

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="05/12/2022"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Children's Hospital Corporation"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="(b)(6)"/>	* c. UEI: <input type="text" value="Z1L9F1MM1RY3"/>	
d. Address:		
* Street1:	<input type="text" value="300 Longwood Avenue"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="Boston"/>	
County/Parish:	<input type="text" value="Suffolk"/>	
* State:	<input type="text" value="MA: Massachusetts"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="021155724"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Psychiatry"/>	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name:	<input type="text" value="Krystal"/>
Middle Name: <input type="text"/>		
* Last Name:	<input type="text" value="Gustafson"/>	
Suffix: <input type="text"/>		
Title:	<input type="text" value="Senior Grant Officer"/>	
Organizational Affiliation: <input type="text" value="Children's Hospital Corporation"/>		
* Telephone Number: <input type="text" value="(b)(6)"/>	Fax Number:	<input type="text"/>
* Email: <input type="text" value="(b)(6)"/>		

Application for Federal Assistance SF-424

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

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Department of Homeland Security - FEMA

11. Catalog of Federal Domestic Assistance Number:

97.132

CFDA Title:

Financial Assistance for Targeted Violence and Terrorism Prevention

*** 12. Funding Opportunity Number:**

DHS-22-TTP-132-00-01

* Title:

Fiscal Year (FY) 2022 Targeted Violence and Terrorism Prevention (TVTP)

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Expanding and enhancing a Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles through school-based threat assessment teams

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="639,333.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="639,333.00"/>

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

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

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

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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

** I AGREE

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

Authorized Representative:

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

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Expanding and Enhancing a Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism among Juveniles through School-based Threat Assessment Teams

DHS-22-TTP-132-00-01

Principal Investigator: B. Heidi Ellis, Ph.D.

Applicant Organization: Boston Children's Hospital, 300 Longwood Avenue, mailstop 3199
Boston, MA 02115

Primary Location: Boston, MA and Washington, D.C.

Application Track: Promising Practices (#1 Raising Societal Awareness and #5 Threat Assessment and Management Teams)

Amount Requested: \$634,307.17

Project Abstract: The overall goal of this project is to expand and enhance the Massachusetts local area targeted violence and terrorism (TVT) prevention framework focused on youth that was initially established under a TVTP2020 grant. Specifically, we seek to equip and empower four local school districts (Bedford, Norton, Essex North and Hudson) to be able to better identify and help youth at risk for radicalization to violence or TVT. We propose to do this through the establishment of school based threat assessment teams (TATs), increasing awareness of signs of radicalization or violence risk, facilitating referral pathways to the school based TATs, and supporting robust assessment, management and intervention of referred youth through coordination and connection with Massachusetts Area Prevention (MAP) Program at Boston Children's Hospital. We propose to implement two projects: Raising societal awareness within schools (Project 1), and School Based Threat Assessment Teams (Project 2). Under Project 1, we will deliver awareness trainings for staff and students based on the existing DHS Community Awareness Briefing curriculum and customized for the school setting. Project 2 will establish school-based TATs in four Massachusetts school districts representing a range of geographic diversity and student populations.

1. Needs Assessment

Youth targeted violence and terrorism (TVT) is a significant problem. Nationally, youth under the age of 19 are responsible for 10.9% of hate crimes,¹ and 69% of those committing a violent act with a gun in a school setting are between 10 and 19 years of age². In many cases, youth violence is preventable if the youth is identified and appropriate interventions put in place. School based threat assessment teams (TATs) offer a promising and powerful means of identifying youth at risk for TVT. Despite the accruing evidence that school-based TATs are a critical component of local area prevention frameworks, many states have struggled to implement them. Lack of training, challenges related to establishing the in-school infrastructure to convene and sustain a team, low availability of psychological risk assessments to inform intervention planning, and a lack of ongoing coordination and support for implementation of management plans present barriers that have contributed to this gap.

The **overall objective** of this project is to expand and enhance the current local area prevention framework in Massachusetts (MA) funded by TVTP2020, referred to as the Massachusetts Area Prevention program, by establishing school-based TATs in four school districts within MA, and building the capacity and infrastructure for these teams to be able to access psychological risk assessments and refer to a multidisciplinary intervention and management team. Our TVTP local area prevention framework at Boston Children's Hospital (BCH) established one such multidisciplinary intervention and management team, hereafter referred to as the Massachusetts Area Prevention (MAP) team. MAP accepts referrals from the FBI-convened MassBayThreat Assessment Team (MBTAT) for youth at risk for TVT; we then develop an intervention and management plan and support families in identifying and engaging in appropriate services. While the MAP team is successfully operating and serving referrals from the MBTAT, through this work several critical gaps and needs have become apparent; this proposal seeks to build the capacity and infrastructure necessary to address these gaps and expand and enhance the local area prevention framework.

Gap 1: Identification of, and referral of, youth at risk for terrorism and targeted violence (TVT). Prior to the COVID-19 pandemic and the associated shutdown of schools, some districts within MA were in the early stages of exploring how to establish TATs and better identify youth at risk for violence. With students largely absent from school buildings during the year 2020, and with skyrocketing mental health and significant educational needs manifesting as students return, districts have largely been unable to turn their attention to establishing systematic ways of identifying and intervening with students at risk of engaging in violence. Ongoing disruptions from COVID (e.g. increased financial strain and abuse in the home, school staffing shortages) and the significant impact of ongoing adverse events such as trauma and racism on students³ combined with a shortage of mental health service availability⁴ contribute to the youth mental and behavioral health crisis. Some indicators of youth violence suggest that risk was increasing even prior to the pandemic; in the CDC Youth Risk Behavior Survey the number of students who were threatened or injured with a weapon on school property increased from 2017-2019⁵. Although the MBTAT is successfully referring youth to MAP, youth who come to the attention of that team typically are engaging in significant risk behavior and earlier intervention opportunities have been missed. As schools struggle to meet the mental health and other needs of youth who are back in schools, critical support and resources will be needed to help them systematically identify and help youth at risk of violence. In a recent study of why bystanders do not report key barriers included lack of trust in authority as well as uncertainty regarding who to report to⁶. There is a need to specifically address these barriers by building

trust and knowledge through transparency, as well as communication and education related to referral options and pathways. Training in recognizing signs of radicalization and risk for TVT, structured training and support around implementing school-based TATs, and education within schools regarding how referrals will be handled will address this gap.

Gap 2: Access to psychological risk assessments to inform school safety and intervention planning. School based TATs are trained to evaluate whether a specific behavioral threat is substantive and requires intervention. Risk assessment refers to a mental health professional using structured professional judgement to better understand an individual’s risk and protective factors, and the overall risk that that individual will go on to engage in violent behavior. Risk assessments are often requested on individual students after they have been involved in threat assessment investigations. This type of assessment is of particular interest to an institution such as a school who has a responsibility for the education and welfare of both the *individual* as well as the larger student body. At present, however, few psychologists and social workers have training in conducting risk assessments as this is not a standard part of graduate school clinical training, and few specialized training opportunities exist. Without access to this type of psychological service, schools are left unable to determine the ongoing risk of a student, resulting in potential suspension and restricted educational access for the individual or ongoing inclusion with increased risk to the student body. The current waitlist time for a risk assessment is approximately 3-6 months, clearly unacceptable if a youth may be at imminent risk.

Gap 3: Support for implementation of management and intervention plans identified by school based TATs. School based TATs are positioned to evaluate threat and develop mitigation or management plans. While low level risk is often manageable in the school setting, higher risk likely requires significant support through community-based services. Trust-building work with families to help them be open to intervention, and ongoing coordination and connection make sure that initial intervention efforts are sustained and effective. Integration with and connection to external specialty teams that can support the ongoing management of intervention plans is a critical need for schools working to address youth violence. In standard community care, adolescent engagement rates in mental health services are low (14% engaged for youth aged 12-17⁷) and treatment drop out high (average of 44.5% across multiple studies⁸), especially in community settings with traditionally hard-to-reach populations (54.4%⁹). Thus, a major gap in youth TVT programming is the lack of an effective mechanism for ensuring continued engagement in referred services and for repeated assessment of strengths and needs so that care remains appropriate to risk level.

This project target population for services includes nearly 10,000 students within four school districts in MA. Table 1 describes the student populations within each of these school districts. Table 2 provides an inventory of other programs currently available to these students.

Districts/Schools (# students)	Historically Marginalized
Norton Public Schools (2,373) <i>Nourse Elementary (277); Solmonese Elementary (492); Yelle Elementary (358); Norton Middle (538); Norton High (663)</i>	Racial minority: n = 207 (9%); Ethnic minority: n = 91 (4%); Language learners: n = 52 (2%); Disabilities: n = 498 (21%)
Essex North Shore Agricultural & Technical High (1,630)	Racial minority: n ≈ 214 (13%); Ethnic minority: n ≈ 231 (14%); First Language not English: n ≈ 149 (9%); Disabilities: n ≈ 512; 19% with Individualized Education Plan (IEP)

Hudson Public Schools (2,450) <i>Farley Elementary (429); Mulready Elementary (239); Forest Ave. Elementary (315); Quinn Middle (548); Hudson High (842)</i>	Racial minority: n = 174 (7%); Ethnic minority: n = 381 (16%); Language learners: n = 362 (15%); Disabilities: n = 407 (17%)
Bedford Public Schools (2,576) <i>Davis Elementary (507); Lane Elementary (600); John Glenn Middle (624); Bedford High (845)</i>	Racial minority: n = 857 (33%); Ethnic minority: n = 186 (7%); Language learners: n = 104 (4%); Disabilities: n = 458 (18%)

Table 1. Target populations

District	School/District programs	Community programs	State-wide programs
Norton		Epione Health and Wellness Center; William James Interface referral service; Emergency Room at Sturdy Memorial and Morton Hospital	Office of the Child Advocate; Department of Developmental Services; iDecide through MGH and the MA DPH;
Essex North Shore Agricultural & Technical	McLean School Nurse Liaison Project (MSNLP-MCPAP)	Lahey Behavioral Health; Elliot Community Services; MGH Behavioral Family Resource Center and Adolescent Partial Program; Bridge for Resilient Youth in Transition; Project Adventure; Healing Abuse, Working for Change; Herren Project; Northshore Education Consortium; SEEM Collaborative; BCH	Massachusetts Behavioral Health Partnership Mobile Crisis Intervention Program; Massachusetts Rehabilitation Commission; MPY;
Hudson	School counselor	Wayside Youth and Family Services	SBIRT in Schools, MA DPH; The Jed Foundation
Bedford	School counselor	Bedford Youth and Families	

Table 2. Existing programs serving the target population

As is evident from Table 2, at present, there are no specific school based TAT services available to these student populations, nor are there integrated assessment and support services.

2. Program Design

To address the specific gaps identified above, we seek to expand the existing local area prevention framework by implementing two projects from the Promising Practices Track that directly address the gaps identified in our needs assessment: Raising Societal Awareness (#1) and Threat Assessment and Management Teams (#5).

The overall goal of this project is to expand and enhance the MA local area TVT prevention framework focused on youth that was initially established under a TVTP2020 grant awarded to BCH and that established the MAP assessment and management team. Specifically, we seek to equip and empower four local school districts to be able to better identify and help youth at risk for radicalization to violence or TVT. We propose to do this through the establishment of school based TATs, increasing awareness of the signs of radicalization or violence risk, facilitating referral pathways to the school based TATs, and supporting robust assessment, management and intervention of referred youth through coordination and connection with BCH's MAP team.

We propose to expand and enhance the existing local area prevention framework through two projects: Raising societal awareness within schools, and establishing school based threat assessment teams (TATs). Below we describe each of these projects and how, through these projects, we will address the TVTP grant program objectives.

Project 1, Raising Societal Awareness within schools, will address TVTP Objectives 1 and 4.

Objective 1: The local community has awareness of the radicalization to violence process and

what the threat of targeted violence and terrorism looks like.

Objective 4: Members of the local community have the ability to act on their awareness training and help members of their community before they threaten other members of the community by knowing how to contact – and understanding the role of – school based threat assessment teams.

Under Project 1, we will deliver awareness trainings for staff within 4 districts. This training will be based on the existing DHS Community Awareness Briefing (CAB) curriculum and customized for the school setting. In addition, students will receive customized CAB training in the fall semester. Six youth advisors at each school will be identified and provided leadership training that was developed through an interethnic youth advisory board (I-YAB) established as part of our Local Area Prevention Framework implemented through our TVTP FY2020 grant. Through this past work, our I-YAB engaged 12 youth (ages 15 to 17 years) to learn more about TVTP and build youth resilience through increasing sense of belonging, enhancing inter-ethnic group understanding, developing leadership and advocacy skills, and promoting civic engagement. We propose to expand the activity and implement I-YABs at each school and then offer DHS' CAB training to students. These trainings will take place in the first 3 months of the grant, and will address Objective 1 and achieve the following outcome: *Developed and delivered awareness programs on the process of radicalization to violence and/or the local threat of TVT.*

Under Project 1 we will also develop a youth referral protocol specific to each school, and providing training to students and staff on how to use these protocols. Through collaborative workgroups including staff and students each school will identify referral protocols taking into consideration issues such as protecting the referral source, managing confidentiality, and ensuring timely review of referral. Youth advisory groups will provide input on preferred pathways/platforms for students to report concerns about peers, and how to support both the students making the referral as well as the referred individual. These youth advisories will serve to both develop pathways for reporting concerns most likely to be accepted by and used by youth, as well as to foster and build trust between students in the advisory group and staff. These protocols will be developed in Q1 and training to staff and students on how to make referrals will be provided in Q2. These activities will address Objective 4 and achieve the following outcomes: *Developed and implemented bystander training, Developed and implemented referral mechanisms.*

Project 2, School-Based TATs, will address DHS TVTP Objective 5:

Objective 5: Members of the local community have access to multidisciplinary threat assessment and management teams that can intervene with an individual who has radicalized to violence *before* it becomes a criminal justice issue.

Project 2 will establish school-based TATs in four MA school districts representing a range of geographic diversity and student populations, as described in the Needs Assessment (Table 1). In order to accomplish this objective, we will first work with school administrators to help them identify appropriate multidisciplinary partners within their school system and community who will participate on the team (Q1). These partners will then receive training through the established Comprehensive School Threat Assessment Guidelines (CSTAG). CSTAG is an evidence-based model for K-12 schools to use in conducting multidisciplinary threat assessments¹⁰. Training consists of two levels, with Level 1 providing self-paced didactic virtual learning and Level 2 involving live remote interactive case application. The successful completion of these levels leads to certification in the CSTAG model.

Following completion of the CSTAG training, our team will partner with school administration and TAT members to develop school-specific protocols for handling referrals.

These protocols will take into consideration how to gather appropriate information to inform a threat assessment while safeguarding against stigmatizing students, how and when to engage families, how student strengths can be incorporated into the assessment, when and if a case should be elevated to a consult through the MassBay Threat Assessment Team (MBTAT; a regional FBI-convened community based threat assessment team), and what additional information (e.g. risk assessment) is needed to inform the threat assessment. A draft of this protocol will be completed by the end of Q3, and iteratively implemented and refined over Q4 with the expectation that the teams will be fully operational by the beginning of year 2. As the team becomes fully operational referrals will be accepted and direct work with/ service to students will be provided. Threat assessments will be conducted, leading to a team determination of a youth as low, moderate, elevated, or high risk. Mitigation or support plans will be developed and implemented for each student according to risk level.

Low risk students will be supported through existing school services and supports. Depending on student needs, this might involve communication with parents and teachers, ongoing support from a school-based mental health professional, or specific attention to minimizing school stressors and enhancing school supports such as tutoring or school clubs.

Moderate or elevated risk students will be eligible for a referral to the BCH MAP team; this team will offer in-depth psychosocial assessment of strengths, risks and needs and will develop tailored service support plans within the youth's community (in addition to school supports). The MAP team will further offer ongoing support to the family to ensure that the services are appropriate and accessible. The MAP team will also maintain supportive contact with the family over time, including as appropriate meeting with the child in school, home or community settings, and conducting brief assessments using the T-SAM, a tool developed via a FY2021 DHS innovation grant to provide clinically useful ongoing risk assessment and intervention direction.

Elevated risk students will receive the same MAP supports as noted above but in addition the school may request a risk assessment. Capacity for providing a risk assessment will be developed through this grant. Eight Mental Health professionals affiliated with the partnering schools and/or the BCH MAP team will participate as part of a Risk Assessment Study Team (RAST), led by Drs. Cardeli and Barrett. These practitioners will receive training in the SAVRY¹¹ and T-SAM. The SAVRY is a structured professional

judgement tool to inform assessment of youth risk for violence. The T-SAM provide a means of regularly updated understanding of risk level as well as progress/needs related to treatment targets identified as most critical to reducing risk. After receiving training in the tools, members of RAST will accept risk assessment referrals and will further develop their skills through ongoing convening and consultations from RAST. Drs. Barrett and Cardeli will support team members in refining their risk assessment skills in relation to specific cases, with the expectation that by the end of Year 2 each professional will have completed supervised assessments and will be able to independently conduct risk assessments moving forward. These risk assessments will be provided to school based TATs at their request, and with the families' permission, to inform school based TAT understanding of risk and needs. High risk cases will be referred for review by



Figure 1. Levels of risk and associated mitigation and support services

the MBTAT and, if indicated, law enforcement.

Regardless of level of risk, the school based TATs will include a process of re-review (timing and specifics to be determined in their protocols) to ask the following questions: is the mitigation plan being implemented and is it working? Did the child/family engage in the recommended services? Is additional assessment or support needed? Have circumstances changed in such a way as to increase or decrease threat and risk? Has school safety been addressed? Have student needs, including service and education needs, been addressed? Is further review needed?

This project will achieve the following outcomes related to Objective 5: *Local community (specified here as four specific school districts) has Threat Assessment and Teams as needed, and increased access to these teams.*

These two projects will directly address the three gaps identified through our past local area prevention work, and described in our needs assessment: 1) a need for greater identification of, and referral of, youth at risk for TVT, 2) greater access to psychological risk assessments to inform school safety and intervention planning, and 3) support for implementation of management and intervention plans identified by school based TATs. These projects provide the necessary next steps to expand our current local area prevention framework.

Logic Model

Problem statement: Despite increasing concerns around youth violence and mental health needs, schools lack a systematic and unbiased way of identifying youth at risk of TVT, accurately understanding the youth’s risk and needs, and ensuring the student receives appropriate interventions and risk management.				
Theory of Change: Training schools in identifying youth at risk for TVT and establishing school-based TATs, along with integrated access to risk assessments and services coordination teams, will lead to more frequent, accurate identification of youth at risk for TVT and for services that ultimately reduce the risk for TVT.				
Inputs	Activities	Outputs	Short-term outcomes	Long-term outcomes
Project 1, Goal 1: Raising Societal Awareness in Schools of TVTP/ youth radicalization School staff and students have awareness of the radicalization to violence process, Members of the local community have the ability to act on their awareness training				
Access to existing DHS CAB	MPY/BCH team adapts DHS CAB curriculum for school audience	800 school staff trained	School staff report high confidence in recognizing risk factors for TVT among youth, and report high confidence in knowing what to do	Students at risk for TVTP are identified prior to engaging in violence and when preventative interventions are more possible
Expertise in youth radicalization to inform adaptation of DHS CAB	MPY delivers 9 trainings for school staff within 9 schools on recognizing risk factors for TVTP	9 trainings in radicalization/TVT provided	School staff report increased knowledge of behavioral indicators of TVT risk in post-training assessment	
Protected time of school staff to attend training		1 CAB curriculum adapted for school staff	Students report high levels of awareness of what signs indicate potential risk for TVT, and report high confidence in knowing what to do	
Trainers with appropriate expertise and time to deliver training	BCH delivers I-YAB curriculum to students at all 9 schools	I-YAB curriculum delivered via 9 trainings	Students report increased levels of trust in authorities/teachers	
Access to students to provide training		9,029 students receive I-YAB training	60 youth referred to TAT	

<p>Project 2, Goal 2: Develop TAT capability; training for practitioners and implementation. Members of identified school community have access to multidisciplinary TATs. Multidisciplinary TAT members effectively implement behavior based threat assessment and management.</p>				
<p>Funding for C-STAG 2-level training</p> <p>Staff time protected for attendance at C-STAG trainings Staff time for attending TAT meetings</p> <p>TAT expert to support team in CSTAG model</p>	<p>2-level C-STAG training provided</p> <p>TAT expert consultation embedded within TAT meetings</p> <p>Monthly plus adhoc TAT meetings held</p>	<p>45 school staff trained and certified in CSTAG</p> <p>TAT meetings have at least 3 disciplines represented in TAT meetings (e.g. MH, teacher, administrator, SRO)</p> <p>Minimum of 18 TAT meetings are held per year</p>	<p>Schools have access to TATs that can intervene with an individual at risk for TVT before it becomes a criminal justice issue.</p> <p>45 school staff on TATs use evidence based approach to assess threat among referred students</p> <p>Management plans appropriate to level of risk/need/threat are developed by TAT</p>	<p>TAT members effectively implement behavior based threat assessment and management</p> <p>Threat level of referred students is assessed in an unbiased, evidence-based manner and appropriate interventions are identified</p>
<p>Project 2, Goal 3: Develop TAT capability; development of a referral protocol. School staff and students understand how to contact TAT with concerns. Youth at risk are efficiently and appropriately referred to TAT in a timely manner.</p>				
<p>Expertise in developing TAT referral protocols</p> <p>School admin. and TAT members with time dedicated to referral and operations protocol development</p> <p>Student leaders available and interested in participating in developing student pathway for reporting concerns</p> <p>Youth facilitator/leaders (including school staff) able to support youth engagement in referral protocol development</p> <p>Time for students and staff to be trained in referral protocol</p> <p>Knowledgeable school staff available to train students and staff in referral protocol</p>	<p>Collaborative TAT infrastructure meetings with school administration and TAT experts convened</p> <p>Students invited to apply to participate in youth advisory teams</p> <p>Student advisory board convened</p> <p>Student input presented to TAT leadership to inform youth pathway for reporting concerns</p> <p>School staff and student trainings held on referral protocol</p>	<p>Minimum of 3 TAT leadership meetings / school held</p> <p>Minimum of 1 youth leadership meeting/school held</p> <p>6 students/ school attend youth leadership meeting</p> <p>School-specific protocol for referral and TAT operations (e.g. information sharing guidelines) developed</p> <p>At least 45 youth referred to TATs</p>	<p>School staff and students report high level of understanding of how to contact TAT when concerned about a youth</p> <p>School staff and students report high level of understanding the role of TAMT</p> <p>Student leaders report increase level of trust in authority / teachers to handle referrals</p> <p>School staff use appropriate referral channels making referral to TAT</p>	<p>Youth at risk are efficiently and appropriately referred to TAT in a timely manner</p> <p>School safety is increased</p>
<p>Project 2, Goal 4: Develop TAT capability; work with individuals for TVTP – (conducting risk assessments). Development of RAST, members report high levels of confidence in using SAVRY and T-SAM. Capacity for conducting formal risk assessments increased in the community.</p>				
<p>MH professionals in schools and MAP with protected time for/interest in joining RAST and becoming trained in risk assessment</p>	<p>Recruit 8 school and community-based MH practitioners to participate in RAST</p> <p>Facilitate online training of practitioners</p>	<p>8 MH practitioners join RAST</p> <p>4 RAST members trained in</p>	<p>RAST members report high level of confidence in using SAVRY and T-SAM to conduct risk assessments</p>	<p>Capacity for conducting formal risk assessments increased in the community</p> <p>Students receive</p>

Risk assessment expert(s) available to train RAST	in SAVRY	SAVRY	TAT members report an average 'satisfied to very satisfied' with risk assessments provided	timely, thorough and best practice risk assessments
Funding for training in SAVRY	Provide training in T-SAM	4 RAST members trained in T-SAM		Schools make appropriate decisions regarding student risk level and school safety increases while student rights to education upheld
Expert on T-SAM available to train team members	Hold monthly RAST case consultations on conducting Risk Assessment	At least 8 youth receive full psychological risk assessments	100% of youth referred for a risk assessment receive one in a timely fashion	
Referrals from TATs for Risk assessment	Provide expert guidance/feedback on risk assessments			
Project 2, Goal 5: Develop TAT capability; work with individuals for TVT –through MAP team. Youth TVT risk diminishes over time as measured by the T-SAM; Overall risk level of students is decreased; students receive appropriate supportive services and are less likely to show concerning behavior in future.				
MAP team member has time to attend school TAT meetings	MAP team member attends TAT meetings	20 youth are offered MAP services	Youth TVT risk diminishes overtime, measured by the T-SAM	Risk level of student decreased
MAP team member has time to provide assessment and ongoing management support for referrals	MAP team member accepts referrals and conducts assessment and intervention planning	MAP conducts 8 assessments and provides associated intervention recommendations	100% of youth referred to MAP are offered services	Students receive supportive services
MAP has access to TVT expertise as needed to inform intervention plans	MAP team member provides ongoing support for implementing management and intervention plans	MAP supports 8 youth with ongoing services/supports	70% of youth referred to MAP consent to/engage in evaluation and service planning	Students are less likely to be referred for concerning behavior in future
	MAP refers and supports youth engagement in multisector services	Referrals for youth made to multiple sectors (e.g. substance abuse, MH, after school program, mentoring), with average of at least 2 sectors per intervention plan	70% of youth evaluated consent to and engage in ongoing services support	
	MAP team meets weekly to review cases			

3. Organization and Key Personnel

Dr. Heidi Ellis (Project Director). Dr. Ellis is a clinical psychologist with more than 20 years of experience developing, implementing and evaluating prevention and intervention programs for at-risk youth. As a member of the National Child Traumatic Stress Network (NCTSN), Dr. Ellis brings both specific expertise in trauma-informed approaches as well as has access to a wide range of resources through the NCTSN to support trauma informed training and practices within a school setting. Over the past 12 years, Dr. Ellis has also worked in the field of terrorism prevention, conducting both research and prevention/intervention programming on violent radicalization. She is a member of the MassBayTAT. She is also currently conducting an NIJ-funded formative evaluation of community-based TATs, and through this research has examined best practice TATs throughout the United States. Through eight federal grants from both the US and Canada she has conducted research on psychosocial factors related to risk for violent radicalization. Dr. Ellis also has demonstrated success in scaling and disseminating intervention models.^{48,49} Dr. Ellis successfully led the development and implementation of a local area prevention framework for youth through a TVTP2020 grant, establishing the MAP program

which will serve as an integral resource to the proposed school based TATs.

Dr. Ellis will be responsible for overall project oversight, and ensuring all activities are ethical and timely. She will convene weekly project team meetings to ensure efficient and effective execution of the project and all associated reports. (b)(6) is an Assistant in Psychology at BCH and Assistant Professor at Harvard Medical School (HMS). (b)(6) has worked closely with Dr. Ellis over the past 15 years and was the developer of the interethnic youth advisory board (I-YAB) in the TVTP2020 local area prevention framework. She will oversee the implementation of the youth advisories and development of guidance for students to identify and refer students at risk for TVT. (b)(6) is a Research Associate and Clinical Psychologist at BCH as well as an Instructor at HMS, and lead developer of the T-SAM instrument. (b)(6) will co-lead the RAST, and provide clinical oversight to the MAP program. (b)(6) a Research Assistant, will serve as overall program evaluator across all projects under this grant. She will work closely with Dr. Ellis to ensure timely and accurate reporting, ensure that evaluation metrics are collected and analyzed, and work with Dr. Ellis to use this evaluative information to improve project implementation. (b)(6) (b)(6) are clinicians who will participate in the RAST and provide services for youth referred to the MAP team. (b)(6) will support project coordination and Youth Advisories.

MassPartnerships for Youth (MPY) is a non-profit organization that provides training, fosters collaboration, and develops programming to increase the health and safety of students. More than 200 public school districts and educational organizations are members of MPY and benefit from its trainings that provide solution-oriented, community-based, multi-disciplinary approaches to foster mental and behavioral health, social and emotional learning, diversity equity inclusion, and trauma sensitive classrooms. MPY will lead school communication, training and coordination efforts. (b)(6) M.Ed., LICSW, Director of MPY, will lead school coordination and training, and participate in project leadership. (b)(6) is an Assistant Professor in Psychology in the Department of Psychiatry at HMS and the Director of Clinical Support at the Cambridge Police. (b)(6) will provide expert consultation to the school-based threat assessment teams, will co-lead RAST, and will be integral to the Project Leadership team. (b)(6) will consult on threat assessment and MAP treatment planning. Over the past 2 years a steering committee has guided the MAP implementation. This steering committee includes key local stakeholders from FBI, ATP, BCH and DMH, and will continue to convene on a monthly basis to provide guidance to the expanded local area prevention framework.

4. Sustainability

Project 1: Staff at all four schools will be fully trained. The adaptation of the curriculum for schools will be available for continued dissemination or additional trainings for new school staff. MPY is positioned to offer additional briefings and trainings as needed through their ongoing training efforts.

Project 2: The TATs developed through this grant will be sustained via existing school funding; administrators have committed to protecting time for TAT members. Training, referral systems, and TAT protocols will be in place and will not require additional funding nor additional involvement from our team. MH professionals trained in Risk Assessment will be able to continue to provide risk assessments to schools through their existing positions.

Fit with organizational mission. The Trauma and Community Resilience Center at BCH is dedicated to improving the health and wellbeing of youth in our communities; a central component of this work is developing and disseminating multidisciplinary violence prevention models. The proposed establishment of multidisciplinary school-based TATs and associated

assessment and management capabilities is squarely within this mission. Following the successful implementation of the proposed project our organization will be well positioned to facilitate further establishment of school based TATs in Massachusetts and to share lessons learned with other areas. In addition, MPY mission to enhance the health and safety of students is directly in line with the proposed effort.

Complementarity with DHS 2020 funding. Our DHS 2020 funding facilitated establishing the MAP team, including protocols and procedures for accepting referrals from the MassBayTAT and supporting youth. The proposed funding complements this past work by establishing new TATs in schools to broaden the MAP referral base, embedding MAP staff expertise in these teams, and expanding expertise of MAP and school based MH professionals to be able to address an unmet need of providing formal risk assessments to schools. This proposal is also highly complementary with, and not duplicative of, (b)(6) TVTP2021 grant under which she is developing the T-SAM. This proposal would broaden the training and implementation base of this tool, and will use the tool for program evaluation.

5. Budget Detail and Narrative

Projects 1 and 2 are not severable. Total requested for both projects is \$268,045 in personnel and fringe, as follows: **Dr. Ellis** 10.0% effort in Years 1 and 2 for a total of (b)(4) in salary and

5. Budget Category	Federal Request
Personnel	\$205,399
Fringe Benefits	\$62,647
Travel	\$2,840
Supplies	\$3,000
Contractual	\$235,436.83
Other	\$19,897
<i>Total Direct Costs (including subcontract)</i>	\$529,219.83
Indirect Costs (26% off-site IDC rate)	\$105,087.34
TOTAL PROJECT COSTS	\$634,307.17

(b)(4) in fringe, (b)(6) 7.0% effort in Years 1 and 2 for a total of (b)(4) in salary and \$6,133 in fringe, (b)(6) 7.0% effort in Years 1 and 2 for a total of (b)(4) in salary and (b)(4) in fringe, (b)(6) 40.0% effort in Years 1 and 2 for a total of (b)(4) in salary and (b)(4) in fringe, (b)(6) 25.0% effort in Year 1 and 50.0% effort in Year 2 for a total of (b)(4) in salary and (b)(4) in fringe, (b)(6) 20.0% effort in Years 1 and 2 for a total of (b)(4) in

salary and (b)(4) in fringe. We request \$2,840 for both Year 1 and Year 2 (\$1,420 per year) for travel, including 1 round trip/month to each district at \$0.58/mile (**Norton** = \$334; 24 trips, 24 miles; **Essex** = \$835; 24 trips, 60 miles; **Hudson** = \$1,114; 24 trips, 80 miles; **Bedford** = \$557; 24 trips, 40 miles). We request \$3,672 in Year 1 for 8 trainings in SAVRY, \$1,320 (\$165 per kit; \$165*8 = \$1,320) for 8 SAVRY kits, and \$12,905 for the training of 51 individuals in C-STAG. We request \$4,000 and \$1,000 in Years 1 and 2 respectively to cover the cost of client and youth meeting snacks and materials, and two laptops (\$1500 each). We request \$4,200 in Year 1 and \$8,400 in Year 2 for the consultation of (b)(6) (b)(4) hour, 12 hours in Year 1 and 24 hours in Year 2), and \$36,400 in Year 1 and \$36,400 in Year 2 for (b)(6) (b)(4) hour, 104 hours in Year 1 and 104 hours in Year 2). We request a total of \$150,036.83 (\$75,030 in Year 1 and \$75,006 in Year 2) for Massachusetts Partnerships for Youth (MPY). Salary support: \$120,338 (b)(4) in year 1 and (b)(4) in year 2 for 60% effort Services Coordinator, and 8% effort (b)(6). \$5,679 a year is requested for mileage reimbursement for weekly trips to each school with federal reimbursement rate of .58/mile, \$3,200 for training supplies, and \$1,500 for laptop. MPY has never had a negotiated F&A rate with a federal agency, and requests F&A costs of \$13,640 in accordance with the de minimus F&A rate (b)(4), and \$136,397 in direct costs.

Reference List

1. Development Services Group, Inc. 2022. "Hate Crimes and Youth." Literature review. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. <https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/hate-crimes-and-youth>
2. Paolini, A. (2015). School shootings and student mental health: Role of the school counselor in mitigating violence. *Vistas Online*, 90, 1-15.
3. Chafouleas, S. M., Pickens, I., & Gherardi, S. A. (2021). Adverse childhood experiences (ACEs): translation into action in K12 education settings. *School mental health*, 13(2), 213-224.
4. de Miranda, D. M., da Silva Athanasio, B., Oliveira, A. C. S., & Simoes-e-Silva, A. C. (2020). How is COVID-19 pandemic impacting mental health of children and adolescents? *International Journal of Disaster Risk Reduction*, 51, 101845.
5. Centers for Disease Control and Prevention. (2019). Trends in the prevalence of behaviors that contribute to violence. National YRBS: 1991–2017.
6. de Haan AM, Boon AE, de Jong JTVM, Hoeve M, Vermeiren RRJM. A meta-analytic review on treatment dropout in child and adolescent outpatient mental health care. *Clin Psychol Rev*. 2013;33(5):698-711. doi:10.1016/j.cpr.2013.04.005
7. Pellerin KA, Costa NM, Weems CF, Dalton RF. An examination of treatment completers and non-completers at a child and adolescent community mental health clinic. *Community Ment Health J*. 2010;46(3):273-281. doi:10.1007/s10597-009-9285-5
8. Ellis BH. Preventing Radicalization to Violence Through Partnerships and Collaboration. *Harvard Public Heal Rev*. 2018. doi:10.1080/10888690801997069
9. Cornell, D. G. (2020). *Overview of the comprehensive school threat assessment guidelines (CSTAG)*.
10. Borum, R., Bartel, P., & Forth, A. E. (2006). SAVRY, *Structured Assessment of Violence Risk in Youth: Professional Manual*. Psychological Assessment Resources, Incorporated.

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 **overall objective** of this project is to expand the current local area prevention framework in Massachusetts funded by TVTP2020 by establishing school-based threat assessment teams in four districts within Massachusetts, and building the capacity and infrastructure for these teams to be able to access psychological risk assessments and refer to a multidisciplinary intervention and management team.

Target Population

9,029 students attending schools within 3 school districts in MA (Hudson, Norton, Bedford) and one Agricultural and Technical High School (Essex North), as well as associated faculty (800)

Organization Name	Boston Children’s Hospital
Project Title	Expanding and enhancing a Massachusetts Area Prevention Framework to prevent targeted violence and terrorism among juveniles through school-based threat assessment teams
Grant Number	
Grant Implementation Period	10/2022 – 9-2024
Reporting Period	

Goal 1: Raising Societal Awareness within schools.

- Mid-term Objective 1.1** School staff, educators and administrators report high confidence in recognizing risk factors for radicalization to violence among youth, and report high confidence in knowing what to do
- Mid-term Objective 1.2** School staff report increased knowledge of behavioral indicators of TVTP risk in post-training assessment
- Mid-term Objective 1.3** Students report high levels of awareness of what signs indicate potential risk for peer violence, and report high confidence in knowing what to do
- Mid-term Objective 1.4** Students report increased levels of trust in authorities/teachers
- Mid-term Objective 1.5** 60 youth referred to TAT
- Long-term Objective 1.1** Students at risk for TVTP are identified prior to engaging in violence and when preventative interventions are more possible

Goal 1 IMPLEMENTATION PLAN

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
<p>Mid-term Objective 1.1 School staff, educators and administrators report high confidence in recognizing risk factors for radicalization to violence among youth, and report high confidence in knowing what to do</p>	<p><i>Activity 1.1.1:</i> MPY/BCH team adapts DHS CAB curriculum for school audience</p>	<p>Access to existing DHS CAB</p> <p>Expertise in youth radicalization and education to inform adaptation of DHS CAB</p>	<p>Q1</p>	<p>1 CAB curriculum adapted for school staff</p>
	<p><i>Activity 1.1.2:</i> MPY delivers trainings for school staff within 9 schools on recognizing risk factors for TVTP</p>	<p>Protected time of school staff to attend training</p>	<p>Q2</p>	<p>9 trainings in radicalization/TVTP provided</p>
		<p>Trainers with appropriate expertise and time to deliver training</p>	<p>Q2</p>	<p>800 school staff trained</p>

<p>Mid-term Objective 1.2 School staff report increased knowledge of behavioral indicators of TVTP risk in post-training assessment</p>	<p><i>Activity 1.2.1:</i> MPY/BCH team develops post-training assessment on modified DHS CAB curriculum for school audience</p> <ul style="list-style-type: none"> • Includes aggregated demographic information • Appropriate measure to demonstrate effective implementation 	BCH staff time review modified DHS CAB, and develop a questionnaire	Q1	Post-training assessment
	<p><i>Activity 1.2.2:</i> MPY/BCH team collects post-training assessment</p>	BCH staff time; project consultants' time	Q2, Q3	80% of post-training assessments completed
	<p><i>Activity 1.2.3:</i> MPY/BCH team analyzes results of post training assessment</p>	BCH staff time; project consultants' time; software	Q3	80% Attendees earned acceptable scores; areas of potential weakness are identified
<p>Mid-term Objective 1.3 Students report high levels of awareness of what signs indicate potential risk for peer violence, and report high confidence in knowing what to do</p>	<p><i>Activity 1.3.1:</i> BCH delivers I-YAB adapted Community Advisory Board (CAB) curriculum to students at all 9 schools</p>	Access to students to provide trainings	Q3 and Q4	9,029 students receive trainings
<p>Mid-term Objective 1.4 Students report increased levels of trust in authorities/teachers</p>	<p><i>Activity 1.4.1:</i> BCH develops questionnaire for measuring youth advisors levels of trust in authorities/teachers</p>	BCH staff time; adult program partner time	Q2	Questionnaire
	<p><i>Activity 1.4.2:</i> All youth advisors (6/school = 54) who participated in I-YAB training complete questionnaire one week after training</p>	BCH staff time; adult program partner time; youth advisor time	Q3	100% of youth advisors (54 in total) attending I-YAB workshop complete questionnaire

	<i>Activity 1.4.3:</i> Youth advisors (6/school = 54) who participated in I-YAB training complete questionnaire at the end of the school year	Adult program partner time; youth advisor time	Q4	100% of youth (54 in total) advisors attending I-YAB workshop complete questionnaire
Mid-term Objective 1.5 60 youth referred to TAT	<i>Activity 1.5.1:</i> Database created to maintain a record of the number of cases referred.	BCH staff time	Q1	Database created
	<i>Activity 1.5.2:</i> Method of reporting cases established and shared with school staff	BCH staff time, school staff time	Q1 and Q2	Standard reporting procedure communicated
	<i>Activity 1.5.3:</i> Regular monitoring of overall statistics of youth referred and status update on a monthly basis	BCH staff time	Q2 – Q8	Regularly updated records
Long-term Objective 1.1 Students at risk for TVTP are identified prior to engaging in violence and when preventative interventions are more possible	<i>Activity 1.1.1:</i> Record of students who engaged in violence is compared with record of students who received preventative interventions quarterly	BCH staff time	Q2 – Q8	Quarterly reports

Goal 1 MEASUREMENT PLAN

Performance Measures	Data Collection Method and Timeframe
At least 1 modified DHS CAB curriculum	Review of internal project meeting notes Q1

At least 9 school trainings for staff	Attendance records of trainings, presentations from trainings, post-training assessment for school staff, aggregated demographic information Q2, Q3 and Q4
At least 80% of school staff in each training correctly identify: <ul style="list-style-type: none"> • Warning signs of radicalization • Correct school-based process for alerting 	Post-training assessment Q2, Q3 and Q4
10 youth in each district attend I-YAB training	Attendance record of trainings, presentations from training, aggregated demographic data Q3 and Q4
80% of youth attending training complete trust in authorities/school survey after one week	Quantitative data collected via web-based surveys Q3 and Q4
80% of youth attending training complete trust in authorities/school survey after six months	Quantitative data collected via web-based surveys Q3 and Q4

Goal 2: Develop TAT capability; training for practitioners and implementation

Mid-term Objective 2.1: Members of the identified school communities have access to multidisciplinary threat assessment and management teams (TAT) that can intervene with an individual who has radicalized to violence before it becomes a criminal justice issue.

Mid-term Objective 2.2: School staff on TATs use evidence based approach to behavior to assess threat among referred students.

Mid-term Objective 2.3: Management plans appropriate to level of risk/need/threat are developed by TAT.

Long-term Objective 2.1: Multidisciplinary TAT members effectively implement behavior based threat assessment and management via a multidisciplinary TAT.

Long-term Objective 2.2: Threat level of referred students is assessed in an unbiased, evidence-based manner and appropriate level interventions are identified

Goal 2 IMPLEMENTATION PLAN

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
<p>Mid-term Objective 2.1: Members of the identified school communities have access to multidisciplinary threat assessment and management teams that can intervene with an individual who has radicalized to violence before it becomes a criminal justice issue.</p>	<p><i>Activity 2.1.1:</i> Develop multidisciplinary threat assessment and management teams in each district</p>	<p>BCH staff; district and school leadership</p>	<p>Q1</p>	<p>School level TAT developed with representatives from different disciplines within school</p>
	<p><i>Activity 2.1.2:</i> 2-level C-STAG training for TAT in each district</p>	<p>Funding for C-Stag 2-level training</p> <p>Staff time protect for attendance at C-STAG training</p>	<p>Q1</p>	<p>45 staff from partnering school/districts attend C-STAG training</p>
	<p><i>Activity 2.1.3:</i> TAT expert consultation embedded within 9 TAT meetings</p>	<p>TAT expert to attend meetings and help implement C-STAG</p>	<p>Q2</p>	<p>100% TAT members C-STAG certified</p>
	<p><i>Activity 2.1.4:</i> Monthly TAT meetings held (at minimum, adhoc meeting encouraged when necessary)</p>	<p>Staff time protected for attending TAT meetings</p>	<p>Q2 - Q8</p>	<p>Meeting notes from bi-monthly meetings, as well as adhoc meetings, with minimum of 18 meetings annually</p>
<p>Mid-term Objective 2.2: School staff on TATs use an evidence based approach to behavior to assess threat among referred students.</p>	<p><i>Activity 2.2.1:</i> All TAT members complete C-STAG training</p>	<p>BCH staff</p>	<p>Q2</p>	<p>100% TAT C-STAG Level 1 certified</p>

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
	<p><i>Activity 2.2.2:</i> TAT practices using an evidence based approach (C-STAG) to assess in both trainings and meetings with simulations, or case studies</p> <p><i>Activity 2.2.3:</i> TAT uses evidence based approach for all referred students based on level of risk/need/threat</p> <p><i>Activity 2.2.4:</i> TAT evaluates C-STAG usage to address perceived gaps they have encountered; report includes data on the use of evidence based approach</p>	<p>BCH staff; TAT time; materials to practice these skills</p> <p>TAT time</p> <p>TAT time; BCH staff time; research updates</p>	<p>Q2</p> <p>Q3 – Q8</p> <p>Q4 and Q8</p>	<p>80% of TAT members complete C-STAG level 2</p> <p>100% referred students are evaluated using evidence based approach</p> <p>Annual report</p>
<p>Mid-term Objective 2.3: Management plans appropriate to level of risk/need/threat are used by TAT</p>	<p><i>Activity 2.3.1:</i> TAT learns about appropriate responses to different levels of risk based on research in C-STAG training</p> <p><i>Activity 2.3.2:</i> Develop management plans for the different levels of risk/need/threat based on C-STAG training</p>	<p>TAT protected time; available resources in school and community to refer to; evidence based practices; BCH time</p> <p>TAT protected time</p>	<p>Q2</p> <p>Q2</p>	<p>100% of TAT attend training on appropriate response based on risk/need/threat level</p> <p>Management plans for each level of risk/need/threat or “menu” of appropriate</p>

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
				options for different levels
<p>Long-term Objective 2.1: Multidisciplinary TAT members effectively implement behavior based threat assessment and management via a multidisciplinary TAT</p>	<p><i>Activity 2.1.1:</i> TAT members decide key data points to evaluate quarterly and annually</p> <p><i>Activity 2.1.2:</i> TAT members have dedicate part of a meeting quarterly to discussing implementation of evidence based threat assessment and management</p> <p><i>Activity 2.1.2:</i> TAT members evaluate assessment and management based on identified metrics in an annual report</p>	<p>TAT protected time; suggested key data points from BCH and CSTAG manual</p> <p>TAT protected time; data from referrals and management from the quarter</p> <p>TAT protected time; data from quarterly updates and annual metrics</p>	<p>Q2</p> <p>Q3 – Q8</p> <p>Q4 and Q8</p>	<p>Metrics evaluated quarterly and annually</p> <p>Meeting notes with successes and challenges</p> <p>Annual report</p>
<p>Long-term Objective 2.2: Threat level of referred students is assessed in an unbiased, evidence-based manner and appropriate level interventions are identified</p>	<p><i>Activity 2.2.1:</i> TAT engages in annual unconscious bias reflection</p> <p><i>Activity 2.2.2:</i> Annual report includes data on identification of appropriate levels</p>	<p>TAT protected time; evidence based resources for reflecting on unconscious bias</p> <p>TAT protected time; collected data from</p>		<p>100% of TAT members engage in a group reflection on unconscious bias in their work</p> <p>Annual report</p>

Goal 2 MEASUREMENT PLAN

Performance Measures	Data Collection Method and Timeframe
School/District level TAT's assembled	Demographic information and school related role collected for each member Q1
100% of TAT members trained in C-STAG	Training attendance records Q1
100% of TAT members attended meeting with expert consultation	Meeting attendance records Q1
100% TAT completed C-STAG Level 1 training	Level 1 certification submitted to BCH Q1
80% TAT completed C-STAG Level 2 Training	Level 2 certification submitted to BCH; attendance records from training Q1
Minimum 18 TAT meetings annually	Meeting notes and attendance records; Notes should include: <ul style="list-style-type: none"> • Purpose of meeting • Cases opened • For each case: <ul style="list-style-type: none"> ○ Identified risk factors ○ Identified behavior changes ○ Identified ideology ○ Specific grievances • Referrals for outside services (by service type): <ul style="list-style-type: none"> ○ Mental health ○ Substance abuse ○ Job skills ○ Housing assistance ○ Other • Case Status (active, in progress, closed) <ul style="list-style-type: none"> ○ Closed cases should include outcome ○ Anonymized case illustration

	Q1-Q8
100% of students referred have been evaluated with evidenced based practices	Documentation of evaluation of students using evidence based approach is kept for each student
	Q2 – Q8
100% of TAT attend training on appropriate response based on risk/need/threat level	Attendance records from training
	Q2
Management plans for different levels of risk/need/threat based on C-STAG	Evidence based plan templates or “menus” with management options based on different levels
	Q2
Annual and quarterly data points identified for measurement and program evaluation	<p>Quarterly will be in meeting notes, annually will be in annual report; metrics must include the following:</p> <ul style="list-style-type: none"> • Cases opened • For each case: <ul style="list-style-type: none"> ○ Identified risk factors ○ Identified behavior changes ○ Identified ideology ○ Specific grievances • Referrals for outside services (by service type): <ul style="list-style-type: none"> ○ Mental health ○ Substance abuse ○ Job skills ○ Housing assistance ○ Other • Case Status (active, in progress, closed) <ul style="list-style-type: none"> ○ Closed cases should include outcome ○ Anonymized case illustration
	Q2 – Q8
Quarterly reports on data points	Meeting notes
	Q2 – Q8
Annual report	Annual report on the identified metrics including identification, assessment and management of students
	Q4 and Q8

100% TAT participate in unconscious bias reflection annually	Meeting attendance records Q4 and Q8
--	---

Goal 3: Develop TAT capability; development of referral protocol

Mid-term Objective 3.1: School staff and students report high level of understanding of how to contact TAT when concerned about a youth

Mid-term Objective 3.2: School staff and students report high level of understanding the role of TAMT

Mid-term Objective 3.3: Student leaders report increase level of trust in authority / teachers to handle referrals

Mid-term Objective 3.4: School staff use appropriate referral channels making referral to TAT

Long-term Objective 3.1: Youth at risk are efficiently and appropriately referred to TAT in a timely manner

Goal 3 IMPLEMENTATION PLAN

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
Mid-term Objective 3.1: School staff and students report high level of understanding of how to contact TAT when concerned about a youth	<i>Activity 3.1.1:</i> Collaborative TAT infrastructure meetings with school administration and TAT experts	Expertise in developing TAT referral protocols; school administrators and TAT members protected time	Q3	Clear referral protocol has been developed
	<i>Activity 3.1.2:</i> TAT creates a plan for school staff to refer students to the TAT	TAT time; access to and knowledge of school database to create reporting protocol electronically	Q3	Training material for referral process, resources (video, written directions) on how to refer students

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
	<i>Activity 3.1.3:</i> TAT shares initial referral protocol with school staff during training and solicits feedback	TAT time; school staff time protected	Q3	Clear referral protocol has been developed Feedback collected from staff
	<i>Activity 3.1.4:</i> Feedback from staff is considered by TAT and necessary changes are implemented to referral process	TAT and school staff protected time	Q3	Revised referral procedure for staff
	<i>Activity 3.1.5:</i> TAT shares final referral procedure with school staff	TAT and school staff protected time; revised referral procedure	Q4	Revised referral procedure for staff
	<i>Activity 3.1.6:</i> Youth advisor applications for I-YAB	TAT and school staff protected time	Q3	Application for I-YAB
	<i>Activity 3.1.7:</i> Youth advisors selected for I-YAB	TAT time; school staff feedback	Q3	I-YAB assembled with at least 10 young people per school/district
	<i>Activity 3.1.8:</i> TAT creates an initial plan for students to report student concerns to the TAT	TAT time; access to and knowledge of student learning platform to create student concerns reporting protocol electronically	Q4	Initial student concerns reporting procedure
	<i>Activity 3.1.9:</i> TAT shares initial student referral process with I-YAB during training and solicits feedback	TAT time; school staff time protected; protected time for youth advisors	Q4	Training for students on TAT work, feedback on initial referral procedure

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
	<p><i>Activity 3.1.10:</i> Feedback from I-YAB is considered by TAT and necessary changes are implemented to student concern reporting procedure</p> <p><i>Activity 3.1.11:</i> Revised student concern reporting procedure is shared with I-YAB</p>	<p>TAT time; access to and knowledge of student learning platform to create reporting protocol electronically; I-YAB feedback from initial training</p> <p>TAT time; school staff time protected; protected time for students; revised student concern reporting procedure</p>	<p>Q4</p> <p>Q4</p>	<p>Revised student concerns reporting procedure</p> <p>100% I-YAB attendance for sharing of revised student concern reporting procedure</p>
<p>Mid-term Objective 3.2: School staff and students report high level of understanding the role of TAMT</p>	<p><i>Activity 3.2.1:</i> TAT train school staff on revised referral procedure (same as <i>Activity 3.1.5</i>)</p> <p><i>Activity 3.2.1:</i> TAT and I-YAB present revised student pathway for reporting student concerns procedure to student body during school assembly (could do during homeroom)</p>	<p>TAT and school staff protected time; revised referral procedure</p> <p>TAT time; school staff time protected; protected time for students; revised student concern reporting procedure</p>	<p>Q4</p> <p>Q4</p>	<p>100% school staff attendance at training on revised referral procedure</p> <p>100% student attendance at sharing of revised student referral process</p>
<p>Mid-term Objective 3.3: Student leaders report increase level of trust in authority / teachers to handle referrals</p>	<p><i>Activity 3.3.1:</i> BCH develops questionnaire to measure youth advisors trust in authority and teacher to make referrals (same as in <i>Activity 1.4.1</i>)</p>	<p>BCH staff time; adult program partner time</p>	<p>Q2</p>	<p>Questionnaire</p>

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
	<i>Activity 3.3.2:</i> School staff administers questionnaire to I-YAB one week after training	School staff time; student time	Q4	100% of I-YAB members completed the questionnaire
	<i>Activity 3.3.3:</i> School staff administers questionnaire to I-YAB at the end of the school year	School staff time; student time	Q4 and Q8	100% of I-YAB members completed the questionnaire
Mid-term Objective 3.4: School staff use appropriate referral channels making referral to TAT	<i>Activity 3.4.1:</i> TAT keeps track of referrals made through the appropriate channels, and referrals that do not come through appropriate channels quarterly	TAT team; Meeting notes from regular meetings	Q3 – Q8	Data on the number of referrals using the appropriate channels vs. inappropriate channels
	<i>Activity 3.4.2:</i> TAT compiles numbers of referrals made through correct vs. incorrect channels and reports them annually	TAT team; meeting notes with quarterly reports	Q4 and Q8	Annual report
Long-term Objective 3.1: Youth at risk are efficiently and appropriately referred to TAT in a timely manner	<i>Activity 3.1.1:</i> Students and staff identify students quickly and for appropriate concerns	Students; staff; referrals	Q3 – Q8	Minimum of 15 referrals per school Trained CSTAG member reviews referral within 24hrs

Goal 3 MEASUREMENT PLAN

Performance Measures	Data Collection Method and Timeframe
Staff referral procedure	Evidence of initial draft, revised draft and feedback collected from staff Q3
100% attendance at staff training	Meeting attendance records Q3
80% students referred with correct referral procedure from staff	Training materials from meeting, guides to referring students Q4 – Q8
Student concern reporting procedure	Evidence of initial draft, revised draft and feedback collected from I-YAB Q4
100% I-YAB attendance at student training	Meeting attendance records Q4
80% students referred with correct referral procedure from students	Training materials from meeting, guides to referring peers Q4 – Q8

Goal 4: Develop TAT capability; work with individuals for TVTP – work with referred youth (conducting risk assessments)

Mid-term Objective 4.1: RAST team members report high level of confidence in using SAVRY and T-SAM to conduct risk assessments

Mid-term Objective 4.2: TAT members report an average ‘satisfied to very satisfied’ with risk assessments provided

Mid-term Objective 4.3: 100% of youth referred for a risk assessment via TAT receive one in a timely fashion

Long-term Objective 4.1: Capacity for conducting formal risk assessments increased in the community

Long-term Objective 4.2: Students receive timely, thorough and best practice risk assessments

Goal 4 IMPLEMENTATION PLAN

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
<p>Mid-term Objective 4.1: RAST team members report high level of confidence in using SAVRY and T-SAM to conduct risk assessments</p>	<p><i>Activity 4.1.1:</i> Recruit 8 school and community-based mental health practitioners to participate in RAST</p>	<p>BCH staff; school and community-based mental health professionals</p>	<p>Q3</p>	<p>Team of 8</p>
	<p><i>Activity 4.1.2:</i> Online training of practitioners in SAVRY</p>	<p>Funding for online training; protected time for mental health practitioners</p>	<p>Q3</p>	<p>MH practitioners trained in SAVRY</p>
	<p><i>Activity 4.1.3:</i> Training in T-SAM</p>	<p>Funding for training; protected time for mental health practitioners</p>	<p>Q3</p>	<p>MH practitioners trained in T-SAM</p>
	<p><i>Activity 4.1.4:</i> Monthly RAST case consultations on conducting risk assessment</p>	<p>RAST; TAT; TAT cases that have been referred</p>	<p>Q3 – Q8</p>	<p>Monthly meetings to consult on risk assessment</p>
	<p><i>Activity 4.1.5:</i> Provide expert guidance/feedback on risk assessments at least once per trainee (total of 8 risk assessments) during 2 year cycle</p>	<p>RAST; TAT; previously conducted risk assessments; <div style="border: 1px solid black; padding: 2px;">(b)(6)</div> </p>	<p>Q3 – Q8</p>	<p>Feedback and guidance focuses on successes and continued challenges</p>

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
Mid-term Objective 4.2: TAT members report an average 'satisfied to very satisfied' with risk assessments provided	<i>Activity 4.2.1:</i> BCH staff creates a questionnaire which measures TAT satisfaction with the risk assessments provided by RAST annually	BCH staff time; Measures on satisfaction	Q3	Completed questionnaires
	<i>Activity 4.2.2:</i> Questionnaire sent to TAT annually to evaluate satisfaction with the risk assessments provided by RAST annually.	BCH staff time; School staff time	Q4 and Q8	100% of TAT completes surveys 80% of surveys report satisfied to very satisfied with risk assessments provided
Mid-term Objective 4.3: 100% of youth referred for a risk assessment via TAT receive one in a timely fashion	<i>Activity 4.3.1:</i> TAT records and annual report include information for referral date and risk assessment date	TAT team, risk assessment date	Q3	Data on time between referral and risk assessment collected
	<i>Activity 4.3.2:</i> TAT reports range of time between referral and risk assessment quarterly in meetings and annually in report	TAT team, data about time between referrals and risk assessments	Q4 – Q8	Meeting notes with quarterly updates Annual report
	<i>Activity 4.3.3:</i> RAST records and annual report include information for referral date and risk assessment date	RAST team	Q4	Data on time between referral and risk assessment collected

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
Long-term Objective 4.1: Capacity for conducting formal risk assessments increased in the community	<i>Activity 4.1.1:</i> Creation and implementation of TAT at all school/district	BCH team, school staff, time	Q3	Each school/district has a TAT team with a referral procedure from students and staff
	<i>Activity 4.1.2:</i> Creation of RAST	BCH team, training resources SAVRY & T-SAM, time	Q3	RAST is formed and accepting risk assessment requests and completing them in a timely fashion
Long-term Objective 4.2: Students receive timely, thorough and best practice risk assessments	<i>Activity 4.2.1:</i> TAT reports on key metrics (as defined by TAT, and to include at a minimum key performance as outlined in Performance Measures) quarterly and annually	TAT, data collected on students referred through process	Q4 and Q8	Quarterly meeting notes with updated reports Annual report
	<i>Activity 4.2.2:</i> BCH updates TAT annually with new information about best practices	BCH time, TAT time, new findings regarding best practices	Q4 and Q8	Annual training/retreat

Goal 4 MEASUREMENT PLAN

Performance Measures	Data Collection Method and Timeframe
RAST team created	Team of 8 mental health professionals Q3
4 RAST members trained on SAVRY	Certificate of completion Q3

4 RAST members trained on T-SAM	Attendance records for T-SAM training Q3
Monthly meetings with RAST and TAT	Meeting notes from monthly consult on risk assessment Q3 – Q8
Quarterly feedback on risk assessment	Meeting notes where feedback is shared, key metric reported should include at least: <ul style="list-style-type: none"> • Purpose of meeting • Cases opened • For each case: <ul style="list-style-type: none"> ○ Identified risk factors ○ Identified behavior changes ○ Identified ideology ○ Specific grievances • Referrals for outside services (by service type): <ul style="list-style-type: none"> ○ Mental health ○ Substance abuse ○ Job skills ○ Housing assistance ○ Other • Case Status (active, in progress, closed) <ul style="list-style-type: none"> ○ Closed cases should include outcome ○ Anonymized case illustration Q3 – Q8
100% TAT members complete survey on risk assessment annually	Questionnaire developed by BCH Q4 and Q8
80% TAT members “Satisfied or very satisfied” on risk assessment	Questionnaire developed by BCH Q4 and Q8
Time between referral and risk assessment collected quarterly and annually	Meeting notes and annual report should include at least the following metrics: <ul style="list-style-type: none"> • Purpose of meeting • Cases opened • For each case: <ul style="list-style-type: none"> ○ Identified risk factors ○ Identified behavior changes

	<ul style="list-style-type: none"> ○ Identified ideology ○ Specific grievances ● Referrals for outside services (by service type): <ul style="list-style-type: none"> ○ Mental health ○ Substance abuse ○ Job skills ○ Housing assistance ○ Other ● Case Status (active, in progress, closed) <ul style="list-style-type: none"> ○ Closed cases should include outcome ○ Anonymized case illustration <p>Q3 – Q8</p>
Annual training/retreat on best practices	Attendance records
	Q4 and Q8

Goal 5: Develop TAT capability; work with individuals for TVTP – work with referred youth (MAP ongoing assessment and interventions)

Mid-term Objective 5.1: Youth TVTP risk diminishes overtime as measured by the T-SAM

Mid-term Objective 5.2: 100% of youth referred to MAP are offered services

Mid-term Objective 5.3: 70% of youth referred to MAP consent to/engage in evaluation and service planning

Mid-term Objective 5.4: 70% of youth evaluated consent to and engage in ongoing services support

Long-term Objective 5.1: Risk level of student is decreased

Long-term Objective 5.2: Students receive appropriate supportive services based on clinical review

Long-term Objective 5.3: Students are less likely to be referred for concerning behavior in future

Goal 5 IMPLEMENTATION PLAN

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
<i>Mid-term Objective 5.1:</i> Youth TVTP risk diminishes overtime as	<i>Activity 5.1.1:</i> T-SAM is used on all students referred for TAT	RAST time, T-SAM expertise, student referrals	Q4 – Q8	T-SAM scores for all referred students

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
measured by the T-SAM	<p><i>Activity 5.1.2:</i> T-SAM scores for all referred students are kept as data points (anonymized but with key demographic markers)</p> <p><i>Activity 5.1.3:</i> Annual review includes analysis of TVTP risk using T-SAM</p>	<p>RAST time, student T-SAM scores</p> <p>BC time, database with T-SAM scores</p>	<p>Q4 – Q8</p> <p>Q4 and Q8</p>	<p>Database with student T-SAM scores with demographic data</p> <p>Annual report</p>
<p>Mid-term Objective 5.2: 100% of youth referred to MAP are offered services</p>	<p><i>Activity 5.2.1:</i> Database for management of student referrals created (metrics included in Performance Measures)</p> <p><i>Activity 5.2.2:</i> Upon referral, MAP team member reaches out to student and family to offer services and log offer in database</p>	<p>MAP time</p> <p>MAP time, student referral,</p>	<p>Q3</p> <p>Q4-8</p>	<p>Database to monitor student referrals and progress</p> <p>100% of referrals will receive an offer of MAP services</p> <p>Documentation of offer</p>

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
Mid-term Objective 5.3: 70% of youth referred to MAP consent to/engage in evaluation and service planning	<i>Activity 5.3.1:</i> Youth consent to evaluation and service planning is tracked in database	MAP time, youth consent, database	Q4-8	20 youth will be referred to MAP by TATs 70% of youth referred will engage with services Engagement documented in database
Mid-term Objective 5.4: 70% of youth evaluated consent to and engage in ongoing services support	<i>Activity 5.4.1:</i> Youth evaluations and recommendations are entered into database <i>Activity 5.4.2:</i> Youth attendance at ongoing service supports is documented and entered into database	MAP time, youth evaluations and recommendation MAP time, youth attendance at service supports	Q4-8	Documentation of evaluation and recommendation Documentation of engagement with service supports
Long-term Objective 5.1: Risk level of student is decreased	<i>Activity 5.1.1:</i> Follow up assessment conducted by TAT and or MAP for referred youth to measure risk level after 6 months or as warranted <i>Activity 5.1.2:</i> Annual report includes risk assessment at 6 month or as warranted	TAT time, youth time, assessment scale MAP time	Q4-8 Q4, Q6, Q8	Initial risk assessment score, 6 month and 1 year risk assessment score Annual Report

Objectives	Activity	Inputs/Resources	Time Frame	Anticipated Outputs
Long-term Objective 5.2: Students receive appropriate supportive services based on clinical review	<i>Activity 5.2.1:</i> Upon agreeing to receive services, database is updated with type of services receiving	MAP time, database, available services	Q4-8	List of all services youth engaged in
	<i>Activity 5.2.2:</i> At 6 month or as warranted, TAT or MAP team determines the appropriateness of support services and adjusts as necessary, documenting update in database	MAP time, youth, available services	Q4, Q6, Q8	Updated list of services that youth engages in

Goal 5 MEASUREMENT PLAN

Performance Measures	Data Collection Method and Timeframe
Decreasing T-SAM scores	<p>Student T-SAM scores, database, annual report should include at least the metrics listed below:</p> <ul style="list-style-type: none"> • Purpose of meeting • Cases opened • For each case: <ul style="list-style-type: none"> ○ Identified risk factors ○ Identified behavior changes ○ Identified ideology ○ Specific grievances • Referrals for outside services (by service type): <ul style="list-style-type: none"> ○ Mental health ○ Substance abuse ○ Job skills

	<ul style="list-style-type: none"> ○ Housing assistance ○ Other ● Case Status (active, in progress, closed) <ul style="list-style-type: none"> ○ Closed cases should include outcome ○ Anonymized case illustration <p>Q4 – Q8</p>
100% of MAP referrals offered services	<p>Database with referral information and documentation of services offered</p> <p>Q4 – Q8</p>
70% of MAP referrals accept engagement and service planning	<p>Database with consent documentation</p> <p>Q4 – Q8</p>
70% of evaluated MAP referrals engage in services	<p>Database with recommended services, attendance records at services</p> <p>Q4 – Q8</p>
100% of youth engaged in MAP get a 6-month re-evaluation to evaluate risk assessment	<p>Database with updated risk assessment</p> <p>Q4, Q6, Q8</p>
100% of risk levels decrease at the 6 month and one year mark	<p>Database with risk assessment data</p> <p>Q4, Q6, Q8</p>
Service recommendations adjusted as needed at the 6 month and 1 year risk assessment	<p>Database with service recommendations</p> <p>Q4, Q6, Q8</p>
Annual report	<p>Database with key metrics, ones listed below at a minimum:</p> <ul style="list-style-type: none"> ● Purpose of meeting ● Cases opened ● For each case: <ul style="list-style-type: none"> ○ Identified risk factors ○ Identified behavior changes ○ Identified ideology ○ Specific grievances ● Referrals for outside services (by service type): <ul style="list-style-type: none"> ○ Mental health ○ Substance abuse

	<ul style="list-style-type: none"> ○ Job skills ○ Housing assistance ○ Other ● Case Status (active, in progress, closed) <ul style="list-style-type: none"> ○ Closed cases should include outcome ○ Anonymized case illustration <p>Q4 and Q8</p>
--	--

APPENDIX A: RISK MANAGEMENT PLAN

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

Risk Identified	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	Moderate risk; School closures could make TAT operations difficult due to lack of observation of / access to students	TATs can meet virtually. Virtual contact with families/students could be implemented. Telemedicine is available for evaluation/supports if needed.
Increased demands on school staff time due to pandemic disruptions could make time for training and TAT meeting difficult	Low; protected time for staff has been identified as a priority, schools have signed letters of commitment and understand the need for protected time	Work with schools around staffing schedules to best accommodate them, use asynchronous learning for the level 1 CSTAT training to accommodate schedules, maintain partnership with district leadership to ensure staff time is protected, make sure MAP program accepts referrals so that undue burden of case management is not placed on teachers.

Volume of referrals may be too high for teams to manage	Moderate, large volume of referrals could make appropriate and timely manage difficult or overtax TAT staff	Screen referrals to make sure that unnecessary referrals are not taking TAT time
---	---	--

**Harvard Medical School
Curriculum Vitae**

Date Prepared: May 10, 2022

Name: Beverley Heidi Ellis, PhD

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
-----------	------------------------	---------------------	----------------------

Postdoctoral Training

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

Faculty Academic Appointments

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

Appointments at Hospitals/Affiliated Institutions

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

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, Center for Behavioral Science	Boston Children's Hospital
2010-	Director, Boston Children's Hospital Trauma and Community Resilience Center (FKA Refugee Trauma and Resilience Center)	Boston Children's Hospital
National		
2007	Co-Leader, Bi-Weekly Conference Calls and Quarterly Face-face trainings	National Child Traumatic Stress Network Learning Collaborative: Trauma Systems Therapy for adolescents with co-occurring substance use and trauma.
2010-2012	Mental Health Lead, Refugee Health Technical Assistance Center	Office of Refugee Resettlement/ Department of Public Health, MA
Committee Service		
Local		
2007-2008	Intervention and Services Research Team	Boston Children's Hospital
2011-	Program for Behavioral Science Steering Committee	Department of Psychiatry, BCH
2012-	Scientific Advisory Committee for "Addressing Mental Health Disparities in Refugee Children: A CBPR Collaboration	Harvard School of Public Health
2013-	Harvard Medical School Psychiatry Research Committee	Harvard Medical School
2021	BCH Psychiatry faculty search committee	Boston Children's Hospital
Regional		
2009-2010	Youth Violence Prevention Funder's Collaborative, Family supports and mental health working group	The Philanthropic Initiative
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 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	White House National Counter

	strategies to enhance resilience and reduce violence”	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
2021	Member of Historical/intergenerational trauma and violent extremism advisory group, CREST (Centre for Research and Evidence on Security Threats)	CREST, UK
2020-2022	Steering Committee Member, Prevention Practitioner’s Network	McCain Institute, Arizona State University
2021-	Expert Committee member, Canadian Practitioners Network for the Prevention of Radicalization and Extremist Violence Advisory committee of the Risk Assessment Systematic Review	Public Safety Canada-Campbell Collaboration

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.
2022	Invited member of US Delegation to Finland Transatlantic cooperation to prevent Hate and Violent Extremism	Strong Cities Network, Institute for Strategic Dialogue

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 “IIJ referral mechanism workstream: Practitioner’s and curriculum development virtual consultation on rule of law-based mult-acto 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 Hospital	For Leadership and Innovation in Child Health

2018	Marsico Visiting Scholar	Denver University	Visiting social sciences scholar (Short-term)
2018	Sarah Haley Memorial Award for Clinical Excellence	International Society for Traumatic Stress Studies	For excellence in clinical service to a traumatized individuals

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.
- 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.

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.
- 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.

2021-2026 1 H79 SM085100-01 Trauma and Community Resilience Center at Boston Children's Hospital: A Treatment and Service Adaptation Center with Expertise in Immigrant and Refugee Children and Families

Funder: SAMHSA

Role: PI \$599,998

The goal of this grant is to advance the field of child and family trauma, with specific expertise in refugee and immigrant families, through capacity building, trainings, and resource development.

2021-2023 Best Practices for Reintegration Programming for Returning Spouses and Children
Funder: DHS

Role: Co-PI

The goal of this grant is to identify best practices for reintegration of spouses and children of violent extremists in the U.S. context.

2021-2023 Living together in socially polarized contexts
Funder: Canadian Institutes of Health Research

Role: US Collaborator (PI: Rousseau)

The goal of this grant is to understand the roles of trauma, adversity and covid in polarization and violence within various societies

Training Grants and Mentored Trainee Grants

2013-2017 Physical Activity and Education to Reduce Cancer Risk Among Somali Women
American Cancer Society Grant, MRS-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.
- 2020 Dissertation Mid-Term Committee member, Caroline Spaas, University of Leuven, Belgium.

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
- 2021 Speaker, Mass Partnership for Youth school safety series (virtual). Preventing terrorism and targeted violence through promoting social belonging and well-being: The Massachusetts Area prevention framework

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

- 2021 Panelist: DHS Digital Forum on Prevention, Online to Offline Multidisciplinary Threat Assessment and Management Teams. Virtual event
- 2021 Speaker: Human Security, Violence and Trauma Conference, “Brain, Bodies, Violence, and Groups” panel. University of California, Berkeley (Virtual event)
- 2021 Co-Facilitator, USIP Action Guide Workshop on Trauma Recovery & Violent Extremist Disengagement and Reconciliation. United States Institute of Peace.
- 2021 Invited panelist. USIP and Alliance for Peacebuilding: Foreign terrorist fighters and family members. Virtual event.
- 2021 Invited speaker. Prevention Practitioners Network workshop: the Threat of Internationally Inspired Terrorism, best practices. Virtual event.
- 2021 Panel moderator. Prevention Practitioners Network workshop: The role of Mis-Dis- and Mal-information in terrorism. Virtual event.
- 2022 Panelist, Colloquium: Reimagining Mental Health Care for Refugees in Resettlement. UIC Center for Global Health. Virtual event.

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 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)
- 2021 Second United Nations Counter-Terrorism Week
Side Event: Operationalising a “Do No Harm” Approach to P/CVE
Organizers: The International Institute for Justice and the Rule of Law (IIJ) & the European Union. Featured speaker.
- 2021 Trainer and curriculum developer, Republic of North Macedonia Psychosocial Support for Repatriation and Reintegration of former terrorist fighters. (8 days). International Organization for Migration.
- 2021 Presenter, Understanding Traumatic Stress Responses in Children Part II: Webinar for Kazakhstan practitioners. Webinar delivered under auspices of State Department to practitioners in Kazakhstan.
- 2021 Keynote speaker for Plenary session of the Australian Conference on Traumatic Stress. Community Based Participatory Research as both a means and an end: Lessons from a 20 year CBPR program with Somali refugees
- 2021 Invited panelist, Addressing the New Landscape of Terrorism. 4th International Conference, Berlin Germany (virtual), Victoria University-Exit Germany.
- 2021 International Society of Traumatic Stress, Speaker. [Discrimination and mental health across 6 years]

- 2021 Invited panelist, RAN webinar on 'Working with children returning from Daesh-affiliated territories (and their mothers): exploring multi-stakeholder approaches to rehabilitation. Trauma and Social Connection: Understanding Barriers and Opportunities in working with children returning from Iraq and Syria
- 2022 Invited speaker and participant, Forum on Return & Reintegration - House of Sweden. Washington DC
- 2022 Speaker, Transatlantic Local-National cooperation to prevent Hate and Extremism. Strong Cities Network, Helsinki, Finland.
- 2022 Featured speaker, Trauma, Adversity and Violent Extremism working group. CREST security group, Scotland. Virtual Event.

Report of Clinical Activities and Innovations

Current Licensure and Certification

2003- Massachusetts Licensed Psychologist Provider

Practice Activities

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

I provide program development, adaptation and implementation guidance for a variety of agencies who are implementing Trauma Systems Therapy for Refugees. Currently programs serve refugee youth from Somalia, Bhutan, and diverse backgrounds. Programs range in size from approximately 30 to 200+ refugee youth, and include community education, school-based skills groups, and multi-level mental health intervention.

2012-2016 Oversight of development of web-based preventative intervention (30 minutes/ week) Boston Children’s Hospital
 I provide program development and oversight for the development, implementation and evaluation of an innovative web-based social media prevention program for refugee youth, focused on promoting a positive social identity.

Clinical Innovations

Trauma Systems Therapy treatment model (2002-) I co-developed the treatment model Trauma Systems Therapy (TST) for children and adolescents who experience emotional dysregulation as a response to traumatic exposure. This treatment model is a major innovation within trauma treatment, as it a) addresses both the social environment that triggers dysregulation as well as the child’s regulation response, b) is phase-based depending on level of need within the social environment and the child’s dysregulation, c) integrates different services as needed (e.g. home-based, advocacy, psychopharmacology, and psychotherapy) and d) is both an organizational model as well as a clinical model. TST has been implemented in more than 26 program across 10 states. The original manual was published in 2005, and a new revised version published in 2015.

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.

Massachusetts Area Prevention Framework Developed and led a local area prevention framework to prevent terrorism and targeted violence among youth. Components included an inter-ethnic youth advisory board to promote civic engagement and leadership skills while incorporating youth voice into prevention, and an adolescent services coordination team to work with referrals from the

MassBay Threat Assessment Team. This interdisciplinary team developed protocols for collaboration between law enforcement and mental health, focusing on providing supportive interventions for youth who might otherwise face juvenile justice charges.

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

- 2021 VEDR (Violent Extremism Disengagement and Rehabilitation) Action Guide Thematic Advisor, USIP (United States Institute of Peace). Thematic Advisor.
- 2021 Member of MassBay Threat Assessment Team, a multidisciplinary threat assessment team convened by the FBI
- 2021 CPN-PREV invited member of the Advisory Committee/Risk Assessment Systematic Review. CPN-Prev Canada.

Educational Materials for Patients and the Lay Community

No presentations below were sponsored by outside entities.

2005	Brief for Teachers and educators - Children of War: a video for educators	Co-Author	National Child Traumatic Stress Network, CA http://nctsn.org/products/children-war-video-educators-resource-guide-2005
2005	Brief for Teachers and educators - Children of War: a video for educators resource guide.	Co-Author	National Child Traumatic Stress Network, CA http://www.nctsn.org/products/children-war-video-educators-2005
2014	Briefs for Community Members, Policy makers, and law enforcement - Somali Community in North America: Engaging our Greatest Resource	Author	http://www.childrenshospital.org/centers-and-services/programs/o--z/refugee-trauma-and-resilience-center-program/research-and-innovation/somali-youth-risk-and-resilience-project
2015	Brief for Community Members - Somali youth in North America: Engaging our greatest resource to increase youth resilience and reduce risk.	Author	http://www.childrenshospital.org/centers-and-services/programs/o--z/refugee-trauma-and-resilience-center-program/research-and-innovation/somali-youth-risk-and-resilience-project
2015	Interviewee on The World: Series on Resilience, story focused on Somali refugee youth served by our clinical program		Public Radio International http://www.pri.org/stories/2015-12-08/she-survived-hunger-and-homelessness-then-she-had-figure-out-her-identity
2019	Expert speaker for online training series Understanding Trauma and the Impact on Learning Part 1: Definitions and Effects on the Brain		Training and Access Project (TAP), Open Pediatrics. https://www.openpediatrics.org/course/tap-online-training-understanding-trauma-and-impact-learning-part-1-definitions-and-effects
2020	Brief for policymakers: How can rehabilitation and reintegration programs for child returnees from the Islamic State build on existing evidence?		Weine, Brahmhatt, Cardeli, Ellis
2020	Brief for policymakers: Best Practices for supporting the reintegration and rehabilitation of children from formerly ISIS-controlled territories		Ellis, Cardeli, Bloom, Brahmhatt, 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., Brahmatt, 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.
 47. Abdi, SM., Miller, A, Agalab, N., Ellis, BH. Partnering with refugee communities to improve mental health access: Going from “Why are they not coming” to “What can I (we) do differently?”. *Cultural Diversity and Ethnic Minority Psychology*. In press.
 48. Ellis, BH., Davis, S., Sideridis, G., Abdi, A., Lincoln, A. (almost in press) Discrimination and Mental Health of Somali Immigrants in North America: A Longitudinal Study from 2013 to 2019. *Social Psychiatry and Psychiatric Epidemiology*
- **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

o Reviews, chapters, monographs and editorials

1. **Benson M, **Ellis BH**, Chew M, Batia K, Thiel de Bocanegra H. Survey of national refugee working group sites, 2004: Summary Report. National Child Traumatic Stress Network, National Resource Center. 2005.
2. Birman D, Ho S, Pulley, Batia K, Everson M, **Ellis BH**, Betancourt T, Gonzalez A. Mental health interventions for refugee children in resettlement: White Paper II. National Child Traumatic Stress Network, National Resource Center. 2005.
3. **Ellis BH**, Rubin A, Stichick Betancourt, T, Saxe GN. Mental health interventions for children affected by war or terrorism. In M. Feerick and G. Silverman, editors. *Children Exposed to Violence*. Baltimore, MD: Brookes Publishers; 2006. p. 159-187.
4. Saxe GN, MacDonald HZ, **Ellis BH**. Psychosocial approaches for children with posttraumatic stress disorder. In Friedman, Resick and Keane, editors. *Handbook of PTSD*. New York: Guilford Press; 2007. p. 359-375.
5. **Ellis BH**, Betancourt T. Mental health treatment for child and adolescent refugees and immigrants. In Walker and Barnett, editors. *Immigrant medicine*. Philadelphia, PA: Elsevier Press; 2008. p. 675-682.
6. Kisiel CL, Blaustein M, Fogler J, **Ellis BH**, Saxe G. Treating children with traumatic experiences: understanding and assessing needs and strengths. In J.S. Lyons, D.A. Weiner, editors. *Behavioral health care: assessment, service planning, and total clinical outcomes management*. Kingston, NJ: Civic Research Institute, 2009: p. 17.1-17.15.
7. Grant-Knight W, Geltman P, **Ellis BH**. Physical and mental health functioning in Sudanese unaccompanied minors. In D. Brom, R. Pat-Horenczyk, J. Ford, editors. *Treating traumatized children: risk, resilience and recovery*. New York: Routledge/Taylor & Francis Group; 2009. p. 102-116.
8. **Ellis BH**, Saxe G, Twiss J. Trauma Systems Therapy: intervening in the interaction between the social environment and a child's emotional regulation. In Ardino, editor. *Post-traumatic syndromes in children and adolescents*. Chichester, West Sussex, UK: Blackwell Publishing; 2011: p. 373-390.

9. ****Baldwin, H, Ellis BH.** Prevention and early intervention programs for special populations. In Beck, G., Sloan, D., editors. Handbook of traumatic stress disorders. New York: Oxford University Press; 2012. p. 401-411
10. Navalta, CP, Brown AD, Nisewaner AB, **Ellis BH**, Saxe GN. Trauma System Therapy. In Ford and Courtois, editors. Treating complex traumatic stress disorders in children and adolescents. New York: Guilford Press; 2010. p. 329-348
11. Acosta Price, O, **Ellis BH**, Escudero P, Huffman-Gottschling K, Sander M, Birman D. Implementing trauma interventions in schools: addressing the immigrant and refugee experience. In Notaro, editor. Advances in education in diverse communities: research, policy and praxis. Bingley, U.K.: Emerald Group Publishing, 2012: 9:95-119.
12. Ao T, Taylor E, Lankau E, Sivilli TI, Blanton C, Shetty S, Lopes-Cardozo B, Cochran J, **Ellis BH**, Geltman P. An investigation into suicides among Bhutanese refugees in the US: 2009-2012. Center for Disease Control. October 18, 2012. Retrieved from: http://www.refugeehealthta.org/files/2011/06/Bhutanese-Suicide-Stakeholder_Report_October_22_2012_Cleared_-For_Dissemination.pdf
13. **Ellis BH**, Murray K, Barrett C. Understanding the mental health of refugees: trauma, stress and the cultural context. In Parekh R, editor. The Massachusetts General Hospital guide to cultural sensitivity. New York: Springer; 2014. p. 165-187.
14. Suárez LM, **Ellis BH**, Saxe GN. Integrated treatment of traumatic stress and substance abuse problems among adolescents. In J. Ehrenreich-May, B.C. Chu, editors. Transdiagnostic treatments for children and adolescents. New York: Guilford Press; 2014: p. 339-362.
15. Porterfield K, Akinsulure-Smith A, Benson A, Betancourt T, **Ellis BH**, Kia-Keating M, Miller, K. Resilience and recovery after war: refugee children and families in the United States. Report of the APA task force on the psychosocial effects of war on children and families who are refugees from armed conflict residing in the United States. APA; 2009. <https://www.apa.org/pubs/info/reports/refugees-full-report.pdf>
16. Weine SM, **Ellis BH**. Mobilizing mental health resources offers hope in countering violent extremism. Clinical Psychiatry News. February 25, 2015. [http://www.clinicalpsychiatrynews.com/?id=2407&tx_ttnews\[tt_news\]=382345&cHash=c39fbff78a70ad7f074eef31f27680b2](http://www.clinicalpsychiatrynews.com/?id=2407&tx_ttnews[tt_news]=382345&cHash=c39fbff78a70ad7f074eef31f27680b2)
17. Weine SM, Ellis BH, Haddad, R., Miller, A., Lowenhaupt, R., and Polutnik, C. Lessons learned from mental health and education: identifying best practices for addressing violent extremism, Final report to the Office of University Programs, Science and Technology Directorate, U.S. Department of Homeland Security. College Park, MD: START, 2015. http://www.start.umd.edu/pubs/START_LessonsLearnedFromMentalHealthAndEducation_FullReport_Oct2015.pdf
18. Benson, Abdi, 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 youth mental health (MH) and adjustment, with a particular emphasis on understanding how trauma exposure, violence, and social context impact developmental trajectories. Worldwide there are approximately 16.7 million refugees, more than half of whom are under the age of 18. While many refugees demonstrate remarkable resilience, others present with PTSD and depression, suicidality, involvement in gangs, and engagement in violent extremism. I have developed and implemented a Community-Based Participatory Research (CBPR) program with Somali refugees through which I have worked to identify contextual factors associated with these diverse outcomes as well as to develop, implement and evaluate mental health interventions for refugee youth. I direct the Children's Hospital Refugee Trauma and Resilience Center, which provides education to professional and academic communities as well as junior faculty and trainees. The service and government systems in which my work increasingly holds relevance and with whom I have regular collaboration includes mental health, education sectors, faith institutions, refugee resettlement and local, state and federal security and law enforcement agencies.

Area of Excellence – Investigation

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

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

The national security concern of domestic radicalization has been raised in recent years as American citizens (including Somali-Americans) travelled to Syria to fight alongside the Islamic State in Iraq and Syria (ISIS). The White House and associated federal, state, and local security and law enforcement agencies are rapidly seeking to define the field of Countering Violent Extremism (CVE) in order to prevent domestic radicalization. I was invited to join a national leadership team on CVE, spearheaded by the Department of Justice. The White House announced three pilot sites across the nation

that will explicitly develop CVE programs; I advised the Boston US Attorney's office on this, as well as participated in an advisory team for the overall initiative.

A major issue of the CVE initiative is the degree to which MH should be integrated into the overall approach to prevention and intervention with youth at risk for violent radicalization. I co-authored a white paper on this topic, and recently was co-investigator on a grant funded through the U.S. Department of Homeland Security to bring together experts from law enforcement, MH, and education to research and summarize how models from mental health and education can inform CVE, and how professionals from these disciplines can be integrated into the field. This initiative, in combination with my research initiatives, has helped to place MH as a central partner to criminal justice in shaping response and intervention to radicalization to violence. This has led to my developing a multi-disciplinary team for violence prevention, called Community Connect. This program, which involved strong partnerships with faith-based institutions, law enforcement, community, mental health, and education, had two goals: 1) to engage youth at risk for violence in supportive services, and 2) enhance the capacity of those services to better meet the cultural, religious and social needs of these youth through expert consultation. While FBI was not a member of the MDT, we have a formal agreement that allowed them to provide referrals to our team when they identify a youth or young adult who is radicalizing to violence. Local FBI leadership and the MA US Attorney have lauded Community Connect as 'the model of the models' for preventing radicalization to violence, and it has received significant attention internationally. 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

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

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

Date Prepared: January 13th, 2022

Name:

(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:

09/13-04/21	Instructor of Psychology	Psychiatry	Harvard Medical School
5/21-	Assistant of Psychology	Psychiatry	Harvard Medical School

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 and 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-	Part Time Faculty	School of Social Work	Boston University

Major Administrative Leadership Positions:

National

2016-	Co-leader, Parent/Caregiver Trauma and Resilience Coordinating Group	National Child Traumatic Stress Network
-------	--	---

Committee Service:

Local

2021-	Invited Alternate, Scientific IRB Member	Boston Children's Hospital (BCH)'s Institutional Review Board (IRB),
2020-	Leader, Antiracist Initiative	Boston Children's Hospital's Trauma and Community Resilience Center

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
------	---	---

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
Progress in Community Health Partnerships

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 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)
Substance Abuse and Mental Health Services Administration (SAMHSA); U79 SMSM061246
Investigator
The major goal of this project was to develop, evaluate and disseminate interventions for refugee youth in order to raise the standard of care for traumatized refugee children. In addition, the program served as a national advisor to sites working with child refugees.
- 2015-2017 Understanding Diverse Trajectories in Radicalization over Time and the Role of Internet Use (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.
- 2015-2018 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.
- 2016-2018 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.
- 2017-2019 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.
- 2018-2020 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.

2016-2021
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)
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.

Current

2020-2022
A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles (PI: B. Heidi Ellis)
EMW-2020-GR-00068-S01
Investigator
The major goal of this project is to establish an integrated prevention framework that supports a comprehensive, multi-layered approach to identifying, assessing, and addressing radicalization and mobilization to targeted violence and terrorism (TVT) among juveniles by implementing four projects that offer either prevention or intervention programming to youth across a continuum of risk (vulnerable, at-risk, and requiring rehabilitation) for TVT.

2021-2022
Mental Health Project Extension for Somali Elementary School-Age Children—Project SHIFA
Marigold Charitable Trust Foundation; n/a
Principal Investigator (\$35,811)
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.

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 (PI: B. Heidi Ellis)
2020-ZA-CX-0002-00
Investigator

The major goal of this project 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.

- 2021-2026 Trauma and Community Resilience Center at Boston Children’s Hospital: A Treatment and Service Adaptation Center with Expertise in Immigrant and Refugee Children and Families (PI: B. Heidi Ellis)
Substance Abuse and Mental Health Services Administration (SAMHSA)
Investigator
The major goal of this project is to provide national expertise on trauma-informed services for refugee and immigrant children and their families, and to support the continued adaptation and wide-spread dissemination of Trauma Systems Therapy for Refugees, an effective evidence-based treatment.
- 2021-2026 Program in Youth Trauma, Health and Wellbeing: A Community Treatment and Services Center (PI: Alisa B. Miller)
Substance Abuse and Mental Health Services Administration (SAMHSA); 1 H79 SM084858-01
Principal Investigator (\$2m)
The major goal of this program is to increase access and engagement of youth and their families who have experienced trauma, with a specific focus on ethnocultural minority youth by implementing Trauma Systems Therapy (TST) and components of its adaptation for refugees (TST-R) through integrated behavioral teams in primary care pediatric clinic settings.

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	Department of Psychology, Harvard University, Cambridge, MA 3 hours / year

Graduate Students

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
2022	Introduction to the Migration Experience 2nd year Psychiatry Residents	Department of Psychiatry, Boston Children's Hospital 1 hours / year
2022	The Perspective of Refugee Parents and Parenting 2nd year Psychiatry Fellows	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
-------	--	--

Research Supervisory and Training Responsibilities:

2013-	Research assistant supervision	Boston Children's Hospital Trauma and Community Resilience Center 1-2 hour / week
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	

2017-2019	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. Sarah Gillespie, Doctoral Candidate/Department of Developmental Psychopathology and Clinical Science, University of Minnesota
2017-2019	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 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
2019-2021	Lori Suvajian, Masters Candidate/ Social Work, Simmons University Practicum Intern Provided clinical supervision
2019-2021	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
2021-	Jamie Kessler, BA/Research Assistant/Trauma and Community Resilience Center, Department of Psychiatry and Behavioral Sciences, Boston Children's Hospital Provide mentorship related to academic endeavors
2021-	Caroline Palleschi, LICSW, MSW/Clinical Social Worker/Trauma and Community Resilience Center, Department of Psychiatry and Behavioral Sciences, Boston Children's Hospital Provide mentorship related to academic endeavors

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
2022

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; 2018 Cultural Competencies: Working with Refugees and Immigrants/Invited Speaker
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 Publics Schools, Milford, MA
- 2020 Refugee and Immigrant Health Considerations/Invited Speaker
Milford Publics 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
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2020 An Experiential Workshop on Cross Cultural Collaboration/Selected Workshop
Society for the Study of Psychiatry and Culture annual conference, Providence, RI
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 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
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 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
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 Trauma and Trauma-informed Practice with Youth During COVID-19 part 1/Invited Speaker
African Community Education (ACE)
Worcester, Massachusetts
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 Trauma and Trauma-informed Practice with Youth During COVID-19 part 2/Invited Speaker
African Community Education (ACE)
Worcester, Massachusetts
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 Culture, the Migration Journey, Trauma and Trauma and Culture Informed Services/Invited Speaker
Migration is Beautiful conference, Mass General Brigham Boston, Massachusetts
[Delivered virtually due to 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 The Emotional and Behavioral Health of Young Children and Their Caregivers in the United States During the COVID-19 Pandemic/Invited poster presentation.
2021 Society of Pediatric Psychology Annual Conference
[Delivered virtually due to COVID 19]
- 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 The Emotional and Behavioral Health of Young Children and Their Caregivers in the United States During the COVID-19 Pandemic/Invited Poster Presentation
Society of Pediatric Psychology Annual Conference
[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
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 Working with Refugee and Immigrant Parents/Caregivers/Invited Speaker
Jewish Family Services of Western New York
Buffalo, New York
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 Refugee Readiness: Case examples/Invited Speaker
Jewish Family Services of Western New York
Buffalo, New York
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 Trauma Systems Therapy for Refugees Tier 1—Community Engagement/Invited Speaker
Jewish Family Services of Western New York
Buffalo, New York
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 Trauma Systems Therapy for Refugees Tier 2—Community Engagement/Invited Speaker
Jewish Family Services of Western New York
Buffalo, New York
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 Trauma Systems Therapy for Refugees Tier 3—Assessment and Regulation-focused Phase/Invited Speaker
Jewish Family Services of Western New York
Buffalo, New York
[Delivered virtually due to COVID 19 travel/meeting ban]
- 2021 Davis, S.H., Miller, A.B., Hildenbrand, A.K., Wamser-Nanney, R., De Young, A., & Marsac, M.L. Comparing the Emotional and Behavioral Health of Young Children and Their Caregivers With and Without Direct COVID-19 Experience During the Pandemic. Presented at the 2021 International Society for Traumatic Stress Studies 37th Annual Meeting; [Flash talk].

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

- 2021 COVID-19 Unmasked Global Collaboration: Longitudinal cohort study to examine the wellbeing of young children and their families during the pandemic./Invited oral presentation
European Society for Traumatic Stress Studies 17th Annual Meeting
[Delivered virtually due to COVID 19 travel/meeting ban]

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, Boston, MA (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, Boston, MA (2016-2019)

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 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 as of July 2021, it has been uniquely viewed 4,519 times and downloaded 2,211 times. It 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 2021, this webinar series is in the top five courses in the NCTSN Learning Center; each of the four English language webinar has had a reported range of enrollees from 11,900 to 12,699 enrollees and each of the four Spanish language webinar has had a reported range of enrollees from 979 to 1691.

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

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.

Health Interpretation
(SCLRTI-MHI)
hybrid e-
learning/face-to-face
training curriculum,
Refugee Trauma and
Resilience Center,
Boston Children's
Hospital, Boston, MA
(2018-)

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 meetings. 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.

2020-

University of Kentucky Center on Trauma and Children (CTAC). Secondary Traumatic Stress Innovations and Solutions Center (STS-ISC) National Advisory Board Member

I serve as a national advisory board member and virtually attend bi-annual STS-ISC meetings. The STS-ISC primary mission is to develop and test workforce development and protection interventions for use at National Child Traumatic Stress Network centers, and other organizations that serve those with traumatic stress conditions throughout the country.

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 Health Interpretation.	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 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**, Alegria 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, Alegria 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.
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.
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.
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.

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.
4. Abdi SM, **Miller AB**, Agalab, NY, Ellis BH. Partnering with Refugee Communities to Improve Mental Health Access: Why Are They Not Coming? To "What Can I (We) Do Differently? " *Cultural Diversity and Ethnic Minority Psychology*.

Scholarship without named authorship

1. De Young, A.C., Vasileva, M., Boruszak-Kiziukiewicz, J., Demipence Seçintie, D., Christie, H., Egbertsh, M.R., Anastassiou-Hadjicharalambous, X., Marsac, M.L., Ruiz, G., and COVID-19 Unmasked Global Collaboration. (in press). COVID-19 Unmasked Global Collaboration Protocol: Longitudinal cohort study examining mental health of young children and caregivers during the pandemic. *European Journal of Psychotraumatology*. In press.
***Miller, A.B.** is a member of the collaboration

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. Schlaudtl, 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 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, Hurland 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.

**Harvard Medical School
Curriculum Vitae**

Name:

(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
-------------	-----------------------	---	---

Postdoctoral Training

09/14-08/15	Postdoctoral Fellow	Trauma Psychology	Trauma Center at Justice Resource Institute
-------------	---------------------	-------------------	---

Faculty Academic Appointments

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

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

2018-2021	Co-Chair, Pediatric Integrated Care Toolkit Project	National Child Traumatic Stress Network/Refugee Trauma & Resilience Center at BCH
-----------	---	---

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
2017-2019	Refugee Community of Practice	National Child Traumatic Stress Network

2017-	Integrate Care Collaborative	National Child Traumatic Stress Network
2018-2021	Trauma Systems Therapy Innovation Community	NYU Langone Health
2019-2021	Problem Sexual Behavior Subcommittee	National Child Traumatic Stress Network
2020-	Secondary Traumatic Stress Innovations and Solutions Advisory Board	National Child Traumatic Stress Network
2021-	Risk Assessment Committee	Canadian Practitioners Network for the Prevention of Radicalization and Extremist Violence (CPN-PREV)
2021-	Development Committee	Prevention Practitioners Network
2022-	Prevention in Practice Committee	Eradicate Hate Summit

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
2019-2021	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, Prizes, & 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	Gerald Koocher Award	Division of Psychology at Boston Children's Hospital/Harvard Medical School	Excellence in Teaching
2021	Goldman Teaching Award in Psychiatry	Division of Child & Adolescent Psychiatry at Boston Children's Hospital/Harvard Medical School	Excellence in Clinical Teaching

Report of Funded and Unfunded Projects

Funding Information

Past

2016-2017	<p>Marigold extension of Project SHIFA: Supporting the health of young Somali refugees Marigold Foundation Research Associate</p> <p>The major goal of this project 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.</p>
2016-2018	<p>Understanding Diverse Trajectories in Radicalization Over Time and the Role of Internet Use Department of Defense Minerva Initiative (N00014-16-1-3082) Research Associate</p> <p>The goal of this project 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</p>

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 Preventing the Next Generation: Mapping the Pathways of Child Mobilization into Violent
NCE 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 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.
- 2021-2023 Building Capacity of Mental Health Practitioners to Assess and Manage Risk for TVT in Community Settings
Department of Homeland Security (DHS-21-TTP-132-00-0)
Site PI (480,780); Funding forthcoming
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

	Psychology interns and staff clinicians (average of 1-2 supervisees per year)	One-hour supervision per week per supervisee
2017-2018	Clinical Supervisor Postdoctoral fellow in psychology	Boston Children's Hospital One-hour supervision per week
2018-2021	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
-------	---	--

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	
2021-	Himali Bhatt, MD, MA/Pediatric Global Health Fellow, Intermediate Care Program at Boston Children's Hospital <i>Career stage:</i> pediatric global health fellow. <i>Mentoring role:</i> provide mentorship related to study design and methodology on a community-based participatory research project Himali is leading to better understand the effects of COVID-19 on a diverse population of	

adolescents receiving primary care services at the hospital. *Accomplishment:* Received funding to support data collection and secured community-based partners to support project development. Data collection underway currently.

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
- 2021 Providing Culturally Relevant Behavioral Health Care to Immigrant & Refugee Students/Invited Speaker
Partners for Thriving Youth, Portland, Maine
- 2022 Providing Culturally Relevant Services to Refugee & Immigrant Children & Families in Primary Care/Invited Speaker
Partners for Thriving Youth, Portland, Maine

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
- 2021 Addressing Systemic Racism in Trauma Treatment: Moving Beyond Platitudes to Integrate Meaningful Change Into Service Delivery/Invited Presenter
The 37th Annual Meeting of the International Society for Traumatic Stress Studies, Virtual Conference
- 2022 Considerations for risk assessment and management with women and children returning from Iraq and Syria/Invited Presenter
U.S. Department of State's Bureau of Counterterrorism/Office of Countering Violent Extremism (CT/CVE) & The Secretary's Office of Global Women's Issues (S/GWI), Virtual Workshop & Roundtable Discussion

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
- 2021 Psychosocial Support for Families Repatriating to the Republic of North
Macedonia/Invited Presenter
Hosted by the International Organization for Migration in Skopje, Republic of North
Macedonia

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 Support the Rehabilitation and Reintegration of Children and Families Returning from Iraq and Syria	Consultation, ad hoc, in strategies for providing trauma-informed services to children and families formerly residing in ISIS-controlled territories
2021-	Trauma Psychologist	Journalist Trauma Support Network, Dart Center for Journalism and Trauma, Columbia University	Practicing in a pilot program designed to increase availability of high-quality, trauma treatment to journalists across the globe; providing short-term psychotherapy services to referred journalists

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 1 st 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 2 nd 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 2 nd 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 1 st 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

Peer-reviewed publications in print or other media

1. Tandon M, **Cardeli E**, Luby JL. Internalizing disorders in early childhood: A review of depressive and anxiety disorders. *Child Adolesc Psychiatr Clin N Am*. 2009 July 1;18(3):593-610. doi:10.1016/j.chc.2009.03.004
2. Le HN, Perry DF, Genovez M, **Cardeli E**. In their own voices: Latinas' experiences with a randomized controlled trial to prevent perinatal depression. *Qual Health Res*. 2013 March 28;23(6): 834-846. doi:10.1177/1049732313482591
3. **Cardeli E***, Bloom M*, Gillespie S, Zayed T, Ellis BH. Exploring social-ecological factors that mobilize children into violence. *Terror Political Violence*. 2019 December 19;1-23.
4. **Cardeli E**, Lincoln A, Abdi S, Sideris G, Ellis, BH. Social bonds in the diaspora: The application of social control theory to Somali refugee youth in resettlement. *Psychol Violence*. 2020;10(1):18-29. doi:10.1037/vio0000259
5. Weine S, Brahmbat Z, **Cardeli E**, Ellis BH. Rapid review to inform the rehabilitation and reintegration of child returnees from the Islamic State. *Ann Glob Health*. 2020 June 19;86(1):64-79. doi:10.5334/aogh.2835
5. Conrad R**, Bousleiman S, Isberg R, Hauptman A, **Cardeli E**. Uncontrolled experiments: Treatment of contamination OCD during a pandemic. *Psychol Trauma*. 2020 August;12(S1):S67-S68. doi:10.1037/tra0000806
7. Skokauskas N, Leventhal B, **Cardeli EL**, Belfer M, Kaasbøll J, Cohen J. Supporting children of healthcare workers during the COVID-19 pandemic. *Eur Child Adolesc Psychiatry*. 2020 July 18;29(8):1-2. doi: 10.1007/s00787-020-01604-6
8. **Cardeli E**, Mulder L, Phan J, Adhikari R, Benson M, Ellis BH. Bhutanese refugee youth: The importance of assessing and addressing psychosocial needs in a school setting. *J Sch Health*. 2020 July 26;90(9):731-742. doi: 10.1111/josh.12935
9. Gillespie S**, **Cardeli E**, Sideridis G, Issa O, Ellis BH. Residential mobility, mental health, and community violence exposure: A longitudinal, mixed-methods investigation among resettled Somali refugees. *Health Place*. 2020 September;65:102419. doi:10.1016/j.healthplace.2020.102419
10. Winer J, Forgeaerd 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
11. 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 November;109:104754. doi:10.1016/j.chiabu.2020.104754
12. Lincoln AK, **Cardeli E**, Sideridis G, Salhi C, Miller A, DaFonesca T, Issa O, Ellis BH.

Discrimination, marginalization, belonging and mental health among Somali immigrants in North America. *Am J Orthopsychiatry*. 2021 November;91(2):280–293. doi:10.1037/ort0000524

14. Brady JA, Lee, CS, **Cardeli E**, Winer J, Burke PJ. Refugee and Immigrant Core Stressors Toolkit to care for newly arrived children in the school nurse setting. *J Sch Nurse*. 2021 October;37(6):523-531. doi:10.1177/10598405211045688
15. Ellis BH, Sideridis G, Davis SH, **Cardeli E**, Abdi SM, Lincoln AK. Discrimination and mental health of Somali immigrants in North America: a longitudinal study from 2013 to 2019. *Soc Psychiatry Psychiatr Epidemiol*. 2022 January. doi:10.1007/s00127-022-02235-9

Non-peer reviewed scholarship in print or other media

1. **Cardeli E**, Abdi S, Ellis BH. The psychosocial impact of war on children and families. In: Osofsky JD, Groves BM, editors. *Violence and trauma in the lives of children: Volume One*. Santa Barbara, CA: ABC-CLIO, LLC; 2018. p. 189-209.
2. **Cardeli E**, Davis S, Ellis, BH. Prevention and early intervention programs for vulnerable populations. In: Beck JG, Sloan D, editors. *Handbook of Traumatic Stress Disorders: Second Edition*. Oxford, England: Oxford University Press; 2022.

Professional Educational Materials or Reports in print or other media

1. **Cardeli E**, Christel A. Child welfare briefing: Strategies towards successful reunification. *Child Welfare Policy Briefing*. American Humane Association. 2012;3(1):1-8. Available from: 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. 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. **Cardeli E**, Contributing Author. 2017. Available from: 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 BH. 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. 2017. Intended audience: Terrorism researchers and government policy makers.
4. Desai N, Adamson M, Allwood M, Baetz C, **Cardeli E**, Issa O, Ford J. Primer for Juvenile Court Judges: A Trauma-Informed Approach to Judicial Decision-Making for Newcomer Immigrant Youth in Juvenile Justice Proceedings. 2019. Available from: <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 BH, **Cardeli E**, Bloom M, Brahmabatt Z, Weine S. Best practices for supporting the reintegration and rehabilitation of children from formerly ISIS-children territories. 2020. Available from: https://minerva.defense.gov/Minerva-News/News_Display/Article/2274443/best-practices-for-supporting-the-reintegration-and-rehabilitation-of-children/

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

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

Abstracts, Poster Presentations and Exhibits Presented at Professional Meetings

1. **Cardeli E**, Davis S, Issa O, Ellis BH. 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. *Lancet Glob. Health.* 2020 April;8(S1):S9. doi:10.1016/S2214-109X(20)30150-9

EDUCATION

Boston University, Boston, MA

Masters of Social Work, Major: Clinical Casework, Specialty: Marriage and Family Therapy

Tufts University, Medford, MA

Masters of Education, Major: Child Study

University of Connecticut, Storrs, CT

Bachelor of Science, Major: Special Education

ADMINISTRATIVE EXPERIENCE

Massachusetts Partnerships for Youth, Inc., Wakefield, MA

Executive Director, August 2007-present

Chief Operating Officer, managing the programmatic and fiscal operations of a 501 c3 organization providing school districts, law enforcement and selected community agencies in the 54 cities and towns in Middlesex County professional development, including large conferences, in-service workshops, and other initiatives

Newton Public Schools, Newton, MA

Assistant Superintendent for Pupil Services, July 2004-August 2007

Responsible for Mental Health, Special Education, Alternative Programs, Early Childhood, English as a Second Language, Title One and Medical Services with a budget of \$45,000,000 AND 700 employees, including direct supervision of all Psychologists and Social Workers

Lynnfield Public Schools, Lynnfield, MA

Director of Special Services, June 1995-June 2004

Responsible for Mental Health, Guidance, Special Education, Early Childhood, and Medical Services

Provided leadership to District Administration Leadership Team in areas of supervision, policy, contacts, professional development, and personnel issues

Georgetown Public Schools, Georgetown, MA

Director of Special Education, July 1988-June 1995

Responsible for Special Education (including Special Education and Mental Health Services
Initiated training on gender equity, harassment, ADA & Section 504 of the American Disabilities Act

Georgetown Public Schools, Georgetown, MA

Special Education Coordinator, School Psychologist, September 1977 - July 1988

Chaired team meetings and coordinated all special education services

Administered Psychological Assessments and provided counseling services

CLINICAL EXPERIENCE

Margery Daniels, LICSW, Ipswich, Ma.

Private Practice Specializing in Individual, Couples and Family Therapy, September 2014 – present

Lahey Health Behavioral Services, Ipswich, MA

Clinical Caseworker, April 2013 – September 2014

Northeast Behavioral Services, Ipswich, MA

Clinical Caseworker, July 2010 – April 2013

Health and Education Services, Ipswich, MA

Clinical Caseworker, September 1992- July 2010

UNIVERSITY TEACHING EXPERIENCE

Framingham State University, Framingham, MA

Adjunct Professor, Graduate School of International Education Programs, September 2009 – present

Northeast Consortium for Staff Development, Danvers, MA

Graduate Level Special Education Course Instructor, July 2002-August 2004

Endicott College, Beverly, MA

Graduate Level Special Education Course Instructor, April 1999-May 1999

LICENSURE

The Commonwealth of Massachusetts, Certificate #151257

- Superintendent/Assistant Superintendent (All)
- Administrator of Special Education (All)
- Principal/Assistant Principal (K-8)
- School Psychologist (K-12)
- Guidance Counselor (K-12)
- Special Needs (PK-12)
- Elementary (K-8)

Licensed Independent Clinical Social Worker #1024762

Educational Psychologist #280

PROFESSIONAL AFFILIATIONS

Council for Exceptional Children (CEC)

Massachusetts Association of School Superintendents (MASS)

Massachusetts Department of Elementary & Secondary Education Safe and Supportive Schools Commission

Massachusetts Juvenile Justice Advisory Committee (JJAC)

Merrimack Valley Superintendents Association (MVSA)

National Association of Social Workers (NASW)

REFERENCES

Available upon request

CURRICULUM VITAE

Date Prepared: April 2022

Name:

(b)(6)

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

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 Imitative (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
2019-20	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
2021-23	Law Enforcement Advancing Data and Science (LEADS) Scholar	National Institute of Justice

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
2020	International Association of Chiefs of Police	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 One hour each year
 Psychiatric Emergency Service
 Clinical Seminar
 Psychology Interns, Social Work
 Interns

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

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: Clinical Assistant Professor, Department of Child and Adolescent Psychiatry at NYU Grossman School of Medicine
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
2022	Respecting diversity in police partnerships Diversity in Mental Health Practice 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

Local

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)
Psychiatry Grand Rounds

Cambridge Health Alliance

- 2021 Co-option or cooperation? A critical look at criminal justice’s embrace of “public health approaches” to opioid use.
Exploratory Seminar
Radcliffe Institute for Advanced Study

Report of Regional, National, and International Invited Teaching and Presentations

No presentations below were sponsored by outside entities

Regional

- 2002 Connecting school and community resources: Boston’s “Connect Five” initiative (with Walsh ME and Montes C)
Risk and Resilience: Protective Mechanisms and School-based Prevention Programs Conference, Judge Baker Children’s Center and Devereux School, Boston, MA
- 2005 Teachers’ perceptions of behavior problems/All-Staff In-Service Training
Cambridge Youth Guidance Center, Cambridge, MA
- 2009 Understanding Trauma in the Schools
Rutland School Systems, Rutland, VT
- 2013 Boys and violence (with W Pollack)
Massachusetts Psychological Association’s Annual Conference, Worcester, MA
- 2014 Cambridge Safety Net
Massachusetts Department of Youth Services/Juvenile Detention Alternatives Initiative quarterly meeting, Framingham MA
- 2015 Bullying and the code of the street: A discussion on how to help youth who believe seeking help from adults is snitching
Bullying in Diverse School Settings: Data Driven Approaches to Prevention and Intervention, Boston University, Boston, MA
- 2018 Strategies to support students in uncertain times - Responding to student threats of violence through collaboration
Massachusetts Association of School Committees and Massachusetts Association of School Superintendents Joint Conference, Hyannis, MA
- 2020 Preventing targeted violence and the impact of gun control
Massachusetts Partnerships for Youth, Lexington, MA

- 2020 Safe Communities: Violence as a Public Health Crisis (with R Kinscherff and N Rappaport) 43rd Annual Erich Lindemann Memorial Lecture
William James College
- 2021 School crisis team development
School Safety Series Webinars
Massachusetts Partnerships for Youth
- National
- 2008 Community-based models of mental health service delivery in schools (with M Walsh)/Symposium
Annual Meeting of the American Psychological Association, Boston, MA
- 2010 Gangs in the schools/Grand Rounds
Four Winds Hospital, Saratoga Springs, NY
- 2010 Gangs in the schools/Grand Rounds
Four Winds Hospital, Katonah, NY
- 2011 The Cambridge Safety Net Collaborative (with R Hass)/Grand Rounds
Department of Psychiatry, St. Luke's/Roosevelt Hospital, NY
- 2013 Cambridge Safety Net Collaborative: A coordinated approach to promote adolescent development and prevent delinquency (with R Haas)
Annual Meeting of the International Association of Chiefs of Police, Philadelphia, PA
- 2013 Learning disabilities and juvenile justice
Annual Meeting of the Learning Disabilities Association of America, San Antonio, TX
- 2013 Preventing Juvenile Arrest and Incarceration
Minority Youth Dialogue Meeting/Invited Participant
Center for Mental Health Services, SAMHSA, Rockville, MD
- 2013 Juvenile Development and Behavioral Health
International Chiefs of Police/MacArthur Foundation/Invited Participant
National Summit on Law Enforcement Leadership in Juvenile Justice, Washington, DC
- 2014 Learning disabilities and juvenile justice
Annual Meeting of the Learning Disabilities Association of America, Anaheim, CA

- 2014 Enhancing mental health partnerships to address youth violence
(with D Kallivayalil)/Grand Rounds
Department of Psychiatry, St. Luke's/Roosevelt Hospital, NY
- 2015 Learning disabilities and juvenile justice
Annual Meeting of the Learning Disabilities Association of America, Chicago, IL
- 2015 Juvenile behavioral health
International Association of Chiefs of Police, Law
Enforcement Leadership Institute on Juvenile Justice, New Haven, CT
- 2015 Cambridge's code of the street: Preventing violence among at-risk urban youth
(with E Janopaul-Naylor, L Flaherty and P Sehgal)/Clinical Perspectives
Symposium
Annual Meeting of the American Academy for Child and Adolescent Psychiatry,
San Antonio, TX
- 2015 The ties that bind: Building police-youth relationships to strengthen a behavioral
health safety net (with R Haas, K Rhudy)
MacArthur Foundation 10th Annual Models for Change National Working
Conference, Washington, DC.
- 2016 Arrest less: Improving community relations through a juvenile-based police
response to behavioral health (w R Haas and L DiPietro)
Annual Meeting of the International Association of Chiefs of Police,
San Diego, CA
- 2016 Crisis Intervention Training in action: How CIT facilitated the safety of an
individual involved in a barricade incident (w R Haas and L DiPietro)
Annual Meeting of the International Association of Chiefs of Police,
San Diego, CA
- 2016 Coordinating Intervention: An examination of a collaborative approach to
juvenile diversion (with T Barese and D Larkins)
Annual Meeting of the American Psychology-Law Society, Atlanta, GA
- 2017 Reducing juvenile arrests through a police-behavioral health partnership: The
Cambridge Safety Net model (with T Barese and B Cook)
Annual Meeting of the American Psychology-Law Society, Seattle, WA
- 2018 Mental health and service use outcomes of a pre-complaint police-based juvenile
diversion program (with S Morin and E Janopaul-Naylor)
Annual Meeting of the American Psychology-Law Society, Memphis, TN
- 2019 Juvenile diversion and mental health service utilization: Effectiveness of a pre-
complaint police diversion program (with C Greenbaum)

- Annual Meeting of the American Psychology-Law Society, Portland, OR
- 2020 The impact of a juvenile diversion program on key educational outcomes
(with E Castine)
Annual Meeting of the American Psychology-Law Society, New Orleans, LA
- 2021 Needs, risk and threat assessment
Emerging Prevention Practitioners' Network
Preventing Targeted Violence, McCain Institute
- 2021 Invited panelist (online)
Youth Justice and Policing Focus Group
Crime and Justice Institute
- 2021 Engaging law enforcement in diversion (online)
Diversion Implementation Lab
National Center for State Courts, Denver, CO
- 2021 What does success look like across the prevention community (panelist)
Prevention Practitioners Network Virtual Symposium
Emerging Prevention Practitioners' Network
Preventing Targeted Violence, McCain Institute
- 2022 How the Targeted Violence Practitioners Community Can Achieve Success
State-Led Strategies for Violence Prevention Webinar Series
National Governors Association

International

- 2016 The Safety Net Collaborative: Examining mental health needs of juvenile
offenders targeted for diversion (with T Barese)
Annual Conference of the International Association of
Forensic Mental Health Services, New York
- 2021 Violence Prevention through the Cambridge Family Social Justice
Section (with C Elow)
International Visitor Leadership Program, World Boston, Boston, MA

Report of Clinical Activities and Innovations

Current Licensure and Certification:

- 2007- Massachusetts Licensed Psychologist (Health Service Provider)

Practice Activities:

- 2007-2018 Clinical Psychologist, Child/Adolescent Outpatient Psychiatry Service
Division of Child/Adolescent Psychiatry, Cambridge Health Alliance
Full time position as follows:
2007-2010 Outpatient Clinical Service
School Based Programs
40 hours/week
2010-2016 Outpatient Clinical Service
Anna May Powers, Teen Connection, Everett Teen Health Center
30 hours/week
2010-2018 Clinical Coordinator, Safety Net Collaborative
Division of Child/Adolescent Psychiatry, Cambridge Health Alliance with Cambridge Police, Cambridge Human Services, and Cambridge Public Schools
10 hours/week position with up to 5 hours/week of clinical consultation and intervention
Co-Leader, Clinical Service, Friday Evaluation Team
Child/adolescent outpatient clinic
4.5 hours/week
2016-2018 Director of School-Based Programs
Oversight of school-based clinics and safety assessments
21 hours/week
2018- Clinical Research Associate/Consulting Psychologist
Health Equity Research Lab/Cambridge Health Alliance
8 hours/week
2007-2018 Private practice, child/adolescent clinical psychology
Cambridge, MA
4-8 hours/week average
2018- Private practice, training, consultation and risk assessment
Woburn, MA
4 hours/monthly average

Clinical Innovations:

Safety Net Collaborative
Cambridge, MA Co-founder with Cambridge Police Commissioner Robert Haas to integrate mental health with juvenile policing to divert youth from court by providing youth officers with training and supervision in youth development, mental health, case management. The Safety Net Collaborative is associated with a statistically significant decline in juvenile arrests in the city of Cambridge and has been endorsed by the International Association of Chiefs of Police (IACP) as a promising approach to preventing juvenile delinquency.

The Fight Navigator A group intervention violence prevention clinical program/curriculum developed through the HMS Shore Fellowship to address a critical gap in interventions for at-risk youth that fail to recognize the importance of saving face for youth who live by the “code of the street.” The results of the pilot testing of the Fight Navigator have been submitted for publication and the curriculum is available through Innovation Research and Training (iRT).

Report of Education of Patients and Service to the Community

No presentations below were sponsored by outside entities

Activities:

- 2014- Steering Committee Member, Cambridge Community Response Network
- 2015-2017 Co-Leader, Mental/Behavioral Health and Substance Abuse
Community Health Improvement Plan (CHIP), Cambridge, MA
- 2015 Expert witness to Massachusetts State Judiciary Hearing Committee for H3451:
Act Prohibiting Solitary Confinement for Juveniles
- 2021 Topic Expert, Homelessness Subcommittee of the Alternative Crisis Response
Taskforce, City of Cambridge

Books, monographs, articles and presentations in other media (e.g., video and websites, movies, television and radio) that educate the public about medicine, health or biomedical sciences:

Local/Regional Community Training Sessions and Presentations

- 2008 Juvenile mental health
Cambridge Police Youth and Family Services Unit
Three hours

- 2012-2014 The Fight Navigator Curriculum: How to resolve conflicts without violence while
saving face
Cambridge Police Youth and Family Services Unit
Two hours

- 2012-2014 The Fight Navigator Curriculum: How to resolve conflicts without violence while
saving face
Cambridge Department of Workforce Development Staff
Six hours

- 2012-2014 The Fight Navigator Curriculum: How to resolve conflicts without violence while
saving face
Cambridge Human Services After School and Summer Program Staff
Four hours

- 2014 The Safety Net Collaborative/Presentation to upper school principals,
Cambridge Public Schools
2 hours
- 2014- Behavioral health and adolescent development,
National Alliance for Mentally Ill CIT Police Training
Somerville, MA
- 2015 Cambridge Safety Net
Municipal Chief's Training Committee, Police Chief Summit on Juvenile Justice
Waltham, MA
- 2016 Police diversion and effective police-youth interaction (L Heffernan)
Massachusetts Municipal Police Chief's Annual Conference
Norwood, MA
- 2020-2021 Two-day intensive threat assessment workshops
Massachusetts Partnerships for Youth
Worcester and Dedham, MA
- 2021 Panel on Community Policing (with C Elow)
Training for New Assistant District Attorneys
Middlesex County, MA
- 2021 Cambridge Family & Social Justice Section (w E Klein)
Massachusetts Bar Association
Re-Imagining District Court Working Group
Middlesex County, MA
- 2021 Juvenile policing and mental health
Massachusetts School Resource Officer Certification Training
Massachusetts Municipal Police Training Committee
Dedham, MA

Selected Featured Interviews/Media Appearances

- 2012 Interviewed for Harvard Gazette story, Help for Cambridge youth: Medical
faculty in Health Alliance aid city's Safety Net.
<http://news.harvard.edu/gazette/story/2012/11/help-for-cambridge-youths/>
- 2015 Interviewed for an article in Harvard Political Review, Out of detention: How to
stop the school to prison pipeline. <http://harvardpolitics.com/covers/covers-spring-2015/detention-stop-school-prison-pipeline-2/>

- 2015 Interviewed for WBUR radio story, Cambridge “Safety Net” program seeks to catch troubles kids. <https://commonhealth.wbur.org/2015/11/cambridge-safety-net-collaborative>
- 2016 Interviewed for Notes from the field: Cambridge, MA. Vera Institute Status Reform Center. http://www.statusoffensereform.org/content/uploads/2016/02/Vera_Cambridge-Profile.pdf
- 2016 Featured in Massachusetts Hospital Association: Monday report Quality corner, Cambridge Health Alliance teams up to assist youths. <http://mhalink.informz.net/informzdataservice/onlineversion/ind/bWFpbGluZ2luc3RhbmNlaWQ9NTUyOTkwNyZzdWJzY3JpYmVyaWQ9NzU0NDA3NTcw#n2172848>
- 2016 Featured in America’s Essential Hospitals article: Health system, police collaborate to serve at-risk youth. <https://essentialhospitals.org/quality/qualitycambridge-hospital-partners-with-police-to-serve-at-risk-youth/>
- 2017 Featured in the 2016 Health and Human Services Summit report: Catalysts for a generative Future, Harvard University. <https://lnwprogram.org/sites/default/files/Catalysts%20for%20a%20Generative%20Future.pdf>
- 2018 Featured in the Cambridge Life: The Official Blog of the City of Cambridge: Cambridge Police Department establishes Family Social Justice Section. <http://thecambridgelife.org/index.php/2018/10/10/cambridge-police-department-establishes-family-and-social-justice-section/>
- 2018 Featured in Boston.com article: Cambridge Police formalizes its social justice approach to policing with new division. <https://www.boston.com/news/local-news/2018/11/05/cambridge-police-family-social-justice-section?event=event51>
- 2022 Featured in Boston 25 News article on police response and mental health <https://www.boston25news.com/news/local/middlesex-county/malden-police-add-first-mental-health-clinician-help-officers-responding-surge-calls/UX3HSTFJZZAZJBVBIWQHXB03BI/>

Educational Material for Patients and the Lay Community:

- 2012 Cambridge Safety Net Collaborative, co-author
Parent education pamphlet, Cambridge Police Department
- 2012 Panelist, HuffPo Live webinar on boys and violence.

<http://live.huffingtonpost.com/#r/segment/gunmen-always-men-/50cb5a762b8c2a46260001a1>

2015 Back to school tips: How to help transition kids back to school/blog post
Helping Kids Thrive: What's New with Child Psychiatry at CHA
Child Psychiatry Newsletter, Cambridge Health Alliance

Report of Scholarship

Publications

Peer Reviewed Publications in print or other media:

Research Investigations

1. **Barrett JG**, Janopaul-Naylor E. Description of a collaborative community approach to impacting juvenile arrests. *Psychological Services* 2016; 13: 133-139.
2. **Barrett JG**, Janopaul-Naylor E, Rose J, Progovac A, Hou S, Cook B. Do diverted kids stay out of trouble?: A longitudinal analysis of recidivism outcomes in diversion. *Applied Journal of Juvenile Justice Services*, 2019; 125-137.
3. Janopaul-Naylor E, Morin, S, Lee E, Mullin B, **Barrett JG**. Promising approaches to police-mental health partnerships to improve service utilization for at-risk youth. *Translational Issues in Psychological Science*, 2019; 5: 206-215.
4. **Barrett JG**, Pollack W, Janopaul-Naylor E, So M, Teran V, & Stilwell E. Fight Navigator: Exploring the feasibility of a retaliatory violence prevention program to help youth manage the Code of the Street. *National Youth-At-Risk Journal*, 2021; 4(2). Retrieved from <https://digitalcommons.georgiasouthern.edu/nyar/vol4/iss2/2>
5. **Barrett JG**, Flores M, Lee E, Mullin B, Greenbaum C, Pruett E, Cook B. Diversion as a pathway to improving service utilization among at-risk youth. *Psychology, Public Policy, and Law*. 2021. Advance online publication. <https://doi.org/10.1037/law0000325>

Other peer-reviewed scholarship

1. Walsh ME, **Barrett JG**, DePaul J. Day-to-day activities of school counselors: New directions in the field and the ASCA National Model. *Professional School Counseling* 2007; 10: 370-378.

2. **Barrett JG**, Rappaport N. Keeping it real: Overcoming resistance in adolescent males mandated to treatment. *Annals of the American Society for Adolescent Psychiatry* 2011; 1: 28-34.
3. **Barrett JG**, Kallivayalil D. "Ride or Die": Therapeutic interventions for retaliatory violence among youth. *Annals of the American Society for Adolescent Psychiatry* 2015; 5: 40-49.
4. **Barrett JG**, Olle C. Social justice training in action: A counseling psychologist's role in a police-mental health collaborative serving disadvantaged youth. *Journal for Social Action in Counseling and Psychology* 2016; 8(2): 13-31.

Non-peer reviewed scholarship in print or other media:

Chapters

1. **Barrett JG**. Using student perceptions of instructor personality to predict course evaluations: Nice teachers do not always finish last. In: Ludlow LH, editor. *A longitudinal analysis of one professor's course evaluations (vol. 5)*, (Monograph). Chestnut Hill, MA: Boston College Press 2003. p. 113-134.
2. **Barrett JG**, Walsh ME. Community schools. In: Miler JR, Lerner RM, Schiamberg LB, editors. *Human ecology: an encyclopedia of children, families, communities, and environments*. California: ABC-Clio; 2003. p. 135-138.
3. Walsh ME, **Barrett JG**. Social justice and human service program. In: Miler JR, Lerner RM, Schiamberg, LB, editors. *Human ecology: an encyclopedia of children, families, communities, and environments*. California: ABC-Clio; 2003. p. 653-655.
4. **Barrett JG**. Conduct disorder. In: Fisher CB, Lerner RM, editors. *Applied developmental science: an encyclopedia of research, policies, and programs*. California: Sage; 2004. p. 294-295.
5. Walsh ME, **Barrett JG**. Roots of violence and aggression. In: Thies KM, Travers JF, editors. *The handbook of human development for health professionals*. New Jersey: SLACK Inc; 2006. p. 355-377.

Reviews, monographs and editorials

1. **Barrett JG**, Walsh ME. Evaluation of the AGM Summer Fund Institute. Boston College, Chestnut Hill, MA 2002.
2. **Barrett JG**, Aronson J. Final evaluation of the WRAP Program. Brighton-Allston Mental Health and Boston College, Chestnut Hill, MA 2004.

3. **Barrett JG.** The LYNX Program: A strengths-based approach to helping adolescent males at-risk for juvenile delinquency. *The Community Psychologist* 2007; 40: 9-11.
4. Rappaport N, **Barrett JG.** Under the gun: threat assessment in schools. *Virtual Mentor*. 2009; 11(2):149-154.
5. **Barrett JG,** Hass R. Safety Net: A Comprehensive and coordinated effort to support at-risk youth in the Cambridge, MA community. *Matchbook* 2010; 2: 11-13.
6. **Barrett JG,** Janopaul-Naylor, E. Anger management and the code of the street. *Ideas and Opinions, Juvenile Justice Information Exchange*, 2016, at <http://jjie.org/anger-management-and-the-code-of-the-street/280753/>
7. **Barrett JG.** A promising model for integrating non-sworn clinical professionals into police departments: The Cambridge Police Clinical Support Unit. *Academy of Criminal Justice Sciences Police Forum* 2021; 30(1); 6-12.

Professional Educational Materials or Reports, in print or other media

1. **Barrett JG,** Kupersmidt JB. *Fight Navigator: Trainer's Manual*. Durham, NC: (iRT) innovation Research & Training 2015. Curriculum developed under Shore Fellowship and used by Cambridge youth police officers and teen center staff to conduct violence prevention groups with youth, at www.fightnavigator.com
2. **Barrett JG,** Heffernan L, Ross L. *Effective police-youth engagement*. Training curriculum developed for the Massachusetts Municipal Police Training Committee 2016. Three-hour training that is mandatory for all approximately 15,000 municipal police officers in the state of Massachusetts.
3. **Barrett JG,** Cook B, Cortes, D, Lee E, Moyer M. *Police-based juvenile diversion: A manual for creating a diversion program based on the Cambridge Safety Net model* 2019. A manual developed under an award from the Miller Foundation to be used by police departments to implement juvenile diversion programs.

Clinical Guidelines and Reports

1. Haas R, **Barrett, JG.** Cambridge Safety Net Initiative: Collaboration on prevention, intervention and diversion. In: *Law Enforcement's Leadership Role in Juvenile Justice Reform: Actionable Recommendations for Practice and Policy*, The International Association of Chiefs of Police (IACP) and MacArthur Foundation 2014.
2. Cook B, **Barrett JG,** Hou S, Sampson F. The intersection of the criminal justice, education, and mental healthcare systems and its influence on boys and young men of color. Prepared for RISE for Boys and Young Men of Color 2017 at <http://www.equalmeasure.org/intersection-criminal-justice-education-mental-healthcare-systems-influence-boys-young-men-color/>

Thesis:

(b)(6) The ABC's of conduct: teachers' perceptions of the psychosocial dimensions of classroom behavior [dissertation]. Chestnut Hill (MA): Boston College; 2006.

Curriculum Vitae

Date Prepared: 04/29/2021

Name:

(b)(6)

Education

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

Postdoctoral Training

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

Faculty Academic Appointments

07/89-12/96	Instructor	Psychiatry	Harvard Medical School
01/97-09/00	Assistant Professor	Psychiatry	Harvard Medical School
10/00-06/01	Associate Professor	Psychiatry	Harvard Medical School
07/01-	Associate Professor	Psychiatry	Harvard Medical School
12/15-06/20	Visiting Scholar	Behavioral Health	St. Elizabeths Hospital Washington, DC

Appointments at Hospitals/Affiliated Institutions

09/87-01/90	Associate Medical Staff	Psychiatry	Westwood Lodge Hospital
09/89-01/90	Staff Psychiatrist and Forensic Evaluator	Psychiatry	Bridgewater State Hospital
07/89-12/91	Assistant in Psychiatry	Psychiatry	Massachusetts General Hospital
06/92-09/94	Staff Psychiatrist	Psychiatry	Suffolk County House of Correction
01/92-12/94	Assistant Psychiatrist	Psychiatry	Massachusetts General Hospital
01/95-09/97	Associate Psychiatrist	Psychiatry	Massachusetts General Hospital
09/97-	Psychiatrist	Psychiatry	Massachusetts General Hospital
01/00-06/03	Clinical Affiliate in Psychiatry	Psychiatry	McLean Hospital
08/05-2018	Associate Professor	Freshman Seminar Program	Faculty of Arts and Sciences, Harvard University
06/20-	Supervisory Medical Officer	Psychiatry	St. Elizabeths Hospital DC Department of Behavioral Health

Other Professional Positions

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

2008-	Consultant	Program (SHARP) United States Office of the Director of National Intelligence
2009-2010	Member	Expert Behavioral Analysis Panel for the Amerithrax Investigation
2014-2015	Threat Management Consultant	Trial Court of the Commonwealth of Massachusetts
2016-2018	Risk Assessment Working Group	Joint Terrorism Commission including the governments of the United States, the United Kingdom, Canada, and Australia
2017-	Advisory Board Member	Parents for Peace
2017-2019	Member	Community Connect Boston Children's Hospital
2018-2019	Technical Advisory Group Member	MA Regional Disaster Health Response System
2018-2019	Member, Expert Panel on Mass Violence	National Council for Behavioral Health
2019-	Member, MassBay Threat Assessment Team	FBI, Boston Field Office
2021	Member, Domestic Extremism Working Group	United States Department of Energy
2021-	Advisory Board Member	Psychopathy Is

Major Administrative Leadership Positions

Local

1989-1990	Assistant Director, Inpatient Psychiatry Service	Massachusetts General Hospital
1989-2020	Founder and Director, Law and Psychiatry Service	Massachusetts General Hospital
1990-1997	Course Director, Lecturer; Psychiatry and the Law Seminar Series <i>A monthly evening seminar covering a range of medical-legal topics, offering free risk management credits to clinicians</i>	Massachusetts General Hospital
1990-1998	Assistant Director, Somatic Therapies Consultation Service	Massachusetts General Hospital
1997-2001, 2006-2020	Director, Forensic Psychiatry Fellowship	Harvard Medical School
2000-2001	Co-Developer: Faculty Forensic Interest Group Seminar Series	Harvard Medical School, Department of Psychiatry
2020-	Co-Director, Forensic Psychiatry Fellowship Program	St. Elizabeths Hospital

Committee Service

Local

1990-1995	Committee on Informed Consent	Massachusetts General Hospital
-----------	-------------------------------	--------------------------------

1990-2011	Committee on Professional Liability	Massachusetts General Hospital
1991-2000	Committee on Postgraduate Education	Massachusetts General Hospital, Department of Psychiatry
1992-2000	Grand Rounds Committee	Massachusetts General Hospital, Department of Psychiatry
1994-2003	Optimum Care Committee	Massachusetts General Hospital
1998-2000	Committee on the Chronically Suicidal Patient	Risk Management Foundations of the Harvard Medical Institutions
2015-2016	Legal Content Team	Massachusetts General Hospital, McLean Adult Psychiatry Residency Program
2010-	Workplace Conflict and Violence Prevention Task Force	Massachusetts General Hospital
National		
2015-2016	Program Committee Computational Linguistics and Clinical Psychology Workshop	North American Chapter of the Association of Computational Linguistics
2018-	Chair, Governmental Affairs Committee	Association of Threat Assessment Professionals

Professional Societies

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

	1998-2000	Secretary and Board Member
	2000-2002	Vice President and Board Member
	2001	Program Director
	2002-2004	President and Board Member
	2004-2007	Board Member
1997-2011	American Bar Association	
	1997	Faculty: Litigation Section Course on Attorney Stress
	1999-2001	Faculty: Litigation Section Course on <i>Daubert</i> Issues with Mental Health Testimony
1999-2000	American Association of Directors of Psychiatric Residency Training	
2002-2017	American College of Occupational and Environmental Medicine	
2005-	Association of Threat Assessment Professionals	
	2014-2018	President, New England Chapter
	2014-2018	National Board of Directors Member
	2014-2018	Board of Directors New England Chapter
	2019-	Certified Threat Manager

Editorial Activities

- 1996- Ad hoc reviewer, Journal of the American Academy of Psychiatry and the Law
- 2005- Ad hoc reviewer, Legal and Criminological Psychology
- 2007- Ad hoc reviewer, New England Journal of Medicine
- 2012- Ad hoc reviewer, Psychosomatics
- 2014- Ad hoc reviewer, Behavioral Science & the Law
- 2018- Ad hoc reviewer, Journal of Clinical Psychiatry
- 2018- Ad hoc reviewer, Terrorism & Political Violence
- 2019- Ad hoc reviewer, International Journal of Environmental Research and Public Health

Other Editorial Roles

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

Research

- 2019- Consultant, “The Other “Me Too”: A Psychological and Behavioral Analysis of the Roots and Evolution of Male Supremacy and the “Incel Rebellion.” Department of Homeland Security Science and Technology Division contract, with John Horgan, Ph.D. (P.I.) and Kurt Braddock, Ph.D.

- 2020- Consultant, “Understanding the Potential for Multidisciplinary Threat Assessment Teams to Prevent Terrorism: Conducting a formative evaluation of the MassBay Threat Assessment Team.” National Institute of Justice grant, with B. Heidi Ellis, Ph.D. (P.I.)
- 2020- Consultant, “Youth Resilience, Civic Engagement, Threat Assessment and Management Team, Recidivism Reduction and Reintegration.” Department of Homeland Security Targeted Violence and Terrorism Prevention Grant Program, with B. Heidi Ellis, Ph.D. (P.I.)

Honors and Prizes

1987	Jonas R. Rapoport Fellowship	American Academy of Psychiatry and the Law	Provides an opportunity for outstanding residents with interests in psychiatry and the law to further develop their knowledge and skills
2008	Distinguished Fellow	American Psychiatric Association	
2007-2010	Knowles Scholar	Harvard College	Robert R. Barker Fund for Small-Group Instruction Selected by peers
2016-2020	Best Doctors-Boston	Boston Magazine	
2017	Distinguished Life Fellow	American Psychiatric Association	
2018	Cynthia N. Kettle Teaching Award Nominee	Harvard Medical School	Best Teaching of Medical Students
2019	Best Doctors in America	Teladoc Health	Selected by peers
2020	Outstanding Psychiatrist Award for Advancement of the Profession	Massachusetts Psychiatric Society	Awards Committee
2021	Best Teacher	Forensic Psychiatry Fellowship Saint Elizabeths Hospital	Selected by Forensic Psychiatry Fellows

Report of Local Teaching and Training

Teaching of Students in Courses

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

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

1989-2020	“Medical Legal Issues” PGY-II Residents	Massachusetts General Hospital Two hour lecture
1989-2020	“Competency Evaluations” PGY-III Residents	Massachusetts General Hospital Three hour lecture

1989-2020	“Evaluating Decision Making Capacity” Psychiatry Consultation Service Trainees	Massachusetts General Hospital One hour lecture presented three times annually
1989-2020	“Forensic Psychiatry” Lecture series for General Psychiatry combined residents	Massachusetts General Hospital and McLean Hospital
1992-2020	Teaching Medical Students on Core and Advanced Psychiatry Rotations	Massachusetts General Hospital One hour lecture
1995	“Sexual Misconduct” Residents in Psychiatry	Harvard Day Program, Harvard Medical School
1997-2020	Forensic Psychiatry Didactic Series and Landmark Case Series Forensic Psychiatry Fellows; Post-Doctoral Psychologists	Massachusetts General Hospital Two hour lecture
2013-2020	“Forensic Psychiatry” Harvard Medical School Rotation	Massachusetts General Hospital One hour lecture per month
2020-	Forensic Fellowship Landmark Case Seminar/Didactics	Saint Elizabeths Hospital
2021-	“Forensic Psychiatry” Howard Medical School Rotation	Howard University Medical School Quarterly
2021-	“Forensic Psychiatry” PGY-1,2 Psychiatry Residents	Howard University Dept. of Psychiatry Monthly x 6 months
2021-	“Forensic Psychiatry” PGY-3,4 Psychiatry Residents	Howard University Dept. of Psychiatry Monthly x 6 months

Clinical Supervisory and Training Responsibilities:

1997-2001, 2006-2020	Ambulatory Forensic Psychiatry Practice/ Massachusetts General Hospital	One hour per week
-------------------------	--	-------------------

Formal Teaching of Peers (e.g., CME and other continuing education courses)

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

1989	“Ethical Considerations in Nutritional Support”/Lecturer Postgraduate Course: Advances in Hyperalimentation	Post Graduate Course Lecture New England Deaconess Hospital; Boston, MA
1989-1997, 1999-2006	“Forensic Psychiatry: Comprehensive Review and Update”	Post Graduate Course Lecture Massachusetts General Hospital
1989-1991	“Malpractice Risk Reduction in Psychopharmacology” “Psychopharmacology”	Post Graduate Course Lecture Massachusetts General Hospital
1990	“Medical Legal Issues I: The Right to Refuse “Treatment, Restraint, and Guardianship” Emergency Psychiatry and Crisis Intervention”	Post Graduate Course Lecture Massachusetts General Hospital
1990	“Medical Legal Issues II: Commitment, Competence and Confidentiality” “Emergency Psychiatry and Crisis Intervention”	Post Graduate Course Lecture Massachusetts General Hospital

1990	“Forensic Problems in Adolescent Treatment” “The Severely Disturbed Adolescent: Evaluation and Management”	Post Graduate Course Lecture Massachusetts General Hospital
1990	“Medico-Legal Resistance and Reappraisal of Informed Consent” “Ethical Issues in Clinical Practice” (Massachusetts Mental Health Center)	Post Graduate Course Lecture Waltham, MA
1992,1994-1996	“Medical Legal Developments in the Care of the Aged: Recent Developments, Guardianship, and Health Care Proxies” “Geriatrics”	Post Graduate Course Lecture Massachusetts General Hospital
1992	“Crisis Intervention and Civil Commitment” “Practical Psychiatry for Legal Professionals”	Post Graduate Course Course Director/Lecture Massachusetts General Hospital
1992	“Post Traumatic Stress Disorder” “Practical Psychiatry for Legal Professionals”	Post Graduate Course Course Director/Lecture Massachusetts General Hospital
1992	“Informed Consent and Competency: A Clinical Perspective” “Practical Psychiatry for Legal Professionals”	Post Graduate Course Course Director/Lecture Massachusetts General Hospital
1992	“The Mental Health System: Diagnostic and Treatment Standards” “Practical Psychiatry for Legal Professionals”	Post Graduate Course Course Director/Lecture Massachusetts General Hospital
1992	“The Battered Women’s Syndrome” with Julia Reade, M.D. Psychiatry and the Law Seminar Series	Lecture Massachusetts General Hospital
1992	“Post Traumatic Stress Disorder in Court” with Bessel van der Kolk, M.D. Psychiatry and the Law Seminar Series	Lecture Massachusetts General Hospital
1993	“Medical Legal Issues in Treating Personality Disorders” “Treating Personality Disorders”	Post Graduate Course Lecture Course Director Massachusetts General Hospital
1993	“Informed Consent as Risk Management: Do’s and Do Not’s” “Liability Prevention for Medical and Surgical Practitioners: Trends and Update, and Doctors and Nurses in Court: A Basic Survival Guide” (Massachusetts Mental Health Center)	Post Graduate Course Lecture Boston, MA
1993	“Understanding the Legal Process: Defendant and Fact Witness” “Liability Prevention for Medical and Surgical Practitioners: Trends and Update, and Doctors and Nurses in Court: A Basic Survival Guide” (Massachusetts Mental Health Center)	Post Graduate Course Lecture Boston, MA
1993	“Fundamentals of Informed Consent” “Malpractice in the 1990’s Trends and Update, and Doctors and Nurses in Court: A Basic Survival Guide” (Massachusetts Mental Health Center)	Post Graduate Course Lecture Boston, MA

1993	“The Legal Process: Roles of the Clinician in the Courtroom” “Malpractice in the 1990’s Trends and Update, and Doctors and Nurses in Court: A Basic Survival Guide” (Massachusetts Mental Health Center)	Post Graduate Course Lecture Boston, MA
1993	“Forensic Issues in Post Traumatic Stress Disorder” “Psychological Trauma: Maturation Processes and Therapeutic Interventions” (Massachusetts Mental Health Center)	Post Graduate Course Lecture Boston, MA
1993-2012	“Liability Prevention in Psychopharmacology” “Psychopharmacology”	Post Graduate Course Lecture Massachusetts General Hospital
1994	“Witness for What? Roles for the Clinician in the Courtroom” “The Clinician in Court: A Survival Guide” (Massachusetts Mental Health Center)	Post Graduate Course Lecture Boston, MA
1994	“Working with your Attorney in Mental Health” “The Clinician in Court: A Survival Guide” (Massachusetts Mental Health Center)	Post Graduate Course Lecture Boston, MA
1994	“Medical Legal Issues I: Commitment, Restraint, Confidentiality, and the Duty to Protect” “Emergency Psychiatry: Managing the Alternatives”	Post Graduate Course Lecture Massachusetts General Hospital
1994	“Medical Legal Issues II: Competency, Guardianship, and the Right to Refuse Treatment” “Emergency Psychiatry: Managing the Alternatives”	Post Graduate Course Lecture Massachusetts General Hospital
1995	“Medical Legal Aspects of Working with Character Disordered Patients” “Treating Personality Disorders”	Post Graduate Course Lecture Massachusetts General Hospital
1995-1996, 1998, 2012, 2014, 2016	“Forensic Issues in Pediatric and Adolescent Psychopharmacology” “Child and Adolescent Psychopharmacology”	Post Graduate Course Lecture Massachusetts General Hospital
1996	“Fact Witness, Expert Witness, or Defendant: Your Possible Roles in the Court Setting” “Liability Prevention for Mental Health Clinicians: The Mental Health” (Massachusetts Mental Health Center)	Post Graduate Course Lecture Boston, MA
1997-2020 <i>(presented every other year)</i>	“Legal Issues in Treating Individuals with ADHD” “Attention Deficit Hyperactivity Disorder Across the Lifespan”	Post Graduate Course Lecture Massachusetts General Hospital
1997	“Medical Legal Issues: Prescribing During Pregnancy, Competency, Rights of the Fetus” “Psychiatric Disorders Associated with Female Reproductive Function”	Post Graduate Course Lecture Massachusetts General Hospital
1997	“Critical Transitions in the Workplace” “Crisis Points in Adult Life”	Post Graduate Course Lecture Massachusetts General Hospital
1998	“Doctors in Danger: Violence Against Physicians” “Ethics Forum”	Lecture Harvard Medical School
2003, 2005	“Legal and Ethical Issues in the Use of Alternative	Post Graduate Course Lecture

	Remedies”	Massachusetts General Hospital
	“Natural Remedies for Psychiatric Disorders: Considering the Alternatives”	
2005	“Behavioral Health Issues in the Corporate Environment”	Postgraduate Education Course Section Chief/Lecture
	“The Global Clinic: Healthcare Management for Physician Executives”	Partners Healthcare/Brigham and Women’s Hospital/Massachusetts General Hospital
2005	“Executives in Trouble: Identification and Intervention”	Postgraduate Education Course Section Chief/Lecture
	“The Global Clinic: Healthcare Management for Physician Executives”	Partners Healthcare/Brigham and Women’s Hospital/Massachusetts General Hospital
2005	“Realistic Approaches to Stress Management”	Postgraduate Education Course Section Chief/Lecture
	“The Global Clinic: Healthcare Management for Physician Executives”	Partners Healthcare/Brigham and Women’s Hospital/Massachusetts General Hospital
2005	“Stress and Trauma in the Post-9/11 Business World”	Postgraduate Education Course Section Chief/Lecture
	“The Global Clinic: Healthcare Management for Physician Executives”	Partners Healthcare/Brigham and Women’s Hospital/Massachusetts General Hospital
2006	“Mad, Bad, or Something Else”	Post Graduate Course Lecture
	“Anger, Irritability, and Aggression”	Massachusetts General Hospital
2007	“Violence at Work and School: What is the Role of Mental Illness?”	Course Director/Panelist Massachusetts General Hospital Psychiatry Academy PsychLINK Broadcast
2014	“Violence Risk Assessment in Clinical Practice”	Post Graduate Course Lecture
	“Child and Adolescent Psychopharmacology”	Massachusetts General Hospital
2015-	“Violence Risk Assessment in Clinical Practice”	Post Graduate Course Lecture
	“Attention Deficit Hyperactivity Disorder Across the Lifespan”	Massachusetts General Hospital
2016	“Legal Aspects at the End of Life: Especially Withholding and Withdrawing Life Sustaining Treatments”	Post Graduate Course Lecture Harvard Medical School Center for Palliative Care
	“Practical Aspects of Palliative Care”	
2017-2019	“Law & Psychiatry: Practical Guidelines for Clinical Practice”	Post Graduate Course Lecture Massachusetts General Hospital

Local Invited Presentations

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

1989	“Ethical Considerations in Nutritional Support”/Lecturer Postgraduate Course: Advances in Hyperalimentation, New England Deaconess Hospital; Boston, MA	
------	---	--

1989 “Risk Management in Inpatient Psychiatry”/Grand Rounds
Department of Psychiatry, Mt. Auburn Hospital; Cambridge, MA

1992 “Health Care Proxies and Psychiatry: Defining a Role”/Grand Rounds
Department of Psychiatry, Massachusetts General Hospital

1993 “The Right to Refuse Treatment”/Grand Rounds
Department of Psychiatry, Beth Israel Hospital

1994 “Liability Issues in Civil Commitment”/Grand Rounds
Department of Psychiatry, McLean Hospital

1995 “Informed Consent”/Grand Rounds
Massachusetts Eye and Ear Infirmary

1995 “Patterns of Behavior in Perpetrators of Domestic Violence”/Grand Rounds
Department of Psychiatry, Massachusetts General Hospital

1995 “Health Care Violence: Trends and Strategies”/Lecturer
Presented to physicians and staff, Risk Management Foundation of the Harvard Medical
Institutions at New England Deaconess Hospital

1998 “Clinical Assessment of Threatening Behavior”/Grand Rounds
Department of Psychiatry, Massachusetts General Hospital

1998 “Evaluation of Decision-Making Capacity”/Grand Rounds
Department of Palliative Care Service, Massachusetts General Hospital

1998 “Informed Consent: Theory and Practice”/Grand Rounds
Department of Anesthesia, Massachusetts General Hospital

1998 “Clinical Assessment of Threatening Behavior”/Grand Rounds
Department of Psychiatry, Massachusetts General Hospital

1998 “Doctors in Danger: Violence Against Physicians”/Lecturer
Harvard Medical School Ethics Forum; Boston, MA

1999 “Medical Legal Issues”/Lecturer
Intern Retreat; Boston, MA (Partners HealthCare System Graduate Medical Education
Committee)

1999 “Confidentiality and Conflict: Evaluating the High Profile Individual”/Grand Rounds
Department of Psychiatry, Massachusetts General Hospital

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

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

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

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

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

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

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

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

- 2000 “Evaluating and Treating the High Profile Patient”/Lecturer
Grand Rounds, McLean Hospital
- 2001 “Liability Risks in Psychopharmacology”/Grand Rounds
Department of Psychiatry, Mt. Auburn Hospital; Cambridge, MA
- 2001 “Sexual Harassment”/Grand Rounds
(presented in April and October)
Department of Pathology, Massachusetts General Hospital
- 2001 “Violence in the Workplace”/Lecturer
Department of Psychiatry, Beth Israel Deaconess Medical Center
- 2003 “Relationships and Boundaries in the Workplace”/Lecturer
Division of Medical Oncology, Massachusetts General Hospital
- 2004 “Evaluating Decision Making Capacity”/Grand Rounds
Palliative Care Service, Massachusetts General Hospital
- 2006 “Evaluating Decision Making Capacity at the End of Life”/ Grand Rounds
Palliative Care Service, Massachusetts General Hospital
- 2006 “Physician Health and the Changing Face of Medicine”/Grand Rounds
Department of Anesthesia, Beth Israel Deaconess Medical Center
- 2006 “Physician Health and the Changing Face of Medicine”/Grand Rounds
Department of Obstetrics & Gynecology, Beth Israel Deaconess
- 2007 “Liabilities and Legalities of Supervision”/Lecturer
Postgraduate Course: Supervision, Cambridge Health Alliance; Boston, MA
- 2008 “Navigating Legal Issues Related to Patient Care and Autonomy”/Lecture
Massachusetts General Hospital; Boston, MA (Mood and Anxiety Disorders Institute)
- 2013 “Ethical and Moral Values in Writing and Publishing” with James Silver/Lecturer
Achieving Healthcare Leadership Through Writing and Publishing; Cambridge, MA
(Harvard Medical School)
- 2013 “Violence Risk Assessment: Current Knowledge and Clinical Dilemmas”/Grand Rounds
McLean Hospital; Belmont, MA
- 2013 “Almost a Psychopath: Origins and Impact of Dark Side Human Behavior”/Lecturer
Russell Museum of Medical Innovation; Boston, MA (Massachusetts General Hospital)
- 2013-2014 “Structured Communication Exercise: The Angry Patient”/Co-Facilitator with Marshall
Forstein, M.D.
Palliative Care for Hospitals and Intensivists; Boston, MA (Harvard Medical School)
- 2014 “Legal Issues in the Treatment of Patients with Autism Spectrum Disorders”/Lecturer
Autism Spectrum Disorder Across the Lifespan; Cambridge, MA (Massachusetts General
Hospital Psychiatry Academy)
- 2014 “Violence Risk Assessment On and Off Campus”/Grand Rounds
Harvard University Health Services; Cambridge, MA
- 2015 “Violence and Risk Assessment in Clinical Practice”/Lecturer with Robert C. Lewis
Attention Deficit Hyperactivity Disorder Across the Lifespan; Boston, MA (Massachusetts
General Hospital Psychiatry Academy)
- 2015 “Legal Issues and ADHD: Selected Topics”/Lecturer
Attention Deficit Hyperactivity Disorder Across the Lifespan; Boston, MA (Massachusetts
General Hospital Psychiatry Academy)
- 2015 “Legal Issues in Treating Individuals with ASD”/Lecturer
Autism Spectrum Disorder Across the Lifespan; Boston, MA (Massachusetts General
Hospital Psychiatry Academy)

- 2016 “Ideas or Illness: Pathways to Violence”/Speaker
7th Annual Harvard Thinks: Harvard Thinks Global: Addressing a World in Crisis; Cambridge, MA (Harvard College Events Board)
- 2016 “Building Resiliency in an Age of Terrorism: Public Health Perspectives”/Speaker
The Forum: Harvard T.H. Chan School of Public Health (PRI’s The World & WGBH)
- 2016 “Violent Extremism: A Clinical Review”/Lecturer
Violent Extremism Awareness for Crisis Intervention Specialists, Clinicians and other Behavioral Health Experts; Springfield, MA (hosted by Behavioral Health Network, Inc and sponsored by U.S. Attorney’s Office for the District of Massachusetts)
- 2016 “Legal Issues in Treating Individuals with ASD”/Lecturer
Autism Spectrum Disorder Across the Lifespan; Boston, MA (Massachusetts General Hospital Psychiatry Academy)
- 2017 “Insider Threat: Lessons from Amerithrax”/Lecturer; Boston, Massachusetts (Association of Threat Assessment Professional New England Chapter)
- 2017 “Targeted Violence Against Police”/Lecturer; Boston, MA (Fidelity Investments Annual Police Chiefs Luncheon)
- 2017 “Declining Performance: Assessing Fitness for Practice”/Lecturer; Boston, MA (American Society for Anesthesiology)
- 2016 “Mobilizing to Violence: What Does It Look Like?”/Panelist National Security Conference; Cambridge, Massachusetts (Office of the United States Attorney, Boston)
- 2016 “Delusion, Denial, Extremist Belief: Diagnoses or Distinctions without a Difference”/Lecturer; Boston, MA (Association of Threat Assessment Professionals New England Chapter)
- 2017 “Trauma in Correctional Populations: Demographics, Predisposition, and Outcomes”/Lecturer
PREA Conference, Boston, MA (Massachusetts Department of Corrections)
- 2017 “Assessing Violence Risk”/Lecturer
Mental Illness—Beyond the Basics; Boston, MA (Commonwealth of Massachusetts Executive Office of the Trial Court)
- 2018 “Best Practices for Prevention and Intervention for School and Campus Violence”/Lecturer
Boston, MA (Cambridge Health Alliance Continuing Medical Education Course)
- 2018 “Violence, Fraud, and Public Shaming: The Evolving Nature of Insider Threats”/Lecturer
Boston, MA International Security Management Association 2018 Meeting and 35th Anniversary
- 2020 “Legal Issues in Treating Individuals with ASD”/Lecturer
Autism Spectrum Disorder Across the Lifespan; Boston, MA (Massachusetts General Hospital Psychiatry Academy)
- 2021 “Legal Issues in Treating Individuals with ADHD”/Lecturer
Child & Adolescent Psychopharmacology; Boston, MA (Massachusetts General Hospital Psychiatry Academy)

Report of Regional, National and International Invited Teaching and Presentations

Invited Presentations and Courses

Regional

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

- 1990 “Medico-Legal Resistance and Reappraisal of Informed Consent”/Lecturer
Postgraduate Course: Ethical Issues in Clinical Practice, Massachusetts Mental Health Center; Waltham, MA
- 1990 “New Developments in the Duty to Protect”/Grand Rounds
Department of Psychiatry, Rogers Veterans Administration Hospital; Bedford, MA
- 1990 “Ethical Considerations in Total Parental Nutrition”/Lecturer
Charlton Memorial Hospital; Fall River, MA
- 1993 “Health Care Proxies and Psychiatry: Defining a Role”/Grand Rounds
Norwood Hospital; Norwood, MA
- 1993 “Liability Issues in Case Management”/Lecturer
Massachusetts Department of Mental Health, South Shore Mental Health Center; Quincy, MA
- 1993 “Men Who Murder: Domestic Violence in Massachusetts 1992-1993”/Lecturer
Families in Crisis: Family Violence from a Clinical, Legal, and Cultural Perspective, Holy Family Hospital; Andover, MA (Center for Behavioral Medicine)
- 1994 “Informed Consent”/Grand Rounds
Department of Medicine, Lawrence General Hospital; Lawrence, MA
- 1998 “Treating the Impaired Professional”/Grand Rounds
Department of Psychiatry, North Shore Medical Center; Lawrence, MA
- 2001 “Informed Consent and the Incompetent Patient”/Lecturer
Inaugural Peter Mencher, M.D. Memorial Lecture, Winchester Hospital; Winchester, MA
- 2001 “Assessing and Managing Violence in the Workplace”/Lecturer
Cambridge Hospital Conference: Violence in Clinical Practice; Boston, MA
- 2003 “Risk Management in Psychiatry”/Grand Rounds
Department of Psychiatry, New England Medical Center; Boston, MA
- 2005 “Informed Consent and the Mentally Ill”/Grand Rounds
Edith Nourse Rogers Memorial Veterans Hospital; Bedford, MA
- 2005 “Meaningful Methods for Approaching and Assisting a Physician in Need”/Lecturer
Caring for the Caregivers V: Responding to the Changing Culture of Medicine; Waltham, MA (Physician Health Services, Massachusetts Medical Society)
- 2006 “ADA Accommodations for Mental Health Issues”/Lecturer
Woburn, MA (Massachusetts Occupational Health Nurses Association)
- 2008 “Dealing with the Angry Physician”/Lecturer
The 4th Annual Ellison Pierce Symposium, Positioning Your OR’s for the Future; Boston, MA (Boston University School of Medicine)
- 2009 “Terrorism and the Behavioral Sciences”/Grand Rounds
Butler Hospital, Brown University School of Medicine; Providence, RI
- 2009 “Challenges in Assessing the PHS-Referred Physician”/Lecturer and Panel Member
Caring for the Caregivers; Waltham, MA (Physician Health Services, Massachusetts Medical Society)
- 2009 “Dealing with the Difficult Practitioner”/Lecturer
The 5th Annual Ellison Pierce Symposium, Positioning Your OR’s for the Future; Boston, MA (Boston University School of Medicine)
- 2012 “Assessing Decision Making Capacity at the End of Life”/Lecturer
Cambridge Health Alliance; Cambridge, MA
- 2014 “Violence Risk Assessment: Current Knowledge and Clinical Dilemmas”/Grand Rounds
Department of Psychiatry, Boston Medical Center; Boston, MA

- 2014 “Almost a Psychopath: Origins and Impact of Dark Side Human Behavior”/Lecturer
Boston, MA (Boston Odontological Society)
- 2014 “Selected Issues in Risk Management”/Grand Rounds
Westwood Lodge Hospital; Westwood, MA
- 2015 “Newton Wellesley Hospital Threat Management Team Training”/Lecturer
Newton Wellesley Hospital; Newton, MA
- 2017 “Violence Against Judges”/Panelist
Judicial Security Seminar; Worcester, MA (Trial Court Security Department,
Commonwealth of Massachusetts)
- 2017 “Fundamentals of Threat Assessment for Mental Health Professionals”/Lecturer; Reading,
MA (U.S. Attorney’s Office and New England Chapter of the Association of Threat
Assessment Professionals)
- 2017 “Workplace Violence: What Role for Mental Illness?”/Lecturer and Discussant; Medford,
MA Workplace Violence and Mental Illness (Middlesex District Attorney’s Office and
Hallmark Health)
- 2017 “Violence Risk Assessment vs. Threat Assessment”/Lecturer
Improving Behavioral Health Services for Patients in the Emergency Department;
Burlington, MA (Massachusetts Hospital Association)
- 2018 “Mental Illness and Violent Crime”/Lecturer Winchester, MA
Grand Rounds, (Winchester Hospital)
- 2018 “Why and how terrorists change tactics”/Lecturer Boston, MA Advanced Development for
Security Applications (ADSA) Workshop 19: Rapid Response to an Adapting Adversary
(Awareness and Localization of Explosives-Related Threats, Northeastern University)
- 2018 “Mental Illness in Primary Care Patients: Assessing Suicide Risk and Violence
Prevention” Needham, MA (Beth Israel Deaconess-Needham)

National

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

- 1988 “C-Section in a Dying Woman”/Lecturer
American Academy of Psychiatry and the Law Annual Meeting; San Francisco, CA
- 1989 “HIV and the Criminal Law”/Lecturer
American Academy of Psychiatry and the Law Annual Meeting; Washington, DC
- 1991 “Forensic Psychiatry”/Lecturer
Vista Hill Foundation Course: Frontiers in Administrative Psychiatry; San Diego, CA
- 1993 “Professional Training: Recognition of Signs”/Lecturer
Healing Family Violence: The Fourth Annual McGuire Memorial Conference on Family
Violence; Billings, MO
- 1993 “Application of Montana Domestic Abuse Law”/Lecturer
Healing Family Violence: The Fourth Annual McGuire Memorial Conference on Family
Violence; Billings, MO
- 1994 “Medical Malpractice: How Not to Get Sued”/Lecturer
Dermatology: Financial and Managerial Practices; Orlando, FL
- 1995 “Clinicians in Court”/Grand Rounds
Hillside Hospital, Long Island Jewish Medical Center; Glen Oaks, NY

- 1995 “A Clinical Approach to Traumatic Memory”/Lecturer
American Psychiatric Association Annual Meeting; Miami, FL
- 1995 “Psychiatry and the Law”/Lecturer
Tulane University Medical School Course: New Dimensions in Mental Health Administration; New Orleans, LA
- 1996 “Violence, Disability, and Forensic Psychiatry in the Workplace”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; Tucson, AZ
- 1996 “Psychiatric Fitness for Duty Exams”/Lecturer
Annual Meeting of the American College of Occupational and Environmental Medicine; San Antonio, TX
- 1996 “Traumatic Recollections: Medical-Legal Issues”/Lecturer
American Psychiatric Association Annual Meeting; New York, NY
- 1996-1999 Course Director, Lecturer: “Medical and Legal Aspects of Assessment in the Workplace”
American Psychiatric Association Annual Meeting; Various Locations throughout the U.S. and Canada
- 1997 “Beyond Sensationalism: The Role of Organizational Psychiatry in Workplace Violence”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; Orlando, FL
- 1997 “Organizational Pathology and Individual Disability”/Lecturer
American Academy of Psychiatry and the Law Annual Meeting; Denver, CO
- 1998 “Assessing Psychiatric Disorders in the Employment Setting”/Lecturer
American Occupational Health Conference; Boston, MA
- 1998 “Expert Testimony in Light of GE v. Joiner and Daubert”/Lecturer
American Academy of Psychiatry and the Law Annual Meeting; New Orleans, LA
- 1999 “Fundamentals of the ADA and FMLA”/Lecturer
Annual Meeting of the Academy of Organizational and Occupational Psychiatry; Washington, D.C.
- 1999 “Risk Management in Psychopharmacology”/Lecturer
Continuing Education Course; Syracuse, New York (State University of New York Health Science Center)
- 1999 “Treatment and Assessment of Disability”/Lecturer
American Psychological Association and the National Institute of Occupational Safety and Health: Work, Stress, and Health '99: Organization of Work in a Global Economy; Baltimore, MD
- 2000 “Limiting Liability in Psychopharmacology”/Lecturer
Madison, WI (University of Wisconsin Medical School & Madison Institute of Medicine)
- 2000 “Consulting in the Public eye: The Challenge of the High Profile Evaluation”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2000 “ADA and FMLA Update”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2000 “Victims in the Workplace: Awful and Optimal Outcomes”/Lecturer
APA Committee on Psychiatry in the Workplace Workshop: American Psychiatric Association Annual Meeting; Chicago, IL
- 2000 “Assessment and Management of Violence in the Workplace”/Lecturer
American Psychiatric Association Annual Meeting; Chicago, IL
- 2000 “Limiting Liability in Psychopharmacology”/Lecturer
University of Wisconsin Medical School and the Madison Institute of Medicine; Madison, WI

- 2000 “Liability in Psychopharmacology: Old and New Issues in 2000”/Lecturer
Puerto Rico Psychiatric Convention 2000; Rio Grande, PR
- 2001 “Evaluating Disruptive Physicians”/Panel Chair and Lecturer
American Academy of Psychiatry and Law Annual Meeting; Boston, MA
- 2002 “Helping Organizations Cope with the Threat of Terrorism”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2002 Course Director, Lecturer: “Core Competencies in Workplace Psychiatry” American
Psychiatric Association Annual Meeting; Philadelphia, PA
- 2002 “Legal Issues and Attention Deficit Hyperactivity Disorder/Grand Rounds
New York University Child Study Center; New York, NY
- 2002 “Disaster, Terror and Trauma in the Workplace: What We Knew Before 9/11 and What
We Have Learned Since”/Panelist
American Psychiatric Association; Washington, D.C. (Substance Abuse and Mental Health
Services Administration of the U.S. Department of Health and Human Services)
- 2002 “Fundamentals of Threat Assessment”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2003 “Establishing the Relationship: Expectations and Contracts”/Lecturer
Annual Meeting of the Academy of Organizational and Occupational Psychiatry;
Washington, D.C.
- 2003 “Implementing Interventions”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; Washington,
D.C.
- 2004 “Fitness for Duty Executives and Professionals”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2004 “The Assessment of Violence Potential in the Workplace”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2004 “Organizational Response to Epidemics and Bioterrorism”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; San Diego, CA
- 2005 “Evaluating Decision Making Capacity at the End of Life”/Grand Rounds
Zucker Hillside Hospital, Long Island Jewish Medical Center; Glen Oaks, NY
- 2005 “Fitness for Duty Executives and Professionals”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; Washington,
D.C.
- 2005 “The Assessment of Violence Potential in the Workplace”/Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; Washington,
D.C.
- 2005 “The Evaluation of Disruptive Physicians” with Julia Reade, M.D./Lecturer
Academy of Organizational and Occupational Psychiatry Annual Meeting; Washington,
D.C.
- 2005 “Disruptive Doctors: Experience and a Sample from the Northeast” with Julia Reade,
M.D./Lecturer
The Disruptive Individual in Hospital and Medical Staff Relations; Palo Alto, CA (Center
for Psychiatry and the Law, Stanford Medical School)
- 2005 “Disruptive Physicians: Characteristics of a Sample and an Approach to Evaluations” with
Julia Reade, M.D./Lecturer
New Hampshire Physician Health Program; Concord, NH
- 2006 “Organizational Crises: Managing Mergers, Corporate Downsizing, & Outsourcing to
Minimize Mental Health Disruption to the Workforce”/Panel Chair

- World Congress Leadership Summit on Cost-Appropriateness of Behavioral Health and Wellness; Baltimore, MD
- 2006 “Current Status of the Duty to Protect”/Lecturer presented on behalf of James C. Beck Annual Meeting of the American Academy of Psychiatry and the Law Annual Meeting; Chicago, IL
- 2006 “Limits on Confidentiality in Employment Evaluations”/Workshop Chair & Lecturer American Academy of Psychiatry and the Law Annual Meeting; Chicago, IL
- 2007 “Managing Disruptive Behavior: Differential Diagnosis, Organizational Issues, and Barriers to Change”/Lecturer and Panelist
Joint Session of the Federation of State Physician Health Programs and the Federation of State Medical Boards; San Francisco, CA
- 2008 “Misuse of Biological Agents: Risk Factors and Behavioral Indicators”/Lecturer and Panelist
Biodefense and Emerging Disease Research Meeting; Baltimore, MD (American Society for Microbiology)
- 2008 “Liability Prevention in Psychopharmacology”/Lecturer
Psychopharmacology Updates: A Comprehensive Review of Evidence-Based Approaches; New York, NY (Massachusetts General Hospital and Mt. Sinai School of Medicine)
- 2008 “Fitness for Duty Evaluations: When and How”/Lecturer
General Motors Health Services-2008 Occupational Medicine Symposium; Cincinnati, OH
- 2008 “Diagnosis and Treatment of Depression”/Lecturer
General Motors Health Services-2008 Occupational Medicine Symposium; Cincinnati, OH
- 2009 “Capacity Assessments for Medical Decisions on the Inpatient Unit”/Lecturer
American Academy of Psychiatry and the Law Annual Meeting; Baltimore, MD
- 2012 “The Amerithrax Case”/Lecturer with Gregory Saathoff, MD, Christopher Holstege, MD, David William
Internal Medicine Grand Rounds, University of Virginia School of Medicine; Charlottesville, VA
- 2013 “Challenges of Personnel Suitability and Reliability in Active Research Programs: An Overview”/Lecturer
Bridging Science and Security for Biological Research: Personnel Security Programs; Washington, D.C. (American Association for the Advancement of Science, Association of American Universities, Association of Public and Land Grant Universities, and the Federal Bureau of Investigation)
- 2014 “Civil Commitment: Policy Considerations and Mass Violence”/Lecturer
Saint Elizabeths Hospital Annual Forensic Conference: Involuntary Civil Commitment, Updates and Controversies; Washington, D.C. (Saint Elizabeths Hospital)
- 2014 “Assessing Violence Risk in Threatening Communications”/Lecturer with Kimberly A. Glasgow
Workshop on Computational Linguistics and Clinical Psychology; Baltimore, MD (Association for Computational Linguistics)
- 2014 “Selected Medical Legal Issues in State Department Psychiatry”/Lecturer
The State of Psychiatry 2014; Boston, MA (Invited and developed by United States Department of State and held at Massachusetts General Hospital)
- 2015 “Safeguarding the Research and Educational Environment at U.S. Universities: Addressing Potential Personnel Security Risks in A Multidisciplinary Research Environment”/Participant
Washington, D.C. (Gryphon Scientific, American Association for Advancement in

- Science, Federal Bureau of Investigation)
- 2015 “Transforming Counter-Terrorism Policy by Researching Religious Justifications of Violence: Three Cases of Islamist Terrorism”/Speaker with Neil Aggarwal and John Horgan, “Transforming Policy and Practice for Culturally Competent Mental Health Care” Minneapolis, MN (Society for the Study of Society & Culture)
- 2016-2019 “Sexual Harassment”/Lecturer
St. Elizabeths Hospital, Washington, DC
- 2016 “Fundamentals of Threat Assessment”/Lecturer Portsmouth, NH (State Street Global Security Summit)
- 2016-2019, 2021- “Legal Issues in Threat Assessment and Management”/Lecturer with Rachel Solov and Molly Amman; Anaheim, CA Threat Management Conference (Association of Threat Assessment Professionals)
- 2017 “Targeted Violence Against Police Officers: A Case Example”/Lecturer Houston, Texas (Association of Threat Assessment Professionals Texas Chapter)
- 2017 “Targeted Violence Against Police Officers: A Case Example”/Lecturer Washington, DC; (Association of Threat Assessment Professionals Washington, DC Chapter)
- 2018 “Frontiers of Liability in Workplace Mass Shootings”/Lecturer with Richard Hines and Robert Foster; Orlando, FL (Association of Threat Assessment Professionals Winter Meeting)
- 2018 “Basics of Student Threat Assessment”/Lecturer, Trainer with Stephanie Leite. Bangor, ME (A day-long training for the Co-Occurring Collaborative Serving Maine)
- 2018 “Insider Threat”/Lecturer. Quantico, VA (Federal Bureau of Investigation Domestic Security Executive Academy-XV)
- 2018 “Biosecurity Issues”/Panelist Washington, DC (Georgetown University Biohazardous Threat Agents and Emerging Infectious Diseases (BHTA) Program)
- 2018 “Insider Threats in Times of Change”/Lecturer Nyskayuna, NY (General Electric Company Security, Risk, Crisis Management Corporate Executive Council)
- 2018 “Fundamentals of Threat Assessment”/Lecturer, with John Rozel Austin, TX (American Academy of Psychiatry and the Law Annual Meeting)
- 2018 “Insider Threat”/Lecturer Washington, DC (Second China-U.S. Track II Dialogue on Nuclear Security; Organized by the Nuclear Threat Initiative (NTI) and the China Arms Control and Disarmament Association (CACDA))
- 2019 “Fundamentals of Threat Assessment and Management”/Lecturer Augusta, ME (A day-long training for the University of Maine System)
- 2019 “Insider Threat” Hoover Institute, Stanford University, Palo Alto, California (NC-3 and Global Stability, sponsored by the Nautilus Institute and the MacArthur Foundation)
- 2019 “WMD and Insider Threat: Who Would Do Such a Thing?”/Lecturer Washington, DC (Nuclear Threat Initiative Seminar Series)
- 2019 “Challenges with Mental Health in Investigations”/Lecturer-Panelist Washington, DC (Federal Bureau of Investigation National Joint Terrorism Task Force Conference)
- 2020 “Strategies for Identifying, Preventing and Responding to Serious Workplace Threats”/Lecturer, with Paul Kelly and Sarah Eibling, Pebble Beach, California (International Association of Defense Counsel)
- 2020 “Pandemics and Other Disasters: Psychological Impact and Preparation”/Lecturer, Nationwide teleconference presentation (New England Chapter of the Association of Threat Assessment Professionals)
- 2020- “Threat Assessment and Bioterrorism”/Lecturer, Teleconference presentation (Georgetown University Graduate Program in Biosecurity)

- 2021 “Artificial Intelligence and Threat Assessment: Prospects and Problems”/Lecturer, with Kimberly Glasgow, Teleconference presentation (Association of Threat Assessment Professionals Virtual Threat Assessment Conference)
- International**
- 1999 “Stress, Suicide, and Work”/Keynote Address
Stress and Suicide in the Workplace Conference; Tokyo, Japan (Japanese Society of Occupational Mental Health and the Society of Stress Research)
- 2001 “Confidentiality and the Media: The Mike Tyson Case”/Lecturer
Royal College of Psychiatrists Faculty of Forensic Psychiatry; Brighton, England
- 2002 “Protecting the Rights of the Mentally Ill: Legislative, Regulatory and Litigation-Based Approaches”/Keynote Address
Annual Meeting of the Japanese Society of Social Psychiatry; Chiba City, Japan
- 2002 “Protecting Patients’ Rights”/Lecturer
Chichibu Mental Hospital; Chichibu, Japan
- 2002 “Informed Consent and the Right to Refuse Treatment”/Lecturer
Kijima Mental Hospital; Kijima, Japan
- 2002 “Posttraumatic Stress Disorder”/Lecturer
Asaka Hospital; Koriyama, Fukushima Prefecture, Japan
- 2002 “Involuntary Treatment and Hospitalization: Ethical, Legal and Clinical Guidelines”/Lecturer
Symposium on “Contemporary Practices and Problems of Inpatient Treatment in the Acute Phase of Psychiatric Illness” at the World Congress of Psychiatry; Yokohama, Japan
- 2002 “Protecting the Rights of the Mentally Ill: Legislative, Regulatory and Litigation-Based Approaches”/Lecturer
Annual Meeting of the Association of Osaka Psychiatric Hospitals; Osaka, Japan
- 2002 “Compensation for Victims of Trauma in the United States”/Lecturer
Symposium on “Posttraumatic Stress Disorder” at the World Congress of Psychiatry; Yokohama, Japan
- 2002 “Organizational and Occupational Psychiatry in the United States”/Lecturer
Symposium on “Working Life and Mental Health: A Challenge to Psychiatry” at the World Congress of Psychiatry; Yokohama, Japan
- 2002 “Defining and Protecting the Rights of the Mentally Ill”/Lecturer
Sapporo Kosetsu Hospital; Hokkaido, Japan
- 2006 “Organizational Impact and Evaluations of Impaired Executives and Professionals”/Lecturer
Occupational Psychiatry Section Symposium, World Psychiatric Association; Istanbul, Turkey
- 2007 “Evaluation and Management of Destructive Behavior by Executives and Professionals”/Lecturer
Annual Congress of the International Stress Management Association-Brazil; Porto Alegre, Brazil
- 2007 “Aggression and Disruptive Behavior in the Workplace: A North American Perspective”/Lecturer and Panelist
Annual Congress of the International Stress Management Association-Brazil; Porto Alegre, Brazil
- 2012 “Insider Threats”/Lecturer with Gregory Saathoff, MD, Christopher Holstege, MD
Chemical Biological Medical Treatment Symposium IX: Insider Threats; Spiez, Switzerland

- 2013 “Ethical and Methodological Issues when Clinicians and Researchers Lend their Skills to Studying and Attempting to Prevent Terrorism”/Lecturer with John Lord Alderdice, FRCPsych and Gregory Saathoff, MD
Society for Terrorism Research 7th Annual Conference; London, United Kingdom
- 2016 Case Presentation on Targeted Violence Against Law Enforcement Personnel/Lecturer
Fixated Threat Assessment Centre, Metropolitan Police/National Health Service; London, England
- 2016 “Working with Health Care Providers” Second meeting of the Risk Management Working Group, Lancaster University, Lancaster, England
- 2018 “Insider Threats”/Lecturer; Meeting of the Northwest Chapter of the Association of Threat Assessment Professionals and the Canadian Association of Threat Assessment Professionals; Victoria, BC Canada
- 2019 “Targeted Individuals”/Lecturer; XIII Annual Conference sponsored by the North London Forensic Service entitled “Grudges and Grievances”
- 2020 “From ‘pillhead’ to ‘Opiates Recovery’: Reddit communities and recovery from addiction”/Lecturer with Kimberly A. Glasgow; International Network of Social Network Analysts Annual Sunbelt Conference; via Zoom

Report of Clinical Activities and Innovations

Current Licensure and Certification

- 1987- Full Medical License, Massachusetts
1991- Full Medical License, California
1993 Diplomate in Psychiatry, American Board of Psychiatry and Neurology
1994 American Board of Psychiatry and Neurology, Certification in the Subspecialty of Forensic Psychiatry
2005- Full Medical License, New York
2014 American Board of Psychiatry and Neurology, Recertification in the Subspecialty of Forensic Psychiatry
2020- Full Medical License, District of Columbia

Practice Activities

- | | | | |
|---------------|---|---|--|
| 1989-
1990 | Assistant Director | Inpatient Psychiatry Unit,
Massachusetts General
Hospital | Half Time including leading
two treatment teams |
| 1989-
1990 | Unit Psychiatrist | Bridgewater State Hospital | Half Time |
| 1989-
2020 | Ambulatory Practice, Adult
Psychotherapy and
Psychopharmacology | Department of Psychiatry,
Massachusetts General
Hospital | Initially 3 hours per week-
current 20% of practice |
| 1990 | Assistant Director, Inpatient
and Outpatient treatment | Department of Psychiatry | Half Time |
| 1998 | Assistant Director | Somatic Therapies
Consultation Service,
Massachusetts General
Hospital | Half Time |

1989-2020	Clinical Forensic Consultation	Department of Psychiatry, Law and Psychiatry Service, Massachusetts General Hospital	60% of practice
2020-	Clinical Forensic Consultation	Department of Psychiatry Law & Psychiatry Service Massachusetts General Hospital & Private Practice S	15% of time
2020-	Director, Forensic Psychiatry Fellowship	Elizabeths Hospital DC Department of Behavioral Health	Half Time

Report of Education of Patients and Service to the Community

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

Activities

Regional

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

1992-1993	Judicial Institute of the Commonwealth of Massachusetts/Course Director and Faculty
1992-1994	Committee for Public Counsel Services/Faculty
1993	4 th Annual Seminar, Domestic Violence/Stalking at Massasoit Community College Law Enforcement Department; Brockton, MA/Lecturer “Medical Perspective on Domestic Violence”
1993	Harvard University, Personnel Law Update; Cambridge, MA/Lecturer “Violence in the Workplace”
1993	Council on Education in Management; Cambridge, MA/Lecturer “Preventing Violence in the Workplace”
1994	Massachusetts Trial Court Department of Probation/Course Director and Lecturer
1994, 1999	Massachusetts Bar Association/Faculty
1994	Robinson, Donovan, Madden, and Barry law firm; Springfield, MA/Lecturer “Preventing Violence in the Workplace”
1994	Practical Steps for Handling and Treating Sexual Harassment Claims in the Workplace; Natick, MA/Lecturer “Mental Health Aspects of Sexual Harassment”
1994	Committee for Public Counsel Services Seminar: Evidence and Experts; Boston, MA/Lecturer “Safe Handling of the Volatile Employee”
1995	Region I Seminar for Legal Investigators, National Association of Legal Investigators; Eastham, MA/Lecturer “Violence in the Workplace”
1995	Council on Education in Management: 11 th Annual Massachusetts Conference: Personnel Law Update; Cambridge, MA/Lecturer “Violence: Profile of a Susceptible Workplace”

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

MA/Lecturer
 “Assessment and Management of Violence in the Workplace”
 2000 American Conference Institute: Litigating Disability Claims; Boston, MA/Lecturer
 “Selected Psychiatric Disorders in Disability Claims”
 2000 Palmer & Dodge LLP: Selected Legal Issues for Schools and Colleges; Boston
 MA/Lecturer
 “Assessment and Management of Violence Risk”
 2000 Protective Services Division of the Federal Bank of Boston: Annual Training
 Weekend; Boston, MA/Lecturer
 “Recognition and Management of Stress in Protective Services”
 2001 Annual District Court Judges’ Conference; Williamstown, MA/Panelist
 “Adjudicating Mental Health Issues: One Clinician’s View”
 2001 New England Human Resources Association; Waltham, MA/Panelist
 “Workplace Violence”
 2001 Holland & Knight; Boston, MA/Panelist
 “Preventing and Managing Student and Employee Crises”
 2001 Massachusetts Association of General Contractors; Waltham, MA
 “Realistic Approaches to Workplace Violence”
 2001 Preventing Workplace Violence (Massachusetts Bankers’ Association);
 Westborough, MA/Lecturer
 “Putting Workplace Violence in Perspective”
 2001 Lesley University: Faculty Development Conference/Lecturer
 “Threatening Behavior on Campus: Assessment and Management”
 2001 Bentley College (Middlesex County District Attorney)/Lecturer
 “Realistic Approaches to Workplace Violence”
 2001 Massachusetts Mental Health Advisors Committee/Keynote Speaker
 “Bridging the Gap: Challenges in the Interface Between Law and Clinical Care”
 2001 Training to Reduce the Risk of Violence in the Workplace (Pinkerton Consulting &
 Investigations) /Lecturer
 “Responding to Threats and Violence in the Workplace”
 2001 Crime and Violence in the Workplace (Boston Bar Association)/Lecturer
 “Workplace Crime and Violence: Behavioral Health Issues”
 2001 High Rise Security and Workplace Violence (Pinkerton Consulting &
 Investigations)/Lecturer
 “Reducing Workplace Violence: Behavioral Health Aspects”
 2002 Northeastern University College of Criminal Justice/Lecturer
 “Reducing Workplace Violence: Behavioral Health Aspects”
 2002 Suffolk University Law School (Mental Health Legal Advisors’ Committee)
 “Psychiatric Diagnosis: A Work in Progress?”
 2002 Massachusetts Bankers’ Association; Marlborough, MA/Lecturer
 “Considering Psychological Impact in Disaster Planning: Policy, Preparation, and
 Response”
 2002 New England Corporate Counsel Association; Waltham, MA/Lecturer
 “Workplace Violence: Behavioral Health Aspects”
 2003 Judicial Institute of the Commonwealth of Massachusetts/Lecturer
 “An Overview: The Diagnostic and Statistical Manual of Mental Disorders, Fourth
 Edition, Text Revision”
 2003 American Electronics Association, New England Council; Lexington, MA/Lecturer

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

- 2007 ASIS International Boston Exposition; Boxborough, MA/Lecturer
“Myths, Realities, and Effective Strategies in Addressing Violence in the Workplace”
- 2007 Massachusetts Employment Law Update (Council on Education in Management); Waltham, MA/Lecturer
“Solutions to Growing Workplace Violence Concerns”
- 2007 Common Challenges in Mental Health Proceedings: A Program for Judges (Judicial Institute of the Trial Court of the Commonwealth of Massachusetts); Boston, MA/Lecturer
“Assessing Dangerousness”
- 2007 Common Challenges in Mental Health Proceedings: A Program for Judges (Judicial Institute of the Trial Court of the Commonwealth of Massachusetts); Boston, MA/Lecturer
“Rogers Hearings”
- 2007 Judicial Institute of The Trial Court of Massachusetts/Planning Committee
“Common Challenges in Mental Health Proceedings: A Program for Judges
- 2008 Massachusetts Probate and Family Court Judicial Conference; Lenox, MA/Lecturer
“Clinical Assessment of Decisional Capacity: From the Bedside to the Bench” with Rebecca Brendel, M.D., J.D.
- 2008 Annual District Court Judicial Conference, Trial Court of the Commonwealth of Massachusetts; Northampton, MA/Lecturer
“The Violence Risk Assessment Process”
- 2008 Boston Bar Association; Boston, MA/Panelist
“Evaluating Testamentary Capacity”
- 2008 25th Anniversary Conference of the International Security Managers Association; Boston, MA/Lecturer
“Effective Response to the Expanding Scope of Workplace Violence”
- 2008 Boston Bar Association; Boston, MA/Panelist
“The Use of Experts in Employment Litigation”
- 2008 Annual Guardianship Conference (Advanced Legal Studies Center, Suffolk University Law School); Boston, MA/Lecturer
“Clinical Assessment of Decisional Capacity” with Rebecca Brendel, MD, JD
- 2008 Pinkerton Consulting & Investigations; Providence, RI/Lecturer
“A Practical View of Violent Workplace Threats”
- 2009 Annual Meeting of the National Association of Bar Counsel; Boston, MA/Lecturer
“Personality Disorders for Bar Counsel”
- 2009 Pinkerton Consulting & Investigations and Brigham & Women’s Hospital; Boston, MA/Lecturer
“A Practical View of Violent Workplace Threats”
- 2012 Critical Issues and New Research in Mental Health, Drug and Alcohol Abuse, and Crime on College Campuses (Harvard Health Publications); Boston, MA/Lecturer
“Threats and Violence on Campus”
- 2012 Are Your Employees Safe at Work? Assessing, Preventing, and Responding to Violence in the Workplace (Nixon Peabody LLC); Boston, MA/Lecturer
“Workplace Violence”
- 2012 Featured speaker: “Freedom from Workplace Bullying: Who Are the Aggressors, and What Can We Do About Them?” The New Workplace Institute, Suffolk University Law School, Boston, MA

- 2013 Mental Health Proceedings: Medical Considerations and Legal Issues (Commonwealth of Massachusetts Office of the Chief Justice of the Trial Court Judicial Institute and the Mental Health Legal Advisors Committee); Boston, MA/Faculty
“Violence Risk Assessment”
- 2013 House Speaker Deleo’s Study Group on Gun Violence and Mental Illness, Northeastern University; Boston, MA/Lecturer
“Risk Assessment, Gun Violence, and Mental Illness”
- 2013 Annual Meeting of the Massachusetts Association for Mental Health; Boston, MA/Lecturer
“Guns, Violence, and Mental Health”
- 2014 Brookline Reads (Brookline Public Library); Brookline, MA/Panelist
“Defending Jacob”
- 2014 Insider Threats Workshop (American Academy of Arts and Sciences); Somerville, MA/Lecturer
“Insider Threats: Lessons from Amerithrax”
- 2014 Massachusetts Anti-Terrorism Advisory Council Meeting (United States Attorney’s Office, District of Massachusetts); Boston, MA/Lecturer
“Mental Health Outreach”
- 2014 Harvard Law School; Cambridge, MA/Faculty
Trial Advocacy Workshop
- 2015 Judicial Security: Awareness, Challenges and Safety Tips (Judicial Institute of the Commonwealth of Massachusetts); Worcester, MA/Lecturer
“Threat and Stalkers”
- 2015 Active Shooter Preparation and Response Workshop (FBI Citizens’ Academy Alumni Association); Smithfield, RI/Keynote Address
“Mental Health Aspects of Active Shooter Situations”
- 2016 National Security Conference (United States Attorney’s Office, District of Massachusetts); Cambridge, MA/Speaker
“Mobilizing to Violence: What does it look like?”
- 2019 Navigating the Grey: Threat Assessment Management in Higher Education “The Fundamentals of Threat Assessment” (Massachusetts Association of Campus Law Enforcement Administrators); Leominster, MA/Speaker
- 2021 Suicide Risk Assessment and Management (Justice & Mental Health Collaborations, Crisis Intervention Team (CIT) Training and Technical Assistance Center; Somerville, MA) via Zoom)

National

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

- 1988 Stetson College of Law; St. Petersburg, FL/Lecturer
“The Evaluation of Competency to Consent to Medical Treatment”
- 1994 Federally Employed Women’s National Training Conference; Washington, DC/Lecturer
“Psychological Aspects of Sexual Harassment”
- 1994 The State of the Art Conference Series on Family Violence; Dayton, OH/Lecturer
“Families in Crisis: Family Violence from a Clinical and Legal Perspective”
- 1994 Women’s Resource Center: Family Violence Prevention Conference; Racine, WI/Lecturer

1995 “Professional Training: Recognizing the Signs”
 Federally Employed Women National Training Conference; Tacoma, WA/Lecturer
 “Violence in the Workplace”

1995 Federally Employed Women National Training Conference; Tacoma, WA/Lecturer
 “Sexual Harassment: Psychology, Effects, and Investigation”

1995 International Claim Association Eighty-Sixth Annual Meeting; San Diego,
 CA/Lecturer
 “Forensic Assessment of Psychiatric Disability Claims”

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

1997 American Bar Association Litigation Course on Attorney Stress

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

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

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

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

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

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

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

2003 American Red Cross Disaster Mental Health Volunteer

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

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

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

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

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

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

2008 The Association of Threat Assessment Professionals Annual Conference; Anaheim,
 CA/Lecturer

“Mental Health Professionals and Threat Management Teams: The When and How of Optimal Utilization”

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

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

2009 Annual Meeting of the American Judges Association; Las Vegas, NV/Lecturer
“Assessing Dangerousness: Myths and Research”

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

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

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

2011 14th Annual Conference of the Critical Incident Analysis Group, University of Virginia; Charlottesville, VA/Panelist
“Background of the Report” moderated by Former Attorney General Edwin Meese

2011 14th Annual Conference of the Critical Incident Analysis Group, University of Virginia; Charlottesville, VA/Panel Moderator
“Personnel Reliability Programs in Government and the Corporate World: Challenges/Opportunities/Obstacles”

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

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

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

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

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

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

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

2015 “The Power of Prevention: Threat Management Strategies to Disrupt Targeted Shooters”/ Participant

- Charlottesville, VA (Federal Bureau of Investigation Critical Incident Analysis Group Symposium)
- 2015 “The Power of Prevention: Threat Management Strategies to Disrupt Targeted Shooters”/ Lecturer
 “Bent or Broken? The Current Mental Health System and its Implications for Threat Management”
 Charlottesville, VA (FBI Critical Incident Analysis Group Symposium)
- 2016 “Risk and Threat Assessment within US University Environments”/Symposium and Panel Participant
 “Extremist Risk Assessment”
 Charlottesville, VA (FBI Critical Incident Analysis Group Symposium)
- 2016 “Christopher John Monfort Case Study” /Lecturer
 Federal Bureau of Investigation Behavioral Analysis Unit I. Stafford, Virginia
- 2016 The Association of Threat Assessment Professionals Threat Management Conference; Anaheim, CA/Lecturer
 “Romance, Science, and the Path to Deception” with Adam Ciralsky, J.D.
- 2016-2019 ” Core Competencies: Legal Issues I & II” with Rachel Solov, J.D. and Molly Amman, J.D. The Association of Threat Assessment Professionals Threat Management Conference; Anaheim, CA/Lecturer.
- 2018 “Violent Extremism: There and Back Again” Panel Discussion with Arno Michaelis, Mubin Shaikh, and Myrieme Nadri-Churchill. Philadelphia, PA Joint Threat Assessment Training, Association of Threat Assessment Professionals/Moderator
- 2019 “Violent Extremism: There and Back Again” Panel Discussion with Arno Michaelis, Mubin Shaikh, and Myrieme Nadri-Churchill. Philadelphia, PA Joint Threat Assessment Training, Association of Threat Assessment Professionals/Moderator
- 2019 “Insider Threat” Hoover Institute, Stanford University, Palo Alto, California (NC-and Global Stability, sponsored by the Nautilus Institute and the MacArthur Foundation)
- 2019 “WMD and Insider Threat: Who Would Do Such a Thing?”/Lecturer Washington, DC (Nuclear Threat Initiative Seminar Series)
- 2020 “The Role of the Psychiatrist in Counterterrorism Cases” with P. Candilis, D. Kushner, E. Suardi, S. Xenakis. Grand Rounds, George Washington University, Washington, D.C. (virtual)
- 2020 “Behavioral Scientists in National Security and Counter Terrorism” with E. Suardi, S. Xenakis. Grand Rounds, Department of Behavioral Health Walter Reed National Military Medical Center, Bethesda, MD (virtual)
 “The Delusion Dilemma in Forensic Mental Health:/Lecturer, (Saint Elizabeths Hospital 7th Annual Forensic Conference) (virtual)
- 2021 “The Delusion Dilemma in Forensic Mental Health:/Lecturer, (Saint Elizabeths Hospital 7th Annual Forensic Conference) (virtual)
- 2021 “The Impact of Racial Injustice on Community Trust and Quality Healthcare”, Faculty Advisor/Discussant with Gloria Osuruaka, Etuajie Oiyem Honlan, Sadé Diahann Frazier, Fatimah Albrekkan. (American Psychiatric Association Annual Meeting (virtual))
- 2021 “Intimate Partner Violence (IPV) during COVID-19: An Epidemic Within the Pandemic?” Poster with Fatimah Albrekkan. (American Psychiatric Association Annual Meeting (virtual))
- 2021 “Psychiatrists in Terrorism Cases”/Panelist
 Psychiatry Grand Rounds; Washington, DC (Georgetown University)

- 2021 “School Crisis Team Development: The Path to Extremism-Biopsychosocial Factors in Adolescents and Young Adults”/Speaker (Massachusetts Partnerships for Youth (virtual))
- 2021 “Belief or Symptom? The Delusion Dilemma in Violent Extremism”/Speaker (Washington Institute for Near East Studies (virtual))
- 2021 “Belief or Symptom? The Delusion Dilemma in Violent Extremism”/Speaker (Federal Judicial Center Probation and Pretrial Services Education (virtual))

International

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

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

Educational Material for Patients and the Lay Community

Books, monographs, articles and presentations in other media

Books

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

Articles

- | | | | |
|------|---------------------------------|--------|--|
| 2003 | Do Something He’s About to Snap | Author | Article, Schouten R: Do Something He’s About to Snap. Harvard Business Review; Case Study and Commentary (2003). |
|------|---------------------------------|--------|--|

2011	Suspect in 2011 anthrax case had long history of mental problems	Interviewee	Article, Courson Paul: Suspect in 2011 anthrax case had long history of mental problems; CNN (http://www.cnn.com/2011/US/03/23/maryland.anthrax.suspect/)
2011	Panel: Anthrax-attack suspect sent up red flags: scientist in '01 scare sent up red flags	Panel Member	Article, Somers Meredith: Anthrax-attack suspect sent up red flags: scientist in '01 scare sent up red flags; The Washington Times (3/23/11)
2012	Psychopaths on Wall Street	Author	Article, Schouten R: Psychopaths on Wall Street. Harvard Business Review
2012	What We Have in Mind Exploring the Space Between Normal Behavior and Pure Psychopathy	Author	Article, Schouten R: What We Have in Mind Exploring the Space Between Normal Behavior and Pure Psychopathy. Psychology Today, April 16, 2012
2013	Homemade horror genre: Mujahideen launched new tactics	Interviewee	Article, Shane Scott: A Homemade Style of Terror: Jihadists Push New Tactics. New York Times May 6, 2013.
2012	May: Psychopath Month Ongoing interest in psychopathy and those who almost qualify for the diagnosis	Author	Article, Schouten R: May: Psychopath Month Ongoing interest in psychopathy and those who almost qualify for the diagnosis Psychology Today, May 20, 2012
2012	Honesty in the C-Suite and beyond Assuming the best, watching out	Author	Article, Schouten R: Honesty in the C-Suite and beyond Assuming the best, watching out for the worst. Psychology Today, June 27, 2012.

2012	for the worst Aprende a identificar a los “casi psicópatas”	Interviewee	Article, El Impulso.com, July 2, 2012
2012	What Every Organization (And Each of Us) Should Learn from Penn State	Author	Article, Schouten R: What Every Organization (And Each of Us) Should Learn from Penn State. Psychology Today, August 3, 2012.
2012	Do You Have a Bully for a Doctor?	Author	Article, Schouten R: Do You Have a Bully for a Doctor? Healthy Woman from Bottomline. August 9, 2012.
2012	The Insanity Defense: An Intersection of Morality, Public Policy, and Science	Author	Article, Schouten R: The Insanity Defense: An Intersection of Morality, Public Policy, and Science. Psychology Today August 16, 2012
2013	Emotional trauma may have kept Amy Lord from fleeing	Interviewee	Article, Conaboy Chelsea: Emotional trauma may have kept Amy Lord from fleeing. The Boston Globe July 26, 2013.
2015	Bent toward violence Probing the mind-set behind terrorism, and the mind-set it inspires	Interviewee	Article, Powell A: Bent toward violence Probing the mind-set behind terrorism, and the mind-set it inspires. Harvard Gazette December 11, 2015.
2016	How to curb the madness	Interviewee	Article, Harvard Gazette Staff: How to curb the madness After Orlando, Harvard experts offer ways to reduce what seems unstoppable: mass violence. Harvard Gazette June 14, 2016.
2016	Terror Case Highlights Mental-Health Issues Among Suspected ISIS Recruits	Interviewee	Article, Hong, N: Terror Case Highlights Mental-Health Issues Among Suspected ISIS Recruits Federal judge will decide whether a man with disabilities should go to prison. The Wall Street Journal September 7,
2019	TAPS Act Could Prevent	Author, with. Gregory Glod	Op-ed piece; Capital Gazette June 26, 2019

More Mass Shootings

Radio

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

Internet

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

Educational material or curricula developed for non-professional students

1996-1998	“Workplace Violence and Threat Assessment Workshop”	Co-Developer and Lecturer	Fidelity Investments: Presented to Human Resources and Security staff locally and at regional offices in the U.S. and Canada
1997	Center for Educational and	Development	Partners Healthcare System

1997	Professional Services Forensic Psychiatry Fellowship	Design and Direct ACGME-Certified Fellowship	Harvard Medical School
1999	“Youth Violence”	Lecturer	Fidelity Investments special program for employees Harvard Medical School
2000-2001	Forensic Interest Group Seminar Series	Co-Developer	
2001	“Workplace Violence”	Co-Developer, Lecturer “Workplace Violence” training program	FleetBoston Financial presented at multiple sites
2005	“Managing Workplace Conflict”	Co-Developer	Physician Health Services of the Massachusetts Medical Society
2005	“Workplace Violence”	Co-Developer, Lecturer training program	Comcast Corporation presented at multiple sites
2007	“Violence in the Workplace”	Co-Developer, Lecturer	Genzyme Corporation
2009	“Violence in the Workplace”	Co-Developer, Lecturer	Biogen-Idec Corporation

Recognition

2001-2012	Elected by his peers for inclusion Benjamin Franklin Award: Best Book-Psychology	Best Doctors Inc. Independent Book Publishers Association
2012-	Elected by his peers for inclusion	Castle Connolly’s Top Doctors
2019	Elected by his peers for inclusion	Best Doctors in America

Report of Scholarship

Publications

Peer reviewed publications in print or other media

Research Investigations

1. **Schouten R**, Gutheil TG: Aftermath of Rogers: Assessing the Costs. Am J Psychiatry. 1990;147(10):1348-1352.
2. Renshaw PF, Stern TA, Welch CA, **Schouten R**, Kolodny EH: ECT treatment of depression in a patient with adult GM₂ gangliosidosis. Ann Neurology. 1992; 31:342-344.
3. Steiner LA, Drop LJ, Castelli I, Alfille PH, **Schouten R**, Welch CA: Diagnosis of myocardial injury by real-time recording of ST segments of the electrocardiogram in a patient receiving general anesthesia for electroconvulsive therapy. Anesthesiology. 1993; 79:383-388.

4. Castelli, I, Steiner LA, Kaufmann MA, Alfille PH, **Schouten R**, Welch CA, Drop LJ:
Comparative effects of esmolol and labetalol to attenuate hyperdynamic states after electroconvulsive therapy. *Anesthesia & Analgesia*. 1995; 80:557-561.
5. Pargger H, Kaufmann MA, **Schouten R**, Welch CA, Drop LJ: Hemodynamic responses to electroconvulsive therapy in a patient 5 years after cardiac transplantation. *Anesthesiology*. 1995; 83:625-627.
6. Viguera A, Rordorf G, **Schouten R**, Welch C, Drop LJ: Intracranial haemodynamics during attenuated responses to electroconvulsive therapy in the presence of an intracerebral aneurysm. *J Neurol Neurosurg Psychiatry*. 1998; 64:802-805.
7. Blais MA, Matthews J, **Schouten R**, O'Keefe SM, Summergrad P: Stability and predictive value of self-report personality traits pre- and post-electroconvulsive therapy: a preliminary study. *Comprehensive Psychiatry*. 1998; 39:231-235.
8. **Schouten R**, Brennan DV. Targeted Violence Against Law Enforcement Officers. *Behavioral Sciences and the Law*. 2016; 34:608-621.
9. Glasgow K, **Schouten R**: Assessing Violence Risk in Threatening Communications. Proceedings of the Workshop on Computational Linguistics and Clinical Psychology: From Linguistic Signal to Clinical Reality, pages 38-45, Baltimore, Maryland, June 27, 2014.
10. Corner EM, Gill P, **Schouten R**, Farnham F. Mental Disorders, Personality Traits and Grievance-Fueled Targeted Violence: The Evidence Base and Implications for Research and Practice. *Journal of Personality Assessment*. 2018; Published online June 6, 2018. <https://doi.org/10.1080/00223891.2018.1475392>
11. Ellis BH, Miller AB, **Schouten R**, Abdi SM The Challenge and Promise of a Multidisciplinary Team Response to the Problem of Violent Radicalization. *Terrorism and Political Violence*. 2020; Published online July 14, 2020. <https://doi.org/10.1080/09546553.2020.1777988>

Other peer-review publications

1. **Schouten