss J. Trauma Systems Therapy: intervening in the interaction between the social environment and a child's emotional regulation. In Ardino, editor. Post-traumatic syndromes in children and adolescents. Chichester, West Sussex, UK: Blackwell Publishing; 2011: p. 373-390.
9. ****Baldwin, H, Ellis BH**. Prevention and early intervention programs for special populations. In Beck, G., Sloan, D., editors. Handbook of traumatic stress disorders. New York: Oxford University Press; 2012. p. 401-411
10. Navalta, CP, Brown AD, Nisewaner AB, **Ellis BH**, Saxe GN. Trauma System Therapy. In Ford and Courtois, editors. Treating complex traumatic stress disorders in children and adolescents. New York: Guilford Press; 2010. p. 329-348
11. Acosta Price, O, **Ellis BH**, Escudero P, Huffman-Gottschling K, Sander M, Birman D. Implementing trauma interventions in schools: addressing the immigrant and refugee experience. In Notaro, editor. Advances in education in diverse communities: research, policy and praxis. Bingley, U.K.: Emerald Group Publishing, 2012: 9:95-119.
12. Ao T, Taylor E, Lankau E, Sivilli TI, Blanton C, Shetty S, Lopes-Cardozo B, Cochran J, **Ellis BH**, Geltman P. An investigation into suicides among Bhutanese refugees in the US: 2009-2012. Center for Disease Control. October 18, 2012. Retrieved from: http://www.refugeehealthta.org/files/2011/06/Bhutanese-Suicide-Stakeholder_Report_October_22_2012_Cleared_-For_Dissemination.pdf
13. **Ellis BH**, Murray K, Barrett C. Understanding the mental health of refugees: trauma, stress and the cultural context. In Parekh R, editor. The Massachusetts General Hospital guide to cultural sensitivity. New York: Springer; 2014. p. 165-187.
14. Suárez LM, **Ellis BH**, Saxe GN. Integrated treatment of traumatic stress and substance abuse problems among adolescents. In J. Ehrenreich-May, B.C. Chu, editors. Transdiagnostic treatments for children and adolescents. New York: Guilford Press; 2014: p. 339-362.
15. Porterfield K, Akinsulure-Smith A, Benson A, Betancourt T, **Ellis BH**, Kia-Keating M, Miller, K. Resilience and recovery after war: refugee children and families in the United States. Report of the APA task force on the psychosocial effects of war on children and families who are refugees from armed conflict residing in the United States. APA; 2009. <https://www.apa.org/pubs/info/reports/refugees-full-report.pdf>
16. Weine SM, **Ellis BH**. Mobilizing mental health resources offers hope in countering violent extremism. Clinical Psychiatry News. February 25, 2015. [http://www.clinicalpsychiatrynews.com/?id=2407&tx_ttnews\[tt_news\]=382345&cHash=c39fbff78a70ad7f074eef31f27680b2](http://www.clinicalpsychiatrynews.com/?id=2407&tx_ttnews[tt_news]=382345&cHash=c39fbff78a70ad7f074eef31f27680b2)
17. Weine SM, **Ellis BH**, Haddad, R., Miller, A., Lowenhaupt, R., and Polutnik, C. Lessons learned from mental health and education: identifying best practices for addressing violent extremism, Final report to the Office of University Programs, Science and Technology Directorate, U.S. Department of Homeland Security. College Park, MD: START, 2015. http://www.start.umd.edu/pubs/START_LessonsLearnedFromMentalHealthAndEducation_FullReport_Oct2015.pdf

18. Benson, Abdi, Ellis. Trauma Systems Therapy for Refugees. In *Mental Health of Refugee and Conflict-Affected Populations: Theory, Research and Clinical Practice*, Eds. A. Nickerson & N. Morinah. New York: Springer; 2018.
19. Ellis BH, Winer J, Murray K, Barrett C. Understanding the Mental Health of Refugees: Trauma, Stress, and the Cultural Context. In Parekh R, editor. *The Massachusetts General Hospital guide to cultural sensitivity*. New York: Springer; Second Edition, 2019.

○ **Books/Textbooks for the medical or scientific community**

1. Saxe GN, **Ellis BH**, Kaplow J. Collaborative care for traumatized teens and children: a Trauma Systems Therapy approach. New York: Guilford Press; 2006. p. 1-338.
2. Saxe GN, **Ellis BH**, Brown, A. Trauma Systems Therapy. New York: Guilford Press; 2015. p.1-506.
3. **Ellis BH**, Abdi S, Winer J., 2019. Mental Health Practice with Child and Adolescent Immigrants and Refugees: Intervening Across Social Ecologies. American Psychological Association Division 56 Trauma Book series. Eds. A. DePrince and A. Chu.

Professional Educational Materials or Reports in print or other media

1. Weine SM, **Ellis BH**. Reframing CVE as a multidisciplinary approach to promoting community safety. National Consortium for the Study of Terrorism and Responses to Terrorism, June 2015. Intended audience: Mental health practitioners, education professionals, government policy makers, and law enforcement officials. <http://www.start.umd.edu/publication/reframing-cve-multidisciplinary-approach-promoting-community-safety>
2. **Ellis BH**, Abdi SA, Bixby C. Methods for successful research related to violent extremism in the Somali-American community. Self-published research brief. Intended audience: Terrorism researchers and government policy makers. <http://www.childrenshospital.org/centers-and-services/programs/o--z/refugee-trauma-and-resilience-center-program/research-and-innovation/somali-youth-risk-and-resilience-project>
3. **Ellis BH**, Abdi SA. Pathways to and away from violent extremism among Somalis in North America. Self-published research brief. Intended audience: Terrorism researchers and government policy makers. <http://www.childrenshospital.org/centers-and-services/programs/o--z/refugee-trauma-and-resilience-center-program/research-and-innovation/somali-youth-risk-and-resilience-project>
4. Benson M, Baldwin H, Abdi S, Twiss J, Agalab N, Saxe G, **Ellis BH**. Refugee Services Toolkit. Web-based resources and evaluation toolkit for use by various providers working with refugee youth (refugee resettlement, mental health, primary care, education, youth, parents). Intended audience: Service providers of refugee youth (mental health, education, resettlement, primary care). <http://learn.nctsn.org/mod/book/view.php?id=4518>.
5. Weine SM, **Ellis BH**, Haddad R, Miller AB, Lowenhaupt R, Polutnik C. Supporting a multidisciplinary approach to violent extremism: the integration of mental health in countering violent extremism (CVE) and what law enforcement needs to know. College Park, MD: START, 2015.

http://www.start.umd.edu/pubs/START_LessonsLearnedfromMentalHealthAndEducation_LawEnforcementSummary_Oct2015.pdf

6. Weine, Brahmatt, Cardeli, **Ellis**. How Can Rehabilitation and Reintegration Programs for Child Returnees from the Islamic State Build on Existing Evidence? Self-published brief. Intended audience: Practitioners and policymakers engaged in repatriation and reintegration.

Clinical Guidelines and Reports

1. Kisiel, C., Lyons, J.S., Blaustein, M., Fehrenback, T., Griffin, G., Germain, J., Saxe, G., Ellis, BH. Child and adolescent needs and strengths (CANS) manual: the NCTSN CANS Comprehensive-Trauma version: A comprehensive information integration tool for children and adolescents exposed to traumatic events. Chicago, IL: Praed Foundation/Los Angeles, CA and Durham, NC: National Child Traumatic Stress. 2011. Used nationally and internationally as a tool for integrating information and identifying change in strengths and needs for traumatized children.
<http://www.nctsn.org/content/nctsn-cans-comprehensive-trauma-version-cans-trauma>
2. Weine, SM, **Ellis, BH**, Haddad, R., Miller, A., Lowenhaupt, R., and Polutnik, C. Supporting a multidisciplinary approach to addressing violent extremism: what role can mental health professionals play? Training Brief, National Consortium for the Study of Terrorism and Responses to Terrorism, September 2015. Distributed through the NC START website.
http://www.start.umd.edu/pubs/START_LessonsLearnedfromMentalHealthAndEducation_MentalHealthSummary_Oct2015.pdf
3. Weine, SM, **Ellis, BH**, Haddad, R., Miller, A., Lowenhaupt, R., and Polutnik, C. Supporting a multidisciplinary approach to addressing violent extremism: what role can educators play? Training Brief, National Consortium for the Study of Terrorism and Responses to Terrorism, September 2015. Distributed through the NC START website.
http://www.start.umd.edu/pubs/START_LessonsLearnedfromMentalHealthAndEducation_EducatorSummary_Oct2015.pdf
4. Weine, SM, **Ellis, BH**, Haddad, R., Miller, A., Lowenhaupt, R., and Polutnik, C. Supporting a multidisciplinary approach to addressing violent extremism: what role can law enforcement play? Training Brief, National Consortium for the Study of Terrorism and Responses to Terrorism, September 2015. Distributed through the NC START website.
http://www.start.umd.edu/pubs/START_LessonsLearnedfromMentalHealthAndEducation_LawEnforcementSummary_Oct2015.pdf
5. Weine SM, Ellis BH, Haddad R, Miller AB, Lowenhaupt R, Polutnik C. best practices for developing resilient communities and addressing violent extremism. College Park, MD: START, 2015.
http://www.start.umd.edu/pubs/START_LessonsLearnedfromMentalHealthAndEducation_BestPracticesforResilientCommunities_Oct2015.pdf

** indicates co-authorship on manuscript first-authored by a mentee

Thesis

Ellis BH. Emotion language and emotion regulation in maltreated preschoolers. Eugene, OR: University of Oregon. Dissertation abstracts international. B. The sciences and engineering [0419-4217] yr: 2001 vol: 61 iss:7-B pg. 3878

Narrative Report

The focus of my work is on understanding and promoting refugee youth mental health (MH) and adjustment, with a particular emphasis on understanding how trauma exposure, violence, and social context impact developmental trajectories. Worldwide there are approximately 16.7 million refugees, more than half of whom are under the age of 18. While many refugees demonstrate remarkable resilience, others present with PTSD and depression, suicidality, involvement in gangs, and engagement in violent extremism. I have developed and implemented a Community-Based Participatory Research (CBPR) program with Somali refugees through which I have worked to identify contextual factors associated with these diverse outcomes as well as to develop, implement and evaluate mental health interventions for refugee youth. I direct the Children's Hospital Refugee Trauma and Resilience Center, which provides education to professional and academic communities as well as junior faculty and trainees. The service and government systems in which my work increasingly holds relevance and with whom I have regular collaboration includes mental health, education sectors, faith institutions, refugee resettlement and local, state and federal security and law enforcement agencies.

Area of Excellence – Investigation

My initial research focused on the role of discrimination and trauma in refugee adolescents highlighted the gross disparity between MH needs and service access within this community and showed that refugee families were most likely to seek help for their youth through community and school. Based on these findings, I developed a school-based MH intervention for Somali refugee youth. In the course of conducting this CBPR program with Somali youth, a new issue of concern to the community—and to our understanding of developmental psychopathology—emerged; radicalization of Somali youth to violent extremism, which has increasingly become a major national security concern. In partnership with Somali community, I broadened my research to examine how discrimination and trauma relate to violent extremism. This led to a pilot project that demonstrated that violent extremism could be researched empirically (a major gap in the terrorism and securities fields) and that trauma, MH, and social bonds were key predictors of susceptibility to violent extremism. This study is a new contribution to the terrorism field, which to date had largely discredited mental illness as a factor in violent extremism and had implicated trauma only anecdotally and theoretically.

Building on this preliminary data, I conducted a multi-site, international, longitudinal study to examine the role of trauma, MH, and social bonds in the diverse developmental trajectories of young Somalis, including violent extremism, gang-involvement, criminality, and positive civic engagement. I am in the midst of a comparative analysis of processes leading to gang involvement versus support for violent extremism, as well as a longitudinal study which includes four waves of data collection and further assesses the role of the internet in radicalization to violence.

The national security concern of domestic radicalization has been raised in recent years as American citizens (including Somali-Americans) travelled to Syria to fight alongside the Islamic State in Iraq and Syria (ISIS). The White House and associated federal, state, and local security and law enforcement agencies are rapidly seeking to define the field of Countering Violent Extremism (CVE) in order to prevent domestic radicalization. I was invited to join a national leadership team on CVE, spearheaded by the Department of Justice. The White House announced three pilot sites across the nation that will explicitly develop CVE programs; I advised the Boston US Attorney's office on this, as well as participated in an advisory team for the overall initiative.

A major issue of the CVE initiative is the degree to which MH should be integrated into the overall approach to prevention and intervention with youth at risk for violent radicalization. I co-authored a white paper on this topic, and recently was co-investigator on a grant funded through the U.S. Department of Homeland Security to bring together experts from law enforcement, MH, and education to research and summarize how models from mental health and education can inform CVE, and how

professionals from these disciplines can be integrated into the field. This initiative, in combination with my research initiatives, has helped to place MH as a central partner to criminal justice in shaping response and intervention to radicalization to violence. This has led to my developing a multi-disciplinary team for violence prevention, called Community Connect. This program, which involved strong partnerships with faith-based institutions, law enforcement, community, mental health, and education, had two goals: 1) to engage youth at risk for violence in supportive services, and 2) enhance the capacity of those services to better meet the cultural, religious and social needs of these youth through expert consultation. While FBI was not a member of the MDT, we have a formal agreement that allowed them to provide referrals to our team when they identify a youth or young adult who is radicalizing to violence. Local FBI leadership and the MA US Attorney have lauded Community Connect as ‘the model of the models’ for preventing radicalization to violence, and it has received significant attention internationally.

Significant Supporting Activities – Clinical Innovation

I am the co-developer of Trauma Systems Therapy (TST), a treatment model for traumatized children that explicitly addresses the interaction of social-environmental stressors with a child’s capacity to regulate emotions. I have adapted the model for refugees (TST-R) and the model is nationally and internationally recognized as one of few empirically-validated models of interventions for refugee youth. The Refugee Trauma and Resilience Center (RTRC) at Boston Children’s Hospital, which I direct, is a partner in the National Child Traumatic Stress Network. Our Center is developing a web-based Refugee Services Toolkit to assist providers from multiple service sectors in identifying and meeting the psychosocial and mental health needs of refugee youth, adapting and disseminating TST-R nationally and internationally with Somali, Bhutanese and Syrian refugees, developing and implementing an innovative web-based intervention for refugee youth, and analyzing and disseminating findings related to refugee youth from a national dataset. In 2011, as part of my leadership role in the federally-funded Refugee Health Technical Assistance Center I joined a collaborative effort with the Center for Disease Control to research and understand what appeared to be an epidemic of suicide among Bhutanese refugees. We conducted the largest study of Bhutanese refugees to date, and identified critical issues associated with refugee suicide. Community Connect, described above, is an innovative model for engaging underserved youth in services and preventing violence.

Teaching and Education

I have assembled a strong team of trainees and junior psychologists to whom I provide supervision and mentorship, including four junior psychologists. Through a partnership with BU School of Social Work we provided mentorship and scholarships to train the first two Somali social work students in the state; I continued to mentor Saida Abdi through her Social Work PhD, which she completed this spring prior to receiving tenure track appointment at UMN. I was a mentor on a NIH K-award on refugee health, and am a current mentor on a Thrasher early career award. I mentor HMS psychiatry residents, fellow and medical students who have expressed an interest in refugee youth and/or Muslim mental health. My leadership within the BCH and HMS communities includes co-leading a Community Translational Research group that brought together community-based researchers from across BCH Department of Psychiatry (2011-2013) and the HMS Psychiatry Research Committee.

Summary

Refugees fleeing politically unstable and violent homelands have become a major international concern, yet research understanding both factors associated with the wide range of developmental trajectories of refugee youth, as well as effective interventions to improve outcomes, is largely lacking. Through my community-based participatory research program I have been able to conduct rigorous research contributing to our empirical understanding of how trauma, mental health, and social factors in resettlement relate to both positive and negative outcomes across a broad range of disciplines. I have directly translated these findings into innovative clinical interventions and resources that promote positive

outcomes. This work informs both national and international policy and practice related to promoting positive outcomes among refugee youth.

Curriculum Vitae

Date Prepared: May 11th, 2020

Name:

(b)(6)

Office Address:

Home Address:

Work Phone:

Work Email:

Place of Birth: Portsmouth, VA, US

Education:

05/2000	AA	Liberal Arts and Woman's Studies	Minneapolis Community and Technical College
05/2002	BA (Summa cum laude)	Psychology	Hamline University
05/2003	MA	General Psychology	Brandeis University
01/2013	PhD	Psychology (Leslie Brody, PhD and B. Heidi Ellis, PhD)	Boston University

Personal Statement:

I am an Instructor in Psychology in the Department of Psychiatry at Harvard Medical School, an Assistant in Psychology in the Department of Psychiatry at Boston Children's Hospital, a licensed clinical psychologist in Massachusetts, and Research Associate at the Refugee Trauma and Resilience Center (RTRC) at Boston Children's. I have served as Project Coordinator on multiple federally funded projects, providing oversight of daily operational management and coordinating all aspects of project management (e.g., recruitment, interviewing, data analysis, IRB, manuscript preparation, etc.). I have a strong background in intervention development and program evaluation. I have played a key role in the development and implementation of our intervention model Trauma Systems Therapy for Refugees for over a decade and a founding member of Community Connect, our pilot prevention multidisciplinary team designed to address the identified needs of youth with potential involvement in the Juvenile Justice system. In addition, I co-founded and oversee the direction of the RTRC's Multi-Ethnic Youth Advisory Board. In sum, I am uniquely poised to serve as Project Director on this project as I have expertise in the direction of all aspects of the design and dissemination of large projects, possess strong leadership skills, and value making empirical knowledge and intervention accessible and available to a range of stakeholders.

Postdoctoral Training:

9/2008-8/2011	Research Fellow	Psychiatry (B. Heidi Ellis, PhD)	Boston Children's Hospital
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10/2012-9/2013	Clinical Research Fellow	PTSD and Behavioral Sciences (Casey Taft, PhD)	Boston VA Healthcare System
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Faculty Academic Appointments:

09/2013-	Instructor	Psychiatry	Harvard Medical School
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Appointments at Hospitals/Affiliated Institutions:

10/2013-	Assistant in Psychology	Psychiatry (Psychology)	Boston Children's Hospital
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Other Professional Positions:

08/2003-11/2006	Research Assistant	Center for Medical and Refugee Trauma, Boston Medical Center
11/2006-02/2008	Research Assistant	Refugee Trauma and Resilience Center at Children's Hospital Boston
05/2006-06/2010	Research Assistant	Center for Multicultural Mental Health Research, Cambridge Health Alliance
09/2006-07/2007	Practicum Student	Center for Anxiety and Related Disorders, Child Program, Boston University
01/2007-09/2007	Practicum Student- Clinical Intervention and Neuropsychological Testing	Psychological Services Center at Boston University
09/2007-07/2008	Practicum Student	Danielsen Institute at Boston University
03/2007-07/2010	Practicum Student	Eating Disorders Program at Boston University
09/2009-06/2010	Practicum Student	Early Childhood Research Center at Suffolk University
09/2011-08/2012	Psychology Predoctoral Intern	Boston Consortium in Clinical Psychology
09/2013-07/2014	Psychology Fellow	Neighborhood Partnership Program, Boston Children's Hospital
03/2017	Invited Expert, Trauma Informed Partnering Meeting	National Child Traumatic Stress Network
04/2018	Invited Expert, Partnering with Youth and Family	National Child Traumatic

	meeting	Stress Network
05/2018	Expert on topic of Traumatic Separation and Refugee & Immigrant Trauma	National Child Traumatic Stress Network
10/2018	Invited Expert, Confronting Challenges Regarding Migration Health	International Society of Travel Medicine (ISTM) and ISTM Foundation
05/2019	Clinical Psychologist	Community Counseling Center, Refugee and Immigrant Assistance Center

Major Administrative Leadership Positions:

National

01/2016-	Co-leader, Parent Trauma Coordinating Group	National Child Traumatic Stress Network
01/2018-12/2018	Member, Policy Task Force	National Child Traumatic Stress Network

Committee Service:

Local

09/2018-	Program Committee	Family ACCESS of Newton
9/2018-		Member

Professional Societies:

09/2000-06/2001	Phi Theta Kappa, National Honor Society	President and Chapter founder
09/2000-06/2001	Psi Beta, Honor Society in Psychology	Vice President and Treasurer
09/2000-06/2001	Psi Chi, National Honor Society in Psychology	Vice President and Treasurer
09/2003-11/2004	American Psychological Association	
09/2005-06/2007	International Society for Traumatic Stress Studies	
09/2005-06/2007	Council of Directors of Clinical Psychology Board	
09/2017-	2005-2007	Student Liaison
09/2017-	Massachusetts Psychological Association	

Editorial Activities:

- **Ad hoc Reviewer**

Psychological Trauma: Theory, Research, Practice, and Policy
Children, Youth and Environments
Journal of Immigrant and Minority Health
Pediatrics

Honors and Prizes:

2000	Presidential Fellowship	Hamline University	Scholarship
2001	Presidential Fellowship	Hamline University	Scholarship
2006	Women’s Guild Scholarship	Boston University	Scholarship
2009	Dissertation Award	American Psychological Association	Research
2014	Loan Repayment Program	National Institute of Health	Research

Report of Funded and Unfunded Projects

Past

- 2012-2017 Children’s Hospital Center for Refugee Trauma and Resilience
 SAMHSA, U79 SSM061246
 Co-Investigator (PI: B. Heidi Ellis)
 The major goal of this project was to develop, evaluate and disseminate interventions for refugee youth in order to raise the standard of care for traumatized refugee children. In addition, the program served as a national advisor to sites working with child refugees.
- 2015-2017 Understanding Diverse Trajectories in Radicalization over Time and the Role of Internet Use
 Department Of Defense Minerva Initiative (N00014-13-1-0243), FP01008016
 Co-Investigator (PI: B. Heidi Ellis)
 The goal of this project was to better understand how on-line internet use may play a central role in radicalization to violence in Somali-American refugee communities. Data analysis of mixed-methods data set of qualitative and quantitative data, as well as original data collection were used.
- 2015-2018 Gang Affiliation and Radicalization to Violent Extremism Within Somali-American
 National Institute of Justice (2014-ZA-BX-0001)
 Co-Investigator (PI: B. Heidi Ellis)
 The goal of this project was to understand how processes related to gang involvement are similar to or different from processes leading to support for violent extremism among Somali-American refugee communities. Secondary data analysis of a longitudinal mixed-method dataset as well as original data collection using a psychological autopsy/case analysis methodology of confirmed violent extremists were used.
- 2016-2018 Building Resilience through a Multidisciplinary Approach to Violence Prevention
 Weil Memorial Charitable Foundation (n/a)

Research Evaluator (PI: B. Heidi Ellis)

The major goal of this project was to develop, pilot and evaluate a multidisciplinary model of violence prevention that includes addressing violence motivated by ideology and hate.

Current

- 2016-2021 Children's Hospital Center for Refugee Trauma and Resilience
SAMHSA (U79 SMSM080047)
Co-Investigator (PI: B. Heidi Ellis)
The major goal of this project is to develop, evaluate and disseminate interventions for refugee youth in order to raise the standard of care for traumatized refugee children. In addition, the program serves as a national advisor to sites working with child refugees. This project works in collaboration with the Refugee and Immigrant Assistance Center.
- 2017-2019 Exploring Pathways Among Discrimination and Health Among Somali Young Adults
NIH/NIMHD (R21MD012405)
Co-Investigator (PIs: Alisa K. Lincoln and B. Heidi Ellis)
The major goal of this project is to conduct secondary analyses of the Somali Youth Longitudinal Study dataset to examine how different types of discrimination and social marginalization relate to health outcomes among Somali young adults, and to collect new qualitative data to understand Somali health concerns of Somalis.
- 2018-2020 Understanding radicalization among diverse Canadian communities
Public Safety Canada Community Resilience Fund
Co-Investigator (PI: B. Heidi Ellis)
The major goal of this project is to compare models of psychosocial factors and radicalization across diverse groups within Canada.

Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs):

- | | | |
|---------|---|--------------------------------------|
| 11/2015 | Trauma Systems Therapy for Refugees: A Community-Based Participatory Research Project
Psychology Graduate Students | Harvard University
2 hour lecture |
| 11/2015 | Trauma Systems Therapy for Refugees: The Importance of Culture and Context in Working with Refugee Youth and Their Caregivers
Graduate Students and Early Career Faculty | Harvard University
3 hour lecture |
| 04/2017 | Refugee and Immigrant Children's Experience: A Community-Based Participatory Research Project
Graduate Students | Harvard University
3 hour lecture |
| 2017 | Trauma-Informed Care for Refugee and Immigrant Groups
Social Workers and Nurses | Mass General Hospital (MGH) |

2018	Boston Children's Hospital's Refugee Trauma and Resilience Center: Considerations for Working with Refugee Clients Psychiatry Consultation Trainees	Boston Children's Hospital 1 hour lecture
04/2019	Introduction to the Migration Experience Psychology Interns	Boston Children's Hospital 1 hour lecture
04/2019	Introduction to the Migration Experience 2 nd year Psychiatry Fellows	Boston Children's Hospital 1 hour lecture
04/2019	The Perspective of Refugee Parents and Parenting Psychology Interns	Boston Children's Hospital 1 hour lecture
04/2019	The Perspective of Refugee Parents and Parenting 2 nd year Psychiatry Fellows	Boston Children's Hospital 1 hour lecture
04/2019	Introduction to the Migration Experience Neurology Fellows	Boston Children's Hospital 1 hour lecture
04/2020	Introduction to the Migration Experience 2 nd year Psychiatry Fellows	Boston Children's Hospital 1 hour lecture
04/2020	The Perspective of Refugee Parents and Parenting Psychology Interns	Boston Children's Hospital 1 hour lecture

Research Supervisory and Training Responsibilities:

09/2013-	Supervision of research assistants (average 1-2 research assistants a year)	Refugee Trauma and Resilience at Boston Children's Hospital One hour lab meeting per week; 1:1 supervision one hour per week per research assistant
09/2014- 06/2015	Research supervisor MD/PhD student at Harvard Medical School	Boston Children's Hospital One hour 1:1 monthly meeting per week

Local Invited Presentations:

No presentations below were sponsored by 3rd parties/outside entities

Those presentations below sponsored by outside entities are so noted and the sponsor(s) is (are) identified.

2015; 2016; Mapping Your Developmental Networks/Invited Speaker
2018; 2019
PRADA, Psychiatry Department, Boston Children's Hospital

Report of Regional, National and International Invited Teaching and Presentations

No presentations below were sponsored by 3rd parties/outside entities

Those presentations below sponsored by outside entities are so noted and the sponsor(s) is (are) identified.

Regional

2013 Sexuality and Immigrants/ Immigrant and Refugee Family Health: Public Health Across Borders/ Invited Speaker
Boston University
Boston, MA

2013 Torture and the Family: Clinical Considerations in Working with Refugee Children and their Caregivers /Invited Speaker
Boston Center for Refugee Health & Human Rights annual conference
Boston, MA

2014 Trauma Systems Therapy For Refugees (TST-R) as a Model Cultural Brokering Program/Half day training / Invited Speaker
Chelsea Collaborative
Chelsea, MA

2015 Engaging Different Cultural Communities in Meaningful Ways: Lessons Learned in the Adaptation and Implementation of Trauma Systems Therapy for Refugees./In D. Birman (Chair), *Creative methodologies for addressing the psychosocial needs of immigrant youth.* (selected symposium)/Invited speaker
Society for Community Research and Action biennial meeting
Lowell, MA

2016 Working with Refugee Youth in Schools: Understanding the Impact of Trauma Exposure/Invited speaker
Boston Public Schools
Boston, MA

2016; 2017; Cultural Competencies: Working with Refugees and Immigrants/Invited Speaker
2018
Assumption College
Worcester, MA

2017; 2018; Working with Refugees Youth and Families / Invited Speaker
2019

Boston Medical Center's The Child Witness to Violence Project
Boston, MA

- 2017; 2018 Working with Refugees: The Importance of Understanding Context and Culture / Invited Speaker
Americorps, New American Integration Program
Boston, MA
- 2017 Working with Refugee and Immigrant Youth: The Importance of Understanding Context and Culture / Invited Speaker
Sociedad Latina
Roxbury, MA
- 2018 Building Partnerships to Promote Professional Development: Community Health Workers Working with Refugee Communities /Selected workshop
9th Annual Community Health Worker Conference
Norwood, MA
- 2018 Providing Care to Refugee and Immigrant Children/Invited Speaker
School Based Health Centers: A Force For Change
Southbury, CT
- 2018 Cultural and Clinical Considerations When Working with Refugee/Immigrant Youth/Invited Speaker
New London, CT
- 2019 From Community Based Participatory Research (CBPR) to Policy: Boston Children's Hospital's Refugee Trauma and Resilience Center/Invited Speaker
Eliot-Pearson Department of Child Study and Human Development
Tufts University
Medford, MA
- 2020 The Newcomer Experience: The Importance of Context and Culture/Invited Speaker
Milford Publics Schools
Milford, MA
- 2020 Refugee and Immigrant Health Considerations/Invited Speaker
Milford Publics Schools
Milford, MA

National

- 2014 Cultural Humility: A Framework for Working with Others/Invited Speaker
John Hopkins Hospital
Baltimore, MD
- 2014 The Importance of Context in Working with Refugee Children, Adolescents and Their Caregivers and Other Clinical Considerations/Invited Speaker
the Intercultural Counseling Connection

Baltimore, MD

- 2014 Understanding the Mental Health of Refugee Youth: Context and Resources for Providers/Invited Speaker
John Hopkins Hospital
Baltimore, MD
- 2014 Trauma Systems Therapy & Cultural Brokering Training/4-day training/Invited Speaker presentation/Invited Speaker
Watercourse Counseling
Minneapolis, MN
- 08/2014 Trauma Systems Therapy & Cultural Brokering Training/2-day training presentation/Invited Speaker
The Center for Promoting Recovery and Resilience for Traumatized Children and Youth, Kent School of Social Work, University of Louisville
Louisville, KY
- 09/2014 Understanding Unaccompanied Immigrant Minors from a Trauma-Informed Perspective/Invited Speaker
Virtual Town Hall meeting, National Child Traumatic Stress Network
- 09/2015 We Left One War and Came to Another: The Double Edged Sword of Resettlement in Urban Communities for Refugee Youth/Invited Speaker
In Community Violence Collaborative Group's Expert Speaker Series' Building Resiliency: Supporting Youth Affected by Trauma and Community Violence
Virtual meeting, National Child Traumatic Stress Network
- 04/2016 Supporting A Multidisciplinary Approach to Violent Extremism: What Role Can Mental Health Professionals Play?/Invited Speaker
National Child Traumatic Stress Network (NCTSN)'s All Network Conference
Baltimore, MD
- 04/2016 The Power of Youth Engagement: Lessons Learned from Youth and Providers in the Pursuit of Meaningful Collaboration in a Trauma Informed Community of Care (selected workshop)
National Child Traumatic Stress Network (NCTSN)'s All Network Conference
Baltimore, MD
- 04/2016 Attending to Caregiver Trauma: Nine Model Developers Discuss Their Approaches to Treatment and Caregivers Give Voice to Their Lived Experience (selected full day pre-meeting institute)
National Child Traumatic Stress Network (NCTSN)'s All Network Conference
Baltimore, MD
- 09/2016 National Forum to Address Youth Exposure to Community Violence/Invited Speaker
Virtual meeting, National Child Traumatic Stress Network
- 04/2016 Trauma Systems Therapy for Refugees (TST-R)/2-day training presentation/Invited Speaker
Watercourse Counseling
Minneapolis, MN

- 11/2016 Radicalization to Violent Extremism: Is One Thing Like Another (selected symposium)
American Society of Criminology Annual Meeting
New Orleans, LA
- 02/2017 Why Partnering is Integral to Trauma Informed Care and How It Help Me with My Clinical
Work/Invited Speaker
Virtual meeting, National Child Traumatic Stress Network
- 04/2017 Targeting a Parent/Caregiver's History of Trauma in Treatment Models for Children Who
Have Experienced Trauma to Enhance Outcomes (selected half day pre-meeting institute)
National Child Traumatic Stress Network (NCTSN)'s All Network Conference
Washington, DC
- 04/2017 Advancing the Standard of Care for Refugees: Past, Present and Future NCTSN Resources
and Approaches to Working with Refugees (selected workshop)
National Child Traumatic Stress Network (NCTSN)'s All Network Conference
Arlington, VA
- 04/2017 A Socio-Culturally, Linguistically Responsive, and Trauma-Informed Perspective of Mental
Health Interpretation (selected mini session)
National Child Traumatic Stress Network (NCTSN)'s All Network Conference
Arlington, VA
- 06/2017 Working with Refugee Parents/Invited Keynote Speaker
New York State Parenting Education Partnership: Prevent Child Abuse New York
Latham, NY
- 10/2017 Refugees in the United States/Invited Speaker
The Family Place
Logan, UT
- 11/2017 Community Engagement/Invited Speaker
The Family Place
Logan, UT
- 10/2017 Refugee Children and Trauma: What to Know, How to Help (selected workshop)
Charleston Child Trauma Conference
Charleston, SC
- 10/2017 A Multidisciplinary Team Approach to Enhance Individual Resiliency in Refugee Youth &
Communities (selected workshop)
Charleston Child Trauma Conference
Charleston, SC
- 11/2017 Exploring the Relationships Among Discrimination and Mental Health Among Somali
Young Adults (selected panel)
American Public Health Association Annual Meeting
Atlanta, GA
- 11/2017 At the Intersection of Violence and Violent Extremism: Gangs and Immigrant Groups

- (selected panel)
American Society of Criminology Annual Meeting
Philadelphia, PA
- 11/2017 Community-Based Participatory Research among Somali Communities in the US and Canada (selected panel)
American Society of Criminology Annual Meeting
Philadelphia, PA
- 03/2018 Racial and Social Injustice Experienced by African American Parents, the Impact on Family/Parenting and The Road to Healing/Invited speaker
Virtual meeting, National Child Traumatic Stress Network
- 10/2018 Interpretation and Cultural Brokering with Refugee Groups/Invited Speaker
The Family Place
Logan, UT
- 05/2018 Providing Care to Refugee and Immigrant Children/Invited Speaker
School Based Health Centers: A Force for Change Conference
Southbury, CT
- 06/2018 Working with Refugee Parents/Invited Speaker
The Family Place
Logan, UT
- 11/2018 From Community Based Participatory Research (CBPR) to Policy: How Community Partnerships Lead to Systemic Change.
International Society for Traumatic Stress Studies 35th Annual Conference
Washington, DC
- 04/2019 Part 1: Culture, the Migration Journey, Trauma and Assessment/Invited Speaker
Expert Speaker Series' Trauma-Informed Care: Understanding and Addressing the Needs of Unaccompanied Children
Virtual meeting, National Child Traumatic Stress Network
- 04/2019 A Tale of Two Interventions: Considerations in Culturally Responsive Adaptation/Invited Speaker
Virtual meeting, National Child Traumatic Stress Network, All Network Virtual Conference
- 04/2019 Macro and Micro Level Strategies for Creating a Culturally Responsive Workforce
National Child Traumatic Stress Network's All Network Virtual Conference
Charleston Child Trauma Conference
Charleston, SC
- 11/2019 Parents/Caregivers in Child Trauma Treatment
International Society for Traumatic Stress Studies 35th Annual Conference
Boston, MA
- 5/2020 Trauma Systems Therapy for Refugees (TST-R)/2-day training presentation/Invited Speaker
Child Guidance & Family Solutions

Akron, OH

International

- 10/2018 Understanding Trauma and the Social Environment in Responding to Child Traumatic Stress Across the Migration Process/Invited Speaker
International Conference on Migration Health
Rome, Italy
- 12/2018 Community Connect: A Boston-based pilot program to prevent violence/ Invited Speaker
Partnering for Prevention: Countering Social Polarization conference
Edmonton, Alberta, Canada

Report of Clinical Activities and Innovations

Current Licensure and Certification:

- 09/2016 Massachusetts Psychologist License

Clinical Innovations:

- Cultural Brokering within Trauma Systems Therapy for Refugees (TST-R) (2008-present) An important innovation to the clinical model Trauma Systems Therapy for Refugees (TST-R) is the addition of a cultural broker. I have contributed significantly to the conceptualization of this role within TST-R as well as the implementation of TST-R as a cultural brokering program since its inception. TST-R as a cultural brokering program is disseminated regionally, nationally, and internationally: Boston, Massachusetts, Lewiston/Auburn/Biddeford, Maine, Louisville, Kentucky, Minneapolis, Minnesota, West Springfield, Massachusetts, Akron, Ohio and Edmonton/ Ottawa, Canada.
- Reframing Countering Violent Extremism/CVE (2015-2016) I was an integral member of a team who contributed to shifting the national dialogue on radicalization to violence (Countering Violent Extremism/CVE) from a criminal justice frame to one that builds individual and community resilience to all types of violence through social capital by co-authoring several works published by the U.S. Department of Homeland Security's National Consortium for the Study of Terrorism and Responses to Terrorism.
- Multi-ethnic Community Advisory Board (M-YAB), Refugee Trauma and Resilience Center (2016-) In 2016, I conceived of the idea to create a trauma-informed youth counterpart to our Refugee Trauma and Resilience Center (RTRC)'s existing adult community advisory board. I have led the development of and implementation of a Multi-ethnic Youth Advisory Board (M-YAB) to ensure that the RTRC has the unique knowledge, insight and experiences of refugee youth informing the Center's projects as well as to inform overall broader RTRC practices and activities.
- Community Connect (CC) (2016) Community Connect is a pilot prevention multidisciplinary team designed to address the identified needs of refugee youth with potential involvement in the Juvenile Justice system who are experiencing barriers to care in the greater Boston

area. I have been involved in all aspects of the development of Community Connect from its initial conceptualization, to being an active team member, acting as a trusted liaison to families, and as a program evaluator. Although local to Boston, Community Connect has been highlighted as a model program for preventing violence and I have presented on this program both nationally and internationally.

A Socio-Cultural,
Linguistically
Responsive, Trauma-
informed Approach to
Mental Health
Interpretation
(SCLRTI-MHI)
(2016-present)
Trauma-Informed
Care to
Unaccompanied
Children Webinar
Series
(2017-present)

The overall goal of the SCLRTI-MHI is to fulfill an identified need for a socio-culturally, linguistically responsive and trauma-informed approach to mental health interpretation training for the interpreter/clinician dyad who is providing services to limited English speaking (LEP) youth and families who have experienced trauma and are seeking mental health treatment. I lead the development of this resource and the development of an accompanying hybrid e-learning/face-to-face training curriculum. This resource is set to be disseminated nationwide in Summer 2019.

I am spearheading an initiative between the Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR), US Public Health Service, NCTSN member experts, NCTSN executive committee, and the Irving Harris Foundation's Professional Development Network to develop a 4 part webinar series entitled, "Trauma-informed Care for Unaccompanied Children." I provide coordination of agencies/experts across the nation to develop and deliver these webinar (each in English and Spanish). All part of the 4 part series will be disseminated broadly by the organizations listed above as well as other agencies/networks dedicated to the care of unaccompanied refugee and immigrant children in the United States on June 20th, 2019, World Refugee Day.

Report of Education of Patients and Service to the Community

- No presentations below were sponsored by 3rd parties/outside entities*
- Those presentations below sponsored by outside entities are so noted and the sponsor(s) is (are) identified.*

Activities

- 09/2011-06/2015 Refugee and Immigrant Assistance Center (RIAC)/Board Member
RIAC is a non-profit ethic based community organization.
- 11/2016 Ascentria Care Alliance/Invited Speaker
I provided a 3 hour presentation entitled, Supporting and Caring for Unaccompanied Refugee Minors, to foster parents of Unaccompanied Refugee Minors.
I provided a 3 hour presentation entitled, Supporting and Caring for Unaccompanied Refugee Minors, to foster parents of Unaccompanied Refugee Minors.
- 04/2017 Ascentria Care Alliance/Invited Speaker
I provided a 3 hour presentation entitled, Cultural Differences in Everyday Situations and Foster Parents' Self-care, to foster parents of Unaccompanied Refugee Minors.
- 09/2018- Family ACCESS of Newton, Program Committee Member

I attend monthly program committee meeting for this Family ACCESS is a community-based non-profit organization that empowers and strengthens families through a set of four integrated programs: The Family ACCESS Early Learning Center, Family ACCESS Early Literacy Services, Family ACCESS Counseling and Consultation Services, and CAP Child Assault Prevention, a program of Family ACCESS.

Report of Scholarship

Peer-Reviewed Scholarship in print or other media:

Research Investigations

1. Koenen, K.C., Saxe, G., Purcell, S., Smoller, J.W., Bartholomew, D., **Miller, A.**, Hall, E., Kaplow, J., Bosquet, M., Moulton, S., & Baldwin, S. (2005). Polymorphisms in FKBP5 are associated with peritraumatic dissociation in medically injured children. *Molecular Psychiatry*, 10, 1058–1059. DOI:10.1038/sj.mp.4001727
2. Saxe, G., **Miller, A. B.**, Bartholomew, D., Hall, E., Lopez, C., Kaplow, J.B., Koenen, K., Bosquet, M., Allee, L., Erikson, I., & Moulton, S. (2005). Incidence of and risk factors for acute stress disorder in children with injuries. *Journal of Trauma: Injury, Infection, and Critical Care*, 59, 946-953. DOI: 10.1097/01.ta.0000187659.37385.16
3. **Miller, A. B.**, Cross, T.P. (2006). Ethnicity in child maltreatment research: A replication of Behl et al.'s content analysis. *Child Maltreatment*, 11, 16-26. DOI: 10.1177/1077559505278272
4. Saxe, G., Geary, M., Bedard, K., Bosquet, M., **Miller, A.**, Koenen, K., Stoddard, F., & Moulton, S. (2006). Separation anxiety as a mediator between acute morphine administration and PTSD symptoms in injured children. *Annals of New York Academy of Science*, 1071, 41-45. DOI: 10.1196/annals.1364.004
5. **Miller, A. B.**, Bosquet Enlow, M., Reich, W. & Saxe, G.S. (December, 2009). A diagnostic interview for acute stress disorder for children and adolescents. *Journal of Traumatic Stress*, 22(6), 549 – 556. DOI: 10.1002/jts.20471
6. Amstadter, A. B., Nugent, N. R., Yang, B.Z., **Miller, A.**, Siburian, R., Moorjani, P., Haddad, S., Basu, A., Fagerness, J., Saxe, G., Smoller, J.W., Koenen, K. C. (2011). Corticotrophin-releasing hormone type 1 receptor gene (*CRHR1*) variants predict posttraumatic stress disorder onset and course in pediatric injury patients. *Disease Markers*, 30(2-3): 89-99. DOI : 10.3233
7. Ellis, B. H., **Miller, A.**, Baldwin, H., Abdi, S., (2011). New directions in refugee youth mental health services: Overcoming barriers to engagement. *Journal of Child and Adolescent Trauma*, 4, 69–85. DOI: 10.1080/19361521.2011.545047
8. Rosen, D. C., **Miller, A.B.**, Nakash, O., Halpern, L., & Alegria, M. (2012). Interpersonal complementarity in the mental health intake: A mixed-methods study. *Journal of Counseling Psychology*, 59(2):185-96. doi: 10.1037/a0027045
9. Darghouth, S., Nakash, O., **Miller, A.**, & Alegria, M. (2012). Assessment of co-occurring depression and substance use in an ethnically diverse patient sample during behavioral health intake interviews. *Drug and Alcohol Dependence*, 125 Suppl 1:S51-8. DOI: 10.1016/j.drugalcdep.2012.05.021
10. Ellis, B. H., **Miller, A. B.**, Abdi, S., Barrett, C., Blood, E. A. & Betancourt, T. S. (2013). Multi-tier mental health program for refugee youth. *Journal of Consulting and Clinical Psychology*, 81(1), 129-140. doi: 10.1037/a0029844
11. Ellis, B. H., Abdi, S., **Miller, A. B.**, Saxe, G. & Blood, E. A. (2014). Trauma and openness to

- legal and illegal activism among Somali refugees. *Terrorism and Political Violence*, 1-27. doi:10.1080/09546553.2013.867849.
12. Ellis, B. H., Lankau, E., Ao, T., Benson, M. B., **Miller, A. B.**, Shetty, S., Lopes-Cardozo, B., Geltman, P. L., & Cochran, J. (2015). Understanding Bhutanese Refugee Suicide through the Interpersonal-Psychological Theory of Suicidal Behavior. *American Journal of Orthopsychiatry*, 85(1), 43-55. doi: 10.1037/ort0000028.
 13. Ellis, B. H., Abdi, S. M., **Miller, A. B.**, White, M. T., & Lincoln, A. K. (2015). Protective Factors for Violence Perpetration in Somali Youth: The Role of Community Belonging and Neighborhood Cohesion. *Psychology of Violence*, 4(5), 384-392. doi: 10.1037/a0039610.
 14. Brown, R. C., Nugent, N. R., Hawn, S. E., Koenen, K. C., **Miller, A.**, Amstadter, A. B., & Saxe, G. (2016). Predicting the transition from acute stress disorder to posttraumatic stress disorder in children with severe injuries. *Journal of Pediatric Health Care*, 30(6), 558-568. doi: 10.1016/j.pedhc.2015.11.015.
 15. Patel, S. G., Staudenmeyer, A. H., Wickham, R., Firmender, W. M., Fields, L., & **Miller, A. B.** (2017). War-exposed newcomer adolescent immigrants facing daily life stressors in the United States. *International Journal of Intercultural Relations*. doi: 10.1016/j.ijintrel.2017.03.002
 16. Ellis, B. H., Sideridis, G., **Miller, A. B.**, Abdi, S. M., & Winer, J. P. (2019). Trauma, Trust in Government, and Social Connection: How Social Context Shapes Attitudes Related to the Use of Ideologically or Politically Motivated Violence. *Studies in Conflict & Terrorism*, 1-18. doi:10.1080/1057610X.2019.1616929
 17. Kiser, L. J., **Miller, A. B.**, Mooney, M. A., Vivrette, R., & Davis, S. R. (2020). Integrating parents with trauma histories into child trauma treatment: Establishing core components. *Practice Innovations*, 5(1), 65. doi:10.1037/pri0000109
 18. Ellis, B. H., Decker, S. H., Abdi, S. M., **Miller, A. B.**, Barrett, C. & Lincoln, A. K. (accepted). A Qualitative Examination of How Somali Young Adults Think About and Understand Violence in Their Communities. *Journal of Interpersonal Violence*
 19. Ellis, BH, Sideridis, G, **Miller, A. B.**, Abdi, S, & Lincoln, A. (under review). Civic Development and Antisocial Attitudes/Behaviors among Somali Immigrants: Change over One Year. *Cultural Diversity and Ethnic Minority Psychology*.
 20. Ellis BH, Sideridis, G., Cardeli, E., Salhi, C., **Miller, A. B.**, DaFonseca, T., Issa, O., & Lincoln, A. K. (under review) Discrimination, marginalization, belonging and mental health among Somali immigrants in North America. *American Journal of Orthopsychiatry*.
 21. Ellis, B. H., **Miller, A. B.**, Schouten, R., Agalab, N. Y., & Abdi, S. M. (under review). The challenge and promise of a multidisciplinary team response to the problem of violent radicalization. *Journal of Terrorism and Political Violence*.
 22. Abdi, S. M., **Miller, A. B.**, Agalab, N. Y., & Ellis, B. H. (under review). Partnering with Refugee Communities to Improve Mental Health Access: Going from “Why Are They Not Coming” To “What Can I (We) Do Differently?” *Cultural Diversity and Ethnic Minority Psychology*.
 23. **Miller, A. B.**, Issa, O. I, Hahn, E., Agalab, N. Y., Abdi, S. M., (under review) Developing Advisory Boards within Community-based Participatory Approaches to Improve Mental Health among Refugee Communities". *Progress in Community Health Partnerships: Research, Education, and Action*.

Other peer-reviewed scholarship

1. Weine, S. M., Ellis, B. H., Haddad, R., **Miller, A. B.**, Lowenhaupt, R., & Polutnik, C. "Reframing Countering Violent Extremism (CVE) as a Multidisciplinary Approach to Promoting Community Safety." Research Brief U.S. Department of Homeland Security. College Park, MD: START, 2015.2.

2. Weine, S. M., Ellis, B. H., Haddad, R., **Miller, A. B.**, Lowenhaupt, R., & Polutnik, C. "Lessons Learned from Mental Health and Education: Identifying Best Practices for Addressing Violent Extremism," Final Report to the Office of University Programs, Science and Technology Directorate, U.S. Department of Homeland Security. College Park, MD: START, 2015.3
3. Weine, S., Ellis, B.H., Haddad, R., **Miller, A. B.**, Lowenhaupt, R. & Polutnik, C. "Best Practices for the Development of Healthy, Resilient Communities and Addressing Violent Extremism". U.S. Department of Homeland Security. College Park, MD: START, 2015.4.
4. Weine, S., Ellis, B.H., Haddad, R., **Miller, A. B.**, Lowenhaupt, R. & Polutnik, C. "Supporting A Multidisciplinary Approach to Violent Extremism: What Role Can Mental Health Professionals Play?" U.S. Department of Homeland Security. College Park, MD: START, 2015.5.
5. Weine, S., Ellis, B.H., Haddad, R., **Miller, A. B.**, Lowenhaupt, R. & Polutnik, C. "Supporting A Multidisciplinary Approach to Violent Extremism: What Role Can Education Professionals Play?" U.S. Department of Homeland Security. College Park, MD: START, 2015
6. Gillespie, S. & **Miller, A. B.** (2019). NCTSN webinar discussion guide: Culture, the migration journey, trauma, and assessment. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.
7. Gillespie, S. & **Miller, A. B.** (2019). NCTSN webinar discussion guide: Culture, Development, Trauma, and Socio-Cultural Responsive Interventions with Youth Ages 7 and Older. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.
8. Gillespie, S. & **Miller, A. B.** (2019). NCTSN webinar discussion guide: Attachment, Development, Trauma, and Socio-Cultural Responsive Interventions for Young Children. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.
9. Gillespie, S. & **Miller, A. B.** (2019). NCTSN webinar discussion guide: Secondary Traumatic Stress: Understanding the Impact of Trauma Work on Professionals. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.
10. **Miller, A. B.**, Hahn, E., Norona, C. R., Treves, S., St. Jean, N., Gassen Templet, L., McConnell, S., Chang, R., Abdi, S.M., and Ford-Paz, R. (2019). A Socio-Culturally, Linguistically-Responsive, and Trauma-Informed Approach to Mental Health Interpretation. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

Reviews, chapters, monographs and editorials

1. **Miller, A. B.**, Bixby, C. B., & Ellis, B. H. (2016). School-based Interventions. In S. Patel and D. Reicherter (Eds.), *Psychotherapy for Immigrant Youth*. Switzerland: Springer International Publishing. Doi: 10.1007/978-3-319-24693
2. Benson, M. A., Abdi, S. M., **Miller, A. B.**, & Ellis, B. H. (2018). Trauma Systems Therapy for Refugee Children and Families. In A. Nickerson and N. Morina (Eds.), *Mental Health in Refugee and Post-Conflict Populations*. Springer Link Publishing.
3. Schlaudtl, V. A., & **Miller, A. B.** (in press). Refugee Communities. In M. Williams, D. Rosen, and J. Kanter (Eds.), *In Eliminating Race-Based Mental Health Disparities: Using Contextual Behavioral Science to Achieve Equity and Excellence across Settings and Communities*. New Harbinger Press.
4. Wheaton, W., **Miller, A.**, Enelamah, N., & Betancourt, T (under review). Interpersonal Violence and Forced Displacement. In Geffner, R., Vieth, V., Vaughan-Eden, V., Rosenbaum, A., Hamberger, K., White, J. and Geffner B (Eds). *Handbook of Interpersonal Violence Across the Lifespan*. Springer Publishing.

Local/Unpublished Clinical Guidelines and Reports:

Clinical Manual for Trauma Systems Therapy for Refugees (TST-R). Refugee Trauma and Resilience Center (2019). V Trauma Systems Therapy for Refugees Workbook. Unpublished manuscript. Boston, MA: Refugee Trauma and Resilience Center at Boston Children's Hospital.

This manual is used at each TST-R implementation site by clinicians, cultural brokers, and clinical supervisors. TST-R is currently being implemented regionally, nationally and internationally. As an integral part of the TST-R model development team, I contributed conceptual frameworks as well as developed content.

Thesis:

(b)(6) (2011). *Ethnic Identity, Intergenerational Conflict and Mental Health in Somali Refugee Adolescents*. (Unpublished doctoral dissertation). Boston University, Boston, MA.

Narrative Report

Trauma and culture shapes development, including the way one approaches situations, faces challenges and—ultimately—copes. It also shapes the way providers respond to an individual, and both the access to and quality of care that an individual receives. My work has been driven by a passion to understand not only the challenges that ethnic and cultural minority youth face, but the systemic barriers to providing effective services to these youth. From the individual to the provider to the policy level, my work has been driven by a desire to bring youth voice and needs to the attention of the systems that service them, and to help teach and shape these systems to better serve ethnic minority youth. My current position is primarily clinical expertise and innovation with the remainder committed to research, teaching, education and national leadership.

Clinical Expertise and Innovation

During my tenure at the Boston Children's Hospital's Refugee Trauma and Resilience Center (RTRC), I have had the privilege to collaborate on many Community Based Participatory Research (CBPR) projects, specifically with the Somali refugee community. I understand first-hand the barriers that refugee youth and families have to accessing and engaging in not only mental health services but also the challenges associated with interfacing with other service sectors. Our work at the RTRC is informed by a Community advisory board comprised of Somali parents. Noting a lack of youth voice, I initiated the development of a multi-ethnic youth advisory board (M-YAB). The M-YAB provides a means for refugee and immigrant youth to feel empowered through informing RTRC programming and resource development and the opportunity to develop skills to become leaders and citizens. My hands-on work at the RTRC afforded me an invitation to be a board member of a local refugee resettlement agency, the Refugee and Immigrant Assistance Center, which I served for several years. These experiences combined allow me to recognize the needs and appreciate the strengths and resiliency of refugee youth and refugee communities. Over the years, I have worked to support the development and implementation of effective trauma-informed interventions and approaches for refugee children and families including being a member of the original development team of Trauma Systems Therapy for Refugees (TST-R), one of the only evidenced-based interventions for refugee youth. An important innovation to TST-R is the addition of a cultural broker to the clinical team. Cultural brokers act as bridges between the clinician and client using intimate knowledge of the cultural/community of the client and the mental health system to improve care. I have

contributed significantly to the conceptualization of this role within TST-R as well as the implementation of TST-R as a cultural brokering program. I have specifically focused on the training and ongoing support of community members to become cultural brokers in the TST-R model to build capacity not only on the individual level but also in the cultural community and the larger mental health system.

Working from a CBPR approach has allowed me to build a depth of relationship with Somali leaders. Through these relationships I have come to understand that youths' exposure to violence both in the community and online is a key concern to them and the larger community. As such, I serve as an integral part of a team focused on more fully understanding the processes that make youth both vulnerable to and protected from negative outcomes such as radicalization to violence. Our team further seeks to change an existing paradigm by moving beyond a criminal justice framed approach to radicalization to violence (Countering Violent Extremism/CVE) to one that builds individual and community resilience to all types of violence through social capital. I co-authored several works published by the U.S. Department of Homeland Security's National Consortium for the Study of Terrorism and Responses to Terrorism including, "Reframing CVE as a Multidisciplinary Approach to Promoting Community Safety" as well as research, policy, education, and mental health briefs that identify the lessons learned from the mental health and education fields and delineate how professionals from these fields could best become involved in multidisciplinary approaches to CVE and promoting community safety. I am also on the development team for pioneering program called Community Connect, which is a multidisciplinary (faith, education, mental health, law enforcement, etc.) consultative team approach to meet the identified need of youth involved in the criminal justice system and who are not accessing or using available mental health and other supportive services.

I increasingly understand the barriers service systems and providers face in trying to effectively serve refugees. I recently spearheaded a nation-wide survey to better understand service providers' (from mental health, juvenile justice, education, child welfare, etc.) perspectives on both the refugee/immigrant and non-refugee/immigrant youth they serve, specifically inquiring about vulnerability for negative outcomes, confidence level in service provision, and potential of collaboration with providers in different service systems. Findings revealed that service providers feel less confident in their ability to serve refugee/immigrant clients than non-immigrant/refugee youth and that barriers to serving refugee/immigrant youth include language barriers/cost of interpretation services, parent engagement, stigma of services, and a lack of evidence based culturally responsive services. As I prepare these findings for publication, I am also working towards addressing the identified barriers through the development of resources.

To better support our refugee and immigrant youth and families who have limited proficiency in English, have experienced trauma and are seeking treatment, I am leading an interdisciplinary team of both National Child Traumatic Stress Network (NCTSN) and non-NCTSN professionals across the nation to develop a resource entitled, "Socio-cultural, linguistically responsive and trauma-informed approach to mental health interpretation". This resource is intended as a dyad training for clinicians and interpreters to prepare them for working together in order to provide the best care possible to their clients. There are several NCTSN products that I am also working to adapt/develop to better serve refugee youth including adding expertise related to culture, diversity, and the refugee experience to the NCTSN's Child Welfare Trauma Training Toolkit and developing guidance modules for working with refugees for child welfare professionals.

Teaching and Educational Leadership

I provide lectures and trainings for BCH, HMS-affiliated institutions and the wider community (usually about traumatic stress, refugee experience, clinical and cultural considerations when working with refugee youth and families, and TST-R) throughout the year. Audiences vary and represent a range of those who may interface with refugees including students, refugee and immigrant serving professionals, foster parents, and clinicians among others. I am also fortunate to have several recurrent invitations to teach. Specifically, I look forward each year to teaching about mentoring to the members of the Psychological and Behavioral Science subcommittee of the Program for Research Assistant Development and Achievement (PRADA). I also enjoy teaching a cultural competence class at Assumption College to master's level clinicians and training New American Integration Program volunteers in trauma, refugees and trauma-informed care twice a year. More recently, I have had the opportunity to develop a series of trainings intended to educate

agencies on a range of topics related to the culture and special needs of refugee children and families as well as best practices for service provision in an effort to ensure their agencies are “refugee ready” and aptly prepare to provide services to the refugee youth and parents in their community. In addition to these, I actively include youth, family, and community voice and participation whenever possible. For example, I recommended one of our Somali community leaders as a potential collaborator on an initiative co-chaired by two NCTSN collaborative groups and then worked closely with her as she prepared to be a discussant on a panel about the importance of partnering in trauma informed care. After her meaningful contribution, she was then invited and funded to attend the NCTSN all network conference as a co-presenter on a workshop, “Sharing Power – Identifying and Empowering Family, Youth, and Community Expertise as a fundamental component of Trauma Responsive Services and Systems”.

National Leadership

As a member of the NCTSN I am involved in multiple NCTSN collaborative groups designed to share critical information related to childhood trauma among a range of stakeholders (e.g., direct practice providers, academics, families with lived expertise, and administrators) in order to move forward the mission of the NCSTN, to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. I am currently co-leading the Parent Trauma Coordinating Group whose focus is issues of caregiver trauma as it relates to the mission of the NCTSN. I strive to infuse the importance of including consumer/youth/parent/family voice into each group and each initiative. I am also a member of the NCTSN Policy Task Force tasked with sharing information related to child trauma and specifically the experience of refugees with policymakers at the federal, state, and local levels. I have co-lead initiatives intended highlight the critical role of trauma and child traumatic stress in very complex situations on a national forum such as a NCTSN town hall entitled, “Understanding Unaccompanied Immigrant Minors From A Trauma-Informed Perspective”. I have also been an invited expert speaker to a nationwide audience on topics related to the experience and resilience of refugees, “We Left One War and Came to Another: The Double Edged Sword of Resettlement in Urban Communities for Refugee Youth” and partnering with refugee communities, “Trauma Informed Partnering”.

Summary

Over time I have come to the understanding that achieving health equity for cultural and ethnic minorities includes action at the individual, family, community and policy level. I play an integral part in this by working to decreasing the barriers to effective care, building an evidence base of trauma informed and culturally responsive interventions and approaches, training students, educating professionals, building capacity in systems, informing policy, and leading and contributing to conversations that are meaningful and in the best service to refugee youth and families settling in the US.

Curriculum Vitae

Date Prepared: May 20, 2020

Name: (b)(6)

Office Address: Department of Psychiatry, Boston Children’s Hospital
21 Autumn St, Boston MA 02115

Home Address: (b)(6)
Cell Phone:
Work E-Mail:
Work FAX:

Education

2011	M.S.W	Clinical Social Worker	Boston University
2008	B.A	Psychology	University of Massachusetts Dartmouth

Area of expertise:

- Trauma work specialty
- Group work specialty
- Substance abuse
- Refugee & immigrant populations
- Acculturation

Honors

2008 Robert Wood Johnson Foundation Boston University Scholarship

I am a Clinical Social Worker and Program Coordinator at the Refugee Trauma and Resilience Center (RTRC) at Boston Children’s Hospital. In my role, I have worked on multiple federally funded projects, including coordination of project implementation, including recruitment, interviews, data analysis, manuscript preparation, and engagement with multiple partners and youth through community-based participatory research and intervention. Part of my role at the RTRC is to constantly engage our partners and to communicate and channel their voice with the RTRC’s team. In the past ten years, I have played an integral role in the development and implementation of our intervention model Trauma Systems Therapy. In addition, I co-founded the Multi-Ethnic Youth (M-YAB) Advisory Board and have extensive experience in facilitating meetings, managing interpersonal conflict within the group, and managing issues that occurs in the community that might impact the group. In addition, I was a services team lead during the Community Connect pilot and will continue in this capacity. Given both my clinician experience and extensive community work and connections, I am well-suited for this project.

(b)(6)

Committee Service

National

2014-2019	Justice Consortium Collaborative Group	National Child Traumatic Stress Network
2017-Present	Refugee Community of Practice	National Child Traumatic Stress Network

Funding Information

Future

Nov-2019	Clowes Foundation: Co-PI
March 2019	National Institutes of Health (NIH) Co-PI

Report of Local Teaching and Training

Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs)

2016-	Trauma and the refugee experience	Boston Children's Hospital
	Neurology residents	One hour lecture
2017-	Understanding trauma and trauma-informed care	Boston Children's Hospital
	Psychiatry fellows	Three hour lecture
2019-	Working with foster and adopted children	Boston Children's Hospital
	Psychiatry fellows	Two hour lecture
2020	The importance of understating Child trauma when working with Refugee and Immigrant families. Boston University, School of Social Work	Two hour lecture
2020	Group Dynamics class. Boston University, School of Social Work	Two hour lecture

Research

2013-Present Children's Hospital Center for Refugee Trauma and Resilience

(b)(6)

Program Coordinator II & Researcher (Research supervisor: Heidi Ellis)

Project: Somali Youth Risk and Resilience project

The goal of this project is to empirically examine Social Control Theory (specifically the ways in which trauma and weak social bonds create conditions conducive to increasing violence) in relation to attitudes towards political violence among Somali refugees resettled in the United States and Canada. This is a longitudinal study.

- Supervise and oversee and community health workers and research assistants
- Oversee a national community based participatory research study across multiple sites, working closely with community partners to recruit over 500 research participants
- Leading trainings and workshops on trauma-informed care, cultural humility, substance abuse, refugee and immigrant resettlement experience, and women/gender issues
- Provide ongoing consultations for providers serving Unaccompanied Refugee Minors, refugees and other under-served population, including collaborating with various service providers and Multi-Disciplinary Teams assisting young adults and their families get access to resources.
- Prepare quarterly reports and maintain working relationships with local community organizations and Multi-disciplinary team meetings
- Develop and adapt measures that adequately capture the experiences of the Somali and refugee communities, ensuring their conceptual validity and community acceptability and bring up cultural issues that might be impacting them and their community as a whole
- Lead developer of Trauma System's Therapy for Refugees and is an expert in building culturally responsive mental health services and work with a TST-R Team to develop mental health assessment and clinical tools for refugee youth and families
- Provide leadership trainings and leading Multi-ethnic Youth/Parent Advisory Board (M-YAB) meetings.

Project: Gang Affiliation and Radicalization to Violent Extremism within Somali-American Communities

The goal of this project is to understand how processes related to gang involvement are similar to or different from processes leading to support for violent extremism among Somali-American refugee communities. Secondary data analysis of a longitudinal mixed-method dataset as well as original data collection using a psychological autopsy/case analysis methodology of confirmed violent extremists will be used.

- Traveling to Minnesota to recruit 85 key informants from the Somali community.
- Conducted psychological autopsy qualitative interviews about Somali youth who left Minnesota to join terror affiliated groups like Al Shabaab, Al Qaeda, and ISIL(IS/DAESH

Project: Promoting Positive Social Identity (PPSI)

The goal of this project is to develop and evaluate an innovative preventative intervention for refugee trauma using a social media platform to promote positive social identity and resilience.

- Assisted in the development of an innovative social media intervention for Somali refugee youth vulnerable to political violence.
- In this online community, the responsibilities consist of recruiting 24 Somali-American youth living greater Boston area (16-18 years old).
- Participated in time-limited 8 week online community and co-facilitating the online group and conduct semi structured quantitative interviews.

Project: Marigold extension of Supporting the Health of Immigrant Families and Adolescents

The major goal of this project is to extend mental health and supplemental services to young Somali children (ages 0-11). Grant renews annually.

- Writing quarterly report and communicating with our community partners.
- Coordinating meeting between our funders and community partners

Project: Multiethnic Youth Advisory Board (M-YAB)

The goal of this project is to empowered young refugee and immigrant through lending their voice to inform the planning and development of resources intended to serve refugee and immigrant youth in their communities and be given the opportunity to develop the knowledge and skills needed to become leaders and participate in community life.

- Identified and recruited 12 youth from different communities for the YAB
- Formalize the YAB mission statement & meet individually with youth to provide information about the YAB and its mission.
- Developed and conducted 4 session leadership trainings and advocacy curriculum for refugee youth.
- Coordinate meetings between YAB and Trauma and Resilience Team (RTRT).

Project: Multi-disciplinary Team to Build Community Resilience (MDT-CR)

The goal of this project is to develop a MDT approach to addressing the identified need of refugee youth involved in the juvenile justice system or resettlement services who are not accessing or using available mental health and other supportive services.

Additional clinical responsibilities at Children's Hospital

- Trained in Trauma System's Therapy, a leading developer of Trauma System's Therapy for Refugees, and is an expert in building culturally responsive mental health services.
- Conduct training and ongoing consultation for collaborators and partners in Trauma Systems Therapy for Refugees (TST-R) and other RTRC interventions.
- Work with a Trauma Systems Therapy Team to develop mental health assessment and clinical tools for refugee youth and families.
- Provide trainings on trauma and refugee youth to providers and families to increase their understanding of the issues faced by refugee youth.
- Provide cultural lens production/review and completion of products developed by the research team.

The Refugee Center online
Board member (volunteer)

Sep 2015-2018

(b)(6)

- Developed curriculum for teachers who are working with Refugee students (Understanding trauma).
- Attending monthly staff and committee meetings.
- Providing education about refugee experience and stigma on mental health
- Participating Board member retreat

Children's Hospital Neighborhood Partnerships (CHNP), Boston, MA

Social Worker

August 2011-July 2013

- Provided culturally sensitive individual & group therapy for ages 5-16
- Advocated for families, educating parents on advocating for their children and themselves
- Utilized diagnostic skills involving practical knowledge of the DSM IV
- Case management and documenting all clinical and nonclinical notes
- Provided psychosocial consultation to medical staff and consultation a variety of issues
- Participated in weekly peer supervision and other weekly mandatory supervision
- Participated in multi-disciplinary team meetings and attending all mandatory trainings
- Community outreach and in Home-visits
- Responded family or school-based crisis

Victory Programs Inc., Women's Hope

June 2015-April 2017

Clinician/supervisor

- Provided group therapy for individual with dual diagnosis and trained parents and young people with substance abuse issues and their families to adjust to a life of recovery. Facilitating 20-28 skill base groups two days a week and supported clients in their recovery. The goal of this group is teach clients how to manage daily life stressors while focusing in their sobriety. In addition, provided support and consultations for staff members who are not clinically trained.
- Conducted intake, screening and admission of new clients upon request of a supervisor. Discharged clients and developing safety plan and linking clients with other resources.
- Provided supervision of Research Assistants and assessed the integrity of the program's therapeutic milieu and supported other requirements by the Bureau of Substance Abuse Services (BSAS)

Boston Center for Refugee Health & Human Rights, Boston, MA

Social Work Intern

July 2010 – May 2011

- Managed client cases and assisting families in adjusting to a new country
- Facilitated support groups for refugee mothers and the Somali elderly in order to ensure cultural understanding and to provide clients with necessary assistance, including family reunification
- Supported clients in their legal efforts through accompaniment to legal service agencies and interpretation of their legal concerns and needs
- Provided intakes for new clients and advocated for new immigrants with social service agencies
- Assisted client with the asylum process and managed cases
- Provided intense support for client seeking asylum, including assistant with affidavit preparation and translation services

(b)(6)

Children's Hospital Center for Refugee Trauma and Resilience, Boston, MA

Sept 2008 -June 2011

Social Work Intern & Cultural Broker

- Provided psycho-education for Somali families and their children in a middle-school environment
- Counseled Somali students at a local middle school and provided education around cultural issues while living in the U.S.
- Co-facilitating support groups for Somali boys and girls and educating them regarding acculturation and social skills
- Performing community outreach and assessing families and their children who are coping with past and present trauma
- Case management and providing intakes for new clients
- Provided translation services for Somali clients and educated about "western" healing
- Provided education for the team about Somali culture and attended regular clinical staff meetings

Report of Regional, National and International Invited Teaching and Presentations

- 2013 Torture and the Family: Clinical Considerations in Working with Refugee Children and their Caregivers /Invited Speaker
Boston Center for Refugee Health & Human Rights annual conference
Boston, MA
- 2014 Trauma Systems Therapy For Refugees (TST-R) as a Model Cultural Brokering Program/Half day training / Invited Speaker
Chelsea Collaborative
Chelsea, MA
- 2015 Engaging Different Cultural Communities in Meaningful Ways: Lessons Learned in the Adaptation and Implementation of Trauma Systems Therapy for Refugees./In D. Birman (Chair), *Creative methodologies for addressing the psychosocial needs of immigrant youth.* (selected symposium)/Invited speaker
Society for Community Research and Action biennial meeting
Lowell, MA
- 2016 Working with Refugee Youth in Schools: Understanding the Impact of Trauma Exposure/Invited speaker
Boston Public Schools
Boston, MA
- 2016 Cultural Competencies: Working with Refugees and Immigrants/Invited Speaker
Assumption College
Worcester, MA
- 2017 Trauma-Informed Care for Refugee and Immigrant Groups/ Invited Speaker
Mass General Hospital (MGH) Institute of Health Professions
Charlestown, MA
- 2017 Working with Refugees Youth and Families / Invited Speaker
Boston Medical Center's The Child Witness to Violence Project
Boston, MA
- 2017 Working with Refugees: The Importance of Understanding Context and Culture / Invited

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Speaker

Americorps, New American Integration Program
Boston, MA

- 2017 Cultural Competencies: Working with Refugees and Immigrants/Invited Speaker
Assumption College
Worcester, MA
- 2017 Working with Refugees: The Importance of Understanding Context and Culture / Invited Speaker
Americorps, New American Integration Program
Boston, MA
- 2017 Cultural Competencies: Working with Refugees and Immigrants/Invited Speaker
Assumption College
Worcester, MA
- 2018 Working with Refugees Youth and Families / Invited Speaker
Boston Medical Center's The Child Witness to Violence Project
Boston, MA
- 2018 Building Partnerships to Promote Professional Development: Community Health Workers
Working with Refugee Communities (selected workshop)
Addressing Trauma Experienced by Refugee & Immigrant Youth/Invited Speaker
Massachusetts Childhood Trauma Task Force, Boston, MA
- 2019 Providing Psychosocial Support to New Americans in Your Community/Invited Speaker
NFI North, Inc., Concord, NH
- 2019 Intersection of my own traumatic past with my professional life of helping Boston's
immigrant communities heal and grow/Invited Keynote Speaker International Society for
Traumatic Stress Studies (ISTSS)

Boston, MA

- 2020 The Newcomer Experience: The Importance of Context and Culture/Invited Speaker
Milford Publics Schools
Milford, MA
- 2020 Refugee and Immigrant Health Considerations/Invited Speaker
Milford Publics Schools
Milford, MA

National

- 2014 Trauma Systems Therapy & Cultural Brokering Training/4-day training/Invited
Speaker presentation/Invited Speaker
Watercourse Counseling
Minneapolis, MN
- 2014 Trauma Systems Therapy & Cultural Brokering Training/2-day training
presentation/Invited Speaker
The Center for Promoting Recovery and Resilience for Traumatized Children and
Youth, Kent School of Social Work, University of Louisville
Louisville, KY

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- 2016 Radicalization to Violent Extremism: Is One Thing Like Another (selected symposium)
- 2016 National Child Traumatic Stress Network
National Child Traumatic Stress Network (NCTSN)'s All Network Conference
Washington, DC
- 2017 Advancing the Standard of Care for Refugees: Past, Present and Future NCTSN
Resources and Approaches to Working with Refugees (selected workshop)
National Child Traumatic Stress Network (NCTSN)'s All Network Conference
Arlington, VA
- 2017 A Socio-Culturally, Linguistically Responsive, and Trauma-Informed Perspective
of Mental Health Interpretation (selected mini session)
National Child Traumatic Stress Network (NCTSN)'s All Network Conference
Arlington, VA
- 2017 Refugees in the United States/Invited Speaker
The Family Place
Logan, UT
- 2017 Community Engagement/Invited Speaker
The Family Place
Logan, UT
- 2017 Refugee Children and Trauma: What to Know, How to Help (selected workshop)
Charleston Child Trauma Conference
Charleston, SC
- 2017 A Multidisciplinary Team Approach to Enhance Individual Resiliency in Refugee
Youth & Communities (selected workshop)
Charleston Child Trauma Conference
Charleston, SC
- 2018 Providing Care to Refugee and Immigrant Children/Invited Speaker
Trauma Systems Therapy for Refugees: 3-day Training Session/Invited Speaker
Spurwink Services, Portland/Westbrook, Maine
- 2018 Community Orientation: An Introduction to Trauma Systems Therapy for
Refugees/Invited Speaker
Spurwink Services, Portland, Maine
- 2019 Assessment & Diagnostic Considerations for Working with Refugee Youth &
Families/Invited Speaker
The Family Place, Logan, UT
- 2019 Refugee & Immigrant Mental Health Training/Invited Speaker
Mt. Hope Family Center, Rochester, NY
- 2020 Trauma Systems Therapy & Cultural Brokering Training/two day training
Invited Speaker
Watercourse Counseling
Minneapolis, MN

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Papers & Journal articles

- Ellis, B. H., Lincoln, A. K., Abdi, S. M., Nimmons, E. A., Lakin, P. R., **Issa, O.**, & Decker, S. H. (2018). "We All Have Stories": Black Muslim Immigrants' Experience with the Police. *Race and Justice*, 1-22.
- Miller, A. B., **Issa, O.**, Ellis, B. H. Development and Implementation of a Social Media Intervention with Refugee Youth. Manuscript in preparation
- Issa, O.**, Abdi, S., Miller, A., B., & Benson, M. Cultural Brokering. Manuscript in Preparation
- Benson, M., Barret, C., **Issa, O.**, Luna, M., & Radha, A. Trauma Systems Therapy for Refugees Evaluation. Manuscript in preparation.
- Lazarevic, V., **Issa, O.**, & Ellis, B. H. Cultural brokering among Somali refugee adolescents. Manuscript in preparation.
- Abdi, S., Ellis, B. H., **Issa, O.**, & Lincoln, A. Somali young adults understanding their communities. Manuscript in preparation
- Abdi, S., Miller, A. B., **Issa, O.**, & Ellis, B. H. Qualitative: navigating identities, black Muslim, Somali, gang rep of media about what it mean to be Somali. Manuscript in preparation

Abstracts, Poster Presentations and Exhibits Presented at Professional Meetings

- Issa, O. (October, 2016). Project SHIFA: Marigold Kids: Supporting the Health and Well-being of Young Refugee Children. Poster session presented at the Community Health Poster Day at Boston Children's Hospital, Boston, MA.

Certificates & Training

- 2016** Harm Reduction by Center for Harm Reduction Therapy
- 2015** Psychological Autopsy training by American Association of Suicidology
- 2013** Too Good For Violence (at Children's Hospital Neighborhood Partnerships)
- 2013** Coping Power (at Children's Hospital Neighborhood Partnerships)
- 2013** Coping with stress (at Children's Hospital Neighborhood Partnerships)
- 2013** Cognitive-behavioral intervention for trauma in Schools (CBITS) (at Children's Hospital Neighborhood Partnerships)
- 2011** Trained for Trauma Systems Therapy (TST) at Center for Refugee Trauma and Resilience
- 2011** Trauma work specialty (Boston University School of social work)
- 2011** Group work specialty (at Boston University School of social work)

Skills

- Fluent in English and Somali
- Strong communication, interpersonal, organization and management skills
- Computer literate with significant experience in MS Office, including MS Word, Excel, and PowerPoint

Curriculum Vitae

Date Prepared: 05/10/2020

Name: (b)(6) PhD

Office Address: (b)(6)

Home Address: (b)(6)

Work Phone: (b)(6)

Work Email: (b)(6)

Work FAX: (b)(6)

Place of Birth: New Haven, CT

Education:

2008	BA	Psychology and Philosophy Integrated Studies	Grinnell College
2013	MS	Clinical Psychology	University of Massachusetts, Amherst
2017	PhD	Clinical Psychology (Sally Powers, EdD)	University of Massachusetts, Amherst

Personal Statement:

(b)(6), PhD, is an Attending Psychologist at the Refugee Trauma and Resilience Center at Boston Children’s Hospital, a per diem Psychologist at the 3East Adolescent DBT Partial Hospital Program at McLean Hospital, and an Instructor of Psychology at Harvard Medical School. (b)(6) will lead Projects 2 and 5 for which he is uniquely qualified as a clinician-researcher-advocate to lead this work. (b)(6) has lead school-based intervention projects focused on social belongingness from inception to intervention delivery and has provided consultation, training, and workshops on culturally-responsive prevention across diverse service sectors in the USA. He has innovated across both of these spaces leading to the development of publications, intervention manuals, and free online resources for providers.

Postdoctoral Training:

07/16-06/17 Predoctoral Intern Psychology McLean Hospital

Faculty Academic Appointments:

07/16-06/17	Clinical Fellow	Psychiatry	Harvard Medical School
07/17-03/19	Research Fellow	Psychiatry	Harvard Medical School
03/19-Present	Instructor of Psychology	Psychiatry	Harvard Medical School

Appointments at Hospitals/Affiliated Institutions:

07/17-03/19	Research Fellow	Psychiatry	Boston Children's Hospital
03/19-Present	Attending Psychologist	Psychiatry	Boston Children's Hospital
03/19-Present	Assistant Psychologist	Psychiatry	McLean Hospital

Committee Service:**Local**

2016-2017	Diversity Advisory Group, Office of the Chief Academic Officer	McLean Hospital
2016-Present	Dimensions of Diversity Committee	McLean Hospital

Regional

2011-2013	New Graduate Student Orientation	University of Massachusetts, Amherst Division of Clinical Psychology
2012-2017	Student-Faculty Diversity Committee	University of Massachusetts, Amherst Division of Clinical Psychology

Professional Societies:

2014-2016	American Psychological Association 2014-2016	Member, Student Advisory Board
2013-2016	Society for Research in Child Development	Graduate Student Member
2014-Present	Association of Behavioral and Cognitive Therapies	Graduate Student Member

2015-2016	Consortium for Science-Based Information on Children, Youth, and Families	Member
2017-Present	National Child Trauma Stress Network Culture Consortium	Member

Editorial Activities:

Ad hoc Reviewer

- Clinical Psychology Review
- American Journal of Community Psychology
- Journal of Consulting and Clinical Psychology
- Social and Personality Psychology Compass
- Journal of Child and Family Studies
- Psychoneuroendocrinology
- Journal of Family Psychology
- Journal of Adolescence
- Journal of Child Health Care

- International Society for Traumatic Stress Studies 2019 Convention
- International Society for Traumatic Stress Studies 2020 Convention
- American Psychological Association 2018 Convention, Division 12 (Clinical Psychology)

Honors and Prizes:

2005, 2007, 2008	Dean's List	Grinnell College
2012	Research Travel Award	University of Massachusetts, Amherst
2013	Clinical Psychology Community Service and Engagement Team Award	University of Massachusetts, Amherst
2015	Faculty Research Funds Award	University of Massachusetts, Amherst
2015	Research Travel Award	University of Massachusetts, Amherst
2015	Research Travel Award	University of Massachusetts, Amherst
2016	Alumni Scholar Award	Grinnell College
2016	Partners in Excellence Team Award	Partners Healthcare/McLean Hospital
2018	Early Career Research Award	Thrasher Research Fund

Report of Funded and Unfunded Projects

Funding Information:

Past

2008-2016 Biopsychosocial Factors in Depression and Marriage: Implications for Cancer
National Cancer Institute R01CA133908
Student Co-Investigator (PI: Paula Pietromonaco, PhD; Co-PI: Sally Powers, EdD)
The major goal of this project at the University of Massachusetts Amherst was to study behavioral, cognitive, affective, and biological factors in the development of mental and physical health problems (including depression, anxiety, and traumatic stress) among newly married young adult couples.

Current

2015- 2019 Gang Affiliation and Radicalization to Violent Extremism Within Somali-American Communities
U.S. Department of Justice 2015-ZA-BX-0001
Co-Investigator (PI: B. Heidi Ellis, PhD)
The goal of this project is to understand how processes related to gang involvement are similar to or different from processes leading to support for violent extremism among Somali-American refugee communities. Secondary data analysis of a longitudinal mixed-method dataset as well as original data collection using a psychological autopsy/case analysis methodology of confirmed violent extremists will be used.

2016-2021 Refugee Trauma and Resilience Center at Boston Children's Hospital: A Treatment and Service Adaptation Center for Refugee Children and Families

2016-2021 Substance Abuse and Mental Health Service U79 SMSM080047
Co-Investigator (PI: B. Heidi Ellis, PhD)
The major goal of this project is to develop, evaluate and disseminate interventions for refugee youth in order to raise the standard of care for traumatized refugee children. In addition, the program serves as a national advisor to sites working with child refugees.

2016-2021 Substance Abuse and Mental Health Service Spurwink Refugee Mental Health Initiative
Substance Abuse and Mental Health Service U79 SM063292
Co-Investigator (PI: Sarah Patton, LICSW, DSW)
The major goal of this project is develop, deliver, and sustain a culturally-responsive Trauma Systems Therapy for Refugees intervention program to serve communities in Maine.

2018-2019 Somali Youth and Family Empowerment Project
National Crime Prevention Centre 6375-C21
Co-Investigator (PI: Saida Abdi, MS, LICSW)
The major goal of this project to support dissemination and implementation of Trauma Systems Therapy for Refugees with diverse populations across multiple Canadian provinces.

2018-2019 Transdiagnostic Group Treatment for Refugee and Immigrant Youth: An Intervention Study
 Thrasher Research Fund Early Career Award
 Principal Investigator (\$26,746)
 The major goal of this project is to test a transdiagnostic group mental health intervention for Somali refugee adolescents resettled in the United States at risk for, our currently experiencing neuropsychiatric illness (e.g., depression, anxiety, traumatic stress, suicide risk).

Training Grants and Mentored Trainee Grants

Unfunded Current Projects

2018- Current Multicultural Psychology Consultation Team: A Systems Capacity Building Model for Culturally-Responsive Interventions
 Co-Principal Investigator (Co-PI: Stephanie Pinder-Amaker, PhD) (\$0; staff time covered by other funding sources and/or volunteer basis)
 As Co-PI on this project, the major goal is to build and sustain an interdisciplinary clinical consultation, clinical innovation, and research team of behavioral health clinicians and researchers embedded within multiple programs across McLean Hospital/Harvard Medical School.

Report of Local Teaching and Training

Teaching of Students in Courses:

2011, 2011, 2012	Introduction to Psychology Undergraduate students	University of Massachusetts 10 Hours per week, per semester
2012, 2013	Power Up First-year college students	University of Massachusetts 3 day course, 24 hour course

Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs):

2017-2018	Multicultural Psychology, Diversity, and Inclusion Seminar Series Psychology Interns	McLean Hospital 10 session course, 20 hours
2018-2019	Multicultural Psychology, Diversity, and Inclusion Seminar Series Psychology Interns	McLean Hospital 10 session course, 20 hours
2018-2019	Multicultural Psychology, Diversity, and	McLean Hospital

	Inclusion Seminar Series Psychology Interns	10 session course, 20 hours
2019-2020	Multicultural Psychology, Diversity, and Inclusion Seminar Series Psychology Interns	McLean Hospital 8 session course, 16 hours

Other Mentored Trainees and Faculty:

2012-2013	Rachel Boutte, BA / Counseling Psychology Graduate Student / Virginia Commonwealth University Career Stage: Post-Baccalaureate Scholar Mentoring Role: PREP Advisor Accomplishments: Postbac researcher who worked with me and our team at UMass. We co-authored two academic posters at conferences; she obtained admission to VCU Counseling Psychology PhD Program.
2017-2018	Pannu Khin, BA / Clinical Psychology Graduate Student / University of Vermont Career Stage: Post-Baccalaureate Researcher Mentoring Role: RTRC research contact and graduate school application mentor. Accomplishments: Postbac researcher who worked with me and our team at BCH. Facilitated 1 st annual Refugee Stakeholder meeting. Now a clinical psychology graduate student at the University of Vermont (working with one of my colleagues).
2017-2019	Emily Hahn, BA / MPH Student / Boston University Career Stage: Research Assistant. Mentoring Role: Research and project mentor. Accomplishments: Highly successful clinical research assistant.
2017-2019	Sarah Gillespie, BA / Clinical Science PhD Student / University of Minnesota Career Stage: Research Assitant Mentoring Role: Research and project mentor. Accomplishments: Highly successful clinical research assistant.
2018-	Hong Sun Park, LICSW / Social Worker / Massachusetts General Hospital Career Stage: Social Work Fellow Mentoring Role: Trauma Systems Therapy for Refugees research and clinical innovation mentor. Accomplishments: Social worker and social justice advocate who worked with me on developing new adolescent intervention manual for refugee and immigrant youth. Currently in process of implementing related clinical intervention in Chelsea, MA
2019-	Seetha Davis, BA Career Stage: Clinical Research Assistant/ Boston Children's Hospital/ Mentoring Role: Trauma Systems Therapy for Refugees research and clinical innovation mentor. Primary research assistant on multi-site project for which I am PI. Accomplishments: Successful clinical research assistant, currently applying to MD/PHD programs.
2019-	Melanie Hom, MA Career Stage: Psychology Intern/ McLean Hospital/ Mentoring Role: Culturally-Responsive Adolescent DBT clinical and innovation mentor. Co-facilitated treatment groups at 3East Program of protocols I developed. Accomplishments: Highly successful psychology intern from Dr. Thomas Joiner's lab at Florida State University.

2019- Haidee Cano, LISW
Career Stage: LEAH (Leadership Education in Adolescent Health) Social Work Fellow through Division of Adolescent/Young Adult Medicine: Culturally-Responsive Psychological Treatment Development for Latinx youth research and clinical innovation mentor (Thrasher Grant). Successful fellowship, aspirations for PhD to further this work.

Local Invited Presentations:

No presentations below were sponsored by outside entities

- 2012 Cognitive Behavioral Therapy: Linking Research and Practice
University of Massachusetts, Amherst, Department of Psychology
Amherst, MA
- 2012 Multicultural Competence and Diversity Awareness as a New Psychology Ph.D. Student
University of Massachusetts, Amherst, Department of Psychology
Amherst, MA
- 2013 Does Marital Behavior Link Childhood Experiences to Women's Symptoms of Depression and Anxiety?
University of Massachusetts, Amherst, Department of Psychology
Amherst, MA
- 2015 Group Therapy Interventions for Nepali-Bhutanese Adolescent Boys
University of Vermont, Department of Psychology
Burlington, VT
- 2015 Adolescent Developmental Psychopathology: A Focus on Puberty and its Timing
University of Vermont, Department of Psychology
Burlington, VT
- 2015 Engaging Parents and Families: Implementing Global Parenting Skills
University of Vermont
Burlington, VT
- 2015 Models of Acculturation: Discrepancies in Cultural Adjustment Between Parents and Children
University of Vermont
Burlington, VT
- 2016 Childhood Adversity, Interpersonal Behavior, and Stress Physiology in Depression and Anxiety: New Findings and Implications for Psychological Treatment
McLean Hospital, McLean Imaging Center
Belmont, MA
- 2017 Developmental Psychopathology of Depression and Anxiety: A Focus on Pubertal Timing
McLean Hospital, Center for Depression, Anxiety, and Stress Research
Belmont, MA

- 2017 Addressing Identities McLean Hospital Staff Training & Intervention Pilot
McLean Hospital
Belmont, MA
- 2018 Culturally-Responsive Psychological Interventions
McLean Hospital, OCD Institute
Belmont, MA
- 2018 Refugee Trauma and Resilience
Harvard University, Department of Psychology
Cambridge, MA
- 2018 Culturally-Responsive Interventions
Boston Children’s Hospital, Department of Psychiatry
Boston, MA
- 2018 Culturally-Responsive Interventions: A Focus on Refugee Trauma and Resilience
Harvard Medical School
Boston, MA
- 2019 Trauma and the Refugee/Immigrant Experience
Boston Children’s Hospital, Department of Primary Care
Boston, MA
- 2018 Culturally-Responsive Assessment & Intervention: A Focus on Refugee Trauma and Resilience
Boston Children’s Hospital, Department of Social Work
Boston, MA
- 2019 Culturally-Responsive Practice: Part-1
Boston Children’s Hospital, Department of Psychiatry (Psychology Interns)
Boston, MA
- 2019 Culturally-Responsive Practice: Part-1
Boston Children’s Hospital, Department of Psychiatry (Psychology Interns)
Boston, MA
- 2020 Culturally-Responsive Practice: Frameworks and Actionable Clinical Tools Part-1
Boston Children’s Hospital, Department of Psychiatry (Child Psychiatry Fellows)
Boston, MA
- 2020 Culturally-Responsive Practice: Frameworks and Actionable Clinical Tools Part-2
Boston Children’s Hospital, Department of Psychiatry (Child Psychiatry Fellows)
Boston, MA

Report of Regional, National and International Invited Teaching and Presentations

No presentations below were sponsored by outside entities

Regional

- 2010 Domestic Violence and the Role of Therapeutic Mentorship
Horizons for Homeless Children Volunteers
Boston, MA
- 2010 Conducting a Clinical Research Study
Harvard University Extension School
Cambridge, MA
- 2014 Developmental Psychopathology Perspectives on Depression and Anxiety
Mount Holyoke College, Department of Psychology
South Hadley, MA
- 2017 Addressing Identities: Identity Intersectionality and College Student Mental Health
Massachusetts Institute of Technology, Office of Minority Education
Cambridge, MA
- 2017 Refugee Trauma and Resilience
Voting Day School Nurses Conference
Waltham, MA
- 2018 Refugee Trauma and Resilience
Boston Public School System
Dorchester, MA
- 2018 Culturally-Responsive Psychological Interventions
Boston Child Study Center
Boston, MA
- 2018 Trauma and the Refugee and Immigrant Experience
Chelsea Public School System
Chelsea, MA
- 2018 Culturally-Responsive Interventions: A Focus on Refugee Trauma and Resilience
William James College, Department of Psychology
Newton, MA
- 2018 Trauma Systems Therapy for Refugees
Spruwink Behavioral Health
Portland, ME
- 2019 Refugee/Immigrant Trauma and Resilience
Community Education Initiative, Cross-Cultural Diversity Conference Series for School-
based Nurses
Waltham, MA

- 2019 Refugee and Immigrant Youth: Trauma and Resilience
William James College, Department of Psychology
Newton, MA
- 2019 Refugee and Immigrant Youth: Trauma and Resilience (with Osob Issa and Dorys Lemus)
Ascentria Care Alliance
Worcester, MA
- 2019 Refugee and Immigrant Youth: Trauma and Resilience (with Osob Issa and Dorys Lemus)
International Institute of New England
Boston, MA, with livestream to Lowell, MA and Manchester, NH

National

- 2016 Childhood Adversity, Interpersonal Behavior, and Stress Physiology in Depression and Anxiety: New Findings and Implications for Psychological Treatment
Grinnell College, Department of Psychology
Grinnell, IA
- 2016 Refugee Youth Mental Health: Etiological Processes and Systems-Based Interventions Across Diverse Families
Grinnell College, Department of Psychology
Grinnell, IA
- 2019 Navigating the MIST: Identifying and Responding to Identity-Based Threats in the Air (with co-presenter, Luna Mulder)
National Child Traumatic Stress Network – All Network Virtual Conference
- 2019 Two Educational and Practical Resources for Supporting Refugee/Immigrant Youth
Presentation for National Child Traumatic Stress Network, Culture Consortium.
National Livestream Webinar.
- 2019 Psychosocial Assessment with Refugee and Immigrant Youth and Families
Presentation for National Child Traumatic Stress Network, Juvenile Justice Consortium.
National Livestream Webinar.
- 2020 Trauma Systems Therapy for Refugees (with co-presenter Osob Issa). Watercourse Counseling. Minneapolis, MN, USA.

2020 How is COVID-19 Impacting Refugee and Immigrant Communities? (with co-presenter, Luna Mulder). NCTSN/World Refugee Day Webinar

Report of Clinical Activities and Innovations

Current Licensure and Certification:

2018 Licensed Psychologist in Commonwealth of Massachusetts

Practice Activities:

2017- Present	Private Outpatient Practice	Lexington, MA	Provide outpatient treatment one-day per week (avg 5-7 patients)
2017- Present	Group Therapist	McLean Hospital	One 50 min group per week

Clinical Innovations:

Multiculturalpsychology.com Developed website to host free (and copyright approved) evidence-informed psychological intervention tools, procedures, and frameworks. Managed in collaboration with McLean Hospital Multicultural Psychology Consultation Team (which I co-run).

Report of Scholarship

Peer-Reviewed Scholarship in print or other media:

Research Investigations

1. Ellis, B. H., Sideridis, G., Miller, A., Abdi, S., & Winer, J.P. (2019) Trauma, trust in government, and social connection: How social context shapes attitudes related to the use of ideologically or politically motivated violence. *Studies in Conflict & Terrorism*.
2. Winer, J.P., Wadsworth, L. P., Forgeard, M., Pinder-Amaker, S., Bjorgvinsson, T., & Beard, C. (2018) Development and implementation of a single-session diversity and multicultural psychology group intervention within an academic psychiatric hospital. *the Behavior Therapist*.
3. Winer, J.P., Powers, S.I., Pietromonaco, P.R. & Schreck, M.S. (2018). Childhood family adversity and adult cortisol response: The role of observed marital conflict behavior. *Journal of Family Psychology*. doi:10.1037/fam0000455
4. Beard, C., Korikosian, N., Silverman, A., Winer, J.P., Wadsworth, L., B., & Bjorgvinsson, T. (2017). Comparing treatment response between LGBTQ+ and heterosexual individuals attending a CBT and DBT-skills based partial hospital. *Journal of Consulting and Clinical Psychology*. doi:10.1037/ccp0000251.
5. Carnes, N.C. & Winer, J.P. (2017). Do unto others: How cognitive fusion shapes the

transmission of moral behavior. *Journal of Experimental Psychology: General*. doi:10.1037/xge0000294.

6. Pomerantz, H., Parent, J.M., Forehand, R., Bresland, N. L., & Winer, J.P. (2016). Pubertal timing and youth internalizing psychopathology: The role of relational aggression. *Journal of Child and Family Studies*. doi:10.1007/s10826-01-0598-z
7. Winer, J.P., Powers, S.I., Pietromonaco, P.R. (2016). Early pubertal timing and childhood family adversity interact to predict newlywed women's anxiety symptoms. *Journal of Child and Family Studies*. doi:10.1007/s10826-016-0575-6
8. Winer, J.P., & Halgin, R. (2016). Assessing and responding to threats of targeted violence by adolescents: A guide for counselors. *Journal of Mental Health Counseling*, 38(3), 248-262. doi:10.774/mehc.38.3.05
9. Gruber, S.A., Sagar, K.A., Dahlgren, M.K., Gonenc, A., Conn, N.A., Winer, J.P., . . . Lukas, S.E. (2015). Citalopram treatment improves measures of impulsivity and task performance in chronic marijuana smokers: A pilot BOLD fMRI study. *International Journal of Neurology and Neurotherapy*.
10. Winer, J.P., Parent, J.M., Forehand, R., & Bresland, N. L. (2015). Interactive effects of psychosocial stress and early pubertal timing on youth depression and anxiety: Contextual amplification in family and peer environments. *Journal of Child and Family Studies*. doi:10.1007/s10826-015-0318-0
11. Licata S.C., Jensen J.E., Conn N.C., Winer, J.P., Lukas, S.E. (2014). Zolpidem increases GABA in depressed volunteers maintained on SSRIs. *Psychiatry Research: Neuroimaging*. doi:10.1016/j.psychres.2014.05.009
12. Partridge, A., Winer, J.P., Golshan, M., Bellon, J.R., Blood, E., Dees, E.C., . . . Winer, E.P. (2008). Perceptions and management approaches of physicians who care for women with ductal carcinoma in situ. *Clinical Breast Cancer*. doi:10.3816/CBC.2008.n.032.

Non-peer reviewed scholarship in print or other media:

Reviews, chapters, monographs and editorials

1. Ellis, B.H., Winer, J.P., Murray, K., & Barrett, C. (2019) Understanding the mental health of refugees: Trauma, stress, and the cultural context. Chapter 7 of *The Massachusetts General Hospital Textbook on Diversity and Cultural Sensitivity in Mental Health, Second Edition*.

Books/textbooks for the medical or scientific community

1. Ellis, B. H., Abdi, S., & Winer, J.P. (2019) *Mental Health Practice with Immigrant and Refugee Youth: A Socioecological Framework*. American Psychological Association.

Thesis:

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(2017). Mediators and moderators of childhood family adversity and adult cortisol response: The role of marital conflict behavior. Doctoral Thesis. University of Massachusetts Amherst.

Abstracts, Poster Presentations and Exhibits Presented at Professional Meetings:

1. Winer, J.P. (November, 2020). *Building transdiagnostic skills-based group interventions for refugee and immigrant youth: A CBPR approach*. Conference presentation as part of symposium “Oppressed Identities and Healing: Streamlining Intervention Targets and Coping.” 53rd Annual Meeting of the Association for Behavioral and Cognitive Therapies (ABCT). Atlanta, GA, USA.
2. Beard, C., Atlas, S*, Forgeard, M., Wadsworth, L. P., Winer, J.P., & Bjorgvinsson, T. *Concealment of stigmatized identities and treatment outcomes in a CBT-based psychiatric hospital*. Conference presentation as part of symposium “Identity Concealment and Behavioral Health Outcomes Across Diverse Groups.” 53rd Annual Meeting of the Association for Behavioral and Cognitive Therapies (ABCT). Atlanta, GA, USA.
3. Winer, J.P. & Mulder, L. (April, 2019) *Navigating the MIST: Identifying and Responding to Identity-Based Threats in the Air*. Ignite Mini-Session presented at the 2019 National Child Traumatic Stress Network - All Network Virtual Conference.
4. Gillespie, S.*, Winer, J.P., Issa, O., Ellis, B.H. (March, 2019). Acculturation style links experiences of discrimination to depression and anxiety symptoms among Somali young adults resettled in North America. Poster presentation at the Anxiety and Depression Association of American (ADAA) Chicago, IL, USA.
5. Winer, J.P., Gillespie, S.*, Issa, O., Ellis, B.H. (March, 2019). Refugee four core stressors (R4CS): A framework for refugee and immigrant post-resettlement assessment and treatment planning. Poster presentation at the Anxiety and Depression Association of American (ADAA) Chicago, IL, USA.
6. Winer, J.P., Fondacaro, K., Rosenberg, E., Weith, J., Brassell, A., & Pichler, E. (October, 2016). The impact of chronic traumatic stress on youth and families: A focus on refugee and New American mental health across the lifespan. Symposium of five integrated talks presented at Charleston Child Trauma Conference. Charleston, South Carolina, USA. ^First author & symposium chair.

