

Building Capacity of Mental Health Practitioners to Assess and Manage Risk for TVT in Community Settings

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Application Track: Innovation

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Project Abstract: A primary challenge to establishing and enhancing locally-based prevention efforts is the lack of specialized training and expertise in targeted violence and terrorism (TVT) among community-based mental health practitioners (MHPs). Although existing risk assessment tools anchored in a structured professional judgment framework have greatly advanced the field, they hold limited applicability for use by community-based MHPs working in local healthcare settings. The primary goal of this project is to build capacity of MHPs to assess and manage risk for TVT in collaboration with local multi-disciplinary threat assessment teams through: (1) the development and preliminary validation of a clinically useful risk assessment/management tool; and (2) tool training and consultation for community-based MHPs across the country, in collaboration with the DHS-funded Prevention Practitioners Network. This initiative will build upon and advance previous risk assessment efforts by: (1) developing a semi-structured, patient-centered approach to assessing strengths/needs; (2) offering concrete guidance on modifications to the assessment based on age, gender, and cultural background; (3) directly linking assessment results to treatment planning and intervention; and (4) building in a systematic re-evaluation process for managing and responding to risk that is informed by an evidence-based treatment framework that has shown high utility with other high-risk populations.

1. Needs Assessment

Although the relationship between radicalization and mental illness is complex and multi-layered,¹⁻³ there is increasing evidence that mental health may play an important role in identifying risk for targeted violence and terrorism (TVT) and in prevention/intervention programming.^{2,4-7} Membership in a terrorist or violent extremist group can also increase the likelihood of developing mental health issues.⁸ As a result, mental health care has been increasingly recognized as a critical element of a multidisciplinary response to preventing TVT and offers a relatively robust workforce to contribute to local violence prevention initiatives.^{5,9,10} According to the Department of Labor's Bureau of Labor Statistics, there are more than 577,000 mental health practitioners (MHPs) practicing in the U.S. today.¹¹ Yet, community-based MHPs are often unwilling to work with individuals demonstrating risk for TVT,¹²⁻¹⁴ a problem further exacerbated by the reality that psychologists embedded within local multidisciplinary threat assessment and management teams (MTAMTs) typically have limited availability to conduct risk assessments with regularity.¹⁵

Research and clinical practice suggest that a primary driver of MHPs' reluctance to work with at-risk individuals is a **lack of specialized training and expertise in TVT**. Academics and practitioners alike report scant knowledge of formal TVT-related training opportunities,⁷ and even providers who work exclusively with extremists cite insufficient training, support, and resources as a substantial barrier to service delivery.¹⁶ Beyond forensic specializations, few if any graduate training programs for MHPs in the U.S. offer formal training in assessing and treating violence risk. This is perhaps best exemplified by results of a national survey which demonstrated that MHPs are significantly less confident in their ability to treat individuals at risk for TVT compared to other high-risk behaviors.¹⁷ Professional requirements for administering risk assessments also vary greatly across disciplines, as research indicates that there is no clear consensus on the length or type of experience required or which professions would be most suitable for conducting risk assessments.¹⁸

Although psychologists have long been assessing violent patients and prisoners for their risk of re-offending, the task of assessing risk for carrying out a first act of violence in the community is a newer, more challenging one, as it requires practitioners to conceptualize risk as far more than a function of past behavior.¹⁹ Risk assessment tools anchored in a structured professional judgment framework have been a primary strategy for building provider capacity to respond to TVT risk.²⁰ However, these tools have several limitations, particularly for use by MHPs working in community healthcare settings:

1. **The majority of risk assessment tools have been developed for use with adult populations post-offense** and therefore have less utility in the prevention space, particularly for youth.^{19,21}
2. **Many employ a deficit-based model focused predominantly on identifying risk factors.**²² Identifying risk factors helps practitioners determine which risks need to be mitigated, counteracted, or eliminated, but it does not offer guidelines for protective interventions or positive action.²³ Though recognized as good practice, the inclusion of protective factors in the assessment process, in addition to strengths and needs, remains limited.²⁴
3. **Oftentimes, risk is not assessed in an individualized, dynamic way that allows for person- or context-specific variability** (e.g., age, gender, cultural background, geographic location),^{1,15,19} despite the fact that risk profiles are known to be quite diverse.^{25,26} OSCE guidelines strongly recommend that risk assessments be "broadly applicable", "reflect the

wider political, cultural, and social contexts”, and utilize gender-sensitive, developmentally appropriate interview approaches.^{27(p47)} However, these recommendations have yet to be operationalized in a single tool that allows for tailored assessments based on age, gender, and cultural differences. Furthermore, general guidelines, such as the Identifying Vulnerable People (IVP) Guidance,²⁸ though useful for screening have demonstrated limited effectiveness for identifying serious violence in persons convicted or killed in the process of committing a violent-extremist offense.²⁹

4. **Available guidance on risk management is limited.** Many tools fail to offer guidance on formulation, scenario planning, and building management plans.¹⁵ This is particularly concerning when instances like the Tarasoff Case have clearly shown that “imminent danger” may not necessarily mean an immediate threat of harm (i.e., the victim was killed 67 days after the attacker disclosed his intentions to a psychiatrist). Additionally, risk formulation and management has been identified as a significant area of weakness for community-based MHPs, despite extensive training in and proper use of risk assessment tools such as the Historical Clinical Risk Management-20.³⁰ In order to be maximally effective, risk assessment tools must be integrated into an overall risk management model where results of assessment directly inform treatment planning.²⁶
5. **Most tools are used structurally as part of repetitive procedures** (e.g., the intake process in prison) **rather than on an ad-hoc basis in response to provider concerns.**²⁰

These limitations greatly reduce the applicability of existing TVT risk assessment approaches to the diverse patient population typically seen by a generalist mental health workforce in the U.S., thereby decreasing the likelihood of provider uptake. However, evidence-based tools that have been used effectively with other high-risk populations may hold tremendous promise for increasing community-based MHPs’ willingness and capacity to assess and manage TVT risk. Informed by over 30 years of clinical research, the Collaborative Assessment and Management of Suicidality (CAMS) is an innovative therapeutic approach that uses a multi-purpose clinical assessment, treatment planning, tracking, and outcome tool called the Suicide Status Form (SSF) for assessing and managing suicide risk in community-based settings.³¹ Research suggests that CAMS has been effective at significantly reducing risk for suicide among youth and adult populations receiving outpatient care.³²⁻³⁴ Innovations in the field of suicidology could offer a useful methodology for assessing and managing TVT risk, especially when considering established links between suicidal and homicidal ideation and the prevalence of murder-suicide.³⁵ To date, however, applications of approaches for assessing and managing suicide risk to the TVT prevention space have only been explored for 211 services.³⁶

2. Program Design

A primary challenge to establishing and enhancing locally-based prevention frameworks and programs (Goal 3 of the Strategic Framework for Countering Terrorism and Targeted Violence (CTTV)) is the **lack of specialized training and expertise in TVT among community-based MHPs.** The McCain Institute’s DHS-funded Prevention Practitioners Network (PPN) has advanced the field in this area by creating a publicly available resource for disseminating practice-based knowledge related to TVT with the goal of increasing the efficacy of local prevention programs and expanding referrals to qualified MHPs throughout the country. However, since the launch of its first workshop in January 2021, participating MHPs in the

network have consistently requested more in-depth training and case consultation,³⁶ a need that the PPN is unable to currently meet without additional support from MHPs who are subject matter experts (SMEs) in TVT. **The central goal of this project, therefore, is to build capacity of MHPs to assess and manage risk for TVT in collaboration with local MTAMTs through: (1) the development and preliminary validation of a clinically useful risk assessment/management tool; and (2) tool training and consultation for community-based MHPs across the country, in collaboration with the PPN.** We seek to create a *Strengths, Needs, and Risk Assessment & Management (SN-RAM)* tool for mental health providers that is embedded within a risk/needs responsiveness framework and considers both person- and context-specific variability in risk profiles, including protective factors. In collaboration with subject matter experts (SMEs) in the fields of both suicidology and violence prevention (e.g., extreme aggression, homicide, violent extremism), we propose to develop a framework for assessing risk for TVT and for managing this risk through regular, structured re-evaluations that help to guide a collaborative treatment planning process between patient and practitioner. ***As an applicant to the Innovation Track,*** we will build upon and advance previous risk assessment efforts by: (1) developing a semi-structured, patient-centered approach to assessing strengths/needs; (2) offering concrete guidance on modifications to the assessment based on age, gender, and cultural background; (3) directly linking assessment results to mental health treatment planning and intervention; and (4) building in a systematic re-evaluation process for managing and responding to risk that is informed by an evidence-based treatment framework that has shown high utility with other high risk populations (CAMS).

In accordance with Goal 3 of the CTTV, the SN-RAM will be used to refer/connect individuals who demonstrate risk factors to offline intervention capabilities and to bolster the skills of both MTAMTs and community-based MHPs to assess and manage risk for TVT. Specific objectives to be completed over the course of the two-year grant period are as follows:

Objective 1: To develop an innovative tool for assessing and managing risk for TVT that is responsive to individual variability in risk profiles, with clear considerations for gender, developmental, and cultural differences.

Objective 2: To pilot the tool within two established TVT prevention programs, evaluating utility and feasibility of the tool for both youth and adult populations.

Objective 3: To provide tool training and consultation to at least 30 community-based MHPs, partnering with the DHS-funded PPN to identify and convene MHPs from at least 5 distinct locations in the U.S.

Objective 4: To develop 4 written materials with guidelines and recommendations related to TVT risk assessment and management for MHPs/clinical agencies seeking to increase collaboration with MTAMTs in their local community and to support threat management approaches.

The **logic model** below describes how project resources, activities, outputs, and outcomes, in accordance with completion of the above objectives, will lead to the expansion and enhancement of local TV prevention frameworks (Goal 3 of the CTTV). Short- and long-term outcomes are directly related to Objectives 5 and 6 underlying Goal 3 of the CTTV. Specifically, this proposal aims to not only strengthen the local communities' access to MTAMTs that can intervene with an individual who has radicalized to violence prior to criminal justice involvement (Objective 5), but also to ensure that the local community has access to

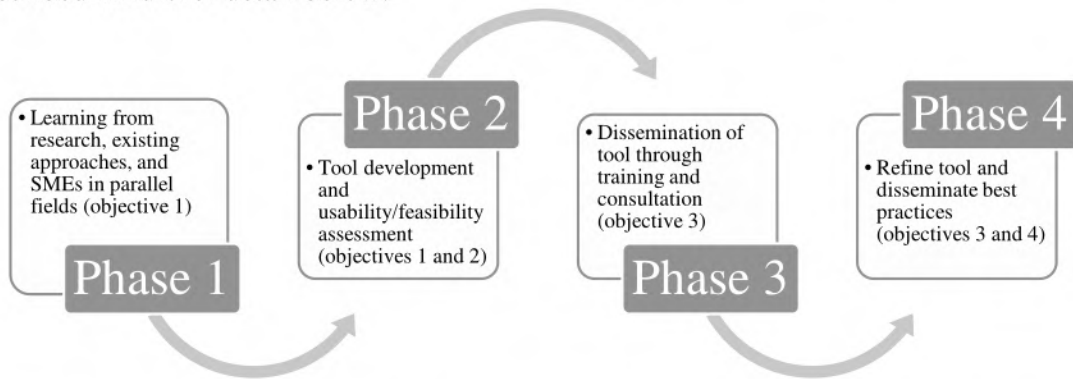
programming to address risk factors while also providing services supporting threat management approaches (Objective 6).

Logic Model

<p>Problem statement: Individuals at-risk of targeted violence and terrorism (TVT) often have significant, multifaceted psychosocial needs that are not being met in the community due to: (1) the lack of community-based mental health providers (MHPs) with specialized training/expertise in TVT; and (2) the failure of available risk assessment/management tools to include a comprehensive assessment of broad, psychosocial strengths and needs, consider individual variability in risk profiles, and offer a systematic approach to risk management.</p> <p>Theory of change: If MHPs are provided with an empirically-informed framework for assessing and managing TVT risk, they will demonstrate an increase in willingness and capacity to coordinate/connect with multidisciplinary threat assessment and management teams and to support local threat management approaches.</p>				
Inputs	Activities	Outputs	Short-term outcomes	Long-term outcomes
<p>BCH staff</p> <p>Subject matter experts (SMEs) in suicide risk and violence prevention (e.g., extreme aggression, homicide, and violent extremism)</p> <p>Partnership with the McCain Institute’s Prevention Practitioners Network</p> <p>Knowledge of existing multidisciplinary threat assessment and management teams (MTAMTs)</p> <p>Existing manuals for risk assessment/management</p> <p>Existing, evidence-based approaches for mental health providers managing risk in community-based settings (Collaborative Assessment & Management of Suicidality)</p> <p>Data management system for de-identified case tracking</p> <p>Data management system for tracking provider participation</p>	<p>Review of existing approaches for assessment/management of risk, needs, and threat</p> <p>Compare and contrast risk/protective factors for suicide risk with those of violence risk prevention</p> <p>Delphi process and consultation from SMEs to inform development of the SN-RAM</p> <p>SN-RAM training and consultation</p>	<p># of MHPs trained</p> <p># of geographic regions represented at training</p> <p># of Learning Community consultation calls</p> <p>% of MHPs stably engaged in subsequent consultation</p> <p># of referrals received</p> <p># of appointments by case with referred individuals</p> <p># of contacts by case with local MTAMTs</p> <p># of individuals assessed/managed with the SN-RAM</p> <p># of cases that have been anonymized and entered into REDCap</p>	<p>Increase in the number of community-based MHPs with specialized training and expertise in TVT</p> <p>Increased MHP confidence in addressing risk factors for TVT, as measured by pre-/post- survey</p> <p>Increased MHP competence in managing risk, as evidenced by continued engagement of referred individuals in mental health services and Learning Community Call notes</p> <p>Successful incorporation of the SN-RAM into general clinical practice</p>	<p>Evidence-based risk assessment/management tool for TVT that can be easily incorporated into general mental health practice</p> <p>Increased skills of MTAMTs and community-based MHPs for intervening with an individual who has radicalized to violence prior to criminal justice involvement</p> <p>Increased coordination between the local community and MTAMTs</p> <p>Reduced risk of TVT, as indicated by a decrease in SN-RAM risk ratings over time</p> <p>Establishment of regional networks of mental health providers confident in responding to the needs of individuals at risk for TVT</p> <p>Written guidelines</p>

and training/consultation experience				for effectively training and supporting community-based mental health providers with assessing/managing TVT risk
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In accordance with the below figure, project objectives will be achieved through a phasic process whereby associated activities will be completed in distinct stages, building off of one another and iteratively informing tool development. Key activities to be completed in each phase are described in further detail below.



Phase I: Learning from Research, Existing Approaches, and SMEs in Parallel Fields. This phase of the project will support completion of Objective 1 and will consist of the following activities:

- *Activity 1:* Review existing approaches for risk, needs, and threat assessment/management to identify strengths and limitations of existing tools, building upon the PPN’s work in this area²² with a focus on mental health assessment and treatment planning.
- *Activity 2:* Identify dynamic risk and protective factors related to TVT that can be uniquely and effectively assessed and managed by mental health. This evaluation will be anchored in the field’s current understanding of risk and protective factors associated with radicalization to terrorism^{25,37-43} and will build upon conceptual models for assessing vulnerabilities, strengths, and needs as described in Dr. Ellis’ module of the IIJ’s training curriculum to support the development and implementation of multi-actor intervention programs for P/CVE.⁴⁴ A review of these risk/protective factors will include identification of the functional role that each risk/protective factor is playing towards the risk/outcome of interest that we will assess in order to ensure practical applications to mental health assessment and treatment planning. From this research, we will draft a systematic methodology for assessing dynamic risk and protective factors for TVT using a semi-structured interview format that facilitates structured professional judgment and allows for re-evaluation.
- *Activity 3:* Explore potential applications of CAMS to assessing and managing risk for TVT in collaboration with Dr. Jobes, an expert suicidologist and the developer of the CAMS treatment framework. CAMS is an outpatient-oriented approach that endeavors to maintain suicidal patients in community-based treatment settings through the

collaborative development of a “Crisis Response Plan”.³¹ The CAMS clinician can operate from any theoretical orientation and is encouraged to utilize his or her own expertise to select and employ effective, evidence-based interventions that target suicidal thinking and behavior. By taking a collaborative, narrative-based, person-centered approach, CAMS care is designed to enhance the therapeutic alliance and to increase patients’ motivation to function as active participants in treatment. The Suicide Status Form (SSF)—a multi-purpose clinical assessment, treatment planning, tracking, and outcome tool upon which the CAMS approach is founded—ensures that treatment is focused on issues that directly and indirectly make the patient suicidal (i.e., the “drivers” of suicidal thoughts and behaviors). The SSF encourages both quantitative and qualitative assessment of suicide risk, as is similarly recommended for assessing TVT risk,²⁰ and reflects over 30 years of research related to risk and protective factors for suicide. Exploration of potential applications of CAMS to assessing and managing risk for TVT will include a rigorous examination of quantitative and qualitative items embedded in the SSF, investigating their predictive validity and association with positive treatment outcomes. SSF risk and protective factors will be overlaid with known risk and protective factors for TVT to examine areas of convergence and divergence, using the CAMS methodology to inform development of a structured, systematic process for assessing and managing TVT risk.

- *Activity 4:* Identify SMEs in the fields of suicide and violence prevention (e.g., extreme aggression, homicide, violent extremism), in partnership with the PPN and (b)(6). Convene SMEs with the goal of distilling best practices for assessing and managing risk that could then be integrated into the SN-RAM to specifically address risk for TVT. SMEs will be divided into two groups based on subject matter expertise (suicide risk vs. violence prevention). Each SME group will convene for three virtual meetings; the Delphi method will be used to achieve consensus on key considerations and best practices for assessing and managing risk in community-based treatment settings. If needed, questionnaires will be administered to SMEs between meetings to ensure consensus.

Phase II: Tool Development and Usability/Feasibility Assessment. In this phase of the project, Objectives 1 and 2 will be completed and will consist of the following activities:

- *Activity 1:* Create version one of the *Strengths, Needs, and Risk Assessment & Management (SN-RAM)*. The SN-RAM will be grounded in the CAMS approach for assessing and managing risk. Specific questions included in the SN-RAM to assess risk, needs, and strengths will be directly informed by Delphi meetings with SMEs and ad-hoc

Features of the Strengths, Needs, and Risk Assessment & Management Tool (SN-RAM)

- Quantitative and qualitative assessment measures
- Identification of strengths, needs, and protective factors as part of the assessment process
- Considerations for use with diverse populations, including gender-sensitive, developmentally-appropriate, and culturally-responsive terminology
- Encourages a collaborative approach
- Links assessment results directly to treatment planning
- Provides a structured process for re-evaluating risk at every patient contact

consultation by experts in suicidology, threat assessment, terrorism, and forensic mental health.

- *Activity 2:* Pilot the SN-RAM within Boston Children’s Hospital’s Adolescent Services Coordination Team (ASCT), a component of the local area prevention framework funded through the 2020 TVTP grants program. We will also pilot the SN-RAM in adult-serving programs identified through the PPN. This pilot will include a usability and feasibility assessment with trained practitioners to evaluate both the practical utility of the SN-RAM (e.g., “How long did it take to administer the SN-RAM?”, “Did you feel the SN-RAM was a useful way to assess TVT risk?”, and “Did use of the SN-RAM increase your comfort managing TVT risk in an outpatient setting?”) and the ease with which practitioners are able to incorporate use of the tool into their regular clinical practice (e.g., “I would use the SN-RAM in my clinical practice”, “I was able to complete the SN-RAM during one client session”). Data collected from usability and feasibility assessments will inform further tool development.

Phase III: Disseminate Tool Through Training and Consultation. This phase of the project will support completion of Objective 3 and will consist of the following activities:

- *Activity 1:* Partner with the PPN to host a virtual training in the SN-RAM for at least 30 mental health practitioners connected to local community-based, multidisciplinary threat assessment and management teams across the country. Eligible participants will be identified with the support of the PPN; regional diversity will be prioritized to ensure that training is wide-reaching and that geographic differences in healthcare policies/systems are considered. Representation from both adolescent and adult practitioners will be strongly encouraged. Trainees will complete a pre-/post- evaluation to assess provider confidence/competence in assessing and managing risk for TVT in addition to satisfaction with/acceptability of the training (e.g., “I am confident in my ability to assess risk for TVT in youth and adults”, “I understand how risk assessment differs based on gender, developmental stage, and ethnocultural background”, “I found the content of this training relevant to my clinical practice”, and “The SN-RAM training / consultation has increased my comfort in managing TVT risk in the outpatient setting”).
- *Activity 2:* Form and regularly convene an SN-RAM Learning Community in partnership with the PPN. Attendees of the pilot SN-RAM training will be divided into five groups, six practitioners per group. Each group will convene monthly with developers of the SN-RAM in order to reinforce training concepts, troubleshoot challenges to tool implementation, and monitor fidelity. In addition, consultation calls will promote a peer-to-peer learning process whereby trainees are encouraged to share successful strategies for assessing and managing TVT risk. Learning Community consultation calls will run for approximately nine months; each call will be 90 minutes in length. Participants will also be asked to enter de-identified patient data into REDCap, a secure web application for building and managing online surveys and databases, post completion of the SN-RAM with any new patients.
- *Activity 3:* Consultants will meet on a monthly basis to review key discussion points from Learning Community calls, share consultation strategies, and review fidelity data.

Phase IV: Refine Tool and Disseminate Best Practices. Objectives 3 and 4 will be completed in this phase, which will consist of the following activities:

- *Activity 1:* Improve the tool based on quantitative/qualitative data collection. We will conduct descriptive and multivariate analyses of de-identified patient data in order to improve understanding of the tool’s utility and effectiveness and to inform iterative improvements to the SN-RAM. In addition, we will aggregate and review feedback from the Learning Community (quantitative and qualitative) to inform iterative improvements to the SN-RAM and associated training protocols. The final version of the SN-RAM will provide guidance on each of the following stages of risk management: (1) referral; (2) intake and management (i.e., how the referral is processed, how data is collected/shared, and procedures for coordination with local MTAMTs); (3) assessment; (4) treatment planning; and (5) follow-up (i.e., when and how risk is tracked over time).
- *Activity 2:* Disseminate best practices for MHPs in the assessment and management of TVT risk through two peer-reviewed manuscripts with the following aims: (1) describe SN-RAM tool development and detail preliminary findings from descriptive and multivariate analyses of de-identified patient data; and (2) specify lessons learned from assessing and managing other types of risk in community-based mental health settings, challenges and successes for MHPs responding to TVT risk, and general recommendations for effectively training MHPs in TVT risk assessment/management protocols. Associated brief reports will be developed for each manuscript. Conference presentations (e.g., National Counterterrorism Center’s Annual Terrorism Prevention Practitioner’s Conference) and other targeted dissemination strategies (e.g., PPN website and listserv) will be used to reach key audiences and stakeholders in TVT.

Project activities across all four phases of the project will be completed in accordance with the following timeline:

<i>Project Activities</i>	Year 1				Year 2			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<i>Phase I</i>								
Review of at least six existing approaches for risk, needs, and threat assessment/management	X	X						
Draft a systematic methodology for assessing dynamic risk/protective factors for TVT, informed by research and CAMS methodology	X	X						
Identify and convene SMEs for Delphi process	X	X	X					
Obtain feedback from project consultants on SN-RAM items			X					
<i>Phase II</i>								
Develop SN-RAM			X					
Pilot SN-RAM with TVT prevention programs			X	X				
<i>Phase III</i>								
SN-RAM training MH practitioners					X			
Pre-/post- evaluations of trained MH practitioners					X		X	
Learning Community consultation calls					X	X	X	
<i>Phase IV</i>								
Collect de-identified SN-RAM patient data					X	X	X	
Data cleaning and analyses					X	X	X	X
Finalization of the SN-RAM								X
Dissemination of best practices for assessing/managing TVT risk						X	X	X

The incorporation of numerous SMEs in the development of the SN-RAM, in addition to the use of usability/feasibility assessment through preliminary pilot initiatives with two established TVT programs, will help to ensure project success. Additionally, collaboration and coordination with existing TVTP-funded programs, such as the PPN or Boston Children's ASCT, will help to strengthen programming. Finally, CAMS' extensive evidence-base supporting its use with diverse populations,⁴⁵ including military and incarcerated youth,^{32,46-49} in a range of clinical contexts (inpatient,^{50,51} outpatient,³²⁻³⁴ emergency, and virtual settings⁵²) underscores its versatility as a risk assessment/ management tool and its potential applicability to TVT prevention.

3. Organization and Key Personnel

Dr. Emma Cardeli will lead the project, with support from her team at Boston Children's Hospital (BCH). Dr. Cardeli is a clinical psychologist with over a decade of experience providing clinical services to at-risk youth in a myriad of clinical settings (e.g., community-based mental health clinics, specialized outpatient treatment centers, inpatient psychiatry and medical settings, residential facilities, schools, court clinics, and emergency services). As a Research Associate and Attending Psychologist at BCH for the past six years, as well as an Instructor in Psychology at Harvard Medical School, she has also served as Project Manager and Lead Evaluator on multiple federally funded grants. Responsibilities on these projects having included: (1) overseeing all program evaluation efforts for the DHS-funded Massachusetts Area Prevention (MAP) program designed to reduce risk for TVT among vulnerable and at-risk youth as well as youth requiring rehabilitation for TVT-related crimes, including the ASCT; (2) leading a formative evaluation of the Massachusetts Multidisciplinary Threat Assessment Team (MassBayTAT) convened by the Joint Terrorism Task Force/Boston FBI field office; (3) conducting a multi-site program evaluation of clinical services at four different community-mental health clinics in disparate regions of the U.S., and (4) overseeing the development of clinical resources and training tools to support the widespread dissemination of an evidence-based, trauma treatment model. Through her work on these projects and others, Dr. Cardeli has conducted research on psychosocial factors related to risk for violence; for example, her research has examined the multiple ways in which socio-ecological factors contribute to children's mobilization into violent groups,³⁹ the longitudinal effects of youth involvement in these groups,⁵³ and the protective influence of social bonds.⁵⁴ Dr. Cardeli is also a core member of an international multidisciplinary expert resource group to support the rehabilitation and reintegration of children and families returning from Syria and Iraq; in this capacity, Dr. Cardeli provides training and consultation in trauma-focused treatment and trauma-informed care, building organizations' capacities to provide specialized psychosocial services in a manner that is congruent with community needs and norms.

Dr. Cardeli will be responsible for overall project oversight, and ensuring all activities are ethical and timely. She will lead the development of the SN-RAM and the associated training, oversee all evaluation activities, conduct data analyses, and lead dissemination efforts. She will also convene weekly BCH team meetings to ensure efficient and effective execution of the project and all associated reporting. She will be mentored and supported by **Dr.** (b)(6) an Associate Professor at BCH who has successfully led over seven federally funded initiatives in the field of terrorism prevention over the past ten years, including as the current PI of the

DHS-funded MAP program to establish a local prevention framework in Massachusetts, including the ASCT. Dr. (b)(6) will work closely with Dr. Cardeli on all aspects of the project, providing subject matter expertise in both risk/protective factors for TVT and in prevention/intervention programming on violent radicalization. Building off of her review of global, best practices in risk assessment for the IJJ's P/CVE training curriculum,⁵⁵ Dr. (b)(6) will support translation of her conceptual model for risk assessment into clinical practice. She will also provide input on SN-RAM development, provide consultation on the tool through the Learning Community, and will work closely with Dr. Cardeli and other team members to disseminate project findings. Dr. (b)(6) is an Assistant in Psychology at BCH and Instructor at Harvard Medical School (HMS). Dr. (b)(6) is the Project Coordinator of the ASCT, the DHS-funded team that will pilot the SN-RAM. Dr. (b)(6) also has many years of experience as a trainer/consultant working with clinical agencies to integrate evidence-based tools and best practices into community healthcare settings and has developed and disseminated practitioner surveys to better understand mental health providers' comfort level and experience working with youth at risk for TVT. Dr. Miller will coordinate the SN-RAM pilot in Year 1 and oversee integration of the SN-RAM into ASCT processes and procedures. She will also create practitioner surveys to inform the usability/feasibility assessment as well as iterative improvements to the SN-RAM and will support SN-RAM consultative efforts. Ms. (b)(6) (b)(6) LICSW is a Clinical Social Worker at BCH who conducts in-depth psychosocial interviews with youth referred to the ASCT in addition to identifying and mapping resources available to youth at-risk or requiring rehabilitation for TVT in communities throughout New England. Ms. (b)(6) will pilot the SN-RAM within the ASCT and will inform iterative improvements to the tool. Mrs. (b)(6) is a Social Worker at BCH who has over ten years of experience as an Expert Cultural Broker, ensuring that clinical tools and prevention/intervention programming developed at our center is responsive to the norms, values, and needs of various ethnic minority communities in the U.S. Ms. (b)(6) will provide cultural expertise to inform development of the SN-RAM.

Key personnel will also include various Subject Matter Experts (SMEs) in the fields of suicidology and violence risk prevention. Mrs. (b)(6) is Senior Director for Preventing Targeted Violence at the McCain Institute for International Leadership—an Arizona State University affiliated program—and leads the Prevention Practitioners' Network (PPN), a DHS TVTP-funded initiative focused on building a national network for practitioners providing prevention and intervention services addressing targeted and hate based violence within the U.S. Mrs. (b)(6) 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 U.S. As a subaward on this project, Mrs. (b)(6) will serve as Project Lead for the McCain Institute and will hold primary responsibility for creating a diverse, interdisciplinary team for Learning Community consultation calls, disseminating project resources to key stakeholders, and working with the BCH team to formulate key strategies for project sustainability beyond the reach of this grant. She will also help to identify subject matter experts in the field of violence prevention to inform development of the SN-RAM. Dr. (b)(6) the Director of the Clinical Support Unit at the Cambridge Police Department and an Assistant Professor of Psychology at HMS, is an expert on juvenile safety assessment and the prevention of retaliatory violence. As an SME and consultant, Dr. (b)(6) will support development of the SN-RAM, with particular attention to the assessment and management of violence risk in youth and will support dissemination efforts as a lead trainer/consultant on the tool. Dr. (b)(6) will also consult to this

project. Dr. (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). Dr. (b)(6) will serve as a threat assessment expert; specifically, he will participate in a Delphi process with other SMEs to inform tool development and will provide consultation in best practices for threat assessment throughout year 1. (b)(6), Assistant Commissioner of Forensic Mental Health Services for the Department of Mental Health in Massachusetts, and Dr. (b)(6) a fellow with New America's International Security program and professor of communication and Middle East studies at Georgia State University, will also consult to this project in year 1, providing feedback on the SN-RAM. (b)(6) brings expertise in the use of risk assessment protocols/procedures in community mental health settings in addition to strategies for effectively training MHPs in violence risk, while (b)(6) brings expertise in gender, cultural, and age-specific risk and protective factors related to involvement in terrorist organizations. Lastly, (b)(6) (b)(6) a professor of Psychology at the Catholic University of America and the developer of the CAMS, will consult to our team on a regular basis throughout the project, applying lessons learned from the development of CAMS—an evidence-based treatment framework for assessing and managing suicide risk in outpatient settings—to the development of the SN-RAM. (b)(6) will also help to identify other SMEs in the field of suicidology to participate in a Delphi process intended to achieve consensus on key considerations and best practices for assessing and managing risk in community-based treatment settings.

4. Sustainability

The primary goal of this project is to build capacity of community-based MHPs to assess and manage risk for TVT through the development and preliminary validation of a clinically useful risk assessment/management tool, the SN-RAM. By the end of the project, at least 30 practitioners from across the U.S. will be trained to use the SN-RAM in their communities. When identifying MHPs to participate in the project, we, in partnership with the PPN, will prioritize geographic diversity in order to support widespread dissemination of the SN-RAM. Additionally, this will help to ensure that the SN-RAM is considerate of regional differences in health and social service systems across the U.S., as iterative improvements will be made to the tool based on the feedback of trained MHPs. All MHPs selected for SN-RAM training will need to demonstrate affiliation with existing service systems to ensure that they can provide risk assessment and management services that are either reimbursable via billing or freely available in the community. Best practices in TVT risk assessment and management, as identified through the Learning Community consultation calls, will also be documented in 1 of the 4 written materials developed over the 2-year project period and will be disseminated widely through the PPN's and BCH's associated networks (e.g., mental health listservs, the National Child Traumatic Stress Network, and the Canadian Practitioners Network for the Prevention of Radicalization and Extremist Violence).

In year 2 of the project, we will work with (b)(6) to generate strategies for sustaining programing beyond the reach of this grant. By the end of the 2-year project period, a sustainability plan will be developed that will include: (1) a free train-the-trainer curriculum that will be offered to at least 5 of the 30 trained MHPs; (2) development of a virtual platform to support online training in the SN-RAM for any interested providers; (3) free consultation from

expert trainers through the PPN; and (4) marketing of the SN-RAM through PPN and BCH team networks and web-based platforms. This sustainability plan will inform future discussions with state and federal partners of additional funding mechanisms to support broadscale dissemination of the SN-RAM.

This proposed project is directly aligned with our center’s mission to establish, enhance, and expand community-based multidisciplinary violence prevention programming. Our Multidisciplinary Violence Prevention Core is focused on conducting research, intervention development, and capacity building in multidisciplinary approaches to violence prevention. By increasing provider confidence/competence in assessing and managing risk for TVT in outpatient settings, our proposed innovation is designed to have a direct impact on coordination between local practitioners and community-based MTAMTs and to support local threat management approaches. Furthermore, completion of project objectives will have direct implications for existing center programming. For example, our center’s DHS-funded MAP framework includes the multidisciplinary Adolescent Service Coordination Team (ASCT) that can provide comprehensive assessment and care coordination services for youth at-risk or requiring rehabilitation for TVT. Resources developed as part of this proposed, innovative project (e.g., the SN-RAM) will be directly incorporated into ASCT protocols and procedures, thereby building upon and strengthening existing TVTP-funded initiatives.

5. Budget Detail and Narrative

In total, we request \$205,168 in personnel and fringe costs. **Dr. Cardeli** will contribute 30% effort in Years 1 and 2 for a total of \$58,279 in salary and \$17,775 in fringe. (b)(6) will contribute 10% effort in Years 1 and 2 for a total of \$35,797 in salary and \$10,918 in fringe. **Dr. (b)(6)** will contribute 5% effort in Years 1 and 2 for a total of \$10,106 in salary and \$3,082 in fringe. (b)(6) will contribute 5% effort in Years 1 and 2 for a total of \$6,737 in salary and \$2,055 in fringe. (b)(6) will contribute 3% effort in Year 1 and 2% effort in Year 2 for a total of \$3,669 in salary and \$1,119 in fringe. Finally, (b)(6) will contribute 50% effort in Years 1 and 2 for a total of \$42,630 in salary and \$13,001 in fringe.

Budget Category	Federal Request
Personnel	\$157,218
Fringe Benefits	\$47,950
Travel	\$5,774
Supplies	\$4,900
Contractual	\$52,185
Other	\$3,600
<i>Total Direct Costs</i>	\$271,627
Indirect Costs	\$209,153
TOTAL PROJECT COSTS	\$480,780

We also request funds to cover travel, contractual costs (a subaward to Arizona State University and consultancy fees), and other expenses. We request \$1,859 in travel costs in Year 1 to support the launch of our SN-RAM pilot program. Specifically, as a full-time remote employee of BCH with hospital approval to work from her primary residence in Washington, D.C., Dr. Cardeli will travel to Boston to pilot the SN-RAM with youth referred to the DHS-funded ASCT, train (b)(6) in administration of the SN-RAM, and work with (b)(6) to

develop protocols and procedures for incorporation of the SN-RAM into ASCT programming. Only project-specific work will be conducted while at BCH for this period of time. Travel costs for a 5-day trip to Boston, Massachusetts are as follows: roundtrip flight (\$170), transportation (\$210), lodging (\$281/night), and meals & incidentals (\$71/day). In Year 2, we request \$3,915 in total travel costs to support dissemination efforts designed to reach key audiences and

stakeholders in TVT. These costs will cover attendance at two conferences or annual meetings—one in the northeast (e.g., Washington, D.C.) and one in the southwest (e.g., Phoenix, AZ)—for one BCH staff for a total of \$3,845. Total expected costs for these two trips are as follows: (1) northeast dissemination: roundtrip flight (\$170), conference registration fee (\$500), transportation (\$210), lodging (\$258/night x 3 night), and meals & incidentals (\$76/day x 4 days) = \$1,958; and (2) southwest dissemination: roundtrip flight (\$500), conference registration fee (\$500), transportation (\$210), lodging (\$151/night x 3 night), and meals & incidentals (\$56/day x 4 days) = \$1,887. In addition, \$69.60 is requested as part of total travel costs in Year 2 to cover dissemination efforts by Dr. Cardeli to key stakeholders in the Washington, D.C. area (\$69.60; 3 trips, 40 miles roundtrip at \$0.58/mile).

For contractual costs, we request \$56,085 in total to cover subaward costs to the McCain Institute at Arizona State University (ASU) and consultancy fees. In total, ASU requests \$24,235 in personnel and fringe costs (total direct costs: \$19,234; total indirect costs: \$5,001). As the McCain Institute’s Project Lead, (b)(6) will contribute 0.6% effort in Year 1 and 4.3% effort in Year 2. (b)(6) will contribute 0.6% effort in Year 1 and 6.5% effort in Year 2 as the McCain Institute’s Project Manager. (b)(6) will be responsible for coordinating Learning Community consultations calls, documenting consultation themes and discussion notes, tracking practitioner participation, and distributing lessons learned to mental health practitioners. Additionally, we request \$16,900 in Year 1 and \$11,050 in Year 2 for consultants with expertise in threat assessment and/or suicide/violence risk assessment and management to inform development of the SN-RAM. The breakdown of consultants across the two-year project period is as follows:

Consultant	Year 1 Costs	Year 2 Costs	Total
(b)(6)	650/day x 10 days = \$6,500	650/day x 5 days = \$3,250	\$9,750
	650/day x 5 days = \$3,250	650/day x 2 days = \$1,300	\$4,550
	650/day x 5 days = \$3,250	650/day x 10 days = \$6,500	\$9,750
	650/day x 6 days = \$3,900		\$3,900
		TOTAL	\$27,950

Of note, (b)(6) will also provide consultation to this project for up to 3 days in Years 1 and 2 but requested that consultation be offered in-kind as a representative of the Massachusetts’ Department of Mental Health. We also request \$4,900 in supplies costs in Year 1 to cover training in and/or the purchase of risk assessment manuals/tools that are not available for public use. \$300 in honoraria for each SME (6 SMEs with expertise in violence risk prevention + 6 SMEs with expertise in suicide risk = 12 x \$300 = \$3,600) participating in the Delphi process in Year 1 is also requested.

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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 performance measure/indicator in a separate row.
- Map each performance measure to the relevant activity
- 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.
- The information in the “Performance Measures” column of the Measurement Plan should align with the information in the “Anticipated Outputs” column of your Implementation Plan

NOTE: Data collection methods should be specific and timebound. Any expenses incurred from the collection of data must come from the grant already awarded. No additional funds will be made available by DHS for this purpose.

Project Goal Statement

The primary goal of this project is to build capacity of mental health practitioners (MHPs) to assess and manage risk for TVT in collaboration with local multi-disciplinary threat assessment teams through: (1) the development and preliminary validation of a clinically useful risk assessment/management tool, the *Strengths, Needs, and Risk Assessment & Management (SN-RAM)*; and (2) SN-RAM training and consultation for community-based MHPs across the country, in collaboration with the DHS-funded Prevention Practitioners Network.

Target Population

At least 30 mental health practitioners across the United States will be trained to use the SN-RAM in their communities.

Organization Name	Boston Children’s Hospital
Project Title	Building Capacity of Mental Health Practitioners to Assess and Manage Risk for TVT in Community Settings
Grant Number	
Grant Implementation Period	10/1/2021 – 09/30/2023
Reporting Period	

Goal 1: Develop an evidence-based risk assessment/management tool for TVT, the Strengths, Needs, and Risk Assessment & Management (SN-RAM), that can be easily incorporated into general mental health practice.

Objective 1.1 Review of at least six existing approaches for risk, needs, and threat assessment/management.

Objective 1.2 Develop version one of the SN-RAM.

Objective 1.3 Pilot the SN-RAM in two established TVT prevention programs, one serving youth and one serving adults.

Goal 1 IMPLEMENTATION PLAN

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
<p><i>Objective 1.1: Review of at least six existing approaches for risk, needs, and threat assessment/management</i></p>	<p><i>Activity 1.1.1: Review of at least six existing approaches for risk, needs, and threat assessment/management</i></p>	<p>BCH staff time; risk assessment/management manuals and trainings (e.g., Radar, VERA-2R, ERG 22+)</p>	<p>Q1 and Q2</p>	<p>At least 6 manuals reviewed/trainings attended</p>
	<p><i>Activity 1.1.2: Review existing TVT research and identify dynamic risk/protective factors related to TVT that can be uniquely and effectively assessed and managed by mental health</i></p>	<p>BCH staff; access to databases with TVT literature; project consultants' time</p>	<p>Q1 and Q2</p>	<p>Draft a systematic methodology for assessing dynamic risk and protective factors for TVT</p>
	<p><i>Activity 1.1.3: Explore potential applications of the evidence-based treatment framework, the Collaborative Assessment and Management of Suicidality (CAMS), to risk assessment/management of TVT</i></p>	<p>BCH staff time; Dr. Jobes; CAMS manual, website, and database (https://cams-care.com/)</p>	<p>Q1 and Q2</p>	<p>A structured, systematic process for assessing and managing TVT risk that includes quantitative and qualitative assessment methods and provides a structured process for re-evaluating risk at every patient contact</p>

<p><i>Objective 1.2: Develop version one of the SN-RAM</i></p>	<p><i>Activity 1.2.1: Identify subject matter experts (SMEs) in the fields of suicide and violence prevention to participate in a Delphi process</i></p>	<p>BCH staff time; Prevention Practitioners Network (PPN); Dr. Jobes, Dr. Schouten</p>	<p>Q1</p>	<p>At least 12 SMEs identified and engaged</p>
	<p><i>Activity 1.2.2: Convene three virtual meetings for each SME group</i></p>	<p>BCH staff time to host meetings, review meeting notes, and develop a questionnaire (as needed) for Delphi method; SMEs' time and participation in meetings; honorarium for SME participation; REDCap questionnaire, if needed, to achieve consensus</p>	<p>Q1, Q2, Q3</p>	<p>6 SME meetings to achieve consensus on key considerations and best practices for assessing and managing risk in community-based treatment settings</p>
	<p><i>Activity 1.2.3: Draft initial version of the SN-RAM</i></p>	<p>BCH staff time; information learned from Objective 1.1 and 1.2</p>	<p>Q3</p>	<p>Draft version of SN-RAM completed</p>
	<p><i>Activity 1.2.4: Obtain feedback from project consultants on SN-RAM items</i></p>	<p>BCH staff time; project consultants' time</p>	<p>Q3</p>	<p>Version 1 of SN-RAM completed</p>
<p><i>Objective 1.3: Pilot the SN-RAM in two established TVT prevention programs, one serving youth and one serving adults</i></p>	<p><i>Activity 1.3.1: Pilot the SN-RAM within Boston Children's Hospital's Adolescent Services Coordination Team (ASCT) -youth population</i></p>	<p>ASCT team time; SN-RAM version 1; SN-RAM database for de-identified individual case data</p>	<p>Q3 and Q4</p>	<p>At least 2 ASCT team members trained in SN-RAM</p> <p>10 youth received the SN-RAM</p>
	<p><i>Activity 1.3.2: Work with the PPN to identify an adult-serving program for SN-RAM pilot</i></p>	<p>BCH staff time; PPN</p>	<p>Q3</p>	<p>Adult-serving TVT program agrees to participate in SN-RAM pilot</p>

	<p><i>Activity 1.3.3:</i> Pilot the SN-RAM within an adult-serving TVT program</p>	<p>BCH staff time; adult program partner time</p>	<p>Q3 and Q4</p>	<p>At least 2 members of the adult program partner's team will be trained in SN-RAM</p>
	<p><i>Activity 1.3.4:</i> Development of usability and feasibility surveys</p>	<p>BCH staff time to develop surveys; REDCap for development of survey infrastructure and database</p>	<p>Q3</p>	<p>10 adults received the SN-RAM</p>
	<p><i>Activity 1.3.5:</i> Usability and feasibility assessment of the SN-RAM</p>	<p>BCH staff time; REDCap survey assessing usability and feasibility of the SN-RAM; ASCT team time; adult program partner time</p>	<p>Q3</p>	<p>2 surveys developed to assess usability and feasibility of the SN-RAM</p>
	<p><i>Activity 1.3.5:</i> Usability and feasibility assessment of the SN-RAM</p>	<p>BCH staff time; REDCap survey assessing usability and feasibility of the SN-RAM; ASCT team time; adult program partner time</p>	<p>Q4</p>	<p>REDCap database created</p>
	<p><i>Activity 1.3.5:</i> Usability and feasibility assessment of the SN-RAM</p>	<p>BCH staff time; REDCap survey assessing usability and feasibility of the SN-RAM; ASCT team time; adult program partner time</p>	<p>Q4</p>	<p>4 web-based surveys administered related to SN-RAM feasibility, inclusive of quantitative and qualitative items</p>
	<p><i>Activity 1.3.6:</i> Refine SN-RAM based on data collected from usability and feasibility evaluation</p>	<p>BCH staff time; data analysis from usability and feasibility assessments</p>	<p>Q4</p>	<p>4 web-based surveys administered related to SN-RAM usability, inclusive of quantitative and qualitative items</p>
	<p><i>Activity 1.3.6:</i> Refine SN-RAM based on data collected from usability and feasibility evaluation</p>	<p>BCH staff time; data analysis from usability and feasibility assessments</p>	<p>Q4</p>	<p>Refined Version 1 of the SN-RAM</p>

Goal 1 MEASUREMENT PLAN

Performance Measures	Data Collection Method and Timeframe
At least 6 manuals reviewed/trainings attended	Review of internal project meeting notes Q1 and Q2
At least 12 Subject Matter Experts (SMEs) engaged	Demographic information (e.g., sex, professional discipline) of identified SMEs and attendance data collected via field notes at each of the six virtual meetings. Q1, Q2, and Q3
6 SME meetings to achieve consensus on key considerations and best practices for assessing and managing risk in community-based treatment settings	Review of meeting notes from 6 SME meetings Q1 and Q2
100% (2/2) of BCH’s ASCT members trained on SN-RAM	Demographic information (e.g., sex, professional discipline) of identified BCH ASCT members collected via field notes during training. Q3 and Q4
10 youth receive the SN-RAM by BCH’s ASCT	Quantitative data collected via web-based surveys (REDCap) by SN-RAM trained staff participating in pilot. Q3 and Q4
100% (2/2) of adult-serving TVT program staff members trained on SN-RAM	Demographic information (e.g., sex, professional discipline) of identified adult-serving TVT program staff members collected via field notes during training. Q3 and Q4
10 adults receive the SN-RAM by adult-serving TVT program	Quantitative data collected via web-based surveys (REDCap) by SN-RAM trained staff participating in pilot. Q3 and Q4
4 web-based surveys completed on the feasibility of the SN-RAM	Quantitative and qualitative data collected via web-based surveys (REDCap) by SN-RAM trained staff participating in pilot. Q4

4 web-based surveys completed on the usability of the SN-RAM	Quantitative and qualitative data collected via web-based surveys (REDCap) by SN-RAM trained staff participating in pilot.
	Q4

Goal 2: Disseminate the Strengths, Needs, and Risk Assessment & Management Tool (SN-RAM) Through Training and Consultation

Objective 2.1: To provide training in the SN-RAM to at least 30 community-based MHPs from at least 5 distinct locations in the U.S.

Objective 2.2: To provide on-going consultation to six SN-RAM Learning Communities (5 community-based MHPs trained in each SN-RAM Learning Community) via monthly calls.

Goal 2 IMPLEMENTATION PLAN

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
Objective 2.1: To provide training in the SN-RAM to at least 30 community-based MHPs from at least 5 distinct locations in the U.S.	<i>Activity 2.1.1.</i> Develop pre- and post- SN-RAM training pre- evaluations and corresponding databases	BCH staff time to develop survey; REDCap for development of survey infrastructure and database	Q4	Pre- and post- training evaluations finalized REDCap database created
	<i>Activity 2.1.2:</i> Identify eligible MHPs for SN-RAM training	BCH staff time; PPN staff time	Q4	30 MHPs identified, 30% of which will be youth-serving practitioners Participating MHPs represent at least 5 distinct regions of the U.S.
	<i>Activity 2.1.3:</i> Administer pre training evaluation to trainees	BCH staff time; PPN staff time; REDCap database; PPN database for participant registration	Q5	30 pre-training surveys completed

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
	<i>Activity 2.1.4:</i> Host a one-day virtual training in the SN-RAM	BCH staff to provide training; Zoom for virtual training	Q5	Day-long training held 30 MHPs in attendance
	<i>Activity 2.1.3:</i> Administer post training evaluation to trainees	BCH staff time; PPN staff time	Q5	90% of MHPs trained in SN-RAM completed post training evaluation
<i>Objective 2.2:</i> To provide on-going consultation to six SN-RAM Learning Communities (5 community-based MHPs trained in each SN-RAM Learning Community) via monthly calls.	<i>Activity 2.2.1:</i> Convene six SN-RAM Learning Community consultation calls on a monthly basis	PPN staff to convene Learning Community; BCH staff and Dr. Barrett time to lead monthly Learning Community consultation calls; attendance logs	Q5 to Q7	100% of MHPs trained in SN-RAM engaged in initial Learning Community 54 Learning Community consultation calls held 80% of MHPs stably engaged in Learning Community consultation calls
	<i>Activity 2.2.2:</i> Monthly SN-RAM Consultant meetings	BCH staff time; Dr. Barrett's time	<i>Q5 to Q7</i>	100% of consultants in attendance at each meeting 9 Monthly Consultant meetings held
	<i>Activity 2.2.3:</i> REDCap database developed to support entry of de-identified patient data	BCH staff time to develop survey; REDCap for development of survey infrastructure and database	Q5	1 REDCap database developed

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
	<p><i>Activity 2.2.4:</i> De-identified patient data entered into REDCap by trained MHPs participating in the Learning Communities</p> <p><i>Activity 2.2.5:</i> Develop post-consultation evaluation to assess trainees' satisfaction with and experiences of SN-RAM consultation in addition to their confidence/competence with TVT referrals</p>	<p>Data entry by trained MHPs; BCH time for ongoing database cleaning and management as well as survey reminders</p> <p>BCH staff time to develop survey; REDCap for development of survey infrastructure and database</p>	<p>Q5 to Q7</p> <p>Q7</p>	<p>80% of referred TVT cases accept services</p> <p>90% of referred TVT cases are assessed/managed with the SN-RAM</p> <p>90% of referred TVT cases have been anonymized and entered into REDCap</p> <p>80% of referred TVT cases demonstrate stable engagement in clinical services</p> <p>Measurable increase in number of contacts with local MTAMTs by 50%</p> <p>75% of referred TVT cases demonstrate reduced risk of TVT</p> <p>Post-consultation evaluation finalized</p> <p>Web-based database created</p>

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
	<i>Activity 2.2.6:</i> Administer post consultation evaluation to trainees	BCH staff time; PPN staff time; REDCap database	Q8	80% of surveys completed Measurable increase in provider confidence/competence by 50%

Goal 2 MEASUREMENT PLAN

Performance Measures	Data Collection Method and Timeframe
30 MHPs identified, 30% of which will be youth-serving practitioners and 70% adult-serving practitioners, and at least 5 distinct regions of the U.S. represented	Demographic information (e.g., sex, professional discipline), geographic location, and population-serving (youth, adult) of identified MHPs collected via meeting notes Q4
100% (30/30) of MHPs complete SN-RAM training pre- evaluation	Pre-SN-RAM training evaluation data will be collected via web-based surveys (REDCap) by SN-RAM training attendees Q4
1 one-day SN-RAM training held with 30 MHPs in attendance	Review of internal project meeting notes Q5
90% of MHPs trained in SN-RAM completed post training evaluation	Post-SN-RAM training evaluation data will be collected via web-based surveys (REDCap) by SN-RAM training attendees Q5
10 youth receive the SN-RAM by BCH's ASCT	Individual de-identified SN-RAM data including demographic information (e.g., sex, age) of youth will be entered into web-based database (REDCap) by BCH ASCT team members Q5 to Q7

10 adults receive the SN-RAM by adult-serving TVT program staff	Individual de-identified SN-RAM data including demographic information (e.g., sex, age) of adults will be entered into web-based database (REDCap) by adult-serving TVT program staff Q5 to Q7
100% (30/30) of MHPs trained in SN-RAM engaged in initial Learning Community	Attendance records at first Learning Community Q5 to Q7
54 Learning Community consultation calls held	Review of Learning Community Consultation monthly meeting notes Q5 to Q7
80% of MHPs stably engaged in Learning Community consultation calls	Review of attendance record of Learning Community Consultation monthly meetings Q5 to Q7
100% of consultants in attendance at each Learning Community consultation calls	Review of attendance record of Learning Community meeting notes Q5 to Q7
9 Monthly Consultant meetings held	Review of monthly SN-RAM Consultant meetings notes Q5 to Q7
100% of consultants in attendance at each Learning Community consultation calls	Review of attendance record of Learning Community Consultation monthly meetings Q5 to Q7
80% of referred TVT cases accept services by SN-RAM trained Learning Community members	Review of Learning Community meeting notes; Individual de-identified SN-RAM data including demographic information (e.g., sex, age) of patient of SN-RAM trained MHP participating in the Learning Community will be entered into web-based database (REDCap) Q5 to Q7
90% of referred TVT cases have been anonymized and entered into REDCap by SN-RAM trained Learning Community members	Review of Learning Community meeting notes; Individual de-identified SN-RAM data including demographic information (e.g., sex, age) of patient of SN-RAM trained MHP participating in the Learning Community will be entered into web-based database (REDCap)

	Q5 to Q7
80% of referred TVT cases demonstrate stable engagement in clinical services as indicated by SN-RAM trained Learning Community members	Individual de-identified SN-RAM data including demographic information (e.g., sex, age) of patient of SN-RAM trained MHP participating in the Learning Community will be entered into web-based database (REDCap) Q5 to Q7
Measurable increase in number of contacts with local MTAMTs by 50%	Individual de-identified SN-RAM data including demographic information (e.g., sex, age) of patient of SN-RAM trained MHP participating in the Learning Community will be entered into web-based database (REDCap) Q5 to Q7
75% of referred TVT cases demonstrate reduced risk of TVT	Individual de-identified SN-RAM data including demographic information (e.g., sex, age) of patient of SN-RAM trained MHP participating in the Learning Community will be entered into web-based database (REDCap) Q5 to Q7
90% of referred TVT cases are assessed/managed with the SN-RAM by SN-RAM trained Learning Community members	Individual de-identified SN-RAM data including demographic information (e.g., sex, age) of patient of SN-RAM trained MHP participating in the Learning Community will be entered into web-based database (REDCap) Q5 to Q7
80% of post-Learning Community consultation call surveys completed	Post consultation evaluation survey filled out by Learning Community members collected via web-based survey (REDCap) Q8
Measurable increase in provider confidence/competence by 50%	Data collected about provider confidence/competence in post consultation evaluation survey filled out by Learning Community members collected via web-based survey (REDCap) Q8

Goal 3: Disseminate Best Practices Related to TVT Risk Assessment and Management for Mental Health.

Objective 3.1: To develop 4 written materials with guidelines and recommendations related to TVT risk assessment/management for MHPs/clinical agencies seeking to increase collaboration with MTAMTs in their local community and to support threat management approaches.

Objective 3.2: Develop version two of the SN-RAM.

Goal 3 IMPLEMENTATION PLAN

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
<p><i>Objective 3.1:</i> To develop 4 written materials with guidelines and recommendations related to TVT risk assessment/management for MHPs/clinical agencies seeking to increase collaboration with MTAMTs in their local community and to support threat management approaches.</p>	<p><i>Activity 3.1.1:</i> Conduct descriptive and multivariate analyses of de-identified patient data</p>	<p>BCH staff time for data cleaning and analyses; REDCap database for de-identified patient data</p>	<p>Q7 to Q8</p>	<p>Finalized set of analyses</p>
	<p><i>Activity 3.1.2:</i> Develop manuscript describing SN-RAM tool development and detailing preliminary findings from descriptive and multivariate analyses of de-identified patient data</p>	<p>BCH staff time for manuscript development</p>	<p>Q6 to Q8</p>	<p>One peer-reviewed manuscript</p>
	<p><i>Activity 3.1.3:</i> Aggregate and review (quantitative and qualitative) feedback</p>	<p>BCH staff time for manuscript development; Field notes from Learning Community</p>	<p>Q5 to Q8</p>	<p>Finalized set of analyses</p>

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
	<p>from the Learning Communities</p> <p><i>Activity 3.1.4:</i> Develop manuscript describing lessons learned, challenges, and general recommendations for effectively training MHPs in TVT risk assessment and management</p> <p><i>Activity 3.1.5:</i> Develop two briefs corresponding to the aforementioned manuscripts</p> <p><i>Activity 3.1.6:</i> Presentations at conferences and/or key stakeholder meetings</p>	<p>consultation calls; meeting notes from monthly SN-RAM Consultant Meetings</p> <p>BCH, PPN, and consultant time to support manuscript development</p> <p>BCH staff time</p> <p>BCH staff time</p>	<p><i>Q6 to Q8</i></p> <p><i>Q6 to Q8</i></p> <p><i>Q6 to Q8</i></p>	<p>One peer-reviewed manuscript</p> <p>Two manuscript briefs</p> <p>Attendance at 3 of conferences/key stakeholder meetings</p>

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
<i>Objective 3.2:</i> Develop version two of the SN-RAM.	<i>Activity 3.2.1:</i> Review findings from quantitative and qualitative data collected	BCH staff time; REDCap databases with de-identified patient data and with post-consultation survey results; Field notes from Learning Community consultation calls; meeting notes from monthly SN-RAM Consultant Meetings	Q7 and Q8	Comprehensive review of findings
	<i>Activity 3.2.1:</i> Make iterative improvements to the SN-RAM	BCH staff time	Q8	Finalized version of SN-RAM

Goal 3 MEASUREMENT PLAN

Performance Measures	Data Collection Method and Timeframe
Two peer-reviewed manuscripts	Review of internal project meeting notes Q7 to Q8
Two manuscript briefs	Review of internal project meeting notes <i>Q6 to Q8</i>
Attendance at 3 of conferences/key stakeholder meetings	Review of internal project meeting notes <i>Q6 to Q8</i>
Finalized version of SN-RAM	Review of internal project meeting notes Q8

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	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	There is the potential for SN-RAM training to be less effective online or for mental health practitioners (MHPs) to have a hard time engaging referred cases via telehealth.	We will include questions in the usability/feasibility assessments as well as the post-training and post-consultation surveys to assess impact of virtual training methods on practitioner learning. During the monthly Learning Community consultation calls, we will include time to discuss strategies for assessing and managing TVT risk via telehealth.
MHPs could refuse to take referrals out of fear of legal liability	Efforts to pilot, iteratively improve, and disseminate the SN-RAM will be negatively affected as fewer individuals will be assessed for TVT risk using the SN-RAM.	BCH team will offer individual consultation to MHPs who refuse to take referrals in order to ease concerns and increase provider confidence for managing risk. MHPs will be connected with resources developed by the PPN that offer recommendations for managing legal liabilities.

**Harvard Medical School
Curriculum Vitae
Emma Cardeli**

(b)(6)

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

Predoctoral Training

09/13-08/14	Psychology 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 Justice Resource Institute
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Faculty Academic Appointments

10/2015-	Instructor in Psychology	Department of Psychiatry	Harvard Medical School
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Appointments at Hospitals/Affiliated Institutions

10/2015-	Associate Scientific Research Staff	Department of Psychiatry	Boston Children's Hospital
10/2016-	Associate Scientific Clinical Staff	Department of Psychiatry	Boston Children's Hospital

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

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

2015-2018	Terrorism & Disaster Collaborative Group	National Child Traumatic Stress Network
2015-2018	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
2018-	Trauma Systems Therapy Innovation Community	NYU Langone Health
2019-	Problem Sexual Behavior Subcommittee	National Child Traumatic Stress Network
2020-	Secondary Traumatic Stress Innovations and	National Child Traumatic Stress Network

Solutions Advisory Board

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-	APA's Div 9 (Society for the Psychological Study of Social Issues)
2018-	International Society for Traumatic Stress Studies
2019-	Society for the Study of Psychiatry and Culture

Editorial Activities

Ad-Hoc Reviewer

2016-	Psychological Trauma: Theory, Research, Practice, and Policy
2018-	European Journal of Psychotraumatology
2019-	International Journal of Psychology
2020-	Terrorism and Political Violence
2021-	Violence Against Women
2021-	Global Mental Health

Other Editorial Roles

2019	The Field Guide for Barefoot Psychology, Beyond Conflict	Reviewer and Contributing Author
2020	Involuntary Celibates: Background for Practitioners, Organization for the Prevention of Violence	Reviewer
2020	Framework for Trauma-Informed and Responsive Organizations in Massachusetts, Office of the Child Advocate	Reviewer
2021	Deputy Reviewer for the 37 th Annual ISTSS Meeting, Global Mental Health	Reviewer

Honors and Awards

2004-2007	Dean's List	Washington University in St. Louis	Academic Excellence
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

2021	2021 Gerald Koocher Award	Division of Psychology at Boston Children's Hospital/Harvard Medical School	Excellence in Teaching School
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Report of Funded and Unfunded Projects

Funding Information

Past

- 2016-2017 Marigold extension of Project SHIFA: Supporting the health of young Somali refugees
Marigold Foundation
Research Associate
The major goal of this project was to extend mental health and supplemental services to young Somali children (ages 0-11). I provided technical assistance with strategies for providing psychoeducation on child sexual abuse to members of the Somali community.
- 2016-2018 Understanding Diverse Trajectories in Radicalization Over Time and the Role of Internet Use
Department of Defense Minerva Initiative (N00014-16-1-3082)
Research Associate
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. This project involved data analysis of previously collected qualitative and quantitative data as well as new data collection. I served as project coordinator, overseeing all data collection and participant retention efforts in anticipation of a fourth wave of funding. Responsibilities included designing our survey battery, facilitating national/international collaboration with multiple project partners, managing IRBs, overseeing data cleaning and management efforts, and training of all research assistants.
- 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 was 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
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 was to further understand protective and risk factors that lead to children's mobilization into violent groups through new research and secondary data analysis of a longitudinal mixed-method dataset. I first authored a publication offering a comparative analysis of youth involvement in gangs with youth involvement in terrorist

organizations. In addition, I conducted analyses of our mixed-methods dataset comparing subjects who reported violence perpetration as children to those who did not. I am currently finalizing a first authored publication to a peer-reviewed journal describing results of those analyses.

Current

- 2016-2021 Refugee Trauma and Resilience Center at Boston Children’s Hospital
Substance Abuse & Mental Health Services Administration (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. As a Psychologist working on this initiative, I led model development efforts for our primary intervention model, Trauma Systems Therapy for Refugees (TST-R), which included creating a clinical manual, developing new resources for training clinicians, cultural brokers, and supervisors in the TST-R model, and new procedures for organizational planning. Additionally, I developed a new evaluation protocol for evaluating TST-R treatment outcomes and a new data management system for our multi-site program evaluation project. Finally, I am co-leading the development of multiple products for practitioners working with refugee and immigrant children and families across a variety of service sectors and have provided technical assistance in refugee trauma to practitioners/agencies across the country.
- 2016-2021 Spurwink Refugee Mental Health Project
Spurwink Services proposal to 2016 National Child Traumatic Stress Initiative (NCTSI) – Category III, Community Treatment and Services (CTS) Grant Program
Substance Abuse & Mental Health Services Administration (1H79SM080849-01)
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. I have led TST-R adaption efforts for this initiative and have trained three teams of clinicians, cultural brokers, and clinical supervisors in TST-R, supporting the state-wide dissemination of TST-R.
- 2018-2020 Self-Care Program for Hospital Staff in Laos
Global Health Program Project Grant at Boston Children’s Hospital
PI (2,500)
The goal of this project is to create a multi-tiered, trauma-informed 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. Findings from the assessment were used to design a multi-tiered, self-care program for hospital staff that takes into account culturally specific strengths and needs. I have continued ad hoc consultation to support this capacity building initiative.

- 2020-2022 A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles
Department of Homeland Security (EMW-2020-GR-00068-S01)
Psychologist/Research Associate
Boston Children's Hospital will develop the Massachusetts Area Prevention(MAP) framework that will target the reduction of mental health problems and increase the social belongingness among adolescents through a multipronged, evidence-informed, and community-based program. This proposal builds on the trauma and resilience work currently based out of Boston Children's Hospital and on the existing capacity of the MassBay Threat Assessment Team. I will serve as overall program evaluator across all projects under this grant and lead the extension of programming to the meet the unique needs of juvenile justice involved youth.
- 2020-2022 Rehabilitation and reintegration of returning families of foreign terrorist fighters to Kazakhstan
State Department (SLMAQM20CA2346)
Psychologist (Faculty & Steering Committee Member)
The program will focus on building capacities for providing psychosocial support, bolstering community preparedness, and promoting reintegration into the community. To do this, it will arrange workshops, case conferences, site visits, webinars, on-line and in-person consultation, mentorship, and convene a regional conference for local government representatives and NGOs tasked with R&R in Kazakhstan. It will also target a smaller, core team for continued mentorship and sustainability of the program through the development of an in-country platform to oversee the long-term implementation of community-based R&R in Kazakhstan and to advance best practices of R&R in and beyond Kazakhstan. I will conduct training and webinar development related to psychosocial support, will co-lead case conferences, and lead Train the Trainer activities.
- 2020-2022 Understanding the potential for Multidisciplinary Threat Assessment and Management Teams to prevent terrorism: Conducting a formative evaluation of the MassBay Threat Assessment Team
National Institute of Justice (2020-ZA-CX-0002)
Psychologist/Research Associate
The overall purpose of this grant is to build the evidence base for effective prevention of terrorism. The long-term goal of this grant is to identify a model for how a community-based Multidisciplinary Threat Assessment and Management Team (MTAMT) can operate in the service of identifying and engaging individuals at-risk for radicalization to violence in supportive services that contribute to a reduction in risk for violence, e.g. mental health care. I will lead the formative evaluation and evaluability assessment of the Massachusetts Multidisciplinary Threat Assessment Team convened by the Joint Terrorism Task Force/Boston FBI field office.
- 2021-2023 Colombian National Police Wounded Warriors Assistance Project
U.S. Department of State/Bureau of International Narcotics-Law Enforcement (INL20CA0063-WoundedWarriors-Colombia)
Site PI (164,208); Funding forthcoming
This comprehensive two-year project addresses the re-education, employment, and

rehabilitation needs of 350 members of the Colombian National Police (CNP) injured in the line of duty during coca eradication, interdiction, and rural security operations. The program will also focus on building community trust that promotes CNP's efforts to address the trafficking of illegal drugs, criminal activities, and associated violence. In partnership with the Polus Center for Social & Economic Development, I will be leading a multi-disciplinary needs assessment of rehabilitation programming for wounded officers in Colombia, identifying factors at the individual, interpersonal, community and system levels that limit access and use of community assets among injured officers. In addition, I will be providing training on principles of trauma-informed, culturally responsive care, techniques for trauma processing, and community level strategies for reducing mental health stigma.

Report of Local Teaching and Training

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

2016-2018	Trauma and the refugee experience Neurology residents	Boston Children's Hospital One-hour lecture
2017-	Understanding trauma and trauma-informed care 1 st year psychiatry fellows, social work interns, and psychology interns	Boston Children's Hospital Three one-hour sessions per wk for 3 wks
2019-	Traumatic stress: Skills for both assessment and intervention planning 2 nd year psychiatry fellows	Boston Children's Hospital Two one-hour sessions per wk for two wks
2019	Working with foster and adopted children 2 nd year psychiatry fellows	Boston-Children's Hospital Two one-hour sessions per wk for two wks
2019	Helping the Helpers: Self-Care Strategies That Can Be Used Across the Globe Global health fellows	Boston Children's Hospital One-hour lecture
2020-	Child Sexual Abuse HMS 1 st year child psychiatry fellows	Harvard Medical School One-hour lecture
2020-	Responding to the COVID-19 pandemic: Balancing the needs of both clinician and patient HMS psychiatry residents	Harvard Medical School One-hour lecture
2020	Resilience Building in Times of Crisis 1 st and 2 nd year psychiatry fellows and pre-doctoral psychology interns	Boston Children's Hospital One-hour lecture
2020	Applying Principles of Trauma-informed Care to Clinical Work	Boston Children's Hospital

1st and 2nd year psychiatry fellows and social work interns One-hour monthly case conference

Clinical Supervisory and Training Responsibilities

2017-2019	Clinical Supervisor Psychology interns and staff clinicians (average of 1-2 supervisees per year)	Justice Resource Institute One-hour supervision per week per supervisee
2017-2018	Clinical Supervisor Postdoctoral fellow in psychology	Boston Children's Hospital One-hour supervision per week
2018-	Clinical Supervisor 2 nd year child psychiatry fellows (average of 1-2 fellows per year)	Boston Children's Hospital One-hour of supervision per week per fellow

Laboratory and Other Research Supervisory and Training Responsibilities

2016-	Supervision of research assistants (average of 1-2 research assistants per year)	Boston Children's Hospital One-hour lab meeting held weekly or bi-weekly; 1:1 supervision one hour per week per research assistant
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Mentored Trainees and Faculty

2016-2017	Jenny Phan, MA/Doctoral Candidate in Clinical Psychology, Loyola University <i>Career stage:</i> research assistant. <i>Mentoring role:</i> research advisor. <i>Accomplishments:</i> first-authored poster presentation at national conference; admission into a doctoral program.	
2017-2019	Sarah Gilllespie, BS/Graduate Student in the Clinical Science and Psychopathology Research Program, University of Minnesota <i>Career stage:</i> research assistant. <i>Mentoring role:</i> research advisor. <i>Accomplishments:</i> first-authored publication of mentored research; first-authored poster presentation and brief talk at the International Society for Traumatic Stress Studies' Annual Meeting; admission into a doctoral program	
2017-2018	Jeffrey Winer, PhD/Research Associate & Attending Psychologist, Boston Children's Hospital <i>Career stage:</i> postdoctoral fellow in psychology. <i>Mentoring role:</i> clinical supervisor. <i>Accomplishments:</i> became a trainer in Trauma Systems Therapy for Refugees (TST-R); adapted the TST-R group curriculum for high school age students and for new refugee groups	
2019-2020	Rachel Conrad, MD/ Director of Young Adult Mental Health, Brigham and Women's Department of Psychiatry <i>Career stage:</i> second year child psychiatry fellow. <i>Mentoring role:</i> clinical supervisor. <i>Accomplishments:</i> developed a novel group psychotherapy program for adolescent girls struggling with symptoms of OCD; first-authored publication documenting methodology of novel group intervention	

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/Invited Presenter 8 th Annual Pediatric Trauma Conference, Boston Children's Hospital	Single presentation Boston, MA
2018	Trauma and the Refugee/Immigrant Experience/Invited Speaker Massachusetts School Psychologists Association, William James College	Single presentation Newton, MA
2019	The Intersection of Culture and Mental Health/Invited Presenter Global Mental Health Annual CME Course	Single presentation Boston, MA
2020	The Intersection of Culture and Mental Health/Invited Presenter Global Mental Health Annual CME Course	Single presentation Boston, MA

Local Invited Presentations

No presentations below were sponsored by outside entities

2019	An Introduction to Trauma Systems Therapy for Refugees (TST-R)/Invited Presenter Inaugural Global Mental Health Open Day, Harvard University	
2020	Careers in Global Mental Health/Invited Speaker Seminar Series, Department of Global Health & Social Medicine, Harvard Medical School	
2020	Discussion of the Repatriation, Rehabilitation, and Reintegration Needs of the Children and Wives of "Foreign Fighters" in Syria and Iraq/Roundtable Participant and Invited Speaker Boston Children's Hospital/Harvard Medical School & the University of Illinois at Chicago Center for Global Health, Boston, MA	
2021	Preparing Students to Return to School in the COVID-19 Pandemic/Invited Speaker Boston Public Schools Nurse Case Conference hosted by the Global Health Program at Boston Children's Hospital	

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 and the Refugee/Immigrant Experience/Invited Speaker
ADVANCE Training Program, Worcester, MA
- 2017 Trauma Systems Therapy for Refugees: 2-day Training Session/Invited Speaker
Spurwink Services, Portland ME
- 2017 Trauma Systems Therapy for Refugees/Invited Speaker
Boys & Girls Club, Concord, NH
- 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 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 Providing Psychosocial Support to New Americans in Your Community/Invited Speaker
NFI North, Inc., Concord, NH
- 2019 Addressing Trauma Experienced by Refugee & Immigrant Youth/Invited Speaker
Boston Childhood Trauma Taskforce, Massachusetts Office of the Child Advocate, Boston, MA

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.
- 2016 Roundtable Participant, Understanding Child Trajectories Into and Out of Contemporary Non-state armed Groups Engaged in Extreme Violence
State of Social Science Research Workgroup, United Nations University, New York, NY
- 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 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/Invited Presenter
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/Invited Presenter
The 35th Annual Meeting of the International Society for Traumatic Stress Studies, Boston, MA
- 2020 Introduction to a Systems Focused Model for Addressing Childhood Traumatic Stress and its Adaptation for Special Populations/Invited Presenter
The 36th Annual Meeting of the International Society for Traumatic Stress Studies, Virtual

Conference

- 2020 Building Resilience Among Online Content Moderators: Learning From Other Industries/
Roundtable Discussant & Invited Speaker
Aspen Digital & Jigsaw, Aspen Institute, Salt Lake City, UT
- 2021 Strategies for Engaging & Collaborating with Refugee Communities to Deliver Mental
Health Services/Invited Presenter
The 42nd Annual Meeting of the Society for the Study of Psychiatry & Culture, Virtual
Conference

International

No presentations below were sponsored by outside entities

- 2015 Psychosocial Support for Syrian Youth with Limb Loss and Their Families/Invited
Presenter
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
- 2020 Rehabilitation and Reintegration of Children from Formerly ISIS-Controlled
Territories/Invited Speaker
Working Group on Children Recruited by Terrorist and Violent Extremist Groups, New
Rochelle, NY
- 2021 Understanding Traumatic Stress Responses in Children & Families: Introduction to
Trauma Systems Therapy/Invited Speaker
Kosovo Rehabilitation Centre for Torture Victims, Prishtine, Kosovo
- 2021 Treating Traumatic Stress in Children & Adolescents: Lecture & Case Conference/Invited
Speaker
Shenzhen Kangning Hospital, Shenzhen, China

Report of Clinical Activities and Innovations

Current Licensure and Certification

2018 Massachusetts Psychology License
 2021 Virginia 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	9 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 bi-monthly 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
2019-2020	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
2020-	Trauma Consultant	Expert Resource Group to	Consultation, ad hoc, in

Support the Rehabilitation and Reintegration of Children and Families Returning from Iraq and Syria

strategies for providing trauma-informed services to children and families formerly residing in ISIS-controlled territories

Clinical Innovations:

- Refugee Core Stressor Tool (2017-2018)** 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. Specifically, I developed questions for the tool, a rating system, and scoring guidelines. 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 (2018-2020)** I led 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.
- Multi-tiered Self-care Program for Medical Professionals (2019-present)** After conducting a needs assessment of a pediatric hospital in Laos, I developed a framework for a multi-tiered self-care program for medical professionals in the hospital to prevent and reduce symptoms of burnout and secondary traumatic stress. This framework applies a public health approach to programming, outlining goals for primary, secondary, and tertiary prevention. I have continued ad hoc consultation to support this capacity building initiative, providing recommendations for culturally appropriate activities across each tier.
- Adaptation of Trauma Systems Therapy for Children Living in Formerly-ISIS Controlled Territories (2020-present)** I am in the process of co-developing an adaptation of Trauma Systems Therapy for children and families returning from ISIS-controlled territories. As part of this initiative, myself and the co-developer, Dr. Heidi Ellis, have authored a peer-reviewed manuscript describing elements of the adaptation and received grant funding from the State Department to support further model development and dissemination in Kazakhstan.

Report of Teaching and Education Innovations

- Creation of a seminar series on trauma-informed care (2017-present)** Using my training in over ten different trauma treatment models, I developed and implemented a weekly seminar series highlighting core principles of trauma-informed mental health care. This seminar was originally developed for the 1st year psychiatry fellows but has been adopted by the psychology and social work intern training program as well. Results of subsequent surveys indicate that the seminar has been notably well received and deemed critical to psychiatry, psychology, and social work training at the hospital. It has also led to requests for

clinical supervision in trauma-informed care from the 2nd year psychiatry fellows.

- Creation of a seminar series on the assessment of traumatic stress reactions (2019-present) In response to a request for advance trauma training for the 2nd year psychiatry fellows, I developed and implemented a seminar on strategies for assessing and treating traumatic stress. During this seminar, the fellows have an opportunity to apply learned strategies to current and past cases. Following the seminar, fellows reported improved conceptualization of patient needs when working with children and adolescents exposed to trauma.
- Creation of a seminar on self-care for medical providers working in global health (2019) In response to a request for training in self-care from the Global Health Program at Boston Children's Hospital, I developed and implemented a seminar on self-care strategies that can be applied at both the individual and organizational level. The Director of the Global Health Program reported that the lecture was the one of the best seminars that she has attended on the topic to date and subsequently provided funding to support a mental health initiative with a partnering pediatric hospital in Luang Prabang, Laos.
- Creation of a seminar on child sexual abuse (2020-present) In response to a request for a training for all HMS 1st year child psychiatry fellows on child sexual abuse, I developed and implemented a seminar on provider considerations for working with children who have been sexually abused and with children who exhibit problem sexual behaviors. Per the Directors of the Harvard Consolidated Seminar on Development and Psychopathology, the seminar was notably well received by the fellows in attendance and additional training was requested. This seminar will now be integrated into the yearly training curriculum for HMS child psychiatry fellows.
- Creation of a seminar on strategies for balancing work in the COVID-19 pandemic In response to a request for training on the challenges of providing supportive services in the midst of a pandemic, I am developing a seminar on balancing the needs of both clinician and patient when providing psychosocial support services in the COVID-19 pandemic. This seminar will be delivered as a workshop at this year's Harvard Psychiatry Resident's Day.
- Creation of a seminar on resilience building (2020) In response to a request from the Co-Directors of the psychiatry and psychology educational training programs, I am developing a seminar on the application of Skills for Psychological Recovery (a manualized, evidence-informed intervention that is intended to foster short and long-term adaptive coping in disaster survivors) to the provision of patient care in the midst of the COVID-19 pandemic. At the request of the Co-Directors, this seminar will be recorded so that trainees across disciplines have access to the content.
- Creation of a monthly case conference series (2020) In order to meet the growing demand for supervision, I am creating a one-hour monthly case conference interns and fellows seeking more opportunities to apply principles of trauma-informed care to their current practice. This series is scheduled to begin in November and will provide trainees in the hospital with an opportunity for cross-disciplinary learning.

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/Invited Presenter
 Tuft's University Hillel, Medford, MA
- 2019 Supporting Unaccompanied Children/Invited Presenter
 Mt. Hope Family Center, Rochester, NY
- 2019 Supporting Unaccompanied Children/Invited Presenter
 Ascentria Care Alliance, Worcester, MA

Report of Scholarship (* denotes mentorship of trainees)

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.**, Bloom, M., Gillespie, S., Zayed, T., & Ellis, B. H. (2019). Exploring social-ecological factors that mobilize children into violence. *Terrorism & Political Violence*. 1-23. doi: 10.1080/09546553.2019.1701444
4. **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
5. Weine, S., Brahmbat, Z., **Cardeli, E.**, Ellis, H. (2020). Rapid review to inform the rehabilitation and reintegration of child returnees from the Islamic State. *Annals of Global Health*, 86(1), p.64. doi: 10.5334/aogh.2835
6. Conrad, R., Bousleiman, S., Isberg, R., Hauptman, A., & **Cardeli, E.*** (2020). Uncontrolled experiments: Treatment of contamination OCD during a pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S67-S68. doi:10.1037/tra0000806
7. Skokauskas, N., Leventhal, B., **Cardeli, E. L.**, Belfer, M., Kaasbøll J., & Cohen, J. (2020). Supporting children of healthcare workers during the COVID-19 pandemic. *European Child & Adolescent Psychiatry*, 29(8). doi: 10.1007/s00787-020-01604-6
8. **Cardeli, E.**, Mulder, L. Phan, J., Adhikari, R., Benson, M., & Ellis, B. H. (2020). Bhutanese refugee youth: The importance of assessing and addressing psychosocial needs in a school setting. *Journal of School Health*, 90(9), 731-742. doi: 10.1111/josh.12935
9. **Cardeli, E.**, Davis, S., Issa, O., & Ellis, B. H. (2020). Trauma Systems Therapy for Refugees (TST-R)

in a multi-ethnic refugee population in Maine, USA: early findings from a programme evaluation project with children and adolescents. *The Lancet Global Health*, 8(S1) S9. doi:10.1016/S2214-109X(20)30150-9

10. Gillespie, S., **Cardeli, E.**, Sideridis, G., Issa, O., & Ellis, B. H. (2020). Residential mobility, mental health, and community violence exposure: A longitudinal, mixed-methods investigation among resettled Somali refugees. *Health and Place*, 65, 102419. doi:10.1016/j.healthplace.2020.102419
11. Winer, J., Forgeaerd, M., **Cardeli, E.**, Issa, O., & Ellis, B. H. (2020). Factor structure and concurrent validity of the cognitive fusion questionnaire (CFQ) in a sample of Somali immigrants living in North America. *American Journal of Orthopsychiatry*, 90(6), 787-798. doi:10.1037/ort0000509
12. Ellis, B. H., **Cardeli, E.**, Bloom, M., Brahmabhatt, Z., & Weine, S. (2020). Understanding the needs of children returning from formerly ISIS-controlled territories through an emotional security theory lens: Implications for practice. *Child Abuse & Neglect*, 109, 104754. doi:10.1016/j.chiabu.2020.104754
13. Lincoln, A. K., **Cardeli, E.**, Sideridis, G., Salhi, C., Miller, A., DaFonesca, T., Issa, O. & Ellis, H. (2020). Discrimination, marginalization, belonging and mental health among Somali immigrants in North America. *American Journal of Orthopsychiatry*. doi:10.1037/ort0000524

Non-peer reviewed scholarship in print or other media

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. **Cardeli, E.** & Christel, A. (2012). Child welfare briefing: Strategies towards successful reunification. American Humane Association. *Child Welfare Policy Briefing*, 3(1), 1-8. http://web.archive.org/web/20130418080441/http://www.americanhumane.org/assets/pdfs/children/advocacy/reunification_paper.pdf. Intended audience: Policy makers and key stakeholders in child welfare.
2. Littman, R. (2017). Children and extreme violence: Insights from social science on child trajectories into and out of non-state armed groups. "State of Research" Brief. United Nations University. *Contributing Author*. https://collections.unu.edu/eserv/UNU:6290/unu_briefs_SocialScience.pdf Intended audience: Policy makers and practitioners working in humanitarian aid.
3. 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.

4. 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.
5. Ellis, B. H., **Cardeli, E.**, Bloom, M., Brahmatt, Z., & Weine, S. (2020). Best practices for supporting the reintegration and rehabilitation of children from formerly ISIS-children territories. Intended audience: Practitioners and policy makers. https://minerva.defense.gov/Minerva-News/News_Display/Article/2274443/best-practices-for-supporting-the-reintegration-and-rehabilitation-of-chidlren/

Clinical Guidelines and Reports

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

Thesis

Cardeli, E. (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. 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 34th Annual Conference of the International Society for Traumatic Stress Studies, Washington, D.C.

**Harvard Medical School
Curriculum Vitae**

Date Prepared: February 25, 2021

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(b)(6)

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

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 Department of Psychiatry Harvard Medical School
Psychology

Appointments at Hospitals/Affiliated Institutions

2/2007- Associate Scientific Department of Psychiatry Boston Children's Hospital
Clinical

Major Administrative Leadership Positions

Local

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

National

2007 Co-Leader, Bi-Weekly Conference Calls and Quarterly National Child Traumatic Stress
Face-face trainings Network Learning Collaborative:
Trauma Systems Therapy for
adolescents with co-occurring
substance use and trauma.
2010-2012 Mental Health Lead, Refugee Health Technical Office of Refugee Resettlement/
Assistance Center 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 Harvard School of Public Health
Health Disparities in Refugee Children: A CBPR
Collaboration
2013- Harvard Medical School Psychiatry Research Committee Harvard Medical School

Regional

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

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)
2020	Invited expert, Virtual Meeting of Stakeholders to Advance Knowledge to Reduce Gangs and Gang Violence	National Institute of Justice, Department of Justice
2020-present	Member, Practitioners Network Steering Committee	John McCain Institute, CVE program
2021	Member of Historical/intergenerational trauma and violent extremism advisory group, CREST (Centre for Research and Evidence on Security Threats)	CREST, UK

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 Violence (CPN-PREV) Montreal, Canada.
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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
2020	Invited expert reviewer for “Opening Spaces and Lowering Barriers: Applying a Peacebuilding Ethos to the Social and Behavioral Nature of Violent Extremist Disengagement and Reconciliation”, a special report by US Institute of Peace	United States Institute of Peace, Washington DC
2020	Invited expert reviewer for “IJJ referral mechanism workstream: Practitioner’s and curriculum development virtual consultation on rule of law-based multi-act intervention programmes for P/CVE	International Institute for Justice and the Rule of Law, Malta Valetta (virtual consultation)

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	For Leadership and Innovation in

		Hospital	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

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.
- 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.
- 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.

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.
- 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.
- 2020-2022 Department of State Bureau of Counterterrorism (CT) funding opportunity
Countering Violent Extremism – Rehabilitation and Reintegration of Returning Families of FTFs. Rehabilitation and Reintegration of Returning Families of FTFs to Kazakhstan
Role: Co-Director
PI: Steve Weine, UIC
The goal of this project is to build capacity within the country of Kazakhstan to support the successful reintegration and rehabilitation of children and families who spent time under 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.
- 2020-
2022 Department of Homeland Security: Massachusetts Area Prevention Framework (MAPP)
Role: PI

2021-2023 Understanding the potential for Multidisciplinary Threat Assessment and Management Teams to prevent terrorism: Conducting a formative evaluation of the MassBay Threat Assessment Team
 Funder: Department of Justice, NIJ
 Role: PI
 The goal of this grant is to conduct a formative evaluation of the MassBayTAT, as well as review other community-based MTAMTS, as a potential mechanism for prevention terrorism and targeted violence.

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
- 2020 Community Based Participatory Research as both a means and an end: Lessons from a 17-year
CBPR program with Somali refugees. Harvard Clinical Science Research Training Group,

Department of Psychology, Harvard, Cambridge MA

2021 Panelist, Career Talk to BCH postdoctoral fellows. "When I grow up I want to be...". Department of Psychiatry, division of Psychology, Boston Children's Hospital

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
The annual meeting of the International Society for Traumatic Stress Studies, Atlanta GA
- 2009 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
- 2020 Virtual Roundtable on Disengagement in Conflict-affected Environments: USIP
- 2020 Invited expert, Religion, Refugees, and Psychosocial Care Discussion. Virtual roundtable hosted by United States Institute of Peace, The Network for Religions & Traditional Peacemakers and the U.S. Department of State
- 2021 Keynote speaker, Critical Issues in Child and Adolescent Mental Health annual conference (virtual). Mental Health Practice with Immigrant and Refugee Youth: A Socioecological Framework

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
- 2019 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.
- 2019 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.
- 2019 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.
- 2020 Trauma and Social Connection: Understanding Barriers and Opportunities in working with children returning from Iraq and Syria. Briefing to the Working Group on Children Recruited by Terrorist and Violent Extremist Groups, virtual meeting.

- 2020 Building the airplane while flying it: The story of ongoing efforts to establish and evaluate a multidisciplinary team response to VE in Massachusetts US Invited lecture as part of Harvard School of Public Health/NATO international Global Safety Evaluation Workshop. Virtual workshop.
- 2020 Dissertation Mid-Term Committee member, Caroline Spaas, University of Leuven, Belgium.
- 2020 Co-presenter, Rehabilitation and Reintegration of Returning Families of FTFs to Kazakhstan: Webinar for practitioners. Webinar delivered under auspices of State Department to practitioners in Kazakhstan.
- 2020 Invited discussant, Royal United Services Institute (RUSI) for Defence and Security Studies: roundtable on Foreign Terrorist Fighter and Family Members.
- 2020 Speaker, American Counterterrorism Targeting and Resilience Institute, “Justice Repatriation and Gender Considerations among Travellers to ISIS” panel discussion.
- 2021 Invited speaker, US State Department Speakers Program, US Embassy of Trinidad and Tobago. Building Genuine Partnerships to Prevention Violent Extremism.
- 2021 Speaker, Online Workshop for Developing and Operationalising Rule of Law-Based Multi-Actor Intervention Programmes for Preventing and Countering Violent Extremism in Kenya. International Institute for Justice.
- 2021 Speaker, Online Workshop for Developing and Operationalising Rule of Law-Based Multi-Actor Intervention Programmes for Preventing and Countering Violent Extremism in North Macedonia. International Institute for Justice.
- 2021 Trainer and curriculum developer, Kosovo Repatriation and Reintegration Program Psychosocial support training for School Psychologists (5 days)
- 2021 Trainer and curriculum developer, Kosovo Repatriation and Reintegration Program Psychosocial support training for General practitioners and nurses (4 days)

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.

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| 2007- | Clinical consultant for Trauma Systems Therapy
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. | Boston Children's Hospital |
| 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 |
| 2012-2016 | Oversight of development of web-based preventative intervention
(30 minutes/ week) | Boston Children's Hospital |
- 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.
- 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

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| 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. |
| 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.

Multidisciplinary Expert Resource Group (2019-) In partnership with Eric Rosand (The Prevention Project and senior fellow at Brookings Institute) and Steve Weine (Director of Global Health at UI Chicago) I co-developed a multidisciplinary expert resource group to provide guidance to countries seeking to repatriate and reintegrate children who spent time in ISIS-controlled territories. This group, spanning law enforcement, policy, mental health, neuropsychology, development, women's studies, religious experts, and former violent extremists has worked together to articulate an approach to the issue of repatriation and reintegration, has consulted to the government of North Macedonia on their national plan for reintegration, and continues to collaborate on efforts to support other R and R initiatives.

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.
- 2020 Consultation to UN Office of Counterterrorism regarding intersection of mental health and the prevention of violent extremism

- 2020 Consultation to Global Community Engagement Fund regarding psychosocial needs of returning children from ISIS controlled territories
- 2020 Consultation to Save the Children-Syria regarding role of trauma and children returning from ISIS-controlled territories
- 2020 Consultation to International Institute for Justice regarding Multidisciplinary approaches to preventing violent extremism
- 2021 Panelist, "Understanding the motivation behind Violent Extremism", South X Southwest Film Festival.
- 2021 Subject matter resource to Robert Wood Johnson Foundation Interdisciplinary Research Leaders program communications and policy workshop

Educational Materials for Patients and the Lay Community

No presentations below were sponsored by outside entities.

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| 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 |
| 2020 | Brief for policymakers: How can rehabilitation and reintegration programs for child returnees from the Islamic State build on existing evidence? | | Weine, Brahmbatt, Cardeli, Ellis |
| 2020 | Brief for policymakers: Best Practices for supporting the reintegration and rehabilitation of children from formerly ISIS-controlled territories | | Ellis, Cardeli, Bloom, Brahmbatt, Weine |

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. 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
36. Ellis BH, Decker SH, Abdi SM, Miller AB, Barrett C, Lincoln AK. A Qualitative Examination of How Somali Young Adults Think About and Understand Violence in Their Communities. *J Interpers Violence*. 2020 May 13:886260520918569. doi: 10.1177/0886260520918569. Epub ahead of print. PMID: 32401157.
37. Ellis, BH, Miller, AB, Schouten, R, Agalab, N, & Abdi, SM. (2020). The challenge and promise of a multidisciplinary team response to the problem of violent radicalization. *Journal of Terrorism and Political Violence*, in press.
38. Weine, S., Brahmabatt, Z., Cardeli, E., & Ellis, H. (2020). Rapid Review to Inform the Rehabilitation and Reintegration of Child Returnees from the Islamic State. *Annals of global health*, 86(1), 64. <https://doi.org/10.5334/aogh.2835>

39. Winer JP, Forgeard M, Cardeli E, Issa O, Ellis BH. Factor structure and concurrent validity of the Cognitive Fusion Questionnaire (CFQ) in a sample of Somali immigrants living in North America. *Am J Orthopsychiatry*. 2020;90(6):787-798. doi: 10.1037/ort0000509. Epub 2020 Sep 28. PMID: 32986458.
40. Cardeli E, Phan J, Mulder L, Benson M, Adhikari R, Ellis BH. Bhutanese Refugee Youth: The Importance of Assessing and Addressing Psychosocial Needs in a School Setting. *J Sch Health*. 2020 Sep;90(9):731-742. doi: 10.1111/josh.12935. Epub 2020 Jul 26. PMID: 32715496.
41. Lincoln AK, Cardeli E, Sideridis G, Salhi C, Miller AB, Da Fonseca T, Issa O, Ellis BH. Discrimination, marginalization, belonging, and mental health among Somali immigrants in North America. *Am J Orthopsychiatry*. 2020 Dec 7. doi: 10.1037/ort0000524. Epub ahead of print. PMID: 33289573.
42. Ellis, Miller, Abdi, Sideridis, Lincoln (2020). Civic development and antisocial attitudes/behaviors among Somali immigrants: Change over one year. *Cultural Diversity and Ethnic Minority Psychology*. <http://dx.doi.org/10.1037/cdp0000432>
43. Gillespie S, Cardeli E, Sideridis G, Issa O, Ellis BH. Residential mobility, mental health, and community violence exposure among Somali refugees and immigrants in North America. *Health Place*. 2020 Sep;65:102419. doi: 10.1016/j.healthplace.2020.102419. Epub 2020 Aug 30. PMID: 32877868.
44. Gillespie, Sarah; Winer, Jeffrey; Issa, Osob; Ellis, BH. (in press). The role of discrimination, assimilation, and gender in the mental health of resettled Somali young adults: A longitudinal, moderated mediation analysis. *Transcultural Psychiatry*.
45. Ellis BH, Cardeli E, Bloom M, Brahmhatt Z, Weine S. Understanding the needs of children returning from formerly ISIS-controlled territories through an emotional security theory lens: Implications for practice. *Child Abuse Negl*. 2020 Nov;109:104754. doi: 10.1016/j.chiabu.2020.104754. Epub 2020 Oct 6. PMID: 33035735.
46. Salhi C, Scoglio AAJ, Ellis H, Issa O, Lincoln A. The relationship of pre- and post-resettlement violence exposure to mental health among refugees: a multi-site panel survey of somalis in the US and Canada. *Soc Psychiatry Psychiatr Epidemiol*. 2021 Jan 4. doi: 10.1007/s00127-020-02010-8. Epub ahead of print. PMID: 33398495.

○ **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.
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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, Miller and 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, Brahmbatt, 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.
7. Rosand, **Ellis** and Weine. January 28, 2020. Minding the gap: How to provide more comprehensive support to the children of ISIS. Brookings Institute Blog. <https://www.brookings.edu/blog/order-from-chaos/2020/01/28/minding-the-gap-how-to-provide-more-comprehensive-support-to-the-children-of-isis/>

8. Rosand, Ellis and Weine. August 2020. Repatriating ISIS family members: A North Macedonian model? Lawfare blog.
9. Weine and Ellis, July 6 2020. Rehabilitation and Reintegrating Child Returnees from ISIS. Just Security blog. <https://www.justsecurity.org/71021/rehabilitating-and-reintegrating-child-returnees-from-isis/>
10. International Institute of Justice for the Rule of Law. Curriculum developer for sections on Assessment and Treatment planning for IJJ multi-actor intervention programmes for P/CVE

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 mental health (MH) and adjustment, with a particular emphasis on understanding how trauma exposure, violence, and social context impact developmental trajectories. I direct the Children's Hospital Trauma and Community Resilience Center (TCRC), 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.

In recognition of the complex interplay of individual and societal factors that can lead to youth violence, I founded the Multidisciplinary Violence Prevention Core of the TCRC where I lead research, intervention development and capacity building of multidisciplinary approaches to violence prevention. In partnership with law enforcement, health and social service sectors, and community members, our team has engaged in innovative research and programming over the past ten years to understand and prevent youth radicalization to violence. I am actively working both locally and globally to implement and evaluate community-based multidisciplinary programming that addresses both trauma and the social context for the prevention of extremist or targeted violence.

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. More recently, I have partnered with two other national experts in this area to develop a multidisciplinary expert resource group that seeks to bring together the diverse expertise we believe is needed to effectively prevent violent extremism. Under our leadership, this group has already been invited to review and help shape the North Macedonia national plan for repatriation and reintegration of children and families from formerly ISIS-controlled territories, as well as received State Department funding to work with the country of Kazakhstan on this issue. Furthermore, I am contributing to the development of a multidisciplinary P/CVE curriculum being developed by the International Institute for Justice that will serve as a global resource on this issue.

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 have mentored HMS psychiatry residents, fellows 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

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 youth.

**The Faculty of Medicine of Harvard University
Curriculum Vitae**

Date Prepared: April 10, 2021

Name:

(b)(6)

(b)(6)

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

Postdoctoral Training:

2011-2012	Psychology Predoctoral Intern	Boston Consortium in Clinical Psychology	VA Boston Healthcare System
10/12-09/13	Clinical Research Fellow	PTSD and Behavioral Sciences	VA Boston Healthcare System
2013-2014	Postdoctoral Psychology Fellow	Boston Children's Hospital Neighborhood Partnership Program	Department of Psychiatry, Boston Children's Hospital

Faculty Academic Appointments:

09/13-	Instructor of Psychology	Psychiatry	Harvard Medical School
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Appointments at Hospitals/Affiliated Institutions:

10/13-11/19	Associate Scientific Clinical	Division of Psychology, Department of Psychiatry	Boston Children's Hospital
12/19-	Active Staff	Division of Psychology, Department of Psychiatry & Behavioral Sciences	Boston Children's Hospital

Other Professional Positions:

2003-2006	Research Assistant	Center for Medical and Refugee Trauma	Boston Medical Center
2006-2010	Research Assistant	Center for Multicultural Mental Health Research	Cambridge Health Alliance
2006-2008	Research Assistant	Refugee Trauma and Resilience Center	Boston Children's Hospital
2008-2011	Research Fellow	Refugee Trauma and Resilience Center	Boston Children's Hospital
2019-	Clinical Psychologist	Community Counseling Center, Refugee and Immigrant Assistance Center	Refugee and Immigrant Assistance Center, Boston (http://www.riacboston.org)
2020-2021	Part Time Faculty	School of Social Work	Boston University

Major Administrative Leadership Positions:**National**

2016-	Co-leader, Parent Trauma Coordinating Group	National Child Traumatic Stress Network
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Committee Service:**National**

2017	Invited Expert, Trauma Informed Partnering Meeting	National Child Traumatic Stress Network
2018	Invited Expert, Partnering with Youth and Family meeting	National Child Traumatic Stress Network
2018	Expert on topic of Traumatic Separation and Refugee & Immigrant Trauma	National Child Traumatic Stress Network
2018	Invited Expert, Confronting Challenges Regarding Migration Health	International Society of Travel Medicine (ISTM) and ISTM Foundation
2018	Member, Policy Task Force	National Child Traumatic Stress Network
2017	Invited Expert, Trauma Informed Partnering Meeting	National Child Traumatic Stress Network
2018	Invited Expert, Partnering with Youth and Family meeting	National Child Traumatic Stress Network
2018	Expert on topic of Traumatic Separation and Refugee & Immigrant Trauma	National Child Traumatic Stress Network

International

2018	Invited Expert, Confronting Challenges Regarding Migration Health	International Society of Travel Medicine (ISTM) and ISTM Foundation
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Professional Societies:

2000-2001	Phi Theta Kappa, National Honor Society
2000-2001	Psi Beta, Honor Society in Psychology
2000-2001	Psi Chi, National Honor Society in Psychology
2003-	American Psychological Association
2004-	International Society for Traumatic Stress Studies
2005-2007	Council of Directors of Clinical Psychology Board
2017-	Massachusetts Psychological Association

Editorial Activities:

- **Ad hoc Reviewer**

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

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	<p>Refugee Trauma and Resilience Center at Boston Children’s Hospital: A Treatment and Service Adaptation Center for Refugee Children and Families (PI: B. Heidi Ellis)</p> <p>Substance Abuse and Mental Health Services Administration (SAMHSA); U79 SMSM061246</p> <p>Investigator</p> <p>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.</p>
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2015-2017	<p>Understanding Diverse Trajectories in Radicalization over Time and the Role of Internet Use (PI: B. Heidi Ellis) Department Of Defense Minerva Initiative; N00014-13-1-0243, FP01008016 Investigator 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.</p>
2015-2018	<p>Gang Affiliation and Radicalization to Violent Extremism Within Somali-American (PI: B. Heidi Ellis) National Institute of Justice; 2014-ZA-BX-0001 Investigator 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.</p>
2016-2018	<p>Building Resilience through a Multidisciplinary Approach to Violence Prevention (PI: B. Heidi Ellis) Weil Memorial Charitable Foundation; n/a Research Evaluator 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.</p>
2017-2019	<p>Exploring Pathways Among Discrimination and Health Among Somali Young Adults (PIs: Alisa K. Lincoln and B. Heidi Ellis) NIH/NIMHD; R21MD012405 Investigator 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.</p>
2018-2020	<p>Understanding radicalization among diverse Canadian communities (PI: B. Heidi Ellis) Public Safety Canada Community Resilience Fund; n/a Investigator The major goal of this project is to compare models of psychosocial factors and radicalization across diverse groups within Canada.</p>
Current 2016-2021	<p>Refugee Trauma and Resilience Center at Boston Children's Hospital: A Treatment and Service Adaptation Center for Refugee Children and Families (PI: B. Heidi</p>

Ellis)

Substance Abuse and Mental Health Services Administration (SAMHSA); U79
SMSM080047

Investigator

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.

2019-2021

Mental Health Project Extension for Somali Elementary School-Age
Children—Project SHIFA

Marigold Charitable Trust Foundation; n/a

Principal Investigator (\$69,543)

The major goal of this project is to provide outreach and case management services for Somali youth ages 0 to 12 in the greater Boston area.

Report of Local Teaching and Training

Teaching of Students in Courses:

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

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

2018	Boston Children's Hospital's Refugee Trauma and Resilience Center: Considerations for Working with Refugee Clients Psychiatry Consultation Trainees	Department of Psychiatry, Boston Children's Hospital 1 hours / year
2019	Introduction to the Migration Experience Psychology Interns	Department of Psychiatry, Boston Children's Hospital 1 hours / year

2019	Introduction to the Migration Experience 2nd year Psychiatry Residents	Department of Psychiatry, Boston Children's Hospital 1 hours / year
2019	Introduction to the Migration Experience Neurology Fellows	Department of Neurology, Boston Children's Hospital 1 hours / year
2019	The Perspective of Refugee Parents and Parenting Psychology Intern	Department of Psychiatry, Boston Children's Hospital 1 hours / year
2019	The Perspective of Refugee Parents and Parenting 2nd year Psychiatry Fellows	Department of Psychiatry, Boston Children's Hospital 1 hours / year
2020	The Perspective of Refugee Parents and Parenting 2nd year Psychiatry Fellows	Department of Psychiatry, Boston Children's Hospital 1 hours / year
2020	Introduction to the Migration Experience Psychology Interns	Department of Psychiatry, Boston Children's Hospital 1 hours / year
2020	Introduction to the Migration Experience Neurology Fellows	Department of Neurology, Boston Children's Hospital 1 hours / year
2021	Introduction to the Migration Experience 2nd year Psychiatry Residents	Department of Psychiatry, Boston Children's Hospital 1 hours / year
2021	The Perspective of Refugee Parents and Parenting 2nd year Psychiatry Fellows	Department of Psychiatry, Boston Children's Hospital 1 hours / year
2021	Working with Refugee Families Psychology Interns	Department of Psychiatry, Boston Children's Hospital 1 hours / year

Clinical Supervisory and Training Responsibilities:

2019-	Individual supervision, Counseling Psychology Interns and (N-648-medical certification for disability assessments for US citizen applications, Community Counseling Center, Refugee and Immigrant Assistance Center	Boston Children's Hospital Trauma and Community Resilience Center 2 hours / week
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Research Supervisory and Training Responsibilities:

2013-	Research assistant supervision	Boston Children's Hospital Trauma and Community Resilience Center 2 hour / week with 1-2 each year.
2014-2015	Research supervision MD/PhD student at Harvard Medical School	Boston Children's Hospital, Boston, MA 1-2 hour / week

Formally Mentored Trainees and Faculty:

2013-2014	Tim Argetsinger, MPH/Executive Political Adviser, Inuit Tapiriit Kanatami (ITK), the national Inuit representative organization in Canada Research Assistant. Provided mentorship related to academic endeavors including assistance in the preparation of conference presentations and career guidance
2014-2016	Elizabeth Nimmons, Doctoral Candidate/Department of Sociology, University of Texas at Austin Research Assistant. Provided mentorship related to a range of academic endeavors including preparation with poster/paper presentations and application to graduate school
2016-2017	Jenny Phan, Doctoral Candidate/Department of Clinical Psychology, Loyola University Chicago Research Assistant. Provided mentorship related to a range of academic endeavors including preparation with poster/paper presentations and application to graduate school
2016-2019	Emily Hahn, MPH Candidate/School of Public Health, Boston University Research Assistant. Provided mentorship related to academic endeavors including assistance in the preparation of conference poster/paper presentations as well as co-authorship of publication and professional educational materials.
2017-2019	Sarah Gillespie, Doctoral Candidate/Department of Developmental Psychopathology and Clinical Science, University of Minnesota Research Assistant. Provided mentorship related to academic endeavors including assistance in the preparation of conference presentations as well as co-authorship of professional educational materials
2017-2019	Victoria Powers, PhD/Clinical Assistant Professor, in the Psychological Services Center for the Department of Psychology, University of Miami Clinical Psychology Predoctoral Intern. Mentored co-authorship publication.
2019	Christine Marsico, Doctoral Candidate/ Counseling Psychology, Wheelock College of Education & Human Development, Boston University Practicum Intern Provided clinical supervision and mentorship on first PI submission of grant proposal
2019	Farahdeba Herrawi, Masters Candidate/ Mental Health Counseling and Behavioral Medicine, Boston University School of Medicine Practicum Intern Provided clinical supervision
2019	Lori Suvajian, Masters Candidate/ Social Work, Simmons University Practicum Intern Provided clinical supervision

2019- Seetha Davis, BA/Research Assistant/Refugee Trauma and Resilience Center,
Department of Psychiatry, Boston Children's Hospital
Provide mentorship related to academic endeavors including the preparation of
conference poster/paper presentations

Local Invited Presentations:

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

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

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 Working with Refugee and Immigrant Youth: The Importance of Understanding
Context and Culture /Invited Speaker
Sociedad Latina, Boston, MA

2017; 2018 Working with Refugees: The Importance of Understanding Context and
Culture/Invited Speaker
AmeriCorps, New American Integration Program, Boston, MA

- 2017; 2018;
2019 Working with Refugees Youth and Families/Invited Speaker
Boston Medical Center's Child Witness to Violence Project, Boston, 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
Child & Family Agency of Southeastern CT, 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, Somerville, MA
- 2020 The Newcomer Experience: The Importance of Context and Culture/Invited
Speaker
Milford Public Schools, Milford, MA
- 2020 Refugee and Immigrant Health Considerations/Invited Speaker
Milford Public Schools, Milford, MA
- 2020 Socio-Culturally, Linguistically-Responsive, and Trauma-Informed Approach to
Mental Health Interpretation/Selected Works-in-Progress
Society for the Study of Psychiatry and Culture annual conference, Providence, RI
- 2020 An Experiential Workshop on Cross Cultural Collaboration/Selected Workshop
Society for the Study of Psychiatry and Culture annual conference, Providence, RI
- 2020 Developing Advisory Boards within Community-based Participatory Approaches
to Improve Mental Health among Refugee Communities/Selected Paper
Presentation
Society for the Study of Psychiatry and Culture annual conference, Providence, RI
[postponed until April 2021 because of a Covid-19 travel/meeting ban]
- 2020 Trauma Systems Therapy for Refugees: A Cultural Brokering Intervention /Invited
Presenter
Best Practices in Trauma-Informed Behavioral Health Care & Workforce
Development to Improve Outcomes for Children, Adolescents, and Families in
Underserved Communities: Children's Mental Health Matters Conference,
Newton, MA
[postponed until May 2021 because of a Covid-19 travel/meeting ban]
- 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
- 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
- 2014 Understanding Unaccompanied Immigrant Minors from a Trauma-Informed Perspective/Invited Speaker
Virtual Town Hall meeting, National Child Traumatic Stress Network
- 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
- 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
- 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
- 2016 Trauma Systems Therapy for Refugees (TST-R)/2-day training presentation/Invited Speaker
Watercourse Counseling
Minneapolis, MN
- 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

- 2016 National Forum to Address Youth Exposure to Community Violence/Invited Speaker
Virtual meeting, National Child Traumatic Stress Network
- 2016 Radicalization to Violent Extremism: Is One Thing Like Another/Selected Symposium
American Society of Criminology Annual Meeting
New Orleans, LA
- 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
- 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
- 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 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 Working with Refugee Parents/Invited Keynote Speaker
New York State Parenting Education Partnership: Prevent Child Abuse New York
Latham, NY
- 2017 Refugees in the United States/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

- 2017 Community Engagement/Invited Speaker
The Family Place
Logan, UT
- 2017 Exploring the Relationships Among Discrimination and Mental Health Among Somali Young Adults/Selected Panel
American Public Health Association Annual Meeting
Atlanta, GA
- 2017 At the Intersection of Violence and Violent Extremism: Gangs and Immigrant Groups/Selected Panel
American Society of Criminology Annual Meeting
Philadelphia, PA
- 2017 Community-Based Participatory Research among Somali Communities in the US and Canada/Selected Panel
American Society of Criminology Annual Meeting
Philadelphia, PA
- 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
- 2018 Providing Care to Refugee and Immigrant Children/Invited Speaker
School Based Health Centers: A Force for Change Conference
Southbury, CT
- 2018 Working with Refugee Parents/Invited Speaker
The Family Place
Logan, UT
- 2018 Interpretation and Cultural Brokering with Refugee Groups/Invited Speaker
The Family Place
Logan, UT
- 2018 From Community Based Participatory Research (CBPR) to Policy: How Community Partnerships Lead to Systemic Change/Invited Symposium
International Society for Traumatic Stress Studies 35th Annual Conference
Washington, DC
- 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
- 2019 A Tale of Two Interventions: Considerations in Culturally Responsive Adaptation/Invited Speaker
Virtual meeting, National Child Traumatic Stress Network, All Network Virtual Conference
- 2019 Macro and Micro Level Strategies for Creating a Culturally Responsive

Workforce/Selected Workshop
National Child Traumatic Stress Network's All Network Virtual Conference
Charleston Child Trauma Conference
Charleston, SC

- 2019 Parents/Caregivers in Child Trauma Treatment/Selected Workshop
International Society for Traumatic Stress Studies 35th Annual Conference
Boston, MA
- 2020 Trauma Systems Therapy for Refugees (TST-R)/2-day training presentation/Invited
Speaker
Child Guidance & Family Solutions
Akron, OH
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2020 Trauma Systems Therapy for Refugees (TST-R)/3-day training presentation/Invited
Speaker
Aurora Mental Health Center
Aurora, CO
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2020 Trauma Systems Therapy for Refugees (TST-R)/Tier 2 training presentation/Invited
Speaker
Aurora Mental Health Center
Aurora, CO
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 Introduction to Migration/Invited Speaker
Jewish Family Services of Western New York
Buffalo, New York
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 RICH Community Orientation to Trauma Systems Therapy for Refugees
Meeting/Invited Speaker
Jewish Family Services of Western New York
Buffalo, New York
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 Cultural Humility and Trauma/Invited Speaker
Jewish Family Services of Western New York
Buffalo, New York
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 Staffing Multidisciplinary Teams/Invited Speaker
Virtual Workshop, Emerging Prevention Practitioners' Network,
McCain Institute
Washington DC

International

- 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
- 2018 Community Connect: A Boston-based pilot program to prevent violence/ Invited Speaker
Partnering for Prevention: Countering Social Polarization conference, Edmonton, Canada

Report of Clinical Activities and Innovations

Current Licensure and Certification:

2016 Massachusetts Psychologist License

Practice Activities

2013-	Boston Children's Hospital Trauma and Community Resilience Center	Department of Psychiatry, Boston Children's Hospital	5 days/week
2019-	Community Counseling Center	Refugee and Immigrant Assistance	2 hours/week

Clinical Innovations:

Cultural Brokering within Trauma Systems Therapy for Refugees (TST-R) at Refugee Trauma and Resilience Center, Boston Children's Hospital (2008-)

An important innovation to the evidenced based 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; Aurora, Colorado; Edmonton/ Ottawa, Canada.

Multi-ethnic Community Advisory Board (M-YAB), Refugee Trauma and Resilience Center at Refugee Trauma and Resilience Center, Boston Children's Hospital (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 led the development of and co-lead the implementation of our 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, Refugee Trauma and Resilience Center, Boston Children's Hospital

Community Connect was 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 was involved in all aspects of the development of Community Connect from its initial conceptualization, to serving as an active team member, acting as a

(2016-2019) 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) Resource, Refugee Trauma and Resilience Center, Boston Children's Hospital, Boston, MA (2016-2019)

The overall goal of the SCLRTI-MHI resource 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 led a team of approximately 20 NCSTN members and other professionals in the development of this resource. The SCLRTI-MHI resource was disseminated nationwide in Summer 2019 and is free of charge and available from <https://www.nctsn.org/resources/a-socio-culturally-linguistically-responsive-and-trauma-informed-approach-to-mental-health-interpretation>

Trauma-Informed Care to Unaccompanied Children 4 part Webinar Series, Refugee Trauma and Resilience Center, Boston Children's Hospital, Boston, MA (2017-2019)

I spearheaded 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 provided 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 was 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. As of July 2020, this webinar series is in the top five courses in the NCTSN Learning Center; each webinar has had an estimated 8,000 enrollees. This series is free of charge and is available from <https://learn.nctsn.org/course/index.php?categoryid=82>

Not Lost in Translation: Working Together in A Socio-Culturally, Linguistically-Responsive, and Trauma-Informed Approach to Mental Health Interpretation (SCLRTI-MHI) hybrid e-learning /face-to-face training curriculum, Refugee Trauma and Resilience Center, Boston Children's Hospital (2018-)

Not Lost in Translation is an accompanying hybrid e-learning/face-to-face training curriculum to the SCLRTI-MHI resource. The overall goal for this hybrid curriculum is to improve services provided to children, adolescents and families with no or limited English proficiency, who have experienced trauma and are seeking mental health services through supplemental dyadic training to interpreters and clinicians. I am leading a team of approximately 20 NCSTN members and other professionals in the development of this resource.

Parenting in a New Context: Strategies for Practitioners Supporting Refugee and Immigrant Caregivers, a mini podcast series, Refugee Trauma and Resilience Center, Boston Children's Hospital, Boston, MA (2018-2020)

Parenting in a New Context: Strategies for Practitioners Supporting Refugee and Immigrant Caregivers is a podcast mini-series for practitioners who work with refugee and immigrant families. I co-led a collaboration between the Refugee Trauma and Resilience Center, the Center for Resilient Families, and National Child Traumatic Stress Network to host a series of practical discussions on how practitioners can enhance their skills and raise their standard of care to refugee and immigrant caregivers and families who are adjusting to a new culture and may have experienced potentially traumatic events. In addition to co-leading this initiative, I am also a featured speaker on Episode 3. The Experience of Trauma among Refugee and Immigrant Caregivers. This mini-series is forthcoming and will be available free of charge on the NCTSN.org website.

Report of Education of Patients and Service to the Community

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

Activities

- 2011-2012 Refugee and Immigrant Assistance Center, Board member
I served as a board member for the Refugee and Immigrant Assistance Center (RIAC). RIAC is a community-based, non-profit, grassroots human service agency that provides comprehensive services (e.g., refugee resettlement, asylee case management, counseling, outreach and education, and other social services) to refugees, asylees, and immigrants.

- 2016 Ascentria Care Alliance/Invited Speaker
I provided an interactive presentation entitled, Supporting and Caring for Unaccompanied Refugee Minors, to foster parents of Unaccompanied Refugee Minors.

- 2017 Ascentria Care Alliance/Invited Speaker
I provided an interactive presentation entitled, Cultural Differences in Everyday Situations and Foster Parents' Self-care, to foster parents of Unaccompanied Refugee Minors.

- 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.

Educational Material for Patients and the Lay Community:

Educational material or curricula developed for non-professional students

2011-2015	A Socio-Culturally, Linguistically-Responsive, and Trauma-Informed Approach to Mental	Educational material	Miller AB, Hahn E, Norona, CR, Treves S, St. Jean N, Gassen Templet L, McConnell S, Chang R, Abdi, SM, Ford-Paz, R. (2019). A
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Health Interpretation.

Socio-Culturally,
Linguistically-Responsive,
and Trauma-Informed
Approach to Mental Health
Interpretation. Los Angeles,
CA, and Durham, NC:
National Center for Child
Traumatic Stress.

Report of Scholarship

ORCID: 0000-0001-7136-1063

Peer-Reviewed Scholarship in print or other media:

Research Investigations

1. Koenen KC, Saxe G, Purcell S, Smoller JW, Bartholomew D, **Miller A**, Hall E, Kaplow J, Bosquet M, Moulton S, Baldwin C. Polymorphisms in FKBP5 are associated with peritraumatic dissociation in medically injured children. *Mol Psychiatry*. 2005 Dec;10(12):1058-9.
2. Saxe GN, **Miller A**, Bartholomew D, Hall E, Lopez C, Kaplow J, Koenen KC, Bosquet M, Allee L, Erikson I, Moulton S. Incidence of and risk factors for acute stress disorder in children with injuries. *J Trauma Acute Care Surg*. 2005 Oct 1;59(4):946-53.
3. **Miller AB**, Cross T. Ethnicity in child maltreatment research: A replication of Behl et al.'s content analysis. *Child Maltreat*. 2006 Feb;11(1):16-26.
4. Saxe G, Geary M, Bedard K, Bosquet M, **Miller A**, Koenen K, Stoddard F, Moulton S. Separation anxiety as a mediator between acute morphine administration and PTSD symptoms in injured children. *Ann N Y Acad Sci*. 2006 Jul;1071(1):41-5.
5. **Miller A**, Enlow MB, Reich W, Saxe G. A diagnostic interview for acute stress disorder for children and adolescents. *J Trauma Stress*. 2009 Dec;22(6):549-56.
6. Amstadter AB, Nugent NR, Yang BZ, **Miller A**, Siburian R, Moorjani P, Haddad S, Basu A, Fagerness J, Saxe G, Smoller JW. Corticotrophin-releasing hormone type 1 receptor gene (CRHR1) variants predict posttraumatic stress disorder onset and course in pediatric injury patients. *Dis Markers*. 2011 Jan 1;30(2, 3):89-99.
7. Darghouth S, Nakash O, **Miller A**, Alegría M. Assessment of co-occurring depression and substance use in an ethnically diverse patient sample during behavioral health intake interviews. *Drug Alcohol Depend*. 2012;Suppl 125:S51-8.
8. Rosen DC, **Miller AB**, Nakash O, Halperin L, Alegría M. Interpersonal complementarity in the mental health intake: A mixed-methods study. *J Couns Psychol*. 2012 Apr;59(2):185.
9. Ellis BH, **Miller AB**, Abdi S, Barrett C, Blood EA, Betancourt TS. Multi-tier mental health

program for refugee youth. *J Consult Clin Psychol*. 2013 Feb;81(1):129.

10. Ellis BH, Abdi SM, Horgan J, **Miller AB**, Saxe GN, Blood E. Trauma and openness to legal and illegal activism among Somali refugees. *Terrorism and Political Violence*. 2015 Oct 20;27(5):857-83.
11. 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 Oct;5(4):384.
12. Ellis BH, Lankau EW, Ao T, Benson MA, **Miller AB**, Shetty S, Lopes Cardozo B, Geltman PL, Cochran J. Understanding Bhutanese refugee suicide through the interpersonal-psychological theory of suicidal behavior. *Am J Orthopsychiatry*. 2015 Jan;85(1):43.
13. Brown RC, Nugent NR, Hawn SE, Koenen KC, **Miller A**, Amstadter AB, Saxe G. Predicting the transition from acute stress disorder to posttraumatic stress disorder in children with severe injuries. *J Pediatr Health Care*. 2016 Nov 1;30(6):558-68.
14. Patel SG, Staudenmeyer AH, Wickham R, Firmender WM, Fields L, **Miller AB**. War-exposed newcomer adolescent immigrants facing daily life stressors in the United States. *International Journal of Intercultural Relations*. 2017 Sept 1; Suppl 60:120-31.
15. Ellis BH, Sideridis G, **Miller AB**, Abdi SM, Winer JP. 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*. 2019 May 30:1-8.
16. Kiser LJ, **Miller AB**, Mooney MA, Vivrette R, Davis SR. Integrating parents with trauma histories into child trauma treatment: Establishing core components. *Practice Innovations*. 2020 Mar;5(1):65.
17. Ellis BH, Sideridis, G, Cardeli, E, Salhi, C, **Miller, AB**, DaFonseca, T, Issa, O, & Lincoln, AK. Discrimination, marginalization, belonging and mental health among Somali immigrants in North America. *Am J Orthopsychiatry*. 2020 Dec 7. doi: 10.1037/ort0000524. PMID: 33289573
18. Ellis, BH, Decker, SH, Abdi, SM, **Miller, AB.**, Barrett, CB, Lincoln, AK. A qualitative examination of how Somali young adults think about and understand violence in their communities. *J Interpers Violence*. 2020. <https://doi.org/10.1177/0886260520918569>
19. Ellis BH, Sideridis G, **Miller AB**, Abdi SM, Lincoln AK. Civic development and antisocial attitudes/behaviors among Somali immigrants: change over one year. *Cultur Divers Ethnic Minor Psychol*. 2021 Feb 15. doi: 10.1037/cdp0000432 PMID: 33591772
20. Ellis BH, **Miller, AB**, Sideridis, G, Frounfelker, RL, Miconi, D, Abdi, SM, Aw-Osman, F & Rousseau, C. Risk and protective factors associated with support of violent radicalization: Variations by geographic location. *Int J Public Health*. 2021 66:617053. doi: 10.3389/ijph.2021.617053

Other Peer-Reviewed Scholarship

1. Ellis BH, **Miller AB**, Baldwin H, Abdi S. New directions in refugee youth mental health services: Overcoming barriers to engagement. *Journal of Child & Adolescent Trauma*. 2011 Mar 1;4(1):69-85.
2. Ellis BH, **Miller AB**, Schouten R, Agalab NY, Abdi SM. The Challenge and Promise of a Multidisciplinary Team Response to the Problem of Violent Radicalization. *Terrorism and Political Violence*. 2020 Jul 15:1-8.
3. **Miller AB**, Issa, OI, Hahn, E, Agalab, NY, Abdi, SM. Developing advisory boards within community-based participatory approaches to improve mental health among refugee communities. *Prog Community Health Partnersh*. 2021;15(1):107-116. PMID: 33775966

Non-peer reviewed scholarship in print or other media: Reviews, chapters, monographs and editorials

1. **Miller AB**, Bixby CB, Ellis, BH. School-based interventions. In: Patel S, Reicherter D, editors. *Psychotherapy for immigrant youth*. Switzerland: Springer International Publishing; 2016. p. 71-86.
2. Benson MA, Abdi SM, **Miller AB**, Ellis BH. Trauma systems therapy for refugee children and families. In: Morina N, Nickerson, A, editors. *Mental health of refugee and conflict-affected populations*. Switzerland: Springer Nature. 2018. p. 243-259.
3. Schlaudt, VA, **Miller AB** (2019). Refugee communities. In: Williams M, Rosen D, Kanter J, editors. *In eliminating race-based mental health disparities: using contextual behavioral science to achieve equity and excellence across settings and communities*. Oakland, CA: New Harbinger Press. 2019. p. 327-343.
4. Wheaton W, **Miller A**, Enelamah N, Betancourt T. Interpersonal violence and forced displacement. In: Geffner R, White JW, Hamberger LK, Rosenbaum A, Vaughan-Eden V, Vieth VI, editors. *Handbook of interpersonal violence and abuse across the lifespan: A project of the National Partnership to End Interpersonal Violence Across the Lifespan (NPEIV)*. New York: Springer Nature. In press for 2021.
(<https://www.springer.com/gp/book/9783319899985#aboutAuthors>)

Professional educational materials or reports, in print or other media:

1. Weine SM, Ellis BH, Haddad R, **Miller AB**, Lowenhaupt R, Polutnik C. Reframing countering violent extremism (CVE) as a multidisciplinary approach to promoting community safety. Research brief. College Park (MD): National Consortium for the Study of Terrorism and Responses to Terrorism (START), U.S. Department of Homeland Security; 2015. Available from https://www.dhs.gov/sites/default/files/publications/OPSR_TP_Reframing-CVE-Multidisciplinary-Approach-Promoting-Community-Safety_June2015-508.pdf
2. Weine SM, Ellis BH, Haddad R, **Miller AB**, 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. College Park (MD): National Consortium for the Study of Terrorism and Responses to Terrorism (START), U.S. Department of Homeland Security; 2015. Available from https://www.start.umd.edu/pubs/START_LessonsLearnedfromMentalHealthAndEducation_FullReport_Oct2015.pdf

3. Weine SM, Ellis BH, Haddad R, **Miller AB**, Lowenhaupt R, Polutnik C. Best practices for the development of healthy, resilient communities and addressing violent extremism. College Park (MD): National Consortium for the Study of Terrorism and Responses to Terrorism (START), U.S. Department of Homeland Security; 2015. Available from https://start.umd.edu/pubs/START_LessonsLearnedfromMentalHealthAndEducation_BestPracticesforResilientCommunities_Oct2015.pdf
4. Weine SM, Ellis BH, Haddad R, **Miller AB**, Lowenhaupt R, Polutnik C. Supporting a multidisciplinary approach to violent extremism: what role can mental health professionals play? College Park (MD): National Consortium for the Study of Terrorism and Responses to Terrorism (START), U.S. Department of Homeland Security; 2015. Available from https://www.dhs.gov/sites/default/files/publications/OPSR_TP_Cross-Training-Primer_Mental-Health-Professionals_2015-508.pdf
5. Weine SM, Ellis BH, Haddad R, **Miller AB**, Lowenhaupt R, Polutnik C. Supporting a multidisciplinary approach to violent extremism: what role can education professionals play? College Park (MD): National Consortium for the Study of Terrorism and Responses to Terrorism (START), U.S. Department of Homeland Security; 2015. Available from https://start.umd.edu/pubs/START_LessonsLearnedfromMentalHealthAndEducation_EducatorSummary_Oct2015.pdf
6. Ellis BH, Hulland EN, **Miller AB**, Bixby CB, Cardozo BL, Betancourt TS. Mental health risks and resilience among Somali and Bhutanese refugee parents. Washington, DC: Migration Policy Institute; 2016. Available from <https://www.migrationpolicy.org/research/mental-health-risks-and-resilience-among-somali-and-bhutanese-refugee-parents>
7. Gillespie S, **Miller AB**. National Center for Child Traumatic Stress (NCTSN) webinar discussion guide: culture, the migration journey, trauma, and assessment. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress. 2019. Available from <https://learn.nctsn.org/enrol/index.php?id=503>
8. Gillespie S, **Miller AB**. National Center for Child Traumatic Stress (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. 2019. Available from <https://learn.nctsn.org/enrol/index.php?id=508>
9. Gillespie S, **Miller AB**. National Center for Child Traumatic Stress (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. 2019. Available from <https://learn.nctsn.org/enrol/index.php?id=516>

10. Gillespie S, **Miller AB**. National Center for Child Traumatic Stress (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. 2019. Available from <https://learn.nctsn.org/enrol/index.php?id=520>
11. **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. Available from <https://www.nctsn.org/resources/a-socio-culturally-linguistically-responsive-and-trauma-informed-approach-to-mental-health-interpretation>
12. **Miller, A. B. & Mulder, L.** (2019). Findings and Recommendations from Child Guidance & Family Solutions' Supporting the Health of Immigrant Families and Adolescents (SHIFA) Program's Implementation of Trauma Systems Therapy for Refugees (TST-R)'s School based Skills Groups in Akron, Ohio. Unpublished research report. Boston, MA: Boston Children's Hospital's Refugee Trauma and Resilience Center.

Local/Unpublished Clinical Guidelines and Reports:

1. Refugee Trauma and Resilience Center. Trauma systems therapy for refugees workbook. Boston (MA): Boston Children's Hospital's Refugee Trauma and Resilience Center. 2019.

Thesis:

1. (b)(6) Ethnic identity, intergenerational conflict and mental health in Somali refugee adolescents [dissertation]. Boston (MA): Boston University; 2011.

Narrative Report

I am a clinical community psychologist whose primary expertise is in promoting the mental health and wellbeing of youth from communities that have experienced high levels of trauma and stress, specifically refugee and immigrant youth who have resettled in the US and Canada. After completing my training in clinical psychology at Boston University, I joined the faculty at BCH and HMS, where I am co-investigator in the BCH's Refugee Trauma and Resilience Center (RTRC) that develops, evaluates and disseminates interventions to raise the standard of care for traumatized refugee children.

Clinical Innovation and Expertise

The RTRC advises other sites in working with child refugees' as part of the SAMSHA's National Child Traumatic Stress Network (NCTSN), advising other sites working with child refugees. In this work, my primary "patient" is the community where I seek to achieve positive impact for large numbers of individuals. As such, I develop and implement clinical interventions aimed at facilitating systemic change in order to better address the mental health needs of youth in refugee and immigrant communities. Among my clinical innovations, I have been instrumental in developing and disseminating one of the only evidence-based mental health interventions for refugee youth, now implemented in eleven cities across the US/Canada. I have also established a youth advisory board as well as articulated the key concept of "cultural brokers," that is, community members who ensure that the culture, language, and worldview of the client are integrated into clinical practice.

With these activities, I have increasingly had the opportunity to advocate nationally on issues relevant to refugee trauma and mental health. For example, I co-lead a nationwide group focused on raising awareness

of caregiver trauma, have served on the NCTSN Policy Task Force and co-led initiatives highlighting the critical role of child traumatic stress in very complex situations such as unaccompanied immigrant minors in the US. In partnership with Dr. Heidi Ellis, I play an instrumental role in research by overseeing the operations of all the investigational activities of our group. I also conduct Community Based Participatory Research (CBPR) with refugee communities. My scholarly writings with my colleagues have been focused on addressing trauma exposure, violence, and the impact of the social context on youth outcomes.

Teaching and Education

I teach and supervise trainees as well as provide lectures and trainings for BCH, HMS-affiliated institutions and the wider community. I regularly present at conferences locally, nationally, and internationally. I also conduct extensive trainings nationally, providing technical assistance and leadership in my area of expertise. I have developed resources for diverse audiences, ranging from clinicians to the general public, to better support traumatized youth and families with no to limited English proficiency.

Summary

As the mental health needs of traumatized immigrant and refugee youth in the US and internationally become ever more apparent, I anticipate that the community-based approach that my colleagues and I have developed will become even more relevant and look forward to expanding my role in this arena.

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RELATED EXPERIENCE

Clinical Social Worker, MSW, LICSW, Trauma and Community Resilience Center, Boston Children's Hospital *June '21-Present*

- Conducting in-depth psychosocial interviews with youth referred to our regional Multidisciplinary Violence Prevention Team (MVPT)
- Identifying and mapping resources available to youth in communities throughout New England
- Conducting outreach to providers and facilitating client engagement in services, as well as maintaining regular contact with providers and families engaged through the MVPT
- Participating in school-based or community-based youth resilience projects.

Clinical Supervisor, Unaccompanied Refugee Minor Program, Ascentria Care Alliance, MA *May '20-May '21*

- Supervised and supported case managers around service planning and client issues
- Scheduled and participated in case reviews, offering clinical perspectives on treatment plans
- Offered crisis intervention and guidance to staff regarding clinical components of crisis intervention and long-term treatment strategies
- Developed program education materials through creation and administration of intern and collateral trainings

Bilingual Case Manager, Unaccompanied Refugee Minor Program, Ascentria Care Alliance *June '17-July '20*

- Provided intensive clinical case management to Refugees and Special Immigrant Juveniles resettling in the US into the foster care/child welfare system
- Served as the youth's primary advocate across settings by facilitating youth and collaterals in navigating cross-cultural, bi-lingual interventions to work towards community integration and self-sufficiency
- Coordinated and supported youth's comprehensive service delivery including medical, educational, immigration/legal, mental health, and independent living skills development to ensure all needs are met

Intensive Care Coordinator, Home for Little Wanderers, Dorchester/S. Boston, MA *July '16-June '17*

Intensive Care Coordinator Intern *Sept '15-May '16*

- Utilized the Wraparound care planning process by performing intakes and comprehensive assessments for eligibility, coordinating multiple services and supports for youth with Serious Emotional Disturbance (SED), and working to identify the strengths and needs of the family
- Advocated for over a dozen families from diverse backgrounds in order to help them meet their goals, made referrals, and ensured services are in place

School Social Work Intern, Cameron Middle School, Framingham Public Schools, MA *Sept '14-June '15*

- Conducted individual sessions and co-facilitated groups to help students cope with personal and psychological issues that affect their school performance, behavior and socialization
- Completed reports on students' goals and communicated with parents about their perspective for students' Individual Education Plan meetings

Self-Sufficiency and Resettlement Intern, Nationalities Service Center, Philadelphia, PA *Jan '13-May '13*

- Supported clients in navigating health systems, public welfare programs, and other social services
- Provided referrals, information, and advocated on behalf of refugees for access to mainstream services

REVELANT TRAININGS, VOLUNTEER ROLES, & PUBICATION

Introduction to Immigration Law, CUNY School of Professional Studies *Sept '18-Dec'18*
Global Migration Conference, Boston College *April '19*
Cuban/Haitian Entrant Program Volunteer, Catholic Charities, S. Boston, MA *Jan '17- June '17*
Unaccompanied immigrant children in long term foster care: Identifying needs and best practices from a child welfare perspective Children and Youth Services Review, Co-author *Dec '17*
Immigrant's Day at the State House Advocacy Day *April '16 & '17*
Citizenship Clinic, Worcester MA /Project Citizenship's Citizenship Day, Boston, MA *Sept '17, '16 & '15*
Assistant Team Leader & Corps Member, AmeriCorps NCCC, *Denver, CO* *Oct '13-July '14*

EDUCATION

Boston College Chestnut Hill, MA
MSW, Clinical: Concentration in Children, Youth, and Families May 2016
Certificates: Refugees and Immigrants, Child Welfare, Spanish for Social Workers GPA: 3.88
Relevant courses: Services for Migrants: Field Study; Social Services with Latinos; Refugees and Immigrants
Immigrant Integration Lab, Newsletter Contributor

Villanova University Villanova, PA
Bachelor of Arts in Human Services, Minors: Spanish, Psychology, Sociology, & Business Cum Laude 2013
IES Abroad, Buenos Aires, Argentina, Spring 2012

Language Skills: Spanish
Pop Wuj Spanish School, Social Work Program, *Quetzaltenango, Guatemala* *May'16- July '16*

Education**Master of Social Work (MSW)**

Boston University, Boston, MA

May 2011**Bachelor of Arts in Psychology**

University of Massachusetts Dartmouth, North Dartmouth, MA

May 2008**Areas of expertise:**

- Individuals with history of trauma (intergenerational trauma, war, domestic violence and etc.)
- Group work specialty
- Substance abuse
- Refugee & immigrant populations

Professional Experience**Program Coordinator II & Researcher****2013-Present**

Children's Hospital Center for Refugee Trauma and Resilience Center (Research supervisor: Heidi Ellis)

- Lead trainer of Trauma System's Therapy for Refugees model (TST-R); provide consultations and guidance to various sites across United States and Canada in order to insure fidelity to the model.
- Co-developer of Trauma System's Therapy for Refugees and expertise 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
- Supervise and oversee and community health workers and research assistants
- Coordinate a national community based participatory research study across multiple sites, working closely with community partners to recruit research participants
- Lead trainings and workshops on trauma-informed care, cultural humility, 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.
- Develop and/or adapt measures that adequately capture the experiences of refugee/immigrant and New American families, ensuring their conceptual validity and community acceptability and bring up cultural issues that might be impacting them and their community as a whole
- Lead the Multi-ethnic Youth/Parent Advisory Board (M-YAB) meetings and providing leadership trainings
- Prepare quarterly reports and maintain working relationships with local community organizations and multi-disciplinary team meetings
- Consultation and ongoing support for cultural brokers across numerous sites

Crisis Clinician, Emergency Services Program Psychiatric Crisis**Oct 2018-Present**

Beth Israel Lahey Health Behavioral Services

- Providing behavioral health crisis assessment, intervention and stabilization to individuals of all ages (youth, adult and geriatric) in multiple settings including local emergency rooms, clinics, and in the community (police departments, homes, Juvenile Detentions, courts, public schools, nursing homes and etc)
- Managing the acute phase of clients presenting mental health, substance use disorders/co-occurring conditions or experiencing a behavioral health crisis by providing brief therapy, coping skills, problem solving and safety planning
- Creating appropriate referrals to support clients with behavioral health needs, including section 12 for hospitalization when necessary
- Conducting insurance authorization and completing accurate documentation and assessments within required time frames

- Developing and maintain collaborative working relationships with community partners
- Utilizing supervision effectively by sharing pertinent information and seeking guidance to manage high risk cases
- Attending client and team meetings as needed

Clinician

June 2015-April 17

Victory Programs Inc, Women's Hope

- 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 was to 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)

Social Worker

August '11 - July 13

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

- Provided culturally sensitive individual & group therapy for ages 5-16 and responded crisis calls.
- Advocated for families, educating parents on advocating for their children and themselves and utilized diagnostic skills involving practical knowledge of the DSM IV and conducted community outreach.
- Case management and documenting all clinical notes, provided psychosocial consultation to medical staff and consultation a variety of issues and participated in weekly peer supervision and other mandatory trainings.

Counselor

June '10 - Aug '12

Phoenix Families, Dorchester, MA

- Counseled vulnerable women and children adjust to a life of recovery and facilitated intakes and discharges for clients.
- Facilitated support groups and supporting clients in their recovery and responding crisis situation
- Managed the facility, keeping the building organized and assessing the situation on a regular basis through house meetings, daily documentations, and other duties

Social Work Intern

July '10 - May '11

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

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

Social Work Intern & Cultural Broker

Sept '08 - June '11

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

- Provided psycho-education for Somali families and their children in a middle-school environment
- 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

Presentations, Trainings, and Posters

- 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
- 2019 Providing Psychosocial Support to New Americans in Your Community/Invited Speaker
NFI North, Inc., Concord, NH
- 2019 Intersection of my lived experience 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
- 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
- 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 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
- 2016 Project SHIFA: Marigold Kids: Supporting the Health and Well-being of Young Refugee Children.
Poster session presented at the Community Health Poster Day
Boston Children’s Hospital, Boston, 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
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
2015 Society for Community Research and Action biennial meeting
Lowell, MA
Trauma Systems Therapy For Refugees (TST-R) as a Model Cultural Brokering Program/Half day training / Invited Speaker
2014 Chelsea Collaborative
Chelsea, MA
Torture and the Family: Clinical Considerations in Working with Refugee Children and their Caregivers /Invited Speaker
2013 Boston Center for Refugee Health & Human Rights annual conference
Boston, MA

National

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

- Charleston, SC
A Multidisciplinary Team Approach to Enhance Individual Resiliency in Refugee Youth & Communities (selected workshop)
2017 Charleston Child Trauma Conference
Charleston, SC
- 2016 Radicalization to Violent Extremism: Is One Thing Like Another (selected symposium)
National Child Traumatic Stress Network
- 2016 National Child Traumatic Stress Network (NCTSN)'s All Network Conference
Washington, DC
Trauma Systems Therapy & Cultural Brokering Training/4-day training/Invited Speaker presentation/Invited Speaker
- 2014 Watercourse Counseling
Minneapolis, MN
Trauma Systems Therapy & Cultural Brokering Training/2-day training presentation/Invited Speaker
- 2014 The Center for Promoting Recovery and Resilience for Traumatized Children and Youth, Kent School of Social Work, University of Louisville
Louisville, KY

Papers & Journal articles Gillespie, S., Cardeli, E., Sideridis, G., **Issa, O.**, & Ellis, B. H. (2020). Residential mobility, mental health, and community violence exposure among Somali refugees and immigrants in North America. *Health & Place, 65*, 102419.

Ellis, B. H., Lincoln, A. K., Abdi, S. M., Nimmons, E. A., **Issa, O.**, & Decker, S. H. (2020). "We All Have Stories": Black Muslim Immigrants' Experience With the Police. *Race and Justice, 10*(3), 341-362.

Winer, J. P., Forgeard, M., Cardeli, E., **Issa, O.**, & Ellis, B. H. (2020). Factor structure and concurrent validity of the Cognitive Fusion Questionnaire (CFQ) in a sample of Somali immigrants living in North America. *American Journal of Orthopsychiatry*.

Cardeli, E., Davis, S., **Issa, O.**, & Ellis, B. H. (2020). Trauma Systems Therapy for Refugees (TST-R) in a multi-ethnic refugee population in Maine, USA: early findings from a programme evaluation project with children and adolescents. *The Lancet Global Health, 8*, S9.

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PROFESSIONAL EXPERIENCE

McCain Institute for International Leadership

2019–Present

Senior Director of Prevention and National Security

- Managed national competitions that empower university students to counter hate and targeted violence through the development and deployment of dynamic campaigns at 41 universities in the US and 4 universities in France
- Designed a network to share promising practices, develop evidence-based guidelines, and incubate innovative strategies for preventing targeted violence throughout the country
- Hosted capacity-building workshops for hundreds of interdisciplinary terrorism prevention practitioners
- Developed and launched an actionable policy blueprint to end white supremacist violence
- Advised federal, state, and local governments on hate and targeted violence prevention initiatives

Department of Homeland Security, Office of Terrorism Prevention Partnerships 2017–2019

Regional Director of Strategic Engagement

- Advised the State of California in the development of the first statewide Preventing Violent Extremism Strategy
- Built capacity of 15 nonprofits through advice on grant strategy, program design, and research and evaluation
- Partnered with cities and counties to develop and implement Preventing Violent Extremism frameworks
- Developed evidence-based practices through collaboration with researchers and independent program evaluators
- Hosted Digital Forums on Terrorism Prevention to develop technical solutions to prevent and counter terrorism

Countering Violent Extremism Task Force (on assignment)

2016–2017

Deputy Director

- Coordinated Countering Violent Extremism initiatives across Departments of Defense, Education, Health and Human Services, Homeland Security, Justice, Labor, and State
- Managed revision and implementation of Strategic Implementation Plan for Empowering Local Partners to Prevent Violent Extremism, including development of novel approaches to multidisciplinary intervention and rehabilitation
- Supervised development of the first Community Awareness Briefing to address all forms of violent extremism
- Created guide to developing local violence prevention frameworks and promoted it at conferences around country
- Provided technical assistance, consultation, and research for locally-driven intervention programs

U.S. Department of Justice, Office of the Deputy Attorney General (on detail) 2013–2016

Senior Counsel

- Coordinated Department of Justice efforts to build resilience against violent extremism

- Implemented a Resource Guide on Training Addressing Racial, Ethnic, Religious, or Cultural Issues and Groups
- Designed and built the Countering Violent Extremism Task Force in partnership with the National Security Council
- Coordinated the National Commission on Forensic Science and oversaw related Department-wide initiatives

United States Department of Justice, Office of Legal Policy

2011–2013

Senior Counsel

- Negotiated strategic plan for the Office of Dispute Resolution
- Managed interagency partnerships and collaborated on strategies to counter violent extremism
- Designed and negotiated interagency development of the National Commission on Forensic Science
- Coordinated departmental review of Americans with Disabilities Act regulations
- Drafted rule-making documents concerning disability accommodations, criminal justice, and regulatory review
- Coordinated an office-wide internship program and supervised 17 interns

Mayer Brown, L.L.P.

2008–2011

Associate

- Researched and drafted briefs filed with the U.S. Supreme Court and federal and state appellate courts
- Served as an appellate consultant with primary briefing responsibilities for four trials

United States Court of Appeals for the Ninth Circuit

2007–2008

Law Clerk for the Honorable Dorothy W. Nelson

Western Justice Center Foundation

2005–2006

Program Coordinator (8/05–8/06); Summer Fellow (Summer 2005)

- Designed and implemented three-day advanced training on public policy facilitation
- Consulted on design and implementation of police-community mediation programs
- Researched ADR Resource Program Guide for Ninth Circuit District Conferences

EDUCATION

University of California, Los Angeles, School of Law

J.D. May 2007

- 3.85 GPA; Order of the Coif
- UCLA Law Review: Vol. 53 Staff; Vol. 54 Symposium Editor

University of California, Berkeley

B.A. May 2004, Highest Honors in Ethnic Studies, Minor in Peace and Conflict Studies

- 3.84 GPA, High Distinction in General Scholarship, Phi Beta Kappa, and Dean's List

PUBLICATION

Enforcing Mediation Agreements as Arbitral Awards, 54 UCLA L. REV. 1385 (2007)

CURRICULUM VITAE

Date Prepared: May 2021

Name: (b)(6)

Office Address: Cambridge Health Alliance
Division of Child Psychiatry
Macht Building, 3rd Floor
1493 Cambridge Street
Cambridge, MA 02139

Home Address: (b)(6)

Work E-Mail:

Work Fax:

Place of Birth:

Education:

1997	B.A. Psychology	College of the Holy Cross
1999	M.A. Counseling Psychology	Boston College
2006	Ph.D. Counseling Psychology	Boston College

Pre and Postdoctoral Training:

07/05-06/06	Psychology Intern	Cambridge Health Alliance
09/06-08/07	Postdoctoral Fellow	Child and Adolescent Acute Psychiatry Cambridge Health Alliance

Faculty Academic Appointments:

07/05-08/07	Clinical Fellow in Psychology in the Department of Psychiatry	Department of Psychiatry Harvard Medical School
01/06-12/06	Adjunct Faculty	Regis College
01/07-12/07	Adjunct Faculty	Boston College
09/07-10/18	Instructor of Psychology in the Department of Psychiatry	Department of Psychiatry Harvard Medical School
10/18-	Assistant Professor of Psychology in the Department of Psychiatry part time	Department of Psychiatry Harvard Medical School

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Appointments at Hospitals/Affiliated Institutions:

09/07-7/18	Staff Psychologist	Department of Psychiatry	Cambridge Health Alliance
03/17-	Associate Clinical Researcher	Health Equity Research Lab	Cambridge Health Alliance

Other Professional Positions:

2002	Internship Program Supervisor	Associated Grant Makers, Boston, MA
2015-2016	Consultant	International Association of Chiefs of Police, Washington, DC
2015-2018	Invited Member, Juvenile Justice Area Interest Group	Department of Psychiatry, UMass Medical Center, Worcester, MA
2016-2018	Invited Member, Multi-Disciplinary Team for Individual and Community Resiliency	Boston Children's Hospital, Boston MA
2018-	Member of Juvenile Detention Alternative Initiative (JDAI)	Department of Youth Services Cambridge, MA
2018-	Director of Clinical Support Services	Cambridge Police Department, Cambridge, MA
2019-20\	Member of Commissioner's Violence Reduction Strategy Advisory Group	Cambridge Police Department, Cambridge, MA
2019-	Advisory Board Member, Enhancing School Safety Initiative	Secret Service/FBI Citizen's Academy Boston, MA
2019-	Invited Member, Mass Bay Threat Assessment Team	FBI-Boston Office Chelsea, MA
2020-	Invited Member-Steering Committee Department of Homeland Security Massachusetts Area Prevention Program	Boston Children's Hospital Boston, MA

Major Administrative Leadership Positions:

Local

2009-	Clinical Coordinator, Safety Net Collaborative	Department of Psychiatry Cambridge Health Alliance
2016-2018	Director of School-Based Programs	Division of Child/Adolescent Psychiatry, Cambridge Health Alliance

2017-2018 Course Co-Director, School Mental Health Continuing Medical Education Conference Cambridge Health Alliance/Harvard Medical School

National

2012 Working Group Organizer, Working Group on Juvenile Mental Health Health and Police/Law Enforcement Collaboration

Committee Service:

Local

2010-2014 Member, Child/Adult Track Psychology Intern Selection Committee Division of Psychology, Cambridge Health Alliance
2013 Member, Working Group to develop CHA response to violence impacting Children Cambridge Health Alliance
2014- Member, Child Psychology Postdoctoral Fellowship Selection Committee Division of Psychology, Cambridge Health Alliance

Professional Societies:

2006- American Psychological Association Member
2008-2017 Massachusetts Psychological Association Member
2013-2016 Learning Disabilities Association of America Consultant (Juvenile Justice)
2016- American Psychology-Law Society Member
2017- Association of Threat Assessment Professionals Member

Editorial Activities:

Ad hoc Reviewer

Journal of Juvenile Justice
Psychological Services
Health Affairs
Violence and Victims
Children and Youth Services Review
Evidence-Based Practice in Child & Adolescent Mental Health
Journal of Forensic Psychology Research and Practice
Law and Human Behavior

Other Editorial Roles

2016-2018 Editorial Board Member Open Access Journal of Forensic Psychology

Honors and Prizes:

1997	Psi Chi, College of the Holy Cross	Psychology National Honors Society
1997	Dean's Award for Academic Achievement	Boston College, Lynch School of Education
2002, 2003	Research Travel Fund Award	Boston College, Arts and Sciences
2003	Outstanding Student Poster Award	Division 37 of American Psychological Association
2004	Summer Dissertation Fellowship Award	Boston College, Lynch School of Education
2005	Doctoral Comprehensive Examination: Passed with Distinction	Boston College, Lynch School of Education
2016	Academic Council Award	Cambridge Health Alliance

Report of Funded and Unfunded Projects**Past Funded Projects**

2014-2015	Development and Evaluation of the Fight Navigator Violence Prevention Curriculum Dr. Lynne Reid/Drs. Eleanor and Miles Shore Fellowship, Harvard Medical School PI (\$35,000) for 1 year The goal was to develop and pilot test a curriculum to help youth respond to threats in a manner that avoids violence while also saving face
2016	Systematic Review of the Intersection of Mental Health, Education, and Criminal Justice for Boys and Men of Color Research Integration Strategies and Evaluation (RISE) for Boys and Men of Color Co-PI (\$40,000) for 1 year Literature review to assess research on intersection between education, mental health, and criminal justice among boys and men of color for policy report
2017-2019	Miller Innovation Fund PI (\$75,063) 2 years The project will: 1) conduct a process evaluation of the training curriculum to assess its feasibility, acceptability, and initial success in changing knowledge and attitudes of officers; 2) use newly acquired data to conduct an evaluation of the

Safety Net Collaborative's impact on educational outcomes; and 3) manualize the current training curriculum and protocols for system linkages incorporating findings from the process evaluation and in collaboration with our Safety Net partners.

- 2017-2019 US Department of Justice: Justice and Mental Health Collaboration Program
Co-PI (\$75,000) 1 year
 The project: 1) conducted a process evaluation of the Cambridge Police Department's Community Services Unit and 2) manualized the CPD policies and procedures related to policing vulnerable populations.
- 2017-2018 Behavioral Health Workforce Education and Training Grant
 Health Resources and Services Administration
 \$566, 628.48 total requested
Site Director for intern placed at school based health centers
 This project will increase the clinical psychology internship by three interns, each placed in primary care settings and behavioral health clinics serving vulnerable and/or medically underserved populations.
- 2021-2026 P50 MHXXXXXX (Johnson, Ahmedani, Weinstock)
 NIH/NIMH \$15,464,669
The National Center for Health and Justice Integration for Suicide Prevention (NCHATS)
 Suicide rates in the United States have steadily increased over the past several decades. Focusing suicide prevention efforts on the healthcare system alone, without consideration of its intersection with other sectors where at-risk individuals may find themselves – particularly, the criminal justice system – has limited reach into at-risk populations. This national practice-based research center, including more than 15 academic, health, and justice institutions and over 100 Consortium Partners, will examine effectiveness, cost-effectiveness, and scalability of suicide prevention activities triggered through real-time linkage of justice and health data. Center projects: (1) take advantage of burgeoning biomedical informatics advances to flag justice system involvement among health system populations and/or suicide risk among justice populations, and (2) demonstrate how these flags can be used in scalable and cost-effective ways for suicide prevention and cross-system service linkage; (3) incorporate implementation science outcomes.
Status: Submitted 10/30/20
- Administrative Core* (Johnson, Ahmedani and Weinstock). This Core oversees: (1) Center strategic planning, (2) scientific leadership and oversight; (3) logistical and administrative support to the Center components, and (4) facilitation of a network of Consortium Partner stakeholders affiliated with the Center.

Methods Core (Johnson). This Core provides national expertise and resources needed to conduct rigorous, reproducible research projects that share similar conceptual frameworks, methods, and measures.

Project 1: Syncing screening and services for suicide prevention across health and justice systems (Ahmedani and Weinstock). In this project, two large health systems (Henry Ford and HealthPartners) identify justice involvement of their patients and act to prevent suicide (n = 61,500).

Project 2: Real-time managed care updates of subscriber justice system involvement for suicide prevention (Arias and Johnson). In this project, a Medicaid managed care organization (CareSource) identifies justice involvement of its subscribers and acts to prevent suicide (n = 43,000).

Project 3: Using jail populations to validate an established suicide risk algorithm (Kubiak and Ahmedani). In this project, Michigan jails will identify suicide risk at initial detention or community re-entry using Medicaid data and act to prevent suicide (n = 6,000).

Project 4: Improving mental health treatment for individuals in crisis interacting with the criminal justice system (**Cook and Barrett**). This project evaluates police-emergency department partnership for suicide risk identification and preventive action (n = 2,400).

Report of Local Teaching and Training

Teaching of Students in Courses:

Boston College: Department of Counseling Psychology
Adjunct Faculty

2007 PY 662 Projective Assessment
 Doctoral students

2007 PY 418 Applied Developmental Psychology: Emphasis on the Child
 Masters in Education and Psychology students

Regis College: Department of Management
Adjunct Faculty

2006-2007 MT 604 Human Behavior in Organizations
 Advanced graduate students

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

Cambridge Health Alliance

2008-2010	Case Consultation Psychiatric Emergency Service Clinical Seminar Psychology Interns, Social Work Interns	One hour each year
2008-2009	Working with Boys Adolescent Assessment Unit Clinical Seminar Child Psychiatry Fellows, Medical Students, Psychology Fellows, Interns and Practicum Students, Social Work Interns	One hour each year
2008-2009	Getting Licensed as a Psychologist Professional Development Seminar Psychology Fellows	One hour each year
2009-2010	Understanding White Privilege Multicultural Issues Summer Seminar Child Psychiatry Fellows	One hour each year
2011-	Juvenile Justice Summer Systems Seminar Child Psychiatry Fellows	1.25 hours each year
2013-	Youth Violence Risk Assessment Clinical Topic in Child Psychology	1 hour/year
2015-	Disruptive Disorders in Youth Harvard Medical School Consolidated Child Psychiatry Development and Developmental Psychopathology Seminar	McLean Hospital 1.5 hours/year

Clinical Supervisory and Training Responsibilities:

Cambridge Health Alliance

2007-2017	Clinical supervisor for Psychology Interns and Fellows Up to 2 trainees/year in individual supervision as assigned	Up to 3 hours/week
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2011- Clinical supervisor/preceptor for Up to 3 hours/week
Advanced Psychology Practicum
Students, Postdoctoral Fellows, Child
Psychiatry Fellows, and Psychiatry
Residents in the Safety Net
Collaborative
Up to 2 trainees/year

Formally Mentored Trainees and Faculty:

Selected List – Not All Inclusive

- 2009-2010 Moira Creedon, PhD
Current: Psychologist, Judge Baker Children’s Center
Career Stage: Psychology Intern
Mentoring role: Individual supervisor involving weekly review of therapeutic progression of clinical cases, risk assessment, and treatment planning
Accomplishments: Fostered interest in community psychology as well as treating at-risk teens
- 2010-2011 Amy Mayhew, MD
Current: Psychiatrist/Faculty, Cambridge Health Alliance
Career Stage: 2nd year Child Psychiatry Fellow
Mentoring Role: Elective supervisor for the Safety Net Collaborative involving monthly supervision
Accomplishments: Fostered interest in academics and in working with patients at-risk for juvenile delinquency
- 2014-2015 Sarah Schwartz, PhD
Current: Assistant Professor, Department of Psychology, Suffolk University
Career Stage: Psychology Postdoctoral Fellow
Mentoring role: Individual supervisor involving weekly review of psychotherapy cases, risk assessment, and treatment planning
Accomplishments: Fostered interest in integrating research in mentoring with clinical practice
- 2015-2016 Nicole Del Castillo, MD
Current: Child psychiatrist practicing in Indianapolis, IN
Career Stage: Fellow, Commonwealth Fund Mongan Fellowship in Minority Health Policy, Harvard Medical School
Mentoring Role: Practicum preceptor for Mongan Fellowship
Accomplishments: Provided mentorship in the development of policy for Cambridge Police for trauma-informed practice for arrest involving a removed caregiver
- 2015-2018 Elizabeth Janopaul-Naylor, MD

Current: 4th year Psychiatry Resident, Cambridge Health Alliance
Career Stage: 2nd-4th year Child Psychiatry Resident
Mentoring Role: Elective supervisor for the Safety Net Collaborative involving bi-weekly supervision
Accomplishments: Fostered interest in research with at-risk youth, co-authored a research paper that was published in *Psychological Services* [RI #1].

Formal Teaching of Peers (e.g., CME and other continuing education courses):
No presentations below were sponsored by outside entities

2009	Gangs, crews, and cliques in schools: What to look for and what to do School Mental Health Conference, Cambridge Health Alliance/Harvard Medical School Continuing Medical Education Course	Single lecture Boston, MA
2017	Intervening with students who live by the code of the street: Steps for managing anger School Mental Health Conference, Cambridge Health Alliance/Harvard Medical School Continuing Medical Education Course	Single lecture Boston, MA
2018	Should the police intervene? School and police partnerships in action School Mental Health Conference, Cambridge Health Alliance/Harvard Medical School Continuing Medical Education Course	Single lecture Boston, MA
2019	Assessing and managing violence risk Treating Young Adults Cambridge Health Alliance Harvard Medical School Continuing Medical Education Course	Single lecture Boston, MA

Local Invited Presentations:
No presentations below were sponsored by outside entities

<u>Local</u>	
2003	Perceptions of student support services Counseling Psychology 2 nd Year Research Colloquium Boston College, Chestnut Hill, MA
2010	The Cambridge Safety Net Collaborative (with R Haas)

Psychiatry Grand Rounds
Cambridge Health Alliance

- 2012 The Safety Net Collaborative: A First Look at the Data
(with B Cook, N Carson and A Mayhew)
Conference: Using Your Own Panel Data to Conduct Comparative Effectiveness
Research: Three Case Studies.
Department of Psychiatry
Cambridge Health Alliance
- 2013 Fight Navigator: Preventing Youth Violence
Staff In-Service Training
Department of Psychiatry
McLean Hospital
- 2015-2017 The Cambridge Safety Net Collaborative
Court Clinic Training Seminar
Boston and Cambridge Juvenile Court Clinics
Massachusetts General Hospital
- 2015 Ride or Die: Therapeutic Interventions for Retaliatory Violence among Youth
(with D Kallivayalil)
Psychiatry Grand Rounds
Cambridge Health Alliance
- 2015 Responding to the Crisis: Using a Public Health Approaching to Working
With Vulnerable Populations (with R Haas, et al.)
Family Medicine Grand Rounds
Cambridge Health Alliance
- 2016 The Breakthrough: Catalyzing Policing and Human Services
Invited Panel Presenter
Health and Human Services Summit: Catalysts for a Generative Future
Harvard University
- 2017 Acknowledging the Impact of Racism and Racially-Motivated Violence on Our
Patients: A Discussion of Trauma-Informed Care (with A Goldman and T Harris)
Combined Family Medicine, Medicine and Psychiatry Grand Rounds
Cambridge Health Alliance
- 2019- Assessing and Managing Youth Violence Risk
Clinical Issues Seminar
Department of Psychiatry
McLean Hospital
- 2021 The Cambridge Police Family & Social Justice Section (with B Bard and C Elow)