* = Mentored trainee

Narrative Report

I am an Attending Psychologist at the Refugee Trauma and Resilience Center at Boston Children’s Hospital and an Instructor of Psychology in the Department of Psychiatry at Harvard Medical School. In addition to my work at Boston Children’s Hospital I continue to provide group psychological treatment and training at McLean Hospital and maintain a small outpatient private practice in Lexington, MA. I am an academic clinical psychologist focused on innovating, testing, and disseminating culturally-responsive psychological interventions for stress-related psychological disorders (e.g., traumatic stress, depression, anxiety, and emotion dysregulation). Tragically, these problems are alarming common

among refugee, immigrant, and forcibly displaced youth and families. Trained as a social justice-oriented developmental psychopathologist, I am most passionate to further elucidate how processes such as marginalization, isolation, discrimination, and invalidation due to social and cultural identity (e.g., refugee/immigrant status, race, ethnicity, cultural practices) influence the development and effective-treatment of psychiatric illness in youth and families of refugee and immigrant backgrounds. My ultimate aim is to utilize evidence-based psychological interventions to promote psychological resilience and adaptation to stress within historically marginalized youth, their families, and broader community and structural contexts. I have demonstrated a track record of successful partnerships with colleagues at multiple academic institutions. For my doctoral internship in clinical psychology I matched to the single adolescent psychopathology training position at McLean Hospital/Harvard Medical school where I was (and still am) embedded within one of the premier treatment centers for adolescent emotion dysregulation (McLean Hospital's '3East'). As an innovator at the intersection of psychological treatment and multicultural psychology I have written or co-written multiple unpublished culturally-adapted group treatment manuals for transdiagnostic psychological disorders, am Course Director of the McLean Hospital/Harvard Medical School seminar series in Multicultural Psychology, Diversity, and Inclusion for psychology doctoral interns, am Co-Director and Co-Founder of McLean Hospital's Multicultural Psychology Consultation Team (a novel systems capacity building model for enhancing culturally-responsive care), am a member of the National Child Traumatic Stress Network's 'Culture Consortium,' and have lead numerous trainings/presentations on culturally-responsive psychological interventions locally and nationally. I have authored and co-authored multiple peer-reviewed manuscripts in top journals in my field, have been an investigator on numerous research grants, and am the recipient of a Thrasher Research Fund Early Career Award. I am also the co-author of "Mental Health Practice with Immigrant and Refugee Youth: A Socioecological Framework" published by the American Psychological Association. My primary academic mentor at Boston Children's Hospital is Dr. Heidi Ellis, a clinical psychologist and Associate Professor at HMS, and an internationally recognized expert on child refugee trauma.

**Harvard Medical School
Curriculum Vitae**

Date Prepared: May 11, 2020

Name: (b)(6)

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Home Address: (b)(6)

Work Phone: (b)(6)

Work Email: (b)(6)

Work FAX: 617-730-0759

Place of Birth: New York

Education

2007	A.B. (Honors)	Psychology and Women & Gender Studies	Washington University in St. Louis
2012	M.A.	Psychology	The Catholic University of America
2015	Ph.D.	Clinical Psychology (Sandra Barrueco, Ph.D.)	The Catholic University of America

I have the training and expertise necessary to serve as Lead Evaluator and Area 4 Lead on this project. I am a Research Associate and Clinical Psychologist at Boston Children’s Hospital, as well as Instructor in Psychology at Harvard Medical School. During my doctoral training, I worked at the D.C. Superior Court conducting psychological assessments of juvenile justice involved youth to inform sentencing. My dissertation research was conducted in partnership with the Department of Juvenile Justice in Atlanta, Georgia and involved the study of self-injurious behaviors among juveniles in confinement in order to inform psychosocial assessment and trauma-informed programming in Atlanta’s correctional facilities. In my current position at BCH, I bring a strong background in program evaluation that includes skills in both quantitative and qualitative research methods. For example, I am presently leading a multi-site program evaluation effort at several community mental health agencies across the country in order to build a stronger evidence base for our center’s primary intervention model, Trauma Systems Therapy for Refugees. Thus, through my clinical work, various data-driven capacity building initiatives, and leadership roles in federally-funded research and program evaluation projects, I have demonstrated the capacity to substantially contribute to the proposed project as Lead Evaluator and Area 4 Project Lead.

Predoctoral Training

09/13-08/14	Predoctoral Internship	Child Clinical and Pediatric Psychology	Boston Children’s Hospital/Harvard Medical School
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Postdoctoral Training

09/14-08/15 Postdoctoral Fellow Trauma Psychology Trauma Center at JRI

Faculty Academic Appointments

10/2015- Instructor in Department of Psychiatry Harvard Medical School
Psychology

Appointments at Hospitals/Affiliated Institutions

10/2015- Associate Scientific Department of Psychiatry Boston Children's Hospital
Research Staff

10/2016- Associate Scientific Department of Psychiatry Boston Children's Hospital
Clinical Staff

Other Professional Positions

2006 Program Assistant Center of Prevention and Evaluation, New York State
Psychiatric Institute

2008-2009 Professional Rater I Early Emotional Development Program, Washington
University School of Medicine

2009-2011 Research Coordinator Multicultural Research Lab for Young Children & Families,
The Catholic University of America

2010 Psychology Extern Neuropsychological Associates of Fairfax

2010-2011 Clinical Research Assistant Mothers & Babies Lab, George Washington University

2011 Psychology Extern Child Guidance Clinic at the D.C. Superior Court

2011-2012 Policy Intern American Humane Association

2011-2013 Psychology Extern Gil Center for Healing & Play/Alexandria Place
Therapy

2012-2013 Psychology Extern Eating Disorders Clinic, Children's National Medical
Center

2012-2013 Psychology Extern Center for Child and Family Traumatic Stress,
Kennedy Krieger Institute

2012-2013 Evaluation Assistant Sisters Empowering Sisters, Community Connections

2012-2015 Research Coordinator Suicide Prevention Laboratory, The Catholic

		University of America
2013	Teacher's Assistant	The Catholic University of America
2016	State of Social Science Research Workgroup	United Nations University

Major Administrative Leadership Positions

Regional

2018-	Co-Chair, Pediatric Integrated Care Toolkit Project	National Child Traumatic Stress Network/Refugee Trauma & Resilience Center at BCH
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Committee Service

National

2015-	Terrorism & Disaster Collaborative Group	National Child Traumatic Stress Network
2015-	Cultural Consortium Collaborative Group	National Child Traumatic Stress Network
2017-	Refugee Community of Practice	National Child Traumatic Stress Network
2017-	Integrate Care Collaborative	National Child Traumatic Stress Network

Professional Societies

2009-	American Psychological Association (APA)
2017-2018	Society for Community Research and Action
2017-2018	American Public Health Association
2017-	APA's Division 56 (Trauma Psychology)
2018-	Society for the Psychological Study of Social Issues
2018-	International Society for Traumatic Stress Studies

Editorial Activities

Ad-Hoc Reviewer

2016-	Psychological Trauma: Theory, Research, Practice, and Policy
2018-	European Journal of Psychotraumatology
2019-	International Journal of Psychology

Honors and Prizes

2004-2007	Dean's List	Washington University in St. Louis	Academic Excellence
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2010	Honors, Comprehensive Exam in Clinical Psychology	The Catholic University of America	Academic Excellence
2011	Completion of Master's Degree with College Honors	The Catholic University of America	Academic Excellence

Report of Funded and Unfunded Projects

Funding Information

Past

2009-2016	<p>Marigold extension of Project SHIFA: Supporting the health of young Somali refugees Marigold Foundation Research Associate</p> <p>The major goal of this project is to extend mental health and supplemental services to young Somali children (ages 0-11). Grant renews annually.</p>		
2013-2016	<p>Understanding Pathways To and Away From Violent Radicalization among Resettled Somali Refugees National Institute of Justice/2012-ZA-BX-0004 Research Associate</p> <p>The goal of this project is to understand the pathways to diverse outcomes (e.g. violent extremism, gang involvement, criminality, and positive civic engagement) among Somali refugees.</p>		
2012-2017	<p>Children's Hospital Center for Refugee Trauma and Resilience SAMHSA (U79 SMSM061246) Research Associate</p> <p>The major goal of this project is to develop, evaluate and disseminate interventions for refugee youth in order to raise the standard of care for traumatized refugee children. In addition, the program serves as a national advisor to sites working with child refugees.</p>		
2013-2016	<p>Identifying and countering early risk factors for violent extremism among Somali refugee communities resettled in North America Department of Defense Minerva Initiative (N00014-13-1-0243) Research Associate</p> <p>The goal of this project is to empirically examine Social Control Theory (specifically the ways in which trauma and weak social bonds create conditions conducive to increasing violence) in relation to attitudes towards political violence among Somali refugees resettled in the United States and Canada.</p>		
2016-2018	<p>Understanding Diverse Trajectories in Radicalization Over Time and the Role of Internet Use Department Of Defense Minerva Initiative (N00014-16-1-3082) Research Associate</p> <p>The goal of this project is to better understand how on-line internet use may play a central role in radicalization to violence in Somali-American refugee communities. Data analysis</p>		

of mixed-methods data set of qualitative and quantitative data, as well as original data collection will be used.

2016-2018 Integrating MHPSS Services Into Rehabilitative Care: Understanding the Experiences and Psychosocial Functioning of War-Wounded Syrian Refugee Youth in Jordan
Global Health Program Project Grant at Boston Children's Hospital
PI (\$10,000)

The goal of this project is two-fold: (1) to provide general education for paraprofessionals on psychological trauma and on the unique experiences of children and adolescents who have experienced wartime violence/displacement/limb loss; and (2) to conduct original research on the psychosocial functioning of trauma-exposed, war wounded Syrian refugee youth and their families.

2015-2019 Gang Affiliation and Radicalization to Violent Extremism Within Somali-American Communities

National Institute of Justice (2014-ZA-BX-0001)

Research Associate

The goal of this project is to understand how processes related to gang involvement are similar to or different from processes leading to support for violent extremism among Somali-American refugee communities. Secondary data analysis of a longitudinal mixed-method dataset as well as original data collection using a psychological autopsy/case analysis methodology of confirmed violent extremists will be used.

Current

2015-2019
NCE

Preventing the Next Generation: Mapping the Pathways of Child Mobilization into Violent Extremism

Department of Defense Minerva Initiative (N00014-16-1-2693)

Research Associate

The goal of this project is to further understand protective and risk factors to radicalization to violence in Somali-American refugee communities. Data analysis of mixed-methods data set as well as original data collection will be used.

2016-2021 Refugee Trauma and Resilience Center at Boston Children's Hospital
SAMHSA/NCTSN (U79 SM080047)

Psychologist/Research Associate

The major goal of this project is to develop, evaluate and disseminate interventions for refugee youth in order to raise the standard of care for traumatized refugee children. In addition, the program serves as a national advisor to sites working with child refugees.

2016-2021 Spurwink proposal to 2016 National Child Traumatic Stress Initiative (NCTSI) – Category III, Community Treatment and Services (CTS) Grant Mental Health Services for Children of Refugees

SAMHSA NCTSN Category III Community Treatment and Service Center

Psychologist/Research Associate

The goal of this project is to adapt components of Trauma Systems Therapy for Refugees (TST-R) with underserved populations in Maine. Refugee populations including Somali, Iraqi, Congolese and Sudanese communities in Maine are currently greatly underserved, and increasing access to effective, culturally-appropriate trauma services is critical to reaching these vulnerable youth and reducing disparities in mental health.

2018-2020 Self-Care Program for Hospital Staff in Laos
 Global Health Program Project Grant at Boston Children's Hospital
 PI
 The goal of this project is to create a multi-tiered support system inclusive of both formal and informal psychosocial supports for Lao doctors and expat staff at Lao Friends of Children Hospital (LFHC) in Luang Prabang. Activities include an initial needs assessment to enhance LFHC's understanding of programmatic and clinical stressors in addition to resilience levers, followed by skills training and subsequent consultation.

Report of Local Teaching and Training

Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs)

2016-	Trauma and the refugee experience Neurology residents	Boston Children's Hospital One hour lecture
2017-	Understanding trauma and trauma-informed care Psychiatry fellows and pre-doctoral psychology interns	Boston Children's Hospital Three hour lecture
2019-	Traumatic stress: Skills for both assessment and intervention planning Psychiatry fellows	Boston Children's Hospital Two hour lecture
2019-	Working with foster and adopted children Psychiatry fellows	Boston Children's Hospital Two hour lecture
2019-	Helping the Helpers: Self-Care Strategies That Can Be Used Across the Globe Global health fellows	Boston Children's Hospital One hour lecture

Clinical Supervisory and Training Responsibilities

2017-	Supervision of Predoctoral Interns in Psychology/Trauma Center at Justice Resource Institute	One hour supervision per week
2017-2018	Supervision of Postdoctoral Fellow/Refugee Trauma & Resilience Center at Boston Children's Hospital	One hour supervision per week
2018-	Supervision of Psychiatry Fellows/Boston Children's Hospital	Two hours supervision per week

Laboratory and Other Research Supervisory and Training Responsibilities

2016-	Supervision of Research Assistants at the Refugee Trauma & Resilience Center	One hour supervision per week
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Formal Teaching of Peers (e.g., CME and other continuing education courses)

No presentations below were sponsored by outside entities

2018	PTSD in Pediatric Trauma Patients 8 th Annual Pediatric Trauma Conference (Boston Children's Hospital)	Single presentation Boston, MA
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Report of Regional, National and International Invited Teaching and Presentations

Invited Presentations and Courses

Regional

No presentations below were sponsored by outside entities

2016	Trauma and the Refugee and Immigrant Experience/Invited Speaker Boston School-Based Mental Health Collaborative, Boston, MA	
2017	Trauma Systems Therapy for Refugees: 2-day Training Session/Invited Speaker Spurwink Services, Portland ME	
2017	Trauma and the Refugee/Immigrant Experience/Invited Speaker ADVANCE Training Program, Worcester, MA	
2017	Trauma Systems Therapy for Refugees/Invited Speaker Boys & Girls Club, Concord, NH	
2018	Trauma and the Refugee/Immigrant Experience/Invited Speaker Massachusetts School Psychologists Association, William James College, Newton, MA	
2018	Cultural Brokering/Invited Speaker New Hampshire Children's Behavioral Health Workforce Development Group, Concord, NH	
2018	Supporting New American Children & Families Within Your Community/Invited Speaker Concord Public School District/Riverbend Community Mental Health, Concord, NH	
2018	Best Practices for Providing Culturally-Responsive, Trauma-Informed Care to New American Children & Families/Invited Speaker Concord Public School District/Riverbend Community Mental Health, Concord, NH	
2019	Addressing Trauma Experienced by Refugee & Immigrant Youth/Invited Speaker Massachusetts Childhood Trauma Task Force, Boston, MA	
2019	Providing Psychosocial Support to New Americans in Your Community/Invited Speaker NFI North, Inc., Concord, NH	

National

No presentations below were sponsored by outside entities

- 2015 Working with Recently Arrived Youth & Families: The Importance of Context and Understanding Trauma/Invited Speaker
ICE Family Case Management Training Program, Boca Raton, Florida
- 2016 Promoting Self-Reflection in Trauma-Informed Care: Understanding Implicit Bias, Privilege, and Racial Inequality/Invited Speaker
NTSN All-Network Conference, National Harbor, MD
- 2016 Understanding Pathways to and Away From Violence Among Resettled Somali Refugees: The Role of Social Bonds in Violence Prevention/Invited Panelist
Minerva Meeting and Program Review, Department of Defense, Washington, D.C.
- 2017 Trauma Systems Therapy for Refugees: Community Orientation/Invited Speaker
The International Institute of Akron, Akron, OH
- 2017 Somali Immigrants and Refugees: Societal Treatment and Youth Behavior/Invited Presenter
American Society of Criminology Meeting, Philadelphia, PA
- 2017 Exploring the Relationships Among Discrimination and Mental Health Among Somali Young Adults/Invited Presenter
Annual Meeting of the American Public Health Association, Atlanta, GA
- 2018 Trauma Systems Therapy for Refugees/Invited Speaker
The International Institute of Akron/Child Guidance & Family Solutions, Akron, OH
- 2019 From Community Based Participatory Research (CBPR) to Policy: How Community Partnerships Lead to Systemic Change/Invited Presenter
The International Society for Traumatic Stress Studies 34th Annual Meeting, Washington, D.C.
- 2019 Trauma Systems Therapy for Refugees: 3-day Training Session/Invited Speaker
Spurwink Services, Portland/Westbrook, Maine
- 2019 Community Orientation: An Introduction to Trauma Systems Therapy for Refugees/Invited Speaker
Spurwink Services, Portland, Maine
- 2019 Assessment & Diagnostic Considerations for Working with Refugee Youth & Families/Invited Speaker
The Family Place, Logan, UT
- 2019 Refugee & Immigrant Mental Health Training/Invited Speaker
Mt. Hope Family Center, Rochester, NY

- 2019 Violence as a means to an end: Case studies of refugee youth in resettlement
The Society for the Psychological Study of Social Issues' Summer Conference, San Diego, CA
- 2019 Mental Health Care for Refugee and Immigrant Youth and Families: Evidence-Based Strategies for Providers and Programs
The 35th Annual Meeting of the International Society for Traumatic Stress Studies, Boston, MA

International

No presentations below were sponsored by outside entities

- 2015 Psychosocial Support for Syrian Youth with Limb Loss and Their Families/Invited Speaker
Trauma Training for Medical Rehabilitation Staff, Amman, Jordan
- 2017 The Refugee Core Stressor Tool (RCST): A Comprehensive Approach to Assessing the Multifaceted Needs of Refugee Youth & Families/Invited Presenter
North American Refugee Health Conference, Toronto, Canada
- 2017 Ecological approaches to intervention development for vulnerable and displaced populations in low resource/ high conflict settings across the globe/Invited Presenter
16th Biennial Conference of the Society for Community Research and Action, Ottawa, Canada
- 2018 Trauma Systems Therapy for Refugees: 3-day Training Session/Invited Speaker
Canadian Friends of Somalia, Ottawa, ON, Canada
- 2019 Strategies for Engaging Refugee Communities in Mental Health Services/Invited Presenter
North American Refugee Health Conference, Toronto, Canada

Report of Clinical Activities and Innovations

Current Licensure and Certification

- 2018 Massachusetts Psychology License

Practice Activities

- | | | | |
|-----------|---|--|--|
| 2015- | Clinical & Administrative Consultation to Intervention Projects | Refugee Trauma & Resilience Center, Boston Children's Hospital, Boston, MA | Two days per week |
| 2015-2017 | Psychological Consultation and Therapy Services | Trauma Center at JRI, Brookline, MA | 10 individual therapy sessions per week in addition to |

			family/case consultation as needed
2017-	Psychological Consultation and Therapy Services	Private Practice, Brookline, MA	8 individual therapy sessions per week in addition to family/case consultation as needed
2018-	Psychological Consultation	Cambridge Family & Children's Services, Cambridge, MA	90 minutes of consultation per month to their various service teams
2019-	Clinical & Administrative Consultation to Jordanian Trauma Program	Sir Bobby Charlton Rehabilitation Centre, Amman, Jordan	Consultation, ad hoc, in techniques for identifying and responding to traumatic stress, strategies for evaluating children's mental health needs and progress in services, and organizational consultation in trauma-informed, integrated care practices
2019-	Clinical Consultation in Best Practices in Trauma-Informed Care	Beyond Conflict, Boston, MA	Consultation, ad hoc, to inform the development of the field guide for barefoot psychologists, an educational and self-care tool written for individuals who have been forcibly displaced, and for those working with them
2019-	Needs Assessment & Administrative Consultation to Pediatric Hospital	Lao Friends of Children Hospital	Conducted a needs assessment to enhance the hospital's understanding of programmatic and clinical stressors in addition to resilience levers. Findings from the assessment were then used to design a multi-tiered, self-care program for hospital staff that takes into account culturally-specific strengths and needs. Continued ad hoc consultation to so support capacity building for a multi-tiered, trauma-sensitive, self-care program

Clinical Innovations

- Refugee Core Stressor Tool (2017-) I co-developed the Refugee Core Stressor Tool, an assessment tool that evaluates the impact of four core stressors—trauma, resettlement, acculturation, and isolation—on refugee youth and families. This tool can be utilized to guide clinical care for refugee youth and families, helping providers identify primary areas of need and potential interventions to meet these needs.
- Trauma Systems Therapy for Refugees (2018-) I am leading efforts to advance our training and consultation processes for our intervention model, Trauma Systems Therapy for Refugees (TST-R). Associated activities include development of a TST-R manual, enhancing our slide deck, instituting processes for monitoring fidelity and evaluating system level change, and developing a train-the-trainer model.

Report of Education of Patients and Service to the Community

Activities

No presentations below were sponsored by outside entities.

- 2016 Assisting Recently Arrived Families and their Children: The Importance of Community Support
Tuft's University Hillel, Medford, MA
- 2019 Supporting Unaccompanied Children
Mt. Hope Family Center, Rochester, NY

Educational Material for Patients and the Lay Community

Educational material or curricula developed for non-professional students

Those educational materials sponsored by outside entities are so noted and the sponsor is identified

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|------|---|---|--|
| 2013 | Strategies towards successful reunification | Co-author (American Humane Association) | Child Welfare Policy Briefing, 3(1), 1-8 |
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Report of Scholarship

Peer-reviewed publications in print or other media

1. Tandon, M., **Cardeli, E.**, & Luby, J. L. (2009). Internalizing disorders in early childhood: A review of depressive and anxiety disorders. *Child and Adolescent Psychiatric Clinics of North America*, 18, 593-610. doi:10.1016/j.chc.2009.03.004
2. Le, H. N., Perry, D. F., Genovez, M., & **Cardeli, E.** (2013). In their own voices: Latinas' experiences with a randomized controlled trial to prevent perinatal depression. *Qualitative Health Research*, 23(6), 834-846. doi:10.1177/1049732313482591

3. **Cardeli, E.,** Lincoln, A., Abdi, S., Sideris, G., & Ellis, B. H. (2020). Social bonds in the diaspora: The application of social control theory to Somali refugee youth in resettlement. *Psychology of Violence, 10*(1), 18-29. doi:10.1037/vio0000259
4. **Cardeli, E.,** Bloom M., Gillespie, S., Zayed, T., & Ellis, B. H. (2020). Exploring social-ecological factors that mobilize children into violence. *Terrorism & Political Violence, 1-23*. doi: 10.1080/09546553.2019.1701444
5. **Cardeli, E.,** Mulder, L. Phan, J., Adhikari, R., Benson, M., & Ellis, B. H. (in press). Bhutanese refugee youth: The importance of assessing and addressing psychosocial needs in a school setting. *Journal of School Health.*
6. Weine, S., Brahmbat, Z., **Cardeli, E.,** Ellis, H. (in press). Rapid review to inform the rehabilitation and reintegration of child returnees from the Islamic State. *Annals of Global Health.*

Non-peer reviewed scholarship in print or other media

o Reviews, chapters, monographs and editorials

1. **Cardeli, E.,** Abdi, S., & Ellis, B. H. (2018). The psychosocial impact of war on children and families. In J. D. Osofsky and B. M. Groves, editors. *Violence and trauma in the lives of children: Volume One.* Santa Barbara, CA: ABC-CLIO, LLC.
2. **Cardeli, E.,** Baldwin, H., Davis, S., & Ellis, B. H. (2020). Prevention and early intervention programs for vulnerable populations. In J. G. Beck and D. Sloan, editors. *Handbook of Traumatic Stress Disorders: Second Edition.* Oxford, England: Oxford University Press.

Professional Educational Materials or Reports in print or other media

1. Gillespie, S., **Cardeli, E.,** & Ellis, B. H. (2017). What research on youth involvement in Central American gangs can tell us about children's involvement in violent extremist organizations. Executive Summary Report to the Department of Defense, Minerva Initiative. Intended audience: Terrorism researchers and government policy makers.
2. Desai, N., Adamson, M., Allwood, M., Baetz, C., **Cardeli, E.,** Issa, O., Ford, J. (2019). Primer for Juvenile Court Judges: A Trauma-Informed Approach to Judicial Decision-Making for Newcomer Immigrant Youth in Juvenile Justice Proceedings. <https://youthlaw.org/wp-content/uploads/2019/02/Primer-for-Juvenile-Court-Judges-Newcomer-Immigrant-Youth-FINAL-2.pdf>. Intended audience: This primer for juvenile court judges presents a trauma-informed approach to judicial decision-making for newcomer immigrant youth in juvenile justice proceedings.

Clinical Guidelines and Reports

1. Refugee Trauma and Resilience Center (2019). *Trauma Systems Therapy for Refugees Workbook.* Unpublished manuscript. Boston, MA: Refugee Trauma and Resilience Center at Boston Children's Hospital.

Thesis

(b)(6) (2015). *Characteristics and Functions of Suicide Attempts Versus Nonsuicidal Self-Injury in Juvenile Confinement* (Doctoral Dissertation). Retrieved from ProQuest Dissertations & Theses Global. (3705673)

Abstracts, Poster Presentations and Exhibits Presented at Professional Meetings

1. Holmes, J., Saghafi, S., Monahan, M., **Cardeli, E.**, Jobes, D. (2014, April). *Self-hate and suicide risk: Analysis of incarcerated teens*. Paper submitted for presentation for the 47th Annual Conference of the American Association of Suicidology, Los Angeles, CA.
2. Monahan, M., Saghafi, S., Holmes, J., **Cardeli, E.**, & Jobes, D. (2014, April). “*Manipulative*” Vs. “*Genuine*” Suicidal Risk: *An Examination of Juvenile Offenders*. Paper submitted for presentation for the 47th Annual Conference of the American Association of Suicidology, Los Angeles, CA.
3. Ridge Anderson, A., Bowers, M., Willard, C., Casey, T., Caulfield, N., **Cardeli, E.**, & Jobes, D. (2014, April). *Isolation and Adolescent Suicide Risk: The Moderating Role of Self vs. Relational Orientation*. Paper submitted for presentation for the 47th Annual Conference of the American Association of Suicidology, Los Angeles, CA.
4. Saghafi, S., Monahan, M., Holmes, J., **Cardeli, E.**, & Jobes, D. (2014, April). *The subjective experience of suicide among youth: A comparison between suicidal college students and incarcerated juvenile offenders*. Paper submitted for presentation for the 47th Annual Conference of the American Association of Suicidology, Los Angeles, CA.
5. **Cardeli, E.** & Ellis, B. H. (2016, September). *Understanding Pathways to and Away From Violence Among Resettled Somali Refugees*. Poster session presented at the Annual Convention of the Minerva Research Initiative, Washington, D.C.
6. Phan, J., **Cardeli, E.**, Adhikari, R., & Benson, M. (2016, October). *Similarities and differences: Mental health symptoms and school belonging of Somali and Bhutanese refugees resettled in the U.S.* Poster session presented at the 16th Annual Diversity Challenge Conference hosted by The Institute for the Study and Promotion of Race and Culture, Boston, MA.
7. Gillespie, S., **Cardeli, E.**, Issa, O., & Ellis, B. H. (2018, November). Associations between housing instability, mental health, and exposure to violence in a sample of Somali refugee youth. Poster presented at the Annual Conference of the International Society for Traumatic Stress Studies, Washington, D.C.

Curriculum Vitae

Date Prepared: 12/06/2019

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Department of Psychiatry
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15 New Chardon Street
Boston, MA 02114

Work Phone: (b)(6)
Work Email: (b)(6)
Work FAX: (b)(6)
Place of Birth: (b)(6)

Education

1975	BA	Psychology	Haverford College
1978	JD	Law	Boston University School of Law
1980	Post Baccalaureate Studies	Pre-Medical	Lake Forest College and Northwestern University
1985	MD	Medicine	University of Illinois College of Medicine

Postdoctoral Training

07/85-06/86	Intern in Medicine	Internal Medicine	Lutheran General Hospital, Park Ridge, Illinois
07/86-06/88	Clinical Fellow in Psychiatry	Psychiatry	Massachusetts General Hospital
07/88-06/89	Chief Resident	Psychiatry	Massachusetts Mental Health Center

Faculty Academic Appointments

07/89-12/96	Instructor	Psychiatry	Harvard Medical School
01/97-09/00	Assistant Professor	Psychiatry	Harvard Medical School
10/00-06/01	Associate Professor	Psychiatry	Harvard Medical School
07/01-	Associate Professor	Psychiatry	Harvard Medical School
12/15-	Visiting Scholar	Behavioral Health	Saint Elizabeths Hospital Washington, DC

Appointments at Hospitals/Affiliated Institutions

09/87-01/90	Associate Medical Staff	Psychiatry	Westwood Lodge Hospital
09/89-01/90	Staff Psychiatrist and Forensic Evaluator	Psychiatry	Bridgewater State Hospital
07/89-12/91	Assistant in Psychiatry	Psychiatry	Massachusetts General Hospital
06/92-09/94	Staff Psychiatrist	Psychiatry	Suffolk County House of Correction
01/92-12/94	Assistant Psychiatrist	Psychiatry	Massachusetts General Hospital
01/95-09/97	Associate Psychiatrist	Psychiatry	Massachusetts General Hospital
09/97-	Psychiatrist	Psychiatry	Massachusetts General Hospital
01/00-06/03	Clinical Affiliate in Psychiatry	Psychiatry	McLean Hospital
08/05-2018	Associate Professor	Freshman Seminar Program	Faculty of Arts and Sciences, Harvard University

Other Professional Positions

1993-1999	Designated Forensic Psychiatrist	Department of Mental Health Commonwealth of Massachusetts
1994-1996	Consultant: Court Evaluation Service	Erich Lindemann Mental Health Center, Department of Mental Health Commonwealth of Massachusetts
1994-1996	Review Panel	State of Ohio; Implementation of the Settlement Agreement: <u>Coe v Hogan</u>
1997-1999	Program Development Consultant	The Center for Executive and Professional Services, Partners HealthCare System
1998-2000	Consultant	The Pavilion at McLean Hospital
2001-	Founder and President	KeyPeople Resources, Inc.; one hour per week
2001-2003	Consultant on Mental Health Issues	Trial Lawyers Care September 11 Victims' Fund, Association of Trial Lawyers of America; Drafted White Paper on Adult PTSD and organized drafting of White Paper on Childhood PTSD for Special Master Kenneth Feinberg
2007-	Consultant	Federal Bureau of Investigation, National Center for the Analysis of Violent Crime
2008-2009	Member	Office of the Director of National Intelligence Summer Hard Problem Program (SHARP)

2008-	Consultant	United States Office of the Director of National Intelligence
2009-2010	Member	Expert Behavioral Analysis Panel for the Amerithrax Investigation
2014-2015	Threat Management Consultant	Trial Court of the Commonwealth of Massachusetts
2016-	Risk Assessment Working Group	Joint Terrorism Commission including the governments of the United States, the United Kingdom, Canada, and Australia
2017-	Advisory Board Member	Parents for Peace
2017-2019	Member	Community Connect Boston Children's Hospital
2018-	Technical Advisory Group Member	MA Regional Disaster Health Response System
2018-	Member, Expert Panel on Mass Violence	National Council for Behavioral Health
2019-	Member, MassBay Threat Assessment Team	FBI, Boston Field Office

Major Administrative Leadership Positions

Local

1989-1990	Assistant Director, Inpatient Psychiatry Service	Massachusetts General Hospital
1989-	Founder and Director, Law and Psychiatry Service	Massachusetts General Hospital
1990-1997	Course Director, Lecturer; Psychiatry and the Law Seminar Series <i>A monthly evening seminar covering a range of medical-legal topics, offering free risk management credits to clinicians</i>	Massachusetts General Hospital
1990-1998	Assistant Director, Somatic Therapies Consultation Service	Massachusetts General Hospital
1997-2001, 2006-	Director, Forensic Psychiatry Fellowship	Harvard Medical School
2000-2001	Co-Developer: Faculty Forensic Interest Group Seminar Series	Harvard Medical School, Department of Psychiatry

Committee Service

Local

1990-1995	Committee on Informed Consent	Massachusetts General Hospital
1990-2011	Committee on Professional Liability	Massachusetts General Hospital
1991-2000	Committee on Postgraduate Education	Massachusetts General Hospital, Department of Psychiatry
1992-2000	Grand Rounds Committee	Massachusetts General Hospital, Department of Psychiatry
1994-2003	Optimum Care Committee	Massachusetts General Hospital

1998-2000	Committee on the Chronically Suicidal Patient	Risk Management Foundations of the Harvard Medical Institutions
2015-2016	Legal Content Team	Massachusetts General Hospital, McLean Adult Psychiatry Residency Program
2010-	Workplace Conflict and Violence Prevention Task Force	Massachusetts General Hospital
National		
2015-2016	Program Committee Computational Linguistics and Clinical Psychology Workshop	North American Chapter of the Association of Computational Linguistics
2018-	Chair, Legislative Affairs Committee	Association of Threat Assessment Professionals

Professional Societies

1984-	American Medical Association	
1985-	American Psychiatric Association	
	1998-2002	
	1999-2002	Member, Commission on Judicial Action
	1999-2000	Committee on Psychiatry in the Workplace
	2001-2002	Consultant
		Co-Chair
1986-1989	American Society of Law and Medicine	
1986-	Massachusetts Psychiatric Society	
	1992-2000	Committee on Psychiatry and the Law
1986-	Massachusetts Medical Society	
	1997	Member, House of Delegates
	2005	Faculty
	2005-2014	Co-Developer, Course Director, Lecturer: Managing Workplace Conflict for Physician Health Services
1988-	American Academy of Psychiatry and the Law	
	1989-1993	Task Force on AIDS Committee Member
1994-2008, 2013	Academy of Organizational and Occupational Psychiatry	
	1998-2000	Secretary and Board Member
	2000-2002	Vice President and Board Member
	2001	Program Director
	2002-2004	President and Board Member
	2004-2007	Board Member
1997-2011	American Bar Association	

1997		Faculty: Litigation Section Course on Attorney Stress
1999-2001		Faculty: Litigation Section Course on <i>Daubert</i> Issues with Mental Health Testimony
1999-2000	American Association of Directors of Psychiatric Residency Training	
2002-2017	American College of Occupational and Environmental Medicine	
2005-	Association of Threat Assessment Professionals	
2014-2018		President, New England Chapter
2014-2018		National Board of Directors Member
2014-2018		Board of Directors New England Chapter
2019-		Certified Threat Manager

Editorial Activities

1996-	Ad hoc reviewer, Journal of the American Academy of Psychiatry and the Law
2005-	Ad hoc reviewer, Legal and Criminological Psychology
2007-	Ad hoc reviewer, New England Journal of Medicine
2012-	Ad hoc reviewer, Psychosomatics
2014-	Ad hoc reviewer, Behavioral Science & the Law
2018-	Ad hoc reviewer, Journal of Clinical Psychiatry
2018-	Ad hoc reviewer, Terrorism & Political Violence

Other Editorial Roles

1993-	Editorial Board, Forensic Column Co-Editor	Harvard Review of Psychiatry
2006-2010	Editorial Board, Reviewer	Terrorism Research
2013-	Field Editor	Harvard Review of Psychiatry
2014	Guest Editor	Behavioral Science & the Law Special Issue: Terrorism in the 21 st Century

Research

2019-	Co-Principal Investigator, with John Horgan, Ph.D. and Kurt Braddock, Ph.D.: The Other “Me Too”: A Psychological and Behavioral Analysis of the Roots and Evolution of Male Supremacy and the “Incel Rebellion.” Department of Homeland Security Grant
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Honors and Prizes

1987	Jonas R. Rappeport Fellowship	American Academy of Psychiatry and the Law	Provides an opportunity for outstanding residents with interests in psychiatry and the law to further develop their knowledge and skills
2008	Distinguished Fellow	American Psychiatric Association	

2007-2010	Knowles Scholar	Harvard College	Robert R. Barker Fund for Small-Group Instruction
2016-2017	Best Doctors-Boston Distinguished Life Fellow	Boston Magazine American Psychiatric Association	Selected by peers
2018	Cynthia N. Kettyle Teaching Award Nominee	Harvard Medical School	Best Teaching of Medical Students
2019	Best Doctors in America	Teladoc Health	Selected by peers

Report of Local Teaching and Training

Teaching of Students in Courses

Fall 2005-2006; 2008-2017	“Responsibility, the Brain, and Behavior” Freshman Seminar 25w	Faculty of Arts and Science, Harvard University 2-hr sessions per week for 13 wks
Spring 2014-2016	“The Terrorist” with Jessica Stern, Ph.D. Freshman Seminar 46K	Faculty of Arts and Science, Harvard University 2-hr sessions per week for 13 wks

Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs)

1989-	“Medical Legal Issues” PGY-II Residents	Massachusetts General Hospital Two hour lecture
1989-	“Competency Evaluations” PGY-III Residents	Massachusetts General Hospital Three hour lecture
1989-	“Evaluating Decision Making Capacity” Psychiatry Consultation Service Trainees	Massachusetts General Hospital One hour lecture presented three times annually
1989-	“Forensic Psychiatry” Lecture series for General Psychiatry combined residents	Massachusetts General Hospital and McLean Hospital
1992-1997	Teaching Medical Students on Core and Advanced Psychiatry Rotations	Massachusetts General Hospital One hour lecture
1995	“Sexual Misconduct” Residents in Psychiatry	Harvard Day Program, Harvard Medical School
1997-	Forensic Psychiatry Didactic Series and Landmark Case Series Forensic Psychiatry Fellows; Post-Doctoral Psychologists	Massachusetts General Hospital Two hour lecture
2013	“Forensic Psychiatry” Harvard Medical School Rotations	Massachusetts General Hospital One hour lecture per month

Clinical Supervisory and Training Responsibilities:

1997-2001, 2006-	Ambulatory Forensic Psychiatry Practice/ Massachusetts General Hospital	One hour per week
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Formal Teaching of Peers (e.g., CME and other continuing education courses)

Those presentations below sponsored by outside entities are so noted and the sponsor is identified.

1989	“Ethical Considerations in Nutritional Support”/Lecturer Postgraduate Course: Advances in Hyperalimentation	Post Graduate Course Lecture New England Deaconess Hospital; Boston, MA
1989-1997, 1999-2006	“Forensic Psychiatry: Comprehensive Review and Update”	Post Graduate Course Lecture Massachusetts General Hospital
1989-1991	“Malpractice Risk Reduction in Psychopharmacology” “Psychopharmacology”	Post Graduate Course Lecture Massachusetts General Hospital
1990	“Medical Legal Issues I: The Right to Refuse “Treatment, Restraint, and Guardianship” Emergency Psychiatry and Crisis Intervention”	Post Graduate Course Lecture Massachusetts General Hospital
1990	“Medical Legal Issues II: Commitment, Competence and Confidentiality” “Emergency Psychiatry and Crisis Intervention”	Post Graduate Course Lecture Massachusetts General Hospital
1990	“Forensic Problems in Adolescent Treatment” “The Severely Disturbed Adolescent: Evaluation and Management”	Post Graduate Course Lecture Massachusetts General Hospital
1990	“Medico-Legal Resistance and Reappraisal of Informed Consent” “Ethical Issues in Clinical Practice” (Massachusetts Mental Health Center)	Post Graduate Course Lecture Waltham, MA
1992,1994- 1996	“Medical Legal Developments in the Care of the Aged: Recent Developments, Guardianship, and Health Care Proxies” “Geriatrics”	Post Graduate Course Lecture Massachusetts General Hospital
1992	“Crisis Intervention and Civil Commitment” “Practical Psychiatry for Legal Professionals”	Post Graduate Course Course Director/Lecture Massachusetts General Hospital
1992	“Post Traumatic Stress Disorder” “Practical Psychiatry for Legal Professionals”	Post Graduate Course Course Director/Lecture Massachusetts General Hospital
1992	“Informed Consent and Competency: A Clinical Perspective” “Practical Psychiatry for Legal Professionals”	Post Graduate Course Course Director/Lecture Massachusetts General Hospital
1992	“The Mental Health System: Diagnostic and Treatment Standards” “Practical Psychiatry for Legal Professionals”	Post Graduate Course Course Director/Lecture Massachusetts General Hospital
1992	“The Battered Women’s Syndrome” with Julia Reade, M.D. Psychiatry and the Law Seminar Series	Lecture Massachusetts General Hospital
1992	“Post Traumatic Stress Disorder in Court” with Bessel van der Kolk, M.D. Psychiatry and the Law Seminar Series	Lecture Massachusetts General Hospital
1993	“Medical Legal Issues in Treating Personality Disorders”	Post Graduate Course Lecture Course Director

1993	<p>“Treating Personality Disorders”</p> <p>“Informed Consent as Risk Management: Do’s and Do Not’s”</p> <p>“Liability Prevention for Medical and Surgical Practitioners: Trends and Update, and Doctors and Nurses in Court: A Basic Survival Guide” (Massachusetts Mental Health Center)</p>	<p>Massachusetts General Hospital Post Graduate Course Lecture Boston, MA</p>
1993	<p>“Understanding the Legal Process: Defendant and Fact Witness”</p> <p>“Liability Prevention for Medical and Surgical Practitioners: Trends and Update, and Doctors and Nurses in Court: A Basic Survival Guide” (Massachusetts Mental Health Center)</p>	<p>Post Graduate Course Lecture Boston, MA</p>
1993	<p>“Fundamentals of Informed Consent”</p> <p>“Malpractice in the 1990’s Trends and Update, and Doctors and Nurses in Court: A Basic Survival Guide” (Massachusetts Mental Health Center)</p>	<p>Post Graduate Course Lecture Boston, MA</p>
1993	<p>“The Legal Process: Roles of the Clinician in the Courtroom”</p> <p>“Malpractice in the 1990’s Trends and Update, and Doctors and Nurses in Court: A Basic Survival Guide” (Massachusetts Mental Health Center)</p>	<p>Post Graduate Course Lecture Boston, MA</p>
1993	<p>“Forensic Issues in Post Traumatic Stress Disorder”</p> <p>“Psychological Trauma: Maturation Processes and Therapeutic Interventions” (Massachusetts Mental Health Center)</p>	<p>Post Graduate Course Lecture Boston, MA</p>
1993-2012	<p>“Liability Prevention in Psychopharmacology”</p> <p>“Psychopharmacology”</p>	<p>Post Graduate Course Lecture Massachusetts General Hospital</p>
1994	<p>“Witness for What? Roles for the Clinician in the Courtroom”</p> <p>“The Clinician in Court: A Survival Guide” (Massachusetts Mental Health Center)</p>	<p>Post Graduate Course Lecture Boston, MA</p>
1994	<p>“Working with your Attorney in Mental Health”</p> <p>“The Clinician in Court: A Survival Guide” (Massachusetts Mental Health Center)</p>	<p>Post Graduate Course Lecture Boston, MA</p>
1994	<p>“Medical Legal Issues I: Commitment, Restraint, Confidentiality, and the Duty to Protect”</p> <p>“Emergency Psychiatry: Managing the Alternatives”</p>	<p>Post Graduate Course Lecture Massachusetts General Hospital</p>
1994	<p>“Medical Legal Issues II: Competency, Guardianship, and the Right to Refuse Treatment”</p> <p>“Emergency Psychiatry: Managing the Alternatives”</p>	<p>Post Graduate Course Lecture Massachusetts General Hospital</p>
1995	<p>“Medical Legal Aspects of Working with Character Disordered Patients”</p> <p>“Treating Personality Disorders”</p>	<p>Post Graduate Course Lecture Massachusetts General Hospital</p>
1995-1996, 1998, 2012, 2014, 2016	<p>“Forensic Issues in Pediatric and Adolescent Psychopharmacology”</p> <p>“Child and Adolescent Psychopharmacology”</p>	<p>Post Graduate Course Lecture Massachusetts General Hospital</p>
1996	<p>“Fact Witness, Expert Witness, or Defendant: Your</p>	<p>Post Graduate Course Lecture</p>

	Possible Roles in the Court Setting”	Boston, MA
	“Liability Prevention for Mental Health Clinicians: The Mental Health” (Massachusetts Mental Health Center)	
1997-2018 <i>(presented every other year)</i>	“Legal Issues in Treating Individuals with ADHD” “Attention Deficit Hyperactivity Disorder Across the Lifespan”	Post Graduate Course Lecture Massachusetts General Hospital
1997	“Medical Legal Issues: Prescribing During Pregnancy, Competency, Rights of the Fetus” “Psychiatric Disorders Associated with Female Reproductive Function”	Post Graduate Course Lecture Massachusetts General Hospital
1997	“Critical Transitions in the Workplace” “Crisis Points in Adult Life”	Post Graduate Course Lecture Massachusetts General Hospital
1998	“Doctors in Danger: Violence Against Physicians” “Ethics Forum”	Lecture Harvard Medical School
2003, 2005	“Legal and Ethical Issues in the Use of Alternative Remedies” “Natural Remedies for Psychiatric Disorders: Considering the Alternatives”	Post Graduate Course Lecture Massachusetts General Hospital
2005	“Behavioral Health Issues in the Corporate Environment” “The Global Clinic: Healthcare Management for Physician Executives”	Postgraduate Education Course Section Chief/Lecture Partners Healthcare/Brigham and Women’s Hospital/Massachusetts General Hospital
2005	“Executives in Trouble: Identification and Intervention” “The Global Clinic: Healthcare Management for Physician Executives”	Postgraduate Education Course Section Chief/Lecture Partners Healthcare/Brigham and Women’s Hospital/Massachusetts General Hospital
2005	“Realistic Approaches to Stress Management” “The Global Clinic: Healthcare Management for Physician Executives”	Postgraduate Education Course Section Chief/Lecture Partners Healthcare/Brigham and Women’s Hospital/Massachusetts General Hospital
2005	“Stress and Trauma in the Post-9/11 Business World” “The Global Clinic: Healthcare Management for Physician Executives”	Postgraduate Education Course Section Chief/Lecture Partners Healthcare/Brigham and Women’s Hospital/Massachusetts General Hospital
2006	“Mad, Bad, or Something Else” “Anger, Irritability, and Aggression”	Post Graduate Course Lecture Massachusetts General Hospital
2007	“Violence at Work and School: What is the Role of Mental Illness?”	Course Director/Panelist Massachusetts General Hospital Psychiatry Academy PsychLINK Broadcast
2014	“Violence Risk Assessment in Clinical Practice” “Child and Adolescent Psychopharmacology”	Post Graduate Course Lecture Massachusetts General Hospital

2015-	“Violence Risk Assessment in Clinical Practice” “Attention Deficit Hyperactivity Disorder Across the Lifespan”	Post Graduate Course Lecture Massachusetts General Hospital
2016	“Legal Aspects at the End of Life: Especially Withholding and Withdrawing Life Sustaining Treatments” “Practical Aspects of Palliative Care”	Post Graduate Course Lecture Harvard Medical School Center for Palliative Care
2017-	“Law & Psychiatry: Practical Guidelines for Clinical Practice”	Post Graduate Course Lecture Massachusetts General Hospital

Local Invited Presentations

Those presentations below sponsored by outside entities are so noted and the sponsor is identified.

1989	“Ethical Considerations in Nutritional Support”/Lecturer Postgraduate Course: Advances in Hyperalimentation, New England Deaconess Hospital; Boston, MA
1989	“Risk Management in Inpatient Psychiatry”/Grand Rounds Department of Psychiatry, Mt. Auburn Hospital; Cambridge, MA
1992	“Health Care Proxies and Psychiatry: Defining a Role”/Grand Rounds Department of Psychiatry, Massachusetts General Hospital
1993	“The Right to Refuse Treatment”/Grand Rounds Department of Psychiatry, Beth Israel Hospital
1994	“Liability Issues in Civil Commitment”/Grand Rounds Department of Psychiatry, McLean Hospital
1995	“Informed Consent”/Grand Rounds Massachusetts Eye and Ear Infirmary
1995	“Patterns of Behavior in Perpetrators of Domestic Violence”/Grand Rounds Department of Psychiatry, Massachusetts General Hospital
1995	“Health Care Violence: Trends and Strategies”/Lecturer Presented to physicians and staff, Risk Management Foundation of the Harvard Medical Institutions at New England Deaconess Hospital
1998	“Clinical Assessment of Threatening Behavior”/Grand Rounds Department of Psychiatry, Massachusetts General Hospital
1998	“Evaluation of Decision-Making Capacity”/Grand Rounds Department of Palliative Care Service, Massachusetts General Hospital
1998	“Informed Consent: Theory and Practice”/Grand Rounds Department of Anesthesia, Massachusetts General Hospital
1998	“Clinical Assessment of Threatening Behavior”/Grand Rounds Department of Psychiatry, Massachusetts General Hospital
1998	“Doctors in Danger: Violence Against Physicians”/Lecturer Harvard Medical School Ethics Forum; Boston, MA
1999	“Medical Legal Issues”/Lecturer Intern Retreat; Boston, MA (Partners HealthCare System Graduate Medical Education Committee)
1999	“Confidentiality and Conflict: Evaluating the High Profile Individual”/Grand Rounds Department of Psychiatry, Massachusetts General Hospital

1999 “Sexual Harassment”/Grand Rounds
Department of Surgery, Massachusetts General Hospital

1999-2000 “Sexual Harassment”/Grand Rounds
Department of Dermatology, Massachusetts General Hospital

1999 “Sexual Harassment”/Grand Rounds
Department of Nursing, Massachusetts General Hospital

1999 “Sexual Harassment”/Grand Rounds
Department of Obstetrics and Gynecology, Massachusetts General Hospital

2000 “Problems and Pitfalls in High Profile Evaluations”/Lecturer
Forensic Psychiatry Interest Group; Boston, MA (Harvard Medical School Consolidated
Department of Psychiatry)

2000 “Medical Legal Risks: Will I Be Sued?”/Lecturer
Partners HealthCare System Intern Retreat; Boston, MA

2000 “Forensic Psychiatry”/Lecturer
Psychiatry Interest Group; Boston, MA (Harvard Medical School Consolidated
Department of Psychiatry)

2000 “Sexual Harassment”/Grand Rounds
Department of Anesthesia, Massachusetts General Hospital

2000 “Evaluating and Treating the High Profile Patient”/Lecturer
Grand Rounds, McLean Hospital

2001 “Liability Risks in Psychopharmacology”/Grand Rounds
Department of Psychiatry, Mt. Auburn Hospital; Cambridge, MA

2001 “Sexual Harassment”/Grand Rounds
(presented in April and October)
Department of Pathology, Massachusetts General Hospital

2001 “Violence in the Workplace”/Lecturer
Department of Psychiatry, Beth Israel Deaconess Medical Center

2003 “Relationships and Boundaries in the Workplace”/Lecturer
Division of Medical Oncology, Massachusetts General Hospital

2004 “Evaluating Decision Making Capacity”/Grand Rounds
Palliative Care Service, Massachusetts General Hospital

2006 “Evaluating Decision Making Capacity at the End of Life”/ Grand Rounds
Palliative Care Service, Massachusetts General Hospital

2006 “Physician Health and the Changing Face of Medicine”/Grand Rounds
Department of Anesthesia, Beth Israel Deaconess Medical Center

2006 “Physician Health and the Changing Face of Medicine”/Grand Rounds
Department of Obstetrics & Gynecology, Beth Israel Deaconess

2007 “Liabilities and Legalities of Supervision”/Lecturer
Postgraduate Course: Supervision, Cambridge Health Alliance; Boston, MA

2008 “Navigating Legal Issues Related to Patient Care and Autonomy”/Lecture
Massachusetts General Hospital; Boston, MA (Mood and Anxiety Disorders Institute)

2013 “Ethical and Moral Values in Writing and Publishing” with James Silver/Lecturer
Achieving Healthcare Leadership Through Writing and Publishing; Cambridge, MA
(Harvard Medical School)

2013 “Violence Risk Assessment: Current Knowledge and Clinical Dilemmas”/Grand Rounds
McLean Hospital; Belmont, MA

2013 “Almost a Psychopath: Origins and Impact of Dark Side Human Behavior”/Lecturer

- 2013-2014 Russell Museum of Medical Innovation; Boston, MA (Massachusetts General Hospital)
 “Structured Communication Exercise: The Angry Patient”/Co-Facilitator with Marshall Forstein, M.D.
- 2014 Palliative Care for Hospitals and Intensivists; Boston, MA (Harvard Medical School)
 “Legal Issues in the Treatment of Patients with Autism Spectrum Disorders”/Lecturer
 Autism Spectrum Disorder Across the Lifespan; Cambridge, MA (Massachusetts General Hospital Psychiatry Academy)
- 2014 “Violence Risk Assessment On and Off Campus”/Grand Rounds
 Harvard University Health Services; Cambridge, MA
- 2015 “Violence and Risk Assessment in Clinical Practice”/Lecturer with Robert C. Lewis
 Attention Deficit Hyperactivity Disorder Across the Lifespan; Boston, MA (Massachusetts General Hospital Psychiatry Academy)
- 2015 “Legal Issues and ADHD: Selected Topics”/Lecturer
 Attention Deficit Hyperactivity Disorder Across the Lifespan; Boston, MA (Massachusetts General Hospital Psychiatry Academy)
- 2015 “Legal Issues in Treating Individuals with ASD”/Lecturer
 Autism Spectrum Disorder Across the Lifespan; Boston, MA (Massachusetts General Hospital Psychiatry Academy)
- 2016 “Ideas or Illness: Pathways to Violence”/Speaker
 7th Annual Harvard Thinks: Harvard Thinks Global: Addressing a World in Crisis;
 Cambridge, MA (Harvard College Events Board)
- 2016 “Building Resiliency in an Age of Terrorism: Public Health Perspectives”/Speaker
 The Forum: Harvard T.H. Chan School of Public Health (PRI’s The World & WGBH)
- 2016 “Violent Extremism: A Clinical Review”/Lecturer
 Violent Extremism Awareness for Crisis Intervention Specialists, Clinicians and other
 Behavioral Health Experts; Springfield, MA (hosted by Behavioral Health Network, Inc
 and sponsored by U.S. Attorney’s Office for the District of Massachusetts)
- 2016 “Legal Issues in Treating Individuals with ASD”/Lecturer
 Autism Spectrum Disorder Across the Lifespan; Boston, MA (Massachusetts General Hospital Psychiatry Academy)
- 2017 “Insider Threat: Lessons from Amerithrax”/Lecturer; Boston, Massachusetts (Association
 of Threat Assessment Professional New England Chapter)
- 2017 “Targeted Violence Against Police”/Lecturer; Boston, MA (Fidelity Investments Annual
 Police Chiefs Luncheon)
- 2017 “Declining Performance: Assessing Fitness for Practice”/Lecturer; Boston, MA (American
 Society for Anesthesiology)
- 2016 “Mobilizing to Violence: What Does It Look Like?”/Panelist National Security
 Conference; Cambridge, Massachusetts (Office of the United States Attorney, Boston)
- 2016 “Delusion, Denial, Extremist Belief: Diagnoses or Distinctions without a Difference”/
 Lecturer; Boston, MA (Association of Threat Assessment Professionals New England
 Chapter)
- 2017 “Trauma in Correctional Populations: Demographics, Predisposition, and
 Outcomes”/Lecturer
 PREA Conference, Boston, MA (Massachusetts Department of Corrections)
- 2017 “Assessing Violence Risk”/Lecturer
 Mental Illness—Beyond the Basics; Boston, MA (Commonwealth of Massachusetts
 Executive Office of the Trial Court)
- 2018 “Best Practices for Prevention and Intervention for School and Campus Violence”/Lecturer

2018 Boston, MA (Cambridge Health Alliance Continuing Medical Education Course)
“Violence, Fraud, and Public Shaming: The Evolving Nature of Insider Threats”/Lecturer
Boston, MA International Security Management Association 2018 Meeting and 35th
Anniversary.

Report of Regional, National and International Invited Teaching and Presentations

Invited Presentations and Courses

Regional

Those presentations below sponsored by outside entities are so noted and the sponsor is identified.

1990 “Medico-Legal Resistance and Reappraisal of Informed Consent”/Lecturer
Postgraduate Course: Ethical Issues in Clinical Practice, Massachusetts Mental Health
Center; Waltham, MA

1990 “New Developments in the Duty to Protect”/Grand Rounds
Department of Psychiatry, Rogers Veterans Administration Hospital; Bedford, MA

1990 “Ethical Considerations in Total Parental Nutrition”/Lecturer
Charlton Memorial Hospital; Fall River, MA

1993 “Health Care Proxies and Psychiatry: Defining a Role”/Grand Rounds
Norwood Hospital; Norwood, MA

1993 “Liability Issues in Case Management”/Lecturer
Massachusetts Department of Mental Health, South Shore Mental Health Center; Quincy,
MA

1993 “Men Who Murder: Domestic Violence in Massachusetts 1992-1993”/Lecturer
Families in Crisis: Family Violence from a Clinical, Legal, and Cultural Perspective, Holy
Family Hospital; Andover, MA (Center for Behavioral Medicine)

1994 “Informed Consent”/Grand Rounds
Department of Medicine, Lawrence General Hospital; Lawrence, MA

1998 “Treating the Impaired Professional”/Grand Rounds
Department of Psychiatry, North Shore Medical Center; Lawrence, MA

2001 “Informed Consent and the Incompetent Patient”/Lecturer
Inaugural Peter Mencher, M.D. Memorial Lecture, Winchester Hospital; Winchester, MA

2001 “Assessing and Managing Violence in the Workplace”/Lecturer
Cambridge Hospital Conference: Violence in Clinical Practice; Boston, MA

2003 “Risk Management in Psychiatry”/Grand Rounds
Department of Psychiatry, New England Medical Center; Boston, MA

2005 “Informed Consent and the Mentally Ill”/Grand Rounds
Edith Nourse Rogers Memorial Veterans Hospital; Bedford, MA

2005 “Meaningful Methods for Approaching and Assisting a Physician in Need”/Lecturer
Caring for the Caregivers V: Responding to the Changing Culture of Medicine; Waltham,
MA (Physician Health Services, Massachusetts Medical Society)

2006 “ADA Accommodations for Mental Health Issues”/Lecturer
Woburn, MA (Massachusetts Occupational Health Nurses Association)

2008 “Dealing with the Angry Physician”/Lecturer

- The 4th Annual Ellison Pierce Symposium, Positioning Your OR's for the Future; Boston, MA (Boston University School of Medicine)
- 2009 "Terrorism and the Behavioral Sciences"/Grand Rounds
Butler Hospital, Brown University School of Medicine; Providence, RI
- 2009 "Challenges in Assessing the PHS-Referred Physician"/Lecturer and Panel Member
Caring for the Caregivers; Waltham, MA (Physician Health Services, Massachusetts Medical Society)
- 2009 "Dealing with the Difficult Practitioner"/Lecturer
The 5th Annual Ellison Pierce Symposium, Positioning Your OR's for the Future; Boston, MA (Boston University School of Medicine)
- 2012 "Assessing Decision Making Capacity at the End of Life"/Lecturer
Cambridge Health Alliance; Cambridge, MA
- 2014 "Violence Risk Assessment: Current Knowledge and Clinical Dilemmas"/Grand Rounds
Department of Psychiatry, Boston Medical Center; Boston, MA
- 2014 "Almost a Psychopath: Origins and Impact of Dark Side Human Behavior"/Lecturer
Boston, MA (Boston Odontological Society)
- 2014 "Selected Issues in Risk Management"/Grand Rounds
Westwood Lodge Hospital; Westwood, MA
- 2015 "Newton Wellesley Hospital Threat Management Team Training"/Lecturer
Newton Wellesley Hospital; Newton, MA
- 2017 "Violence Against Judges"/Panelist
Judicial Security Seminar; Worcester, MA (Trial Court Security Department, Commonwealth of Massachusetts)
- 2017 "Fundamentals of Threat Assessment for Mental Health Professionals"/Lecturer; Reading, MA (U.S. Attorney's Office and New England Chapter of the Association of Threat Assessment Professionals)
- 2017 "Workplace Violence: What Role for Mental Illness?"/Lecturer and Discussant; Medford, MA Workplace Violence and Mental Illness (Middlesex District Attorney's Office and Hallmark Health)
- 2017 "Violence Risk Assessment vs. Threat Assessment"/Lecturer
Improving Behavioral Health Services for Patients in the Emergency Department; Burlington, MA (Massachusetts Hospital Association)
- 2018 "Mental Illness and Violent Crime"/Lecturer Winchester, MA
Grand Rounds, (Winchester Hospital)
- 2018 "Why and how terrorists change tactics"/Lecturer Boston, MA Advanced Development for Security Applications (ADSA) Workshop 19: Rapid Response to an Adapting Adversary (Awareness and Localization of Explosives-Related Threats, Northeastern University)
- 2018 "Mental Illness in Primary Care Patients: Assessing Suicide Risk and Violence Prevention" Needham, MA (Beth Israel Deaconess-Needham)

National

Those presentations below sponsored by outside entities are so noted and the sponsor is identified.

- 1988 "C-Section in a Dying Woman"/Lecturer
American Academy of Psychiatry and the Law Annual Meeting; San Francisco, CA
- 1989 "HIV and the Criminal Law"/Lecturer
American Academy of Psychiatry and the Law Annual Meeting; Washington, DC

- 1991 “Forensic Psychiatry”/Lecturer
Vista Hill Foundation Course: Frontiers in Administrative Psychiatry; San Diego, CA
- 1993 “Professional Training: Recognition of Signs”/Lecturer
Healing Family Violence: The Fourth Annual McGuire Memorial Conference on Family Violence; Billings, MO
- 1993 “Application of Montana Domestic Abuse Law”/Lecturer
Healing Family Violence: The Fourth Annual McGuire Memorial Conference on Family Violence; Billings, MO
- 1994 “Medical Malpractice: How Not to Get Sued”/Lecturer
Dermatology: Financial and Managerial Practices; Orlando, FL
- 1995 “Clinicians in Court”/Grand Rounds
Hillside Hospital, Long Island Jewish Medical Center; Glen Oaks, NY
- 1995 “A Clinical Approach to Traumatic Memory”/Lecturer
American Psychiatric Association Annual Meeting; Miami, FL
- 1995 “Psychiatry and the Law”/Lecturer
Tulane University Medical School Course: New Dimensions in Mental Health Administration; New Orleans, LA
- 1996 “Violence, Disability, and Forensic Psychiatry in the Workplace”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; Tucson, AZ
- 1996 “Psychiatric Fitness for Duty Exams”/Lecturer
Annual Meeting of the American College of Occupational and Environmental Medicine; San Antonio, TX
- 1996 “Traumatic Recollections: Medical-Legal Issues”/Lecturer
American Psychiatric Association Annual Meeting; New York, NY
- 1996-1999 Course Director, Lecturer: “Medical and Legal Aspects of Assessment in the Workplace”
American Psychiatric Association Annual Meeting; Various Locations throughout the U.S. and Canada
- 1997 “Beyond Sensationalism: The Role of Organizational Psychiatry in Workplace Violence”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; Orlando, FL
- 1997 “Organizational Pathology and Individual Disability”/Lecturer
American Academy of Psychiatry and the Law Annual Meeting; Denver, CO
- 1998 “Assessing Psychiatric Disorders in the Employment Setting”/Lecturer
American Occupational Health Conference; Boston, MA
- 1998 “Expert Testimony in Light of GE v. Joiner and Daubert”/Lecturer
American Academy of Psychiatry and the Law Annual Meeting; New Orleans, LA
- 1999 “Fundamentals of the ADA and FMLA”/Lecturer
Annual Meeting of the Academy of Organizational and Occupational Psychiatry; Washington, D.C.
- 1999 “Risk Management in Psychopharmacology”/Lecturer
Continuing Education Course; Syracuse, New York (State University of New York Health Science Center)
- 1999 “Treatment and Assessment of Disability”/Lecturer
American Psychological Association and the National Institute of Occupational Safety and Health: Work, Stress, and Health '99: Organization of Work in a Global Economy; Baltimore, MD
- 2000 “Limiting Liability in Psychopharmacology”/Lecturer
Madison, WI (University of Wisconsin Medical School & Madison Institute of Medicine)

- 2000 “Consulting in the Public eye: The Challenge of the High Profile Evaluation”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2000 “ADA and FMLA Update”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2000 “Victims in the Workplace: Awful and Optimal Outcomes”/Lecturer
APA Committee on Psychiatry in the Workplace Workshop: American Psychiatric Association Annual Meeting; Chicago, IL
- 2000 “Assessment and Management of Violence in the Workplace”/Lecturer
American Psychiatric Association Annual Meeting; Chicago, IL
- 2000 “Limiting Liability in Psychopharmacology”/Lecturer
University of Wisconsin Medical School and the Madison Institute of Medicine; Madison, WI
- 2000 “Liability in Psychopharmacology: Old and New Issues in 2000”/Lecturer
Puerto Rico Psychiatric Convention 2000; Rio Grande, PR
- 2001 “Evaluating Disruptive Physicians”/Panel Chair and Lecturer
American Academy of Psychiatry and Law Annual Meeting; Boston, MA
- 2002 “Helping Organizations Cope with the Threat of Terrorism”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2002 Course Director, Lecturer: “Core Competencies in Workplace Psychiatry” American Psychiatric Association Annual Meeting; Philadelphia, PA
- 2002 “Legal Issues and Attention Deficit Hyperactivity Disorder/Grand Rounds
New York University Child Study Center; New York, NY
- 2002 “Disaster, Terror and Trauma in the Workplace: What We Knew Before 9/11 and What We Have Learned Since”/Panelist
American Psychiatric Association; Washington, D.C. (Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services)
- 2002 “Fundamentals of Threat Assessment”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2003 “Establishing the Relationship: Expectations and Contracts”/Lecturer
Annual Meeting of the Academy of Organizational and Occupational Psychiatry; Washington, D.C.
- 2003 “Implementing Interventions”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; Washington, D.C.
- 2004 “Fitness for Duty Executives and Professionals”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2004 “The Assessment of Violence Potential in the Workplace”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2004 “Organizational Response to Epidemics and Bioterrorism”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2005 “Evaluating Decision Making Capacity at the End of Life”/Grand Rounds
Zucker Hillside Hospital, Long Island Jewish Medical Center; Glen Oaks, NY
- 2005 “Fitness for Duty Executives and Professionals”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; Washington, D.C.
- 2005 “The Assessment of Violence Potential in the Workplace”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; Washington, D.C.

- 2005 “The Evaluation of Disruptive Physicians” with Julia Reade, M.D./Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; Washington, D.C.
- 2005 “Disruptive Doctors: Experience and a Sample from the Northeast” with Julia Reade, M.D./Lecturer
The Disruptive Individual in Hospital and Medical Staff Relations; Palo Alto, CA (Center for Psychiatry and the Law, Stanford Medical School)
- 2005 “Disruptive Physicians: Characteristics of a Sample and an Approach to Evaluations” with Julia Reade, M.D./Lecturer
New Hampshire Physician Health Program; Concord, NH
- 2006 “Organizational Crises: Managing Mergers, Corporate Downsizing, & Outsourcing to Minimize Mental Health Disruption to the Workforce”/Panel Chair
World Congress Leadership Summit on Cost-Appropriateness of Behavioral Health and Wellness; Baltimore, MD
- 2006 “Current Status of the Duty to Protect”/Lecturer presented on behalf of James C. Beck
Annual Meeting of the American Academy of Psychiatry and the Law Annual Meeting; Chicago, IL
- 2006 “Limits on Confidentiality in Employment Evaluations”/Workshop Chair & Lecturer
American Academy of Psychiatry and the Law Annual Meeting; Chicago, IL
- 2007 “Managing Disruptive Behavior: Differential Diagnosis, Organizational Issues, and Barriers to Change”/Lecturer and Panelist
Joint Session of the Federation of State Physician Health Programs and the Federation of State Medical Boards; San Francisco, CA
- 2008 “Misuse of Biological Agents: Risk Factors and Behavioral Indicators”/Lecturer and Panelist
Biodefense and Emerging Disease Research Meeting; Baltimore, MD (American Society for Microbiology)
- 2008 “Liability Prevention in Psychopharmacology”/Lecturer
Psychopharmacology Updates: A Comprehensive Review of Evidence-Based Approaches; New York, NY (Massachusetts General Hospital and Mt. Sinai School of Medicine)
- 2008 “Fitness for Duty Evaluations: When and How”/Lecturer
General Motors Health Services-2008 Occupational Medicine Symposium; Cincinnati, OH
- 2008 “Diagnosis and Treatment of Depression”/Lecturer
General Motors Health Services-2008 Occupational Medicine Symposium; Cincinnati, OH
- 2009 “Capacity Assessments for Medical Decisions on the Inpatient Unit”/Lecturer
American Academy of Psychiatry and the Law Annual Meeting; Baltimore, MD
- 2012 “The Amerithrax Case”/Lecturer with Gregory Saathoff, MD, Christopher Holstege, MD, David William
Internal Medicine Grand Rounds, University of Virginia School of Medicine; Charlottesville, VA
- 2013 “Challenges of Personnel Suitability and Reliability in Active Research Programs: An Overview”/Lecturer
Bridging Science and Security for Biological Research: Personnel Security Programs; Washington, D.C. (American Association for the Advancement of Science, Association of American Universities, Association of Public and Land Grant Universities, and the Federal Bureau of Investigation)
- 2014 “Civil Commitment: Policy Considerations and Mass Violence”/Lecturer
Saint Elizabeths Hospital Annual Forensic Conference: Involuntary Civil Commitment,

- 2014 Updates and Controversies; Washington, D.C. (Saint Elizabeths Hospital)
 “Assessing Violence Risk in Threatening Communications”/Lecturer with Kimberly A. Glasgow
 Workshop on Computational Linguistics and Clinical Psychology; Baltimore, MD (Association for Computational Linguistics)
- 2014 “Selected Medical Legal Issues in State Department Psychiatry”/Lecturer
 The State of Psychiatry 2014; Boston, MA (Invited and developed by United States Department of State and held at Massachusetts General Hospital)
- 2015 “Safeguarding the Research and Educational Environment at U.S. Universities: Addressing Potential Personnel Security Risks in A Multidisciplinary Research Environment”/Participant
 Washington, D.C. (Gryphon Scientific, American Association for Advancement in Science, Federal Bureau of Investigation)
- 2015 “Transforming Counter-Terrorism Policy by Researching Religious Justifications of Violence: Three Cases of Islamist Terrorism”/Speaker with Neil Aggarwal and John Horgan
 “Transforming Policy and Practice for Culturally Competent Mental Health Care”
 Minneapolis, MN (Society for the Study of Society & Culture)
- 2016-2019 “Sexual Harassment”/Lecturer
 St. Elizabeths Hospital, Washington, DC
- 2016 “Fundamentals of Threat Assessment”/Lecturer Portsmouth, NH (State Street Global Security Summit)
- 2016-2019 “Legal Issues in Threat Assessment and Management”/Lecturer with Rachel Solov and Molly Amman; Anaheim, CA Threat Management Conference (Association of Threat Assessment Professionals)
- 2017 “Targeted Violence Against Police Officers: A Case Example”/Lecturer Houston, Texas (Association of Threat Assessment Professionals Texas Chapter)
 2017 “Targeted Violence Against Police Officers: A Case Example”/Lecturer Washington, DC; (Association of Threat Assessment Professionals Washington, DC Chapter)
- 2018 “Frontiers of Liability in Workplace Mass Shootings”/Lecturer with Richard Hines and Robert Foster; Orlando, FL (Association of Threat Assessment Professionals Winter Meeting)
- 2018 “Basics of Student Threat Assessment”/Lecturer, Trainer with Stephanie Leite. Bangor, ME (A day-long training for the Co-Occurring Collaborative Serving Maine)
- 2018 “Insider Threat”/Lecturer. Quantico, VA (Federal Bureau of Investigation Domestic Security Executive Academy-XV)
- 2018 “Biosecurity Issues”/Panelist Washington, DC (Georgetown University Biohazardous Threat Agents and Emerging Infectious Diseases (BHETA) Program)
- 2018 “Insider Threats in Times of Change”/Lecturer Nyskayuna, NY (General Electric Company Security, Risk, Crisis Management Corporate Executive Council)
- 2018 “Fundamentals of Threat Assessment”/Lecturer, with John Rozel Austin, TX (American Academy of Psychiatry and the Law Annual Meeting)
- 2018 “Insider Threat”/Lecturer Washington, DC (Second China-U.S. Track II Dialogue on Nuclear Security; Organized by the Nuclear Threat Initiative (NTI) and the China Arms Control and Disarmament Association (CACDA))
- 2019 “Fundamentals of Threat Assessment and Management”/Lecturer Augusta, ME (A day-long training for the University of Maine System)

- 2019 “Insider Threat” Hoover Institute, Stanford University, Palo Alto, California (NC-3 and Global Stability, sponsored by the Nautilus Institute and the MacArthur Foundation)
- 2019 “WMD and Insider Threat: Who Would Do Such a Thing?"/Lecturer Washington, DC (Nuclear Threat Initiative Seminar Series)
- 2019 “Challenges with Mental Health in Investigations"/Lecturer-Panelist Washington, DC (Federal Bureau of Investigation National Joint Terrorism Task Force Conference)

International

- 1999 “Stress, Suicide, and Work"/Key Note Address
Stress and Suicide in the Workplace Conference; Tokyo, Japan (Japanese Society of Occupational Mental Health and the Society of Stress Research)
- 2001 “Confidentiality and the Media: The Mike Tyson Case"/Lecturer
Royal College of Psychiatrists Faculty of Forensic Psychiatry; Brighton, England
- 2002 “Protecting the Rights of the Mentally Ill: Legislative, Regulatory and Litigation-Based Approaches"/Keynote Address
Annual Meeting of the Japanese Society of Social Psychiatry; Chiba City, Japan
- 2002 “Protecting Patients’ Rights"/Lecturer
Chichibu Mental Hospital; Chichibu, Japan
- 2002 “Informed Consent and the Right to Refuse Treatment"/Lecturer
Kijima Mental Hospital; Kijima, Japan
- 2002 “Posttraumatic Stress Disorder"/Lecturer
Asaka Hospital; Koriyama, Fukushima Prefecture, Japan
- 2002 “Involuntary Treatment and Hospitalization: Ethical, Legal and Clinical Guidelines"/Lecturer
Symposium on “Contemporary Practices and Problems of Inpatient Treatment in the Acute Phase of Psychiatric Illness” at the World Congress of Psychiatry; Yokohama, Japan
- 2002 “Protecting the Rights of the Mentally Ill: Legislative, Regulatory and Litigation-Based Approaches"/Lecturer
Annual Meeting of the Association of Osaka Psychiatric Hospitals; Osaka, Japan
- 2002 “Compensation for Victims of Trauma in the United States"/Lecturer
Symposium on “Posttraumatic Stress Disorder” at the World Congress of Psychiatry; Yokohama, Japan
- 2002 “Organizational and Occupational Psychiatry in the United States"/Lecturer
Symposium on “Working Life and Mental Health: A Challenge to Psychiatry” at the World Congress of Psychiatry; Yokohama, Japan
- 2002 “Defining and Protecting the Rights of the Mentally Ill"/Lecturer
Sapporo Kosetsu Hospital; Hokkaido, Japan
- 2006 “Organizational Impact and Evaluations of Impaired Executives and Professionals"/Lecturer
Occupational Psychiatry Section Symposium, World Psychiatric Association; Istanbul, Turkey
- 2007 “Evaluation and Management of Destructive Behavior by Executives and Professionals"/Lecturer
Annual Congress of the International Stress Management Association-Brazil; Porto Alegre, Brazil
- 2007 “Aggression and Disruptive Behavior in the Workplace: A North American Perspective"/Lecturer and Panelist
Annual Congress of the International Stress Management Association-Brazil; Porto Alegre, Brazil

- 2012 “Insider Threats”/ Lecturer with Gregory Saathoff, MD, Christopher Holstege, MD
Chemical Biological Medical Treatment Symposium IX: Insider Threats; Spiez,
Switzerland
- 2013 “Ethical and Methodological Issues when Clinicians and Researchers Lend their Skills to
Studying and Attempting to Prevent Terrorism”/Lecturer with John Lord Alderdice,
FRCPsych and Gregory Saathoff, MD
Society for Terrorism Research 7th Annual Conference; London, United Kingdom
- 2016 Case Presentation on Targeted Violence Against Law Enforcement Personnel/Lecturer
Fixated Threat Assessment Centre, Metropolitan Police/National Health Service; London,
England
- 2016 “Working with Health Care Providers” Second meeting of the Risk Management Working
Group, Lancaster University, Lancaster, England
- 2018 “Insider Threats”/Lecturer; Meeting of the Northwest Chapter of the Association of Threat
Assessment Professionals and the Canadian Association of Threat Assessment
Professionals; Victoria, BC Canada
- 2019 “Targeted Individuals”/Lecturer; XIII Annual Conference sponsored by the North London
Forensic Service entitled “Grudges and Grievances”

Report of Clinical Activities and Innovations

Current Licensure and Certification

- 1987- Full Medical License, Massachusetts
1991- Full Medical License, California
1993 Diplomate in Psychiatry, American Board of Psychiatry and Neurology
1994 American Board of Psychiatry and Neurology, Certification in the Subspecialty of
Forensic Psychiatry
2005- Full Medical License, New York
2014 American Board of Psychiatry and Neurology, Recertification in the Subspecialty of
Forensic Psychiatry

Practice Activities

- | | | | |
|---------------|---|---|--|
| 1989-
1990 | Assistant Director | Inpatient Psychiatry Unit,
Massachusetts General
Hospital | Half Time including leading
two treatment teams |
| 1989-
1990 | Unit Psychiatrist | Bridgewater State Hospital | Half Time |
| 1989- | Ambulatory Practice, Adult
Psychotherapy and
Psychopharmacology | Department of Psychiatry,
Massachusetts General
Hospital | Initially 3 hours per week-
current 20% of practice |
| 1990-
1998 | Assistant Director, Inpatient
and Outpatient treatment | Department of Psychiatry
Somatic Therapies
Consultation Service,
Massachusetts General
Hospital | Half Time |

1989- Clinical Forensic Consultation Department of Psychiatry, 60% of practice
 Law and Psychiatry Services,
 Massachusetts General
 Hospital

Report of Education of Patients and Service to the Community

Those presentations below sponsored by outside entities are so noted and the sponsor is identified

Activities

Regional

Those presentations below sponsored by outside entities are so noted and the sponsor is identified.

1992-1993 Judicial Institute of the Commonwealth of Massachusetts/Course Director and Faculty

1992-1994 Committee for Public Counsel Services/Faculty

1993 4th Annual Seminar, Domestic Violence/Stalking at Massasoit Community College
 Law Enforcement Department; Brockton, MA/Lecturer
 “Medical Perspective on Domestic Violence”

1993 Harvard University, Personnel Law Update; Cambridge, MA/Lecturer
 “Violence in the Workplace”

1993 Council on Education in Management; Cambridge, MA/Lecturer
 “Preventing Violence in the Workplace”

1994 Massachusetts Trial Court Department of Probation/Course Director and Lecturer

1994, 1999 Massachusetts Bar Association/Faculty

1994 Robinson, Donovan, Madden, and Barry law firm; Springfield, MA/Lecturer
 “Preventing Violence in the Workplace”

1994 Practical Steps for Handling and Treating Sexual Harassment Claims in the
 Workplace; Natick, MA/Lecturer
 “Mental Health Aspects of Sexual Harassment”

1994 Committee for Public Counsel Services Seminar: Evidence and Experts; Boston,
 MA/Lecturer
 “Safe Handling of the Volatile Employee”

1995 Region I Seminar for Legal Investigators, National Association of Legal
 Investigators; Eastham, MA/Lecturer
 “Violence in the Workplace”

1995 Council on Education in Management: 11th Annual Massachusetts Conference:
 Personnel Law Update; Cambridge, MA/Lecturer
 “Violence: Profile of a Susceptible Workplace”

1995 Boston Bar Association Labor and Employment Law Section; Boston, MA/Lecturer
 “Violence in the Workplace”

1995 Peabody and Brown: Seminar for Corporate Executives; Boston, MA/Lecturer
 “Violence in the Workplace”

1995 Massachusetts Continuing Legal Education Program: Mental Health Issues in
 Criminal Law Practice; Boston, MA/Lecturer
 “Mental Health Issues in Criminal Law Practice: Competence to Stand Trial and
 Criminal Responsibility”

- 1995 Massachusetts Continuing Legal Education Program: Hot Issues in Handling Employee Complaints; Boston, MA/Lecturer
“Sex and Violence in the Workplace”
- 1995 Massachusetts Continuing Legal Education Program: Mental Health Issues in Criminal Law Practice; Holyoke, MA/Lecturer
“Mental Health Issues in Criminal Law Practice: Competence to Stand Trial and Criminal Responsibility”
- 1995 Committee for Public Counsel Services; Marlboro, MA/Lecturer
“Mental Health Issues in Criminal Law Practice: Competence to Stand Trial and Criminal Responsibility”
- 1995 Massachusetts Continuing Legal Education Program: Mental Health Issues in Criminal Law Practice; Holyoke, MA/Lecturer
“Sex and Violence in the Workplace”
- 1995 National Association of Legal Investigators/Faculty
- 1996 Massachusetts Continuing Legal Education Program: Bringing and Defending Sexual Harassment Cases; Boston, MA/Lecturer
“Psychological Issues in Sexual Harassment Cases”
- 1997 California State University Institute for Business Law Program: Employment Regulations in Massachusetts; Boston, MA
“Profile of a Potentially Violent Employee”
- 1997 Massachusetts Bankers Association; Needham, MA/Lecturer
“Dealing with the Problem Employee: A Mental Health Perspective”
- 1997 American Society of Industrial Security (Boston Chapter); Saugus, MA/Lecturer
“Beyond Sensationalism: Workplace Violence in the Real World”
- 1998 Flaschner Judicial Institute Conference, Mental Health Testimony in the Courtroom; Southborough, MA/Lecturer
“The New Psychiatry and the Legal System”
- 1998 Flaschner Judicial Institute Conference, Mental Health Testimony in the Courtroom; Southborough, MA/Lecturer
“Special Problems in Civil Damages Assessment”
- 1999 Partners Healthcare System: Human Resource Conference; Boston, MA
“Workplace Violence in the Real World: Assessment and Management of Threatening Behavior”
- 1999 American Conference Institute Course: Litigating Disability Insurance Claims; Boston, MA
“A Medical Guide to Subjective Disorders”
- 1999 Massachusetts Continuing Legal Education Program: Parity for Mental Illness; Boston, MA/Lecturer
“The ‘New’ Psychiatry and the Parity Issue”
- 2000 Council on Education in Management: Personnel Law Update 2000; Cambridge, MA/Lecturer
“Assessment and Management of Violence in the Workplace”
- 2000 American Conference Institute: Litigating Disability Claims; Boston, MA/Lecturer
“Selected Psychiatric Disorders in Disability Claims”
- 2000 Palmer & Dodge LLP: Selected Legal Issues for Schools and Colleges; Boston MA/Lecturer
“Assessment and Management of Violence Risk”
- 2000 Protective Services Division of the Federal Bank of Boston: Annual Training

Weekend; Boston, MA/Lecturer
 “Recognition and Management of Stress in Protective Services”

2001 Annual District Court Judges’ Conference; Williamstown, MA/Panelist
 “Adjudicating Mental Health Issues: One Clinician’s View”

2001 New England Human Resources Association; Waltham, MA/Panelist
 “Workplace Violence”

2001 Holland & Knight; Boston, MA/Panelist
 “Preventing and Managing Student and Employee Crises”

2001 Massachusetts Association of General Contractors; Waltham, MA
 “Realistic Approaches to Workplace Violence”

2001 Preventing Workplace Violence (Massachusetts Bankers’ Association);
 Westborough, MA/Lecturer
 “Putting Workplace Violence in Perspective

2001 Lesley University: Faculty Development Conference/Lecturer
 “Threatening Behavior on Campus: Assessment and Management”

2001 Bentley College (Middlesex County District Attorney)/Lecturer
 “Realistic Approaches to Workplace Violence”

2001 Massachusetts Mental Health Advisors Committee/Keynote Speaker
 “Bridging the Gap: Challenges in the Interface Between Law and Clinical Care”

2001 Training to Reduce the Risk of Violence in the Workplace (Pinkerton Consulting &
 Investigations) /Lecturer
 “Responding to Threats and Violence in the Workplace”

2001 Crime and Violence in the Workplace (Boston Bar Association)/Lecturer
 “Workplace Crime and Violence: Behavioral Health Issues”

2001 High Rise Security and Workplace Violence (Pinkerton Consulting &
 Investigations)/Lecturer
 “Reducing Workplace Violence: Behavioral Health Aspects”

2002 Northeastern University College of Criminal Justice/Lecturer
 “Reducing Workplace Violence: Behavioral Health Aspects”

2002 Suffolk University Law School (Mental Health Legal Advisors’ Committee)
 “Psychiatric Diagnosis: A Work in Progress?”

2002 Massachusetts Bankers’ Association; Marlborough, MA/Lecturer
 “Considering Psychological Impact in Disaster Planning: Policy, Preparation, and
 Response”

2002 New England Corporate Counsel Association; Waltham, MA/Lecturer
 “Workplace Violence: Behavioral Health Aspects”

2003 Judicial Institute of the Commonwealth of Massachusetts/Lecturer
 “An Overview: The Diagnostic and Statistical Manual of Mental Disorders, Fourth
 Edition, Text Revision”

2003 American Electronics Association, New England Council; Lexington, MA/Lecturer
 “Toxic and High Maintenance Employees”

2003 Seyfarth Shaw workplace violence conference/Lecturer
 “Behavioral Aspects and Strategies”

2003 State Street Bank and Trust/Lecturer
 “Responding to Disasters, Threats, and Hoaxes-Mental Health Aspects”

2003 International Banking Security Association/Lecturer
 “Building New Resources for New Problems”

2003 Trial Court of the Commonwealth of Massachusetts; Stockbridge, MA/Lecturer

- “Expert Opinion: Can Predicting Dangerousness be the Subject of Expert Testimony”
 2003 Corporate Business Continuity Conference (State Street Bank); Quincy, MA/Lecturer
- “Responding to Disasters, Threats and Hoaxes-The Mental Health Aspect”
 2003 Judicial Institute of the Commonwealth of Massachusetts; Planning Committee and Faculty
- “Psychiatric Disorders: Clinical Concepts for the Courtroom”
 2004 Twenty Years Since Rogers: Mental Health Medications and the Law Today; Boston, MA/Keynote Address
- “Change and Progress in Medicine and the Law since Rogers in 1983”
 2004 Seyfarth Shaw; Boston, MA/Lecturer
- “Organizational Response to Bioterrorism”
 2004 Massachusetts Hospital Association Human Resources and Labor Forum; Framingham, MA/Lecturer
- “Practical Responses to Threats and Violence in the Workplace” with Katherine E. Perrelli, Esq.
 2004 Annual Conference of the New England Disaster Recovery Information Exchange; Newport, RI/Lecturer
- “Business Continuity Planning Challenges with Workplace Threats and Violence”
 2005 Pinkerton Consulting & Investigations; Waltham, MA/Lecturer
- “Training to Reduce the Risk of Workplace Violence”
 2005 Massachusetts Medical Society/Planning Committee
- “Managing Workplace Conflict”
 2005 “Who Would Do Such a Thing? The Search for a Terrorist Typology”/Keynote Speaker and Subject Matter Expert
 Biological Threat Characterization Program; Colorado Springs, CO (U.S. Department of Homeland Security and Sandia National Laboratories)
- “Advanced Analysis of Physiological Signals: Possible Applications and Challenges Related to Threat Assessment”/Lecturer
 Analytical Approaches to Complex Physiological Signals; Los Alamos, NM (Los Alamos National Laboratory)
- Massachusetts Bankers Association (From Disaster Recovery to Business Resumption Preparedness); Framingham, MA/Lecturer
 2006 “Pandemics and Other Disasters: Psychological Impact and Preparation”
- Annual Massachusetts Bankers Association Executive Officers Workshop; Chatham, Ma/Lecturer
 2006 “Bird Flu & Banks: Impact and Preparation”
- Boston Bar Association; Boston, MA/Panelist
 2006 “Winning Damages Claims in Employment Litigation”
- ASIS International Boston Exposition; Boxborough, MA/Lecturer
 2007 “Myths, Realities, and Effective Strategies in Addressing Violence in the Workplace”
- Massachusetts Employment Law Update (Council on Education in Management); Waltham, MA/Lecturer
 2007 “Solutions to Growing Workplace Violence Concerns”
- Common Challenges in Mental Health Proceedings: A Program for Judges (Judicial Institute of the Trial Court of the Commonwealth of Massachusetts); Boston,
 2007

MA/Lecturer
 “Assessing Dangerousness”
 2007 Common Challenges in Mental Health Proceedings: A Program for Judges (Judicial Institute of the Trial Court of the Commonwealth of Massachusetts); Boston, MA/Lecturer

2007 “Rogers Hearings”
 Judicial Institute of The Trial Court of Massachusetts/Planning Committee

2008 “Common Challenges in Mental Health Proceedings: A Program for Judges
 Massachusetts Probate and Family Court Judicial Conference; Lenox, MA/Lecturer

2008 “Clinical Assessment of Decisional Capacity: From the Bedside to the Bench” with
 Rebecca Brendel, M.D., J.D.

2008 Annual District Court Judicial Conference, Trial Court of the Commonwealth of
 Massachusetts; Northampton, MA/Lecturer

2008 “The Violence Risk Assessment Process”
 Boston Bar Association; Boston, MA/Panelist

2008 “Evaluating Testamentary Capacity”
 25th Anniversary Conference of the International Security Managers Association;
 Boston, MA/Lecturer

2008 “Effective Response to the Expanding Scope of Workplace Violence”
 Boston Bar Association; Boston, MA/Panelist

2008 “The Use of Experts in Employment Litigation”
 Annual Guardianship Conference (Advanced Legal Studies Center, Suffolk
 University Law School); Boston, MA/Lecturer

2008 “Clinical Assessment of Decisional Capacity” with Rebecca Brendel, MD, JD
 Pinkerton Consulting & Investigations; Providence, RI/Lecturer

2009 “A Practical View of Violent Workplace Threats”
 Annual Meeting of the National Association of Bar Counsel; Boston, MA/Lecturer

2009 “Personality Disorders for Bar Counsel”
 Pinkerton Consulting & Investigations and Brigham & Women’s Hospital; Boston,
 MA/Lecturer

2012 “A Practical View of Violent Workplace Threats”
 Critical Issues and New Research in Mental Health, Drug and Alcohol Abuse, and
 Crime on College Campuses (Harvard Health Publications); Boston, MA/Lecturer

2012 “Threats and Violence on Campus”
 Are Your Employees Safe at Work? Assessing, Preventing, and Responding to
 Violence in the Workplace (Nixon Peabody LLC); Boston, MA/Lecturer

2012 “Workplace Violence”
 Featured speaker: “Freedom from Workplace Bullying: Who Are the Aggressors,
 and What Can We Do About Them?” The New Workplace Institute, Suffolk
 University Law School, Boston, MA

2013 Mental Health Proceedings: Medical Considerations and Legal Issues
 (Commonwealth of Massachusetts Office of the Chief Justice of the Trial Court
 Judicial Institute and the Mental Health Legal Advisors Committee); Boston,
 MA/Faculty

2013 “Violence Risk Assessment”
 House Speaker Deleo’s Study Group on Gun Violence and Mental Illness,
 Northeastern University; Boston, MA/Lecturer

2013 “Risk Assessment, Gun Violence, and Mental Illness”

- 2013 Annual Meeting of the Massachusetts Association for Mental Health; Boston, MA/Lecturer
“Guns, Violence, and Mental Health”
- 2014 Brookline Reads (Brookline Public Library); Brookline, MA/Panelist
“Defending Jacob”
- 2014 Insider Threats Workshop (American Academy of Arts and Sciences); Somerville, MA/Lecturer
“Insider Threats: Lessons from Amerithrax”
- 2014 Massachusetts Anti-Terrorism Advisory Council Meeting (United States Attorney’s Office, District of Massachusetts); Boston, MA/Lecturer
“Mental Health Outreach”
- 2014 Harvard Law School; Cambridge, MA/Faculty
Trial Advocacy Workshop
- 2015 Judicial Security: Awareness, Challenges and Safety Tips (Judicial Institute of the Commonwealth of Massachusetts); Worcester, MA/Lecturer
“Threat and Stalkers”
- 2015 Active Shooter Preparation and Response Workshop (FBI Citizens’ Academy Alumni Association); Smithfield, RI/Keynote Address
“Mental Health Aspects of Active Shooter Situations”
- 2016 National Security Conference (United States Attorney’s Office, District of Massachusetts); Cambridge, MA/Speaker
“Mobilizing to Violence: What does it look like?”
- 2019 NAVIGATING THE GREY: THREAT ASSESSMENT MANAGEMENT IN HIGHER EDUCATION
“The Fundamentals of Threat Assessment” (Massachusetts Association of Campus Law Enforcement Administrators); Leominster, MA/Speaker

National

Those presentations below sponsored by outside entities are so noted and the sponsor is identified.

- 1988 Stetson College of Law; St. Petersburg, FL/Lecturer
“The Evaluation of Competency to Consent to Medical Treatment”
- 1994 Federally Employed Women’s National Training Conference; Washington, DC/Lecturer
“Psychological Aspects of Sexual Harassment”
- 1994 The State of the Art Conference Series on Family Violence; Dayton, OH/Lecturer
“Families in Crisis: Family Violence from a Clinical and Legal Perspective”
- 1994 Women’s Resource Center: Family Violence Prevention Conference; Racine, WI/Lecturer
“Professional Training: Recognizing the Signs”
- 1995 Federally Employed Women National Training Conference; Tacoma, WA/Lecturer
“Violence in the Workplace”
- 1995 Federally Employed Women National Training Conference; Tacoma, WA/Lecturer
“Sexual Harassment: Psychology, Effects, and Investigation”
- 1995 International Claim Association Eighty-Sixth Annual Meeting; San Diego, CA/Lecturer
“Forensic Assessment of Psychiatric Disability Claims”

1996 Threat Management Conference (Los Angeles Police Department and The Association of Threat Assessment Professionals); Anaheim, CA/Lecturer
 “Psychiatric Disorders and Threatening Behavior”

1997 American Bar Association Litigation Course on Attorney Stress

1997 The Association of Threat Assessment Professionals; Washington, DC/Lecturer
 “Psychiatric Disorders and Their Association with Threatening Behavior”

1999-2001 American Bar Association Litigation Section Course on Daubert Issues with Mental Health Testimony

2001 Kinky Evidence: How to Get it and How to Keep it in the Case (American Bar Association Section of Litigation Meeting); Scottsdale, AZ/Panelist
 “Daubert and the Expert Testimony of Clinicians”

2001 The Business Case for Mental Health Care (Carter Center and the American Psychiatric Association); Atlanta, GA/Lecturer
 “Putting Workplace Violence in Perspective”

2002 Federal Bureau of Investigation; Leesburg, VA/Participant
 “Violence in the Workplace”

2002 Pinkerton Consulting & Investigations; Stamford, CT/Lecturer
 “Workplace Violence: Behavioral Health Aspects”

2002 U.S. Department of Justice, National Center for the Analysis of Violent Crime, Federal Bureau of Investigation; Quantico, VA/Consensus Conference Participant
 “Workplace Violence: Issues in Response”

2003 American Red Cross Disaster Mental Health Volunteer

2005 Threat Management Team & Executive Protection Issues Conference (Pinkerton Consulting & Investigations); Meriden, CT/Lecturer
 “Organizational and Facility Security”

2005 GBN Forum 2005 (Global Business Networks); San Francisco, CA/Panelist
 “Navigating the New Realities of Risk”

2005 Subcommittee on Prevention of Nuclear and Biological Attack, U.S. House of Representatives; Washington, DC/Testimony
 “Biological Weapons Threat Assessment”

2005 Northeast Chapter of the Association of Threat Assessment Professionals; New York, NY/Lecturer
 “Psychological Impact of Trauma in the Workplace”

2006 Behavioral Analysis Unit 1, Federal Bureau of Investigation, National Center for the Analysis of Violent Crime; Stafford, VA/Lecturer
 “The Search for a Terrorist Typology”

2007 Southern Connecticut Gas Conference; Milford, CT/Lecturer
 “Myths, Realities, and Effective Practice in Addressing Violence in the Workplace”

2008 The Association of Threat Assessment Professionals Annual Conference; Anaheim, CA/Lecturer
 “Mental Health Professionals and Threat Management Teams: The When and How of Optimal Utilization”

2009-2011 Member, Expert Behavioral Analysis Panel, Investigation of the 2001 Anthrax Mailings

2009 National Security Advisory Board for Biosecurity, Department of Homeland Security; Washington, DC/Panelist
 “The Role of Mental Health Evaluations in Assessing Personnel Reliability”

2009 Annual Meeting of the American Judges Association; Las Vegas, NV/Lecturer

2009 “Assessing Dangerousness: Myths and Research”
Annual Meeting of the American Judges Association; Las Vegas, NV/Panelist
“Managing Cases Involving Persons with Mental Disabilities”

2009 The Smithsonian Associates; Washington, DC/Lecturer
“Not Guilty by Reason of Insanity: Responsibility, the Brain and Behavior”

2010 National Institutes of Health, United States Strategic Command (STRATCOM), the
Joint Staff, and the Strategic Multilayer Assessment Office (OSD); Bethesda
Maryland/Panelist and Participant and Contributing Author
“The Neurobiology of Political Violence: New Tools, New Insights”

2011 14th Annual Conference of the Critical Incident Analysis Group, University of
Virginia; Charlottesville, VA/Panelist
“Background of the Report” moderated by Former Attorney General Edwin Meese
2011 14th Annual Conference of the Critical Incident Analysis Group, University of
Virginia; Charlottesville, VA/Panel Moderator
“Personnel Reliability Programs in Government and the Corporate World:
Challenges/Opportunities/Obstacles”

2011 Annual Conference of the Gruter Institute for Law and Behavioral Research: Law,
Institutions & Human Behavior; Squaw Valley, CA/Lecturer
“Current Work: Mental Health and Law”

2011 Annual Conference of the Gruter Institute for Law and Behavioral Research: Law,
Institutions & Human Behavior; Squaw Valley, CA/Lecturer
“Innovation & Economic Growth”

2011 Human Reliability/Insider Threat Technical Exchange, Defense Threat Reduction
Agency, United States Strategic Command; Ft. Belvoir, VA/Lecturer
“Challenges in Personnel Reliability”

2012 The Association of Threat Assessment Professionals Annual Conference; Anaheim,
CA/Lecturer
“Insider Threat: Lessons from Amerithrax” with Gregory Saathoff, MD

2014 Biological Sciences Experts Groups, Quarterly Meeting, Office of the Director of
National Security; McLean, VA/Lecturer
“Off the Tracks: Illicit Activities and Dark Creativity”

2014 Amerithrax Briefing: Forensic Expert Behavioral Analysis (Critical Incident
Analysis Group, U.S. Senate Office of the Sergeant at Arms, and U.S. Capitol
Police); Washington, DC/Lecturer
“Medical-Legal Perspectives”

2015 Association of Threat Assessment Professionals Spring Regional Training
Conference; New York, NY/Lecturer
“Off the Rails: Dark Creativity and the Insider Threat”

2015 “The Power of Prevention: Threat Management Strategies to Disrupt Targeted
Shooters”/ Participant
Charlottesville, VA (Federal Bureau of Investigation Critical Incident Analysis
Group Symposium)

2015 “The Power of Prevention: Threat Management Strategies to Disrupt Targeted
Shooters”/ Lecturer
“Bent or Broken? The Current Mental Health System and its Implications for Threat
Management”
Charlottesville, VA (FBI Critical Incident Analysis Group Symposium)

2016 “Risk and Threat Assessment within US University Environments”/Symposium and

Panel Participant

- “Extremist Risk Assessment”
Charlottesville, VA (FBI Critical Incident Analysis Group Symposium)
- 2016 “Christopher John Monfort Case Study” /Lecturer
Federal Bureau of Investigation Behavioral Analysis Unit I. Stafford, Virginia
- 2016 The Association of Threat Assessment Professionals Threat Management
Conference; Anaheim, CA/Lecturer
- 2016-2019 “Romance, Science, and the Path to Deception” with Adam Ciralsky, J.D.
” Core Competencies: Legal Issues I & II” with Rachel Solov, J.D. and Molly
Amman, J.D. The Association of Threat Assessment Professionals Threat
Management Conference; Anaheim, CA/Lecturer.
- 2018 “Violent Extremism: There and Back Again” Panel Discussion with Arno Michaelis,
Mubin Shaikh, and Myrieme Nadri-Churchill. Philadelphia, PA Joint Threat
Assessment Training, Association of Threat Assessment Professionals/Moderator
- 2019 “Violent Extremism: There and Back Again” Panel Discussion with Arno Michaelis,
Mubin Shaikh, and Myrieme Nadri-Churchill. Philadelphia, PA Joint Threat
Assessment Training, Association of Threat Assessment Professionals/Moderator
- 2019 “Insider Threat” Hoover Institute, Stanford University, Palo Alto, California (NC-and
Global Stability, sponsored by the Nautilus Institute and the MacArthur Foundation)
- 2019 “WMD and Insider Threat: Who Would Do Such a Thing?"/Lecturer Washington,
DC (Nuclear Threat Initiative Seminar Series)

International

Those presentations below sponsored by outside entities are so noted and the sponsor is identified.

- 2002 Eli Lilly Forum; Tokyo, Japan/Lecturer
“Informed Consent and the Right to Refuse Treatment”
- 2002 The Marine & Fire Insurance Association of Japan; Tokyo, Japan/Lecturer
“Posttraumatic Stress Disorder: Diagnostic and Compensation Issues”
- 2006 Psychiatry online Brazil volume 11; “No Paiz dos Yankees: Violência no trabalho:
mais uma epidemia norte-americana?” article by Dr. Eric Messias in regards to
lecture and article: “Violence in the workplace: Facts, fiction and prevention”
- 2012 Improving Intelligence Analysis of Emerging Biotechnology Threats (Economic and
Social Research Council Genomics Policy and Research Forum and the University
of Edinburgh); London, England/Lecturer
“Who Would Do Such a Thing? Dark Creativity, Illicit Activities, and Abuse of the
Life Sciences”
- 2013 Leaders and Terrorists: Psychological Perspectives on National Security (Embassy
of Italy); Washington, DC/Lecturer
“The Role of Behavioral Science in Understanding Threats to National Security”

Educational Material for Patients and the Lay Community

Books, monographs, articles and presentations in other media

Books

2009	The Amerithrax Case: Report of the Expert Behavioral Analysis Panel	Co-Author Author	Saathoff, G, DeFrancisco G, Benedek D, Everett A, Holstege C, Johnson S, Lamberti J.S., Schouten R , White, J
2012	Almost a Psychopath		Book, Schouten R, Silver J: Almost a Psychopath. Center City, Minnesota: Hazelden Oxford University Press
2017	Mental Health Practice and the Law	Editor/Author	

Articles

2003	Do Something He's About to Snap	Author	Article, Schouten R: Do Something He's About to Snap. Harvard Business Review; Case Study and Commentary (2003).
2011	Suspect in 2011 anthrax case had long history of mental problems	Interviewee	Article, Courson Paul: Suspect in 2011 anthrax case had long history of mental problems; CNN (http://www.cnn.com/2011/US/03/23/maryland.anthrax.suspect/)
2011	Panel: Anthrax-attack suspect sent up red flags: scientist in '01 scare sent up red flags	Panel Member	Article, Somers Meredith: Anthrax-attack suspect sent up red flags: scientist in '01 scare sent up red flags; The Washington Times (3/23/11)
2012	Psychopaths on Wall Street	Author	Article, Schouten R: Psychopaths on Wall Street. Harvard Business Review
2012	What We Have in Mind Exploring the Space Between Normal Behavior and Pure Psychopathy	Author	Article, Schouten R: What We Have in Mind Exploring the Space Between Normal Behavior and Pure Psychopathy. Psychology Today, April 16, 2012
2013	Homemade horror genre: Mujahideen launched new	Interviewee	Article, Shane Scott: A Homemade Style of Terror: Jihadists Push New Tactics. New York Times May 6, 2013.

tactics

2012	May: Psychopath Month Ongoing interest in psychopathy and those who almost qualify for the diagnosis	Author	Article, Schouten R: May: Psychopath Month Ongoing interest in psychopathy and those who almost qualify for the diagnosis Psychology Today, May 20, 2012
2012	Honesty in the C-Suite and beyond Assuming the best, watching out for the worst	Author	Article, Schouten R: Honesty in the C-Suite and beyond Assuming the best, watching out for the worst. Psychology Today, June 27, 2012.
2012	Aprende a identificar a los “casi psicópatas”	Interviewee	Article, El Impulso.com, July 2, 2012
2012	What Every Organization (And Each of Us) Should Learn from Penn State	Author	Article, Schouten R: What Every Organization (And Each of Us) Should Learn from Penn State. Psychology Today, August 3, 2012.
2012	Do You Have a Bully for a Doctor?	Author	Article, Schouten R: Do You Have a Bully for a Doctor? Healthy Woman from Bottomline. August 9, 2012.
2012	The Insanity Defense: An Intersection of Morality, Public Policy, and Science	Author	Article, Schouten R: The Insanity Defense: An Intersection of Morality, Public Policy, and Science. Psychology Today August 16, 2012
2013	Emotional trauma may have kept Amy Lord from fleeing	Interviewee	Article, Conaboy Chelsea: Emotional trauma may have kept Amy Lord from fleeing. The Boston Globe July 26, 2013.
2015	Bent toward violence Probing the	Interviewee	Article, Powell A: Bent toward violence Probing the mind-set behind terrorism, and the mind-set it inspires. Harvard Gazette December 11, 2015.

	mind-set behind terrorism, and the mind- set it inspires		
2016	How to curb the madness	Interviewee	Article, Harvard Gazette Staff: How to curb the madness After Orlando, Harvard experts offer ways to reduce what seems unstoppable: mass violence. Harvard Gazette June 14, 2016.
2016	Terror Case Highlights Mental- Health Issues Among Suspected ISIS Recruits	Interviewee	Article, Hong, N: Terror Case Highlights Mental-Health Issues Among Suspected ISIS Recruits Federal judge will decide whether a man with disabilities should go to prison. The Wall Street Journal September 7,
2019	TAPS Act Could Prevent More Mass Shootings	Author, with. Gregory Glod	Op-ed piece; Capital Gazette June 26, 2019

Radio

2012	How Forensic Psychiatry Informs Trials	Interviewee	Conan Neal: Talk of the Nation from NPR news July 30, 2012 (http://www.npr.org/2012/07/30/157604066/how-forensic-psychiatry-informs-trials)
2012	Looking for clues about the Newtown shooter	Interviewee	Sanjay Gupta, MD Radio Show December 22, 2012 (http://www.allthingscnn.com/2012/12/this-weekends-programming-1222-122312.html)
2012	Beware of those who are nearly psychopaths	Interviewee	Nacional FM (http://www.sertv.gob.pa/noticias-nacional-fm/item/16915-cuidado-con-los-que-casi-son-psic%C3%B3patas)
2013	The ‘Almost Psychopaths’ Among Us	Interviewee	Becker, D and Mcnerney K: 90.9 WBUR Boston’s NPR News Station (http://www.wbur.org/2012/07/13/almost-psychopath)
2015	Story 1: Sharks in Suits	Interviewee	Pence Reed: Radio Health Journal January 01, 2015 (https://radiohealthjournal.wordpress.com/2015/01/05/1501-story-1-sharks-in-suits/)
2015	Terrorism and America’s Culture of Fear	Interviewee	To the Point radio show “America Succumbs to Fear and Anxiety over Terror” December 18, 2015

Internet

2012	Almost	Interviewee	Midori Heckman: Interview discussing traits of
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2012	Psychopath Almost Psychopaths	Interviewee	an almost psychopath as it relates to dating The Emily Rooney Show May 29, 2012 (http://www.wgbh.org/programs/The-Emily-Rooney-Show-Podcast-1162?episode=39142)
2013	FBI 'Prevented' 148 Shootings, Attacks in 2013	Interviewee	CBS DC December 16, 2013 (http://washington.cbslocal.com/2013/12/16/fbi-prevented-148-shootings-attacks-in-2013/)

Educational material or curricula developed for non-professional students

1996-1998	"Workplace Violence and Threat Assessment Workshop"	Co-Developer and Lecturer	Fidelity Investments: Presented to Human Resources and Security staff locally and at regional offices in the U.S. and Canada
1997	Center for Educational and Professional Services	Development	Partners Healthcare System
1997	Forensic Psychiatry Fellowship	Design and Direct ACGME- Certified Fellowship	Harvard Medical School
1999	"Youth Violence"	Lecturer	Fidelity Investments special program for employees
2000-2001	Forensic Interest Group Seminar Series	Co-Developer	Harvard Medical School
2001	"Workplace Violence"	Co-Developer, Lecturer "Workplace Violence" training program	FleetBoston Financial presented at multiple sites
2005	"Managing Workplace Conflict"	Co-Developer	Physician Health Services of the Massachusetts Medical Society
2005	"Workplace Violence"	Co-Developer, Lecturer training program	Comcast Corporation presented at multiple sites
2007	"Violence in the Workplace"	Co-Developer, Lecturer	Genzyme Corporation
2009	"Violence in the Workplace"	Co-Developer, Lecturer	Biogen-Idec Corporation

Recognition

2001- 2012	Elected by his peers for inclusion Benjamin Franklin Award: Best Book- Psychology	Best Doctors Inc. Independent Book Publishers Association
2012-	Elected by his peers for inclusion	Castle Connolly's Top Doctors

Report of Scholarship

Publications

Peer reviewed publications in print or other media

Research Investigations

1. **Schouten R**, Gutheil TG: Aftermath of Rogers: Assessing the Costs. *Am J Psychiatry*. 1990;147 (10):1348-1352.
2. Renshaw PF, Stern TA, Welch CA, **Schouten R**, Kolodny EH: ECT treatment of depression in a patient with adult GM₂ gangliosidosis. *Ann Neurology*. 1992; 31:342-344.
3. Steiner LA, Drop LJ, Castelli I, Alfille PH, **Schouten R**, Welch CA: Diagnosis of myocardial injury by real-time recording of ST segments of the electrocardiogram in a patient receiving general anesthesia for electroconvulsive therapy. *Anesthesiology*. 1993; 79:383-388.
4. Castelli, I, Steiner LA, Kaufmann MA, Alfille PH, **Schouten R**, Welch CA, Drop LJ: Comparative effects of esmolol and labetalol to attenuate hyperdynamic states after electroconvulsive therapy. *Anesthesia & Analgesia*. 1995; 80:557-561.
5. Pargger H, Kaufmann MA, **Schouten R**, Welch CA, Drop LJ: Hemodynamic responses to electroconvulsive therapy in a patient 5 years after cardiac transplantation. *Anesthesiology*. 1995; 83:625-627.
6. Viguera A, Rordorf G, **Schouten R**, Welch C, Drop LJ: Intracranial haemodynamics during attenuated responses to electroconvulsive therapy in the presence of an intracerebral aneurysm. *J Neurol Neurosurg Psychiatry*. 1998; 64:802-805.
7. Blais MA, Matthews J, **Schouten R**, O'Keefe SM, Summergrad P: Stability and predictive value of self-report personality traits pre- and post-electroconvulsive therapy: a preliminary study. *Comprehensive Psychiatry*. 1998; 39:231-235.
8. **Schouten R**, Brennan DV. Targeted Violence Against Law Enforcement Officers. *Behavioral Sciences and the Law*. 2016; 34:608-621.
9. Glasgow K, **Schouten R**: Assessing Violence Risk in Threatening Communications. Proceedings of the Workshop on Computational Linguistics and Clinical Psychology: From Linguistic Signal to Clinical Reality, pages 38-45, Baltimore, Maryland, June 27, 2014.
10. Corner EM, Gill P, **Schouten R**, Farnham F. Mental Disorders, Personality Traits and Grievance-Fueled Targeted Violence: The Evidence Base and Implications for Research and Practice. *Journal of Personality Assessment*. 2018; Published online June 6, 2018. <https://doi.org/10.1080/00223891.2018.1475392>

Other peer-review publications

1. **Schouten R**: HIV transmission and the role of the criminal law. *Newsletter of the American Academy of Psychiatry and the Law*. 1989; 14(2): 64-66.
2. **Schouten R**: Pitfalls of clinical practice: The treating clinician as expert witness. *Harvard Review of Psychiatry* 1993; 1:64-65.
3. **Schouten R**: Legal liability and managed care. *Harvard Review of Psychiatry*. 1993; 1:189-190.
4. **Schouten R**: Allegations of sexual abuse: A new area of liability risk. *Harvard Review of*

- Psychiatry. 1994; 1:350-352.
5. **Schouten R**: Distorting post-traumatic stress disorder for court. *Harvard Review of Psychiatry*. 1994; 2:171-173.
 6. **Schouten R**: Sexual harassment and the role of psychiatry. *Harvard Review of Psychiatry*. 1996; 3:296-298.
 7. **Schouten R**: The psychotherapist-patient privilege. *Harvard Review of Psychiatry*. 1998; 6:44-48.
 8. **Schouten R**: New developments under the Americans with Disabilities Act. *Organizational & Occupational Psychiatry Bulletin*. 1999; 8:7-9.
 9. **Schouten R**: Impaired physicians: Is there a duty to report to state licensing boards? *Harvard Review of Psychiatry*. 2000; 8:36-39.
 10. Beck JC, **Schouten R**: Workplace violence and psychiatric practice. *Bull Menninger Clinic*. 2000; 64:36-48.
 11. **Schouten R**: Law and psychiatry: what should our residents learn? *Harvard Review of Psychiatry*. 2001; 9:136-138.
 12. **Schouten R**. Compensation for victims of trauma in the United States. *Psychiatria et Neurologia Japonica*. 2002; 104:1186-1197.
 13. **Schouten R**, Callahan MV, Bryant S: Community response to disaster: the role of the workplace. *Harvard Review of Psychiatry*. 2004; 12:229-23.
 14. **Schouten R**: Workplace violence: an overview for practicing clinicians. *Psychiatric Annals*. 2006; 36(11):790-797.
 15. Brendel RW, **Schouten R**: Legal concerns in psychosomatic medicine. *Psychiatric Clinics of North America*. 2007; 30(4):663-676.
 16. Williams CD, **Schouten R**. Assessment of occupational impairment and disability from depression. *JOEM*. 2008; 50(4): 441-450.
 17. **Schouten R**. Brendel RW: Common pitfalls in giving medical-legal advice to trainees and supervisees. *Harvard Review of Psychiatry*. 2009; 17:291-294.
 18. Brendel RW, Wei MH, **Schouten R**, Edersheim JG: An approach to selected legal issues: confidentiality, mandatory reporting, abuse and neglect, informed consent, capacity decisions, boundary issues, and malpractice claims. *Medical Clinics of North America*. 2010; 94(6):1229-1240.
 19. **Schouten R**: Terrorism and the behavioral sciences. *Harvard Review of Psychiatry*. 2010; 18(6):369-378.
 20. **Schouten R**. Psychiatric Consultation in Problem Employee Situations. *Psychiatric Clinics of North America*. 2012; 35(4):901-913.
 21. Weissman SH, Busch KG, **Schouten R**. Introduction to this issue: the evolution of terrorism from 1914-2014. *Behavioral Sciences and the Law*. 2014; 32(3):259-262.

Non-peer reviewed scientific or medical publications/materials in print or other media

Reviews, chapters, monographs and editorials

1. **Schouten R**: Informed Consent: Resistance and Reappraisal. *Critical Care Medicine*. 1989; 17(12):1359-1361.
2. **Schouten R**: HIV transmission and the role of the criminal law. *Newsletter of the American Academy of Psychiatry and the Law*. 1989; 14(2): 64-66.
3. **Schouten R**, Groves JE, Vaccarino JM: Legal aspects of consultation. In: Cassem NH, ed. *The Massachusetts General Hospital Handbook of General Hospital Psychiatry*, Third Edition. Chicago, IL: Year Book Medical Publishers. 1991, pp. 619-638.

4. **Schouten R**, Berner M: The legal perspective. In: Gutheil TG, Bursztajn HJ, Brodsky A, Alexander V, Eds. *Decision Making in Psychiatry and Law*. Baltimore, MD: William and Wilkins. 1991, pp. 171-185.
5. **Schouten R**, Duckworth KS: Medical-legal and ethical issues in the pharmacological treatment of children. In: Werry JS, Aman MG, Eds. *Practitioner's Guide to Psychoactive Drugs in Children and Adolescents*. New York: Plenum Publishing. 1993, pp. 161-178.
6. **Schouten R**: Malpractice in psychiatric practice. In: Stoudemire A, Fogel BS, and Eds. *Medical-Psychiatric Practice, Vol. 2*. Washington, DC, American Psychiatric Press, Inc. 1993, pp. 561-583.
7. **Schouten R**, Hoge SK: Legal issues. In: Hyman SE, Tesar GE, and Eds. *Manual of Psychiatric Emergencies, 3rd Ed*. Boston: Little, Brown and Company, 1994, pp.75-77.
8. **Schouten R**: Legal responsibilities with child abuse and domestic violence. In: Jacobson JL, Jacobson AM, Eds. *Psychiatric Secrets*. Philadelphia: Hanley & Belfus, 1995.
9. **Schouten R**: Legal aspects of consultation. In: Cassem EH, Ed. *The Massachusetts General Hospital Handbook of General Hospital Psychiatry, Fourth Ed*. Chicago: Year Book Medical Publishers, 1997.
10. **Schouten R**: Approach to the patient seeking disability benefits. In: Stern TA, Herman JB, Slavin PL, Eds. *The MGH Guide to Psychiatry in Primary Care*. New York: McGraw-Hill, 1998.
11. **Schouten R**: Approach to informed consent. In: Stern TA, Herman JB, Slavin PL, Eds. *The MGH Guide to Psychiatry in Primary Care*. New York: McGraw-Hill, 1998.
12. **Schouten R**: Approach to civil commitment and the patient refusing treatment. In: Stern TA, Herman JB, Slavin PL, Eds. *The MGH Guide to Psychiatry in Primary Care*. New York: McGraw-Hill, 1998.
13. **Schouten R**: Maintaining boundaries in the doctor-patient relationship. In: Stern TA, Herman JB, Slavin PL, Eds. *The MGH Guide to Psychiatry in Primary Care*. New York: McGraw-Hill, 1998.
14. **Schouten R**: Psychiatry and the Law I: Informed Consent, Competency, Treatment Refusal and Civil Commitment. In Stern TA, Herman JB, Eds. *MGH Psychiatry Update and Board Preparation* New York: McGraw-Hill, 2000.
15. **Schouten R**: Psychiatry and the Law II: Malpractice and Boundary Violations. In Stern TA, Herman JB, Eds. *MGH Psychiatry Update and Board Preparation*. New York: McGraw-Hill, 2000.
16. **Schouten R**: Psychiatry and the Law III: Criminal Issues and the Role of Psychiatry in the Court Room. In Stern TA, Herman JB, Eds. *MGH Psychiatry Update and Board Preparation*. New York: McGraw-Hill, 2000.
17. **Schouten R**, Williams CD: Psychiatric Assessment and Management of Chronic Disability Syndromes. In Stoudemire A, Fogel B, Greenberg D, Eds. *Psychiatric Care of the Medical Patient, Second Edition*. New York: Oxford University Press, 2000.
18. **Schouten R**: What is organizational and occupational psychiatry? *Psychiatric Times*. June 2004, pp 26-30.
19. **Schouten R**: Violence in the Workplace. In Kahn JP, Langlieb AM, Eds. *Mental Health and Productivity in the Workplace*. San Francisco: Jossey-Bass, 2003.
20. Eddy S, **Schouten R**: Workplace Forensic Psychiatry: The Americans with Disabilities Act and the Family and Medical Leave Act. In Kahn JP, Langlieb AM, Eds. *Mental Health and Productivity in the Workplace*. San Francisco: Jossey-Bass, 2003.
21. **Schouten R**: Commentary: Training for competence-form or substance? *Journal of the American Academy of Psychiatry & the Law*. 2003; 31:202-204.
22. **Schouten R**: Approach to informed consent. In: Stern TA, Herman JB, Slavin PL, Eds. *The MGH Guide to Psychiatry in Primary Care, 2nd Ed*. New York: McGraw-Hill, 2004.
23. **Schouten R**: Civil commitment and the patient refusing treatment. In: Stern TA, Herman JB,

- Slavin PL, Eds. *The MGH Guide to Psychiatry in Primary Care*, 2nd Ed. New York: McGraw-Hill, 2004.
24. **Schouten R**: The patient seeking disability payments. In: Stern TA, Herman JB, Slavin PL, Eds. *The MGH Guide to Psychiatry in Primary Care*, 2nd Ed. New York: McGraw-Hill, 2004.
 25. **Schouten R**: Maintaining boundaries in the doctor-patient relationship. In: Stern TA, Herman JB, Slavin PL, Eds. *The MGH Guide to Psychiatry in Primary Care*, 2nd Ed. New York: McGraw-Hill, 2004.
 26. **Schouten R**, Brendel RW: Legal aspects of consultation. In: Stern TA, Fricchione GL, Cassem EH, Jellinek MS, Rosenbaum JF, Eds. *The Massachusetts General Hospital Handbook of General Hospital Psychiatry*, 5th Ed. Philadelphia: Mosby, Inc., 2004.
 27. **Schouten R**: Psychiatry and the law I: Informed consent, competency, treatment refusal and civil commitment. In Stern TA, Herman JB, Eds. *Psychiatry Update and Board Preparation*. New York: McGraw-Hill, 2004.
 28. **Schouten R**: Psychiatry and the law II: Criminal issues and the role of psychiatrists in the legal system. In Stern TA, Herman JB, Eds. *Psychiatry Update and Board Preparation*. New York: McGraw-Hill, 2004.
 29. **Schouten R**: Psychiatry and the law III: Malpractice and boundary violations. In Stern TA, Herman JB, Eds. *Psychiatry Update and Board Preparation*. New York: McGraw-Hill, 2004.
 30. **Schouten R**, Cohen MH: Legal issues in integration of complementary therapies into cardiology practice. In Frishman WH, Weintraub MI, Micozzi MS, Eds. *Complementary and Integrative Therapies for Cardiovascular Disease*. St. Louis: Elsevier-Mosby, 2004.
 31. Cohen MH, **Schouten R**: Legal, Regulatory, and Ethical Issues. In Lake JH, Spiegel D, Eds. *Complementary and Alternative Treatments in Mental Health Care*. Washington, DC: American Psychiatric Press, 2006.
 32. **Schouten R**: Commentary: Psychiatric advance directives as tools for enhancing treatment of the mentally ill. *J Am Acad Psychiatry Law*, 2006; 34(1):58-60
 33. **Schouten R**, Edersheim JG; Informed Consent, Competency, Treatment Refusal, and Civil Commitment. In Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, Eds. *Comprehensive Clinical Psychiatry*. Philadelphia: Mosby Elsevier, 2008.
 34. **Schouten R**, Brendel R: The Role of Psychiatrists in the Criminal Justice System. In Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, Eds. *Comprehensive Clinical Psychiatry*. Philadelphia: Mosby Elsevier, 2008.
 35. **Schouten R**, Brendel RW, Edersheim JG: Malpractice and Boundary Violations. In Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, Eds. *Comprehensive Clinical Psychiatry*. Philadelphia: Mosby Elsevier, 2008.
 36. **Schouten R**: Workplace Violence and the Clinician. In Simon RI, Tardiff K, Eds. *Textbook of Violence Assessment and Management*. Washington, DC: American Psychiatric Publishing, 2008.
 37. **Schouten R**, Brendel RW: Legal Aspects of Consultation. In Stern TA, Fricchione GL, Cassem NH, Jellinek M, Rosenbaum JF, Eds. *Massachusetts General Hospital Handbook of General Hospital Psychiatry*, 6th Edition. Philadelphia: Saunders, 2010.
 38. **Schouten R**, Saathoff GB: Biosurety in the Post-9/11 Era. In Budowle B, Schutzer SE, Breeze RG, Keim PS, Morse SA, Eds. *Microbial Forensics*, 2nd Edition. Burlington, MA: Academic Press, 2010.
 39. Brendel RW, **Schouten R**, Levenson JL: Legal Issues. In Levenson JL, Ed. *Textbook of Psychosomatic Medicine*, 2nd Edition. Washington, D.C.: American Psychiatric Press, 2010.
 40. **Schouten R**: Psychiatry and the Law I: Informed Consent, Competency, Treatment Refusal and Civil Commitment. In Stern TA, Herman JB, Eds. *MGH Psychiatry Update and Board Preparation*, 3rd Edition. New York: McGraw-Hill, 2012.

41. **Schouten R**: Psychiatry and the Law II: Criminal Issues and the Role of Psychiatrists in the Legal System. In Stern TA, Herman JB, Eds. MGH Psychiatry Update and Board Preparation, 3rd Edition. New York: McGraw-Hill, 2012.
42. **Schouten R**: Psychiatry and the Law III: Malpractice and Boundary Violations. In Stern TA, Herman JB, Eds. MGH Psychiatry Update and Board Preparation, 3rd Edition. New York: McGraw-Hill, 2012.
43. **Schouten R**: Workplace Violence Evaluations and the ADA. In Gold LH, Vanderpool D, editors. Clinical Guide to Mental Disability Evaluations. New York: Springer, 2013.
44. **Schouten R**, Saathoff G: Insider Threats in Bioterrorism Cases. In Meloy JR, Hoffman J, editors. International Handbook of Threat Assessment. New York: Oxford University Press, 2014.
45. **Schouten R, Hidalgo JA**: Neuroscience in the judicial system. McGraw-Hill Yearbook of Science & Technology, 2014. New York: McGraw-Hill.
46. **Schouten R**, Edersheim JG, Hidalgo JA: Chapter 85 Informed Consent, Competency, Civil Commitment, and Treatment Refusal. In Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, Eds. Comprehensive Clinical Psychiatry. Philadelphia: Mosby Elsevier, 2015.
47. **Schouten R**, Brendel RW: Chapter 86 The Role of Psychiatrists in the Criminal Justice System. In Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, Eds. Comprehensive Clinical Psychiatry. Philadelphia: Mosby Elsevier, 2015.
48. **Schouten R**, Brendel RW: Chapter 87 Malpractice and Boundary Violations. In Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, Eds. Comprehensive Clinical Psychiatry. Philadelphia: Mosby Elsevier, 2015.
49. Stern J, **Schouten R**: Chapter 3 Lessons from the Anthrax Letters. In Bunn M, Sagan SD, Eds. Insider Threats. London: Cornell University Press, 2016

Editorials/Commentary

1. **Schouten R**: Informed consent: Resistance and reappraisal. Critical Care Medicine. 1989; 17(12):1359-1361.
2. **Schouten R**: New developments under the Americans with Disabilities Act. Organizational & Occupational Psychiatry Bulletin. 1999; 8:7-9.
3. **Schouten R**: Commentary: Training for competence—form or substance? Journal of the American Academy of Psychiatry & the Law. 2003; 31:202-204.
4. **Schouten R**, Hidalgo JA: Neuroscience in the judicial system. McGraw-Hill Yearbook of Science & Technology. 2014. New York: McGraw-Hill.

Book Reviews

1. **Schouten R**: Mental Disability Law: A Primer, 4th Edition. Psychosomatics 34:2. 1993.
2. **Schouten R**: Interviewing: A Forensic Guide to Interrogation, 2nd Edition. Psychosomatics 34:6. 1993.
3. **Schouten R**: Assessing Competence to Consent to Treatment: A Guide for Physicians and Other Health Professionals. Psychosomatics 40:2. 1999.

Professional educational materials or reports, in print or other media

1. Schouten ES, **Schouten R**: Determining Damages: Economic Loss in Personal Injury and Wrongful Death Cases. Computer program with documentation designed for use by attorneys. New York: Shepard's/McGraw Hill, 1987.
2. "Hands Off": Training videotape concerning sexual harassment, sponsored by the Massachusetts Commission Against Discrimination, used by corporations and health care institutions throughout

Massachusetts Produced by Brumberg Publications, Brookline, MA 1997.

3. "Lawyers and Stress: Recognition and Management." An on-line Continuing Legal Education Program produced by Cognistar, Inc., Waltham, MA, 2000; revised 2008.

Clinical Guidelines and Reports

Guidelines for Identification, Assessment, and Treatment Planning for Suicidality developed for CRICO Clinical Guidelines to assist primary care and mental health professionals in their decision making (https://www.rm.f.harvard.edu/~media/Files/_Global/KC/PDFs/Guidelines/suicideAs.pdf), created 1995, revised 1999, 2002, reviewed 2014

Emergency/Crisis Coverage of a Suicidal Patient: Decision Support Outline for CRICO Clinical Guidelines to assist primary care and mental health professionals in their decision making (https://www.rm.f.harvard.edu/~media/Files/_Global/KC/PDFs/Guidelines/suicideDe.pdf), created 1995, revised 1999, 2002, reviewed 2014

Letters of Commitment & Support

(b)(6) – U.S. Attorney’s Office, District of Massachusetts

(b)(6) – Federal Bureau of Investigation, Boston

(b)(6) – Massachusetts Department of Mental Health

(b)(6) – District Attorney’s Office, Suffolk County

(b)(6) – Massachusetts Department of Youth Services

(b)(6) – Massachusetts Office of the Child Advocate

(b)(6) – Milford High School

(b)(6) – Massachusetts General Hospital & Harvard Medical School



U.S. Department of Justice

(b)(6)

*United States Attorney
District of Massachusetts*

Main Reception: (617) 748-3100

*John Joseph Moakley United States Courthouse
1 Courthouse Way
Suite 9200
Boston, Massachusetts 02210*

June 1, 2020

Dr. B. Heidi Ellis
Associate Professor of Psychology
Director, Refugee Trauma and Resilience Center
Boston Children's Hospital
Department of Psychiatry
300 Longwood Avenue – BCH 3428
Boston, MA 02115

Re: Grant proposal – A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles

Dear Dr. Ellis:

I am writing to endorse and strongly support your grant proposal entitled “A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles” (MAP).

As the U.S. Attorney for Massachusetts, my top priority is to prevent another terrorist attack. The terrorism threat has evolved significantly since 9/11. While we still face significant threats from foreign terrorist organizations and homegrown violent extremists that are inspired by Foreign Terrorist Organizations, the number of investigations of domestic violent extremists has greatly increased in every state. Indeed, the number of federal arrests of both international and domestic terrorist subjects increased last year to 121 and 107, respectively. Law enforcement and national security prosecutors face significant challenges in countering the international and domestic terrorism threats. Over the last five years, we have seen a troubling increase in the number of juveniles radicalized online and involved in terrorist plots. For instance, there have been more than 17 ISIS-inspired terrorist attacks conducted around the world by juveniles between the age of 11 and 17. Terrorist groups exploit and target juveniles in their recruitment efforts. Accordingly, it is imperative that we focus our terrorism prevention efforts at youth who are at risk for radicalization.

I believe MAP will provide critical assistance in our terrorism prevention and intervention efforts. Under MAP, mental health providers working with law enforcement and

members of the Massachusetts Bay Multidisciplinary Threat Assessment Team will implement several mental health programs and projects designed to assist juveniles in three high risk categories: vulnerable, at-risk, and requiring rehabilitation. The MAP Framework also embodies community engagement, positive youth development, and intersectoral collaboration across a variety of youth populations, establishing an integrative network that supports youth and their communities.

My office's National Security Unit has been working with the FBI Boston's Joint Terrorism Task Force's efforts to disrupt individuals who are mobilizing towards violence. These efforts have included the use of threat assessment teams, most recently, the Massachusetts Bay Multidisciplinary Threat Assessment Team (MassBayTAT). This group was formed last year and consists of representatives from the Massachusetts Department of Mental Health, Boston Emergency Services and Hospitals, including Boston Children's Hospital, local and state police departments, federal law enforcement agencies, Massachusetts Department of Public Health, Massachusetts Department of Education, and the Executive Office of the State's Trial Courts. As a result of my office's membership in the MassBayTAT, which is dedicated to the prevention of targeted acts of violence, I can attest to the importance of addressing the problem of juvenile radicalization and mobilization to violence with a multidisciplinary approach like the one incorporated in MAP.

The MassBayTAT will provide referrals and multidisciplinary threat assessment support to the Adolescent Services Coordination Team (ASCT) proposed under this grant. The ASCT will have access to the wealth of multidisciplinary knowledge and resources present on the MassBayTAT to further support their work with referred youth.

In closing, I support this grant proposal and look forward to seeing the results of this project. Please feel free to contact me with any questions or comments. You can also contact my office's National Security Chief, B. Stephanie Siegmann, who is a member of the MassBayTAT at (617) 748-3191.

Very truly yours,

(b)(6)

(b)(6)

U.S. Attorney



U.S. Department of Justice

Federal Bureau of Investigation

Office of the Special Agent in Charge

201 Maple Street, Chelsea, MA. 02150

Dr. Heidi Ellis
Boston Children's Hospital - Psychiatry
300 Longwood Avenue – BCH 3428
Boston, MA 02115

May 14, 2020

Dear Dr. Ellis,

I am writing in strong support of the proposed targeted violence and terrorism prevention project creating an Adolescent Services Coordination Team titled, *A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles*.

The FBI is the lead investigative agency for acts of terrorism, and the Boston Field Office investigates and mitigates hundreds of ideologically motivated threats every year. With limited resources and many cases failing to reach the threshold for criminal prosecution, the FBI has had to seek alternative methods of mitigating these threats.

To better address these threats, FBI Boston sought out and developed partnerships with key stakeholders to form The MassBay Threat Assessment Team (MBTAT), a multi-disciplinary team dedicated to the prevention of targeted acts of violence. Through the cooperative sharing of information, resources, and the knowledge gained through training with leading experts in the field of threat assessment, the team endeavors to identify, assess, and mitigate situations where the risk of violence is imminent and/or anticipated.

Given the prevalence of youth engagement in targeted violence and terrorism, programs such as the Massachusetts Area Prevention (MAP) Framework which includes prevention, intervention, and reintegration are critical to address the problem from multiple angles. The MAP Framework embodies community engagement, positive youth development, and intersectoral collaboration across a variety of youth populations, establishing an integrative network that supports youth and their communities.

FBI Boston assesses hundreds of threats a year which are attributed to juveniles. As a member of the MBTAT, I can attest to the importance of addressing these threats with a multidisciplinary approach. I believe the incorporation of an Adolescent Service Coordination Team is a necessary next step in building community capacity to prevent targeted violence and terrorism among juveniles.



U.S. Department of Justice

Federal Bureau of Investigation

Office of the Special Agent in Charge

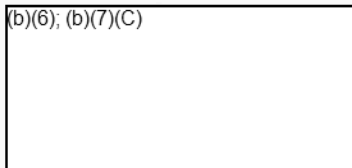
201 Maple Street, Chelsea, MA. 02150

The MBTAT will provide referrals and multidisciplinary threat assessment support to the Adolescent Services Coordination Team proposed under this grant. The team will have access to the wealth of multidisciplinary knowledge and resources present on the MBTAT to further support their work with referred youth.

I look forward to working with you on this important project.

Sincerely,

(b)(6); (b)(7)(C)



Special Agent in Charge
FBI Boston



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Mental Health
25 Staniford Street
Boston, Massachusetts 02114-2575

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

JOAN MIKULA
Commissioner

(617) 626-8000
www.mass.gov/dmh

May 28, 2020

B. Heidi Ellis, Ph.D.
Associate Professor of Psychology, Department of Psychiatry
Director, Refugee Trauma and Resilience Center Boston Children's Hospital
Psychiatry
300 Longwood Avenue – BCH 3428
Boston, MA 02115

Dear Dr. Ellis:

I write in strong support of your proposed targeted violence prevention with youth project.

The Department of Mental Health (DMH) provides supplemental services for people with the most serious mental health needs. DMH Adult Services focus on community-based support that enables individuals receiving treatment to recover and thrive in their communities. The DMH's Forensic Services Division, in addition to providing a key role in diversion at the point of arraignment for youth through the Juvenile Court Clinics, promotes intervention "upstream" of potential crises through technical support and funding for pre-arrest training of law enforcement and diversion programs across the state. Your proposal is closely aligned with these goals of the Department.

Given the prevalence of youth engagement in targeted violence, programs such as the MAP Framework that include prevention, intervention, and reintegration are critical to address the problem from multiple angles. The MAP Framework embodies community engagement, positive youth development, and collaboration across a variety of youth populations, establishing an integrative network that supports youth and their communities.

As the DMH is a partner of the Massachusetts Bay Threat Assessment Team (MassBayTAT), a multidisciplinary team dedicated to the prevention of targeted acts of violence, I can attest to the importance of addressing risks presented by youth with a multidisciplinary approach. I believe the Adolescent Service Coordination Team is an excellent and critical next step in building community capacity to prevent targeted violence by youth.

Your important and timely work is consistent with our growing interests in diversion and will likely serve as a model to other states interested in mitigating community risk presented by youth.

I understand that the MassBayTAT will provide referrals and multidisciplinary threat assessment support to the Adolescent Services Coordination Team (ASCT) proposed under this grant. The ASCT will have access to the wealth of multidisciplinary knowledge and resources present on the MassBayTAT to further support their work with referred youth.

I look forward to hearing about the successes of this important project.

Sincerely,

(b)(6)

(b)(6)

Commissioner



**SUFFOLK COUNTY DISTRICT ATTORNEY'S OFFICE
DISTRICT ATTORNEY RACHAEL ROLLINS**

Office for Targeted Violence and Terrorism Prevention
Office of Strategy, Policy, and Plans (PLCY)
U.S. Department of Homeland Security
2707 Martin Luther King Ave. SE
Washington, D.C. 20528-0445

May 18, 2020

B. Heidi Ellis, Ph.D.
Director, Refugee Trauma and Resilience Center
Boston Children's Hospital
300 Longwood Avenue
Boston, Massachusetts 02115

Re: Targeted Violence and Terrorism Prevention Grant Program

Dear Dr. Ellis,

We are writing in support of the proposed targeted violence and terrorism prevention project, *A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles*.

The Suffolk County District Attorney's Office is dedicated to providing rehabilitation and support to young members of society who feel a lack of belonging and social connectedness and are particularly susceptible to negative influence. Our Juvenile Unit and its Juvenile Alternative Resolution (JAR) Program focus on identifying the risks and needs of high-risk, system-involved youth and providing supports, resources, and supervision. Many of our youth have experienced significant trauma in their lives by the time they come into contact with the criminal legal system. In seeking belonging, some join neighborhood gangs that lead them to become both perpetrators and victims of violence. By actively working to interrupt that cycle with community-based programming, we support the youth while protecting public safety. Similar supports with youth at risk of targeted violence and terrorism (TVT) will benefit those youth and the community. We commend you on focusing on this population as we have unfortunately seen a recent and at times significant increase in hate speech, hate crimes, and acts of violence, including murders, predicated on hate.

There are limited programs in existence that focus specifically on providing services to youth who have either committed or are at risk of the commission of criminal acts. Given the multi-level, complex psychosocial needs of these youth, programs such as the MAP Framework that

include both prevention and intervention initiatives, in addition to multidisciplinary teamwork and intensive care coordination, are critical to address the problem from multiple angles. Goals of the MAP Framework include: (1) strengthening societal resistance to violent extremism through civic engagement and fostering social belongingness, (2) expanding capacity of Multidisciplinary Threat Assessment Teams to engage at-risk youth in services and to provide intensive care coordination for youth who have committed TVT-related offenses, and (3) improving the cultural sensitivity and TVT-knowledge base of practitioners who engage with these youth across a variety of service sectors (e.g., school, mental health, government, law enforcement, and probation). This is a similar structure to my office's JAR program, which has had proven results since its implementation in 2017.

We agree to support this project by providing referrals to the Adolescent Services Coordination Team (ASCT), a multidisciplinary team working in partnership with the Boston FBI's MassBay Threat Assessment Team to provide effective, coordinated, community-based supportive services to youth at-risk of or who have committed a TVT-related crime. ASCT programming will include: (1) facilitating engagement with a range of community-based services (e.g., mentorship, educational supports, vocational training, mental health counseling, probation); (2) building capacity of community-based practitioners through consultation; and (3) providing long-term follow-up on service engagement through ongoing contact with practitioners and referred families. We will also partner with the ASCT to develop coordinated service plans for referred youth, as needed, and to support regional resource mapping.

We look forward to working with you on this important project.

Onwards,

(b)(6)

(b)(6)

District Attorney



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Youth Services

600 Washington Street, 4th floor

Boston, MA 02111

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

PETER J. FORBES
Commissioner

617-727-7575
FAX#: 617-727-0696
www.mass.gov

May 14, 2020

Dear Dr. Ellis,

We are writing in strong support of the proposed targeted violence and terrorism prevention project, *A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles*.

The Massachusetts Department of Youth Services (DYS) is the Commonwealth's juvenile justice agency that serves youth committed as juvenile delinquents or youthful offenders and detained youth awaiting judicial action. The Department's mission is to enhance community safety by improving the life outcomes for youth in our care and custody. We achieve our mission by investing in highly qualified staff and a service continuum that engages youth, families, and communities in strategies that support positive youth development. All DYS programs address the educational, psychological and health needs of each youth in its custody.

There is limited, multidisciplinary, community-based programming for high risk youth in the state of Massachusetts. Furthermore, there are no programs in existence that focus specifically on providing services to youth who have either committed or are at risk for committing crimes related to targeted violence and terrorism (TVT). Juvenile diversion in Massachusetts has also been geared historically toward first-time, low-level offenders.

Given the multi-level, complex psychosocial needs of these youth, programs like the MAP Framework that include both prevention and intervention initiatives, in addition to multidisciplinary teamwork and intensive care coordination, are critical to address the problem from multiple angles. Goals of the MAP Framework include: (1) strengthening societal resistance to violent extremism through civic engagement and fostering social belongingness, (2) expanding capacity of Multidisciplinary Threat Assessment Teams to engage at-risk youth in services and to provide intensive care coordination for youth who have committed TVT-related offenses, and (3) to improve the cultural sensitivity and TVT-knowledge base of practitioners who engage with these youth across a variety of service sectors (e.g., school, mental health, government, law enforcement, and probation).

We agree to support this project by providing referrals to the Adolescent Services Coordination Team (ASCT), a multidisciplinary team working in partnership with the Boston FBI's MassBay Threat Assessment Team to provide effective, coordinated, community-based supportive services to youth at-risk of or who have committed a TVT-related crime. ASCT programming will include: (1) facilitating engagement with a range of community-based services (e.g. mentorship, educational supports, vocational training, mental health counseling, and probation); (2) building capacity of community-based practitioners through consultation; and (3) providing long-term follow-up on service engagement through ongoing contact with practitioners and referred families. We will also partner with the ASCT to develop coordinated service plans for referred youth, as needed, and to support regional resource mapping.

We look forward to working with you on this important project.

Sincerely,

(b)(6)

(b)(6)
Commissioner



May 14, 2020

Dear Dr. Ellis,

I write in strong support of the proposed targeted violence and terrorism prevention project, *A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles*.

As the Director of Juvenile Justice Initiatives at the Massachusetts Office of the Child Advocate, I work collaboratively with juvenile justice stakeholders on systems reforms efforts designed to improve outcomes for youth involved, or at risk of becoming involved, with the juvenile justice system. Part of my role is to lead the state Juvenile Justice Policy and Data Board, which is charged with evaluating juvenile justice system policies and procedures, and making recommendations to the Legislature to improve outcomes.

As noted in our November 2019 report, [Improving Access to Diversion and Community-Based Interventions for Justice-Involved Youth](#), there is limited, multidisciplinary, community-based programming for high risk youth in the state of Massachusetts. Furthermore, we are aware of no programs in Massachusetts that focus specifically on providing services to youth who have either committed or are at risk for committing crimes related to targeted violence and terrorism (TVT). Juvenile diversion in Massachusetts has also been geared historically toward first-time, low-level offenders.

Given the multi-level, complex psychosocial needs of these youth, programs such as the MAP Framework that include both prevention and intervention initiatives, in addition to multidisciplinary teamwork and intensive care coordination, are critical to address the problem from multiple angles. Goals of the MAP Framework include: (1) strengthening societal resistance to violent extremism through civic engagement and fostering social belongingness, (2) expanding capacity of Multidisciplinary Threat Assessment Teams to engage at-risk youth in services and to provide intensive care coordination for youth who have committed TVT-related offenses, and (3) to improve the cultural sensitivity and TVT-knowledge base of practitioners who engage with these youth across a variety of service sectors (e.g., school, mental health, government, law enforcement, and probation).

We agree to support this project through active coordination with the Adolescent Services Coordination Team (ASCT), a multidisciplinary team working in partnership with the Boston FBI's MassBay Threat Assessment Team to provide effective, coordinated, community-based supportive services to youth at-risk of or who have committed a TVT-related crime. The goal of this coordination will be to ensure that the ASCT enhances rather than duplicates other violence prevention and recidivism initiatives for juveniles within the state of Massachusetts. In addition, we will work closely with the ASCT to identify mechanisms for sustaining the programming beyond the reach of this grant.

We look forward to working with you on this important project.

Sincerely,

(b)(6)

(b)(6)

Director of Juvenile Justice Initiatives
Massachusetts Office of the Child Advocate



MILFORD HIGH SCHOOL

31 West Fountain Street
Milford, Massachusetts 01757
(508) 478-1110

Joshua Otlin
Principal

Sissela Tucker
Associate Principal

Christine Ravesi-Weinstein
Assistant Principal, House A

Richard Piergustavo
Assistant Principal, House B

Dear Dr. Ellis,

We are writing in strong support of the proposed targeted violence and terrorism prevention project, *A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles*.

We are the Principal (b)(6) and Director of Socio-Emotional Learning (b)(6) at Milford High School (MHS) in Milford, MA. We have both been in leadership positions at MHS for many years and have previously worked with your team from Boston Children's Hospital to provide programing/education to our staff. We are both deeply dedicated to our school and our community.

Given the prevalence of youth engagement in targeted violence and terrorism (TVT), programs such as the MAP Framework that include prevention, intervention, and reintegration are critical to address the problem from multiple angles. The MAP Framework embodies community engagement, youth empowerment, and intersectoral collaboration across various populations, establishing an integrative network that supports youth and their communities.

In particular, the strong influence of social belongingness (or lack thereof) on youth perpetration of TVT indicates that building resilience to TVT through creative and collaborative social belongingness interventions is especially important to address TVT in youth. Milford is a diverse school district with students of many different backgrounds; we believe building social cohesion and belongingness is imperative to building a safe and healthy school community. Your team holds substantial expertise in providing culturally-responsive interventions to adolescents of diverse backgrounds and in supporting school systems to implement interventions focused on increasing social belongingness. We lend our full support to this project at Milford High School and believe it will benefit our school community greatly.

We agree to support this project in the Fall/Winter of 2020 through coordination and collaboration on the delivery of Phase 1 "Connecting to Community" program for all 9th grade students. We will support the coordination and collaboration on the delivery of Phase 2 "Overcoming Adversities" program for students identified through screening and school referrals. We will support delivery of pre/post student screening of key variables during Phases 1 and 2. We will also support adaptation and translation, as indicated, of materials into Spanish and Portuguese through in-house translation services.

We look forward to working with you on this important project.

Sincerely,

(b)(6)

(b)(6) Principal

(b)(6)

(b)(6) Director of Social-Emotional Learning



Law & Psychiatry Service
15 Parkman Street, WAC 812
Boston, Massachusetts 02114-3117
Tel: 617-726-5195
Fax: 617-724-2808
rschouten@partners.org

(b)(6)

Director, Law & Psychiatry Service
Associate Professor of Psychiatry
Harvard Medical School

May 31, 2020

Dear Dr. Ellis,

I am writing in strong support of the proposed targeted violence and terrorism prevention project, *A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles*.

I am a forensic psychiatrist who has been active in the field of behavioral threat assessment and management since 1995. I am the past president of the New England Chapter of the Association of Threat Assessment Professionals (ATAP) and currently serve as Chair of ATAP's Legislative Affairs Committee. I am the behavioral health consultant to the threat assessment teams of multiple corporations and educational institutions and have worked with the U.S. Attorney's office in Boston on programs regarding Countering Violent Extremism.

Given the prevalence of youth engagement in targeted violence and terrorism (TVT), programs such as the MAP Framework that include prevention, intervention, and reintegration are critical to address the problem from multiple angles. The MAP Framework embodies community engagement, youth empowerment, and intersectoral collaboration across various youth populations on a continuum of risk, establishing an integrative network that supports youth and their communities.

Addressing radicalization to violent extreme among youth is essential to controlling the spread of political violence and extremism. A multidisciplinary approach to identifying, assessing, and managing risks is key to protecting society from acts of targeted violence. The MAP framework decreases those risks by providing support to individuals and communities affected by trauma and conflict that can set individuals on the pathway to such violence.

I agree to consult to the project for up to 20 hours/year at a rate of \$250/hour.

I look forward to working with you on this important project.

Sincerely,

(b)(6)

(b)(6)



Letters of Recommendation

(b)(6)

— Pardee School of Global Studies, Boston University

— Psychiatric Institute, University of Illinois at Chicago

— McCain Institute for International Leadership



May 13, 2020

Dear Targeted Violence and Terrorism Prevention Grant Program Committee,

I am writing in strong support of the proposed targeted violence and terrorism prevention project, *A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles* in response to the Department of Homeland Security's FY2020 Targeted Violence and Terrorism Prevention (TVTP) Grant Program.

I have known Dr. Ellis for over ten years. She is a world-renowned expert on trauma among refugee youth and the Director of the Refugee Trauma and Resilience Center at Children's Hospital in Boston. When terrorist organizations started targeting the Somali refugee community, she got involved in studying the contributing factors that could lead some youth to be vulnerable. I was privileged to get to work with her on several US-government funded projects. She is a person of immense integrity and talent, and an excellent project leader. Some of the doctoral students she has overseen are now significant contributors in this field in their own right. In this particular project, Dr. Ellis proposes to develop a local TVT prevention framework for adolescents in New England, using the connections over the many years she has collaborated with local authorities in the region. Through her previous work, Dr. Ellis has been able to show that social belongingness is protective against recruitment to TVT. This project will build on Dr. Ellis's many years of work out of Boston Children's Hospital, working together with a multidisciplinary team convened by the Joint Terrorism Task Force that serves New England. The project includes school-based programming. I cannot think of a better person to run a program of this kind, and I am confident that this effort will add to our understanding of TVT.

Please do not hesitate to contact me if I can provide any additional information about Dr. Ellis and her extraordinary team.

Sincerely,

(b)(6)

(b)(6)

Research Professor
Pardee School of Global Studies
Boston University

(b)(6)

Psychiatric Institute (MC 912)
1601 West Taylor Street
Chicago, Illinois 60612

June 9, 2020

Dear Targeted Violence and Terrorism Prevention Proposal Review Committee,

I am writing today with my highest recommendation to the Department of Homeland Security for Dr. Ellis' proposed targeted violence and terrorism prevention project entitled, "A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles" for the FY2020 Targeted Violence and Terrorism Prevention (TVTP) Grant Program.

I am a Professor of Psychiatry at the University of Illinois at Chicago (UIC)'s College of Medicine, Director of UIC's Global Medicine and Director of the UIC's Center for Global Health, and Founder and Director of UIC's International Center on Responses to Catastrophes. I have served as the lead investigator on multiple National Consortium for the Study of Terrorism and Responses to Terrorism (START) research projects as well as lead domestic and international projects focused on migration, radicalization to violence and countering violence extremism sponsored by DHS, NICHD, and NIJ. My subject matter expertise is in the areas of culturally-sensitive mental health service delivery and support services to the victims of mass violence, deprivation, terrorism, displacement and disease.

I have worked closely with Dr. Ellis since 2014 when we first collaborated on a U.S. Department of Homeland Security's START project aimed at shifting the national dialogue on radicalization to violence (Countering Violent Extremism/CVE) from a criminal justice frame to one that builds individual and community resilience to all types of violence through social capital. We have since continued to collaborate on multiple projects together and I feel I know her well and am well-suited to comment on her abilities and capabilities and the quality of her current proposal.

Dr. Ellis is a national and international leader in community based participatory action research (CBPR) and community-based prevention and intervention for vulnerable and marginalized youth. She is the co-developer of a nationally-recognized treatment model for traumatized youth, Trauma Systems Therapy (TST), and recognized that TST held promise to address the unique problems of critical concern to refugee youth (e.g., treatment engagement, social environmental stressors) and is the principal developer of an adaptation of TST for refugees, Trauma Systems Therapy for Refugees. Her work is innovative and exemplary of a treatment model for traumatized youth that directly addresses both the social environment/system of care as well as a youth's emotional dysregulation.

In addition to her intervention efforts, Dr. Ellis has engaged in an almost two-decade long CBPR program with the Somali community. This CBPR collaboration enabled Dr. Ellis has served as a principle investigator for a multi-site, longitudinal study of Somali young adults to understand developmental pathways to and away from violence including ideological violence, gang involvement, and constructive civic engagement. Importantly, Dr. Ellis' work is ever responsive to the concerns of the community like seeking to understand how experiences post-resettlement may lead some youth to be more vulnerable to violent extremist ideology.

As the director of the Refugee Trauma and Resilience Center (RTRC) at Boston Children's Hospital, Dr. Ellis has also assembled a remarkable team at the RTRC who also work from a CBPR framework and demonstrate the

outstanding ability to think beyond traditional models of care and to build novel, innovative, empirically-based approaches that address the needs of vulnerable youth. Dr. Ellis lead her team in the development of Community Connect, a nationally recognized community-based multidisciplinary intervention team for violence prevention, including prevention of ideologically motivated violence.

Dr. Ellis' current proposal, A MAP Framework to Prevent TVT Among Juveniles, is another example of her innovative, comprehensive, trauma-informed and community-based response to a national concern. This project utilizes a continuum of prevention-intervention for youth recognizing that youth TVT is a significant problem in the United States as well as globally. The proposal's inclusion of four programs targeting multiple youth populations across a continuum of risk demonstrates an understanding that TVT is a complex problem that requires multiple solutions across the service system. This proposal is innovative in highlighting the importance mental illness and social belonging as targets of prevention and intervention and the establishment of a network of providers who are capable and confidence to respond to and work with youth at-risk for or who have engaged in TVT is desperately needed.

In sum, Dr. Ellis' and the RTRC's long-standing efforts to infuse fact-based research and empirically-based solutions into the discussion and action on TVT prevention/intervention, and to raise the capacity of the service system to support these vulnerable youth, is critical and commendable. I cannot think of a more well-suited team to lead and succeed in this initiative. To that end I am very pleased to offer my strongest recommendation.

Thank you for your consideration of this important proposal.
Sincerely,

(b)(6)

(b)(6)

Psychiatric Institute (SPHPI)
1601 W. Taylor St.
SPHPI MC 912
Chicago IL 60612

June 5, 2020

Dear Targeted Violence and Terrorism Prevention Grant Committee:

I am delighted to write a letter of recommendation in support of Dr. Ellis and the project she and her team have proposed in response to Department of Homeland Security's FY2020 Targeted Violence and Terrorism Prevention (TVTP) Grant Program. The proposed project, "A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles", addresses the needs and objectives outlined in the Department of Homeland Security's FY2020 Targeted Violence and Terrorism Prevention (TVTP) Grant Program and reflects a deep understanding of best practices.

I currently serve as the Director of Prevention and National Security at the McCain Institute for International Leadership. Prior to joining the McCain Institute, I served as the Regional Director of Strategic Engagement for the U.S. Department of Homeland Security Office of Terrorism Prevention Partnerships. In that role, I advised the State of California in the development of a statewide Preventing Violent Extremism Strategy and partnered with counties, cities, and nonprofit organizations to develop and implement Preventing Violent Extremism programs. I also established and served as Deputy Director of the U.S. Countering Violent Extremism Task Force, which coordinated all federal efforts to prevent violent extremism in the United States. Prior to establishing the Countering Violent Extremism Task Force, I served as Senior Counsel to the Deputy Attorney General and coordinated the U.S. Department of Justice's terrorism prevention and forensic science reform initiatives.

It is through these experiences in TVTP that I have come to know Dr. Heidi Ellis as a champion of community-based approaches to TVTP with youth. She led a community-based multidisciplinary team in the Boston area to prevent targeted violence in youth and young adults. This was one of the first programs of its kind and served as a model for several community-based intervention programs throughout the country. Dr. Ellis has also done extensive work in the field of radicalization to violence with a trauma-informed approach. Such community-based, trauma-informed approaches are essential to address targeted violence effectively, especially in youth, and Dr. Ellis holds the necessary expertise and community partnerships to enact the proposed Massachusetts Area Prevention (MAP) Framework.

Programs that include prevention, intervention, and reintegration are critical to address targeted violence at multiple stages. Projects within the MAP framework include strengthening individual and societal resistance to violent extremism through an inter-ethnic youth advisory board and school-based programming, and expanding capacity of a regional threat assessment team to engage at-risk youth in services and to reduce recidivism through intensive, community-based service coordination for youth who have committed terrorism-related offenses. Across each of these projects, Dr. Ellis and her team bring the expertise and experience that enable both community-responsive and effective program implementation and sustainability.

With Dr. Ellis' extensive experience in community-based, trauma-informed work related to terrorism and violent extremism, she and her team are strongly and uniquely positioned to

implement, execute, and sustain this project and its framework. I believe the proposed framework provides much-needed innovation in community-based prevention and intervention, and will serve as a model for other communities seeking to prevent targeted violence and terrorism.

I look forward to following the success of this program.

Sincerely,

(b)(6)

(b)(6)

Director of Prevention and National Security
McCain Institute for International Leadership



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

26 Federal Plaza, Room 3412
New York, NY 10278
PHONE: (212) 264-2069
FAX: (212) 264-5478
EMAIL: CAS-NY@psc.hhs.gov

May 9, 2019

(b)(6)

Director Research Finance
300 Longwood Avenue
Boston, MA 02115

Dear (b)(6)

A negotiation agreement is being sent to you for signature. This agreement reflects an understanding reached between your institution and a member of my staff concerning the rates or amounts that may be used to support your claim for costs on grants and contracts with the Federal Government. The agreement must be signed by a duly authorized representative of your institution and emailed to CAS-NY@psc.hhs.gov. We will reproduce and distribute the agreement to awarding agencies of the Federal Government for their use.

Requirements for adjustments to costs claimed under Federal Grants and Contracts resulting from this negotiation are dependent upon the type of rate contained in the negotiation agreement. Information relating to these requirements is enclosed.

In consideration of this agreement, the \$482,515 carry-forward under-recovery resulting from the settlement of the actual Full-Time employee fringe benefit rate for the fiscal year ended September 30, 2017 will be taken into consideration in computing the actual Full-Time employee fringe benefit rate for fiscal year ending September 30, 2019.

Your fringe benefit rate proposal for your fiscal year ended September 30, 2018 is due by June 30, 2019.**

An indirect cost rate proposal, together with the required supporting information, must be submitted to this office for each fiscal year in which your organization claims cost under grants and contracts awarded by the Federal Government. Therefore, your next indirect cost rate proposal for the fiscal year ending September 30, 2019 will be due in our office by March 31, 2020. In

addition, please acknowledge your concurrence with the comments and conditions cited above by signing this letter in the space provided below and transmitting electronically via email to CAS-NY@psc.hhs.gov.

**Extension granted by CAS.

Sincerely,

(b)(6)

Darryl W. Mayes
Deputy Director
Cost Allocation Services

Enclosures (b)(6)

Concurrence

Name

EVPJ (b)(6)

Title

u/12/19

Date

HOSPITALS RATE AGREEMENT

EIN: (b)(6)

DATE: 05/09/2019

ORGANIZATION:
Children's Hospital Boston
300 Longwood Avenue
Boston, MA 02115

FILING REF.: The preceding
agreement was dated
10/26/2017

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	10/01/2017	09/30/2018	(b)(4)	On-Site	Research
FIXED	10/01/2018	09/30/2020		On-Site	Research
PROV.	10/01/2020	09/30/2022		On-Site	Research

*BASE

Total direct costs excluding capital expenditures (building, individual items of equipment; alterations and renovations), and that portion of each subaward in excess of \$25,000.

ORGANIZATION: Children's Hospital Boston

AGREEMENT DATE: 5/9/2019

SECTION I: FRINGE BENEFIT RATES**

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	10/1/2018	9/30/2019	(b)(4)	All	Full-Time Employees
PROV.	10/1/2019	9/30/2021		All	Full-Time Employees

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

ORGANIZATION: Children's Hospital Boston

AGREEMENT DATE: 5/9/2019

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are charged using the rate(s) listed in the Fringe Benefits Section of this Agreement. The fringe benefits included in the rate(s) are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

(1) The fringe benefit rate cited in this agreement includes the following: Health Insurance, Worker's Compensation, State Unemployment, FICA, Pension and Retirement, Group life, Employee Tuition Reimbursement, Employee Parking, Employee Health Care, Human Resources Office, Earned Time Cash Out, Group Disability, Employee Activities and Day Care Subsidy.

(2) The following rates shall be used for research contracts performed at Children's Hospital Corporation:

FINAL	10/01/17	09/30/18	(b)(4)	On-Site	Research
FIXED	10/01/18	09/30/20		On-Site	Research
PROV.	10/01/20	09/30/22		On-Site	Research

(3) This indirect cost rate is an administrative rate applicable to off-site activity for Department of Education, Maternal and Child Health Bureau and Administration for Developmental Disability:

FINAL	10/01/17	09/30/18	(b)(4)	Off-Site Non-Research
FIXED	10/01/18	09/30/20		Off-Site Non-Research
PROV.	10/01/20	09/30/22		Off-Site Non-Research

(4) Your next proposal based on actual costs for fiscal year ending 9/30/19 will be due by 3/31/20.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

ORGANIZATION: Children's Hospital Boston

AGREEMENT DATE: 5/9/2019

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the cost principles promulgated by the Department of Health and Human Services, and should be applied to the grants, contracts and other agreements covered by these regulations subject to any limitations in A above. The hospital may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Children's Hospital Boston

(b)(6)

(INSTITUTION)

(b)(6)

(NAME)

Exe Vice President & CFO

(TITLE)

11-12-19

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(b)(6)

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

5/9/2019

(DATE) 2119

HHS REPRESENTATIVE: Council Moore

Telephone: (b)(6)

EMW-2020-GR-APP-00068

Application Information

Application Number: EMW-2020-GR-APP-00068

Funding Opportunity Name: Fiscal Year (FY) 2020 Targeted Violence and Terrorism Prevention (TVTP) Program

Funding Opportunity Number: DHS-20-TTP-132-00-01

Application Status: Pending Review

Applicant Information

Legal Name: The Childrens Hospital Corporation

Organization ID: 21794

Type: Nonprofit having 501(c)(3) status with IRS, other than institutions of higher education

Division:

Department:

EIN: (b)(6)

EIN Shared With Organizations:

DUNS: 076593722

DUNS 4:

Congressional District: Congressional District 07, MA

Physical Address

Address Line 1: 300 Longwood Ave.

Address Line 2: [Grantee Organization > Physical Address > Address 2]

City: Boston

State: Massachusetts

Province:

Zip: 02115-[Grantee Organization > Physical Address > Zip 4]

Country: UNITED STATES

Mailing Address

Address Line 1: 300 Longwood Ave.

Address Line 2: [Grantee Organization > Mailing Address > Address 2]

City: Boston

State: Massachusetts

Province:

Zip: 02115-[Grantee Organization > Mailing Address > Zip 4]

Country: UNITED STATES

SF-424 Information

Project Information

Project Title: A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles

Program/Project Congressional Districts: Congressional District 07, MA

Proposed Start Date: Thu Oct 01 00:00:00 GMT 2020

Proposed End Date: Fri Sep 30 00:00:00 GMT 2022

Areas Affected by Project (Cities, Counties, States, etc.): Boston, MA (Project 1); Milford, MA (Project 2); Massachusetts, New Hampshire, Maine and Rhode Island (Projects 3 & 4)

Estimated Funding

Funding Source	Estimated Funding (\$)
Federal Funding	\$749995
Applicant Funding	\$0
State Funding	\$0
Local Funding	\$0
Other Funding	\$0
Program Income Funding	\$0
Total Funding	\$749995

Is application subject to review by state under the Executive Order 12373 process? Program is not covered by E.O. 12372.

Is applicant delinquent on any federal debt? false

Contacts

Contact Name	Email	Primary Phone Number	Contact Types
(b)(6)	(b)(6)		Secondary Contact
B. Heidi Ellis			Secondary Contact
Krystal Gustafson			Signatory Authority Authorized Official Primary Contact

SF-424A

Budget Information for Non-Construction Programs

Grant Program: Targeted Violence and Terrorism Prevention Grant Program

CFDA Number: 97.132

Budget Object Class	Amount
Personnel	\$296702
Fringe Benefits	\$90494
Travel	\$1960
Equipment	\$0
Supplies	\$0
Contractual	\$19500
Construction	\$0
Other	\$15070
Indirect Charges	\$326269
Non-Federal Resources	Amount
Applicant	\$0
State	\$0
Other	\$15070
Income	Amount
Program Income	\$0

How are you requesting to use this Program Income? [\$budget.programIncomeType]

Direct Charges Explanation:

Indirect Charges explanation:

Forecasted Cash Needs (Optional)

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Federal	\$	\$	\$	\$
Non-Federal	\$	\$	\$	\$

Future Funding Periods (Years) (Optional)

First	Second	Third	Fourth
\$	\$	\$	\$

Remarks:

SF-424C

Budget Information for Construction Programs

Assurances for Non-Construction Programs

Form not applicable? false

Signatory Authority Name: Krystal Gustafson

Signed Date: Thu Jun 11 00:00:00 GMT 2020

Signatory Authority Title: Sr. Grant Officer, OSP

Certification Regarding Lobbying

Form not applicable? false

Signatory Authority Name: Krystal Gustafson

Signed Date: Tue Jun 16 00:00:00 GMT 2020

Signatory Authority Title: Sr. Grant Officer, OSP

Disclosure of Lobbying Activities

Form not applicable? true

Signatory Authority Name: Krystal Gustafson

Signed Date:

Signatory Authority Title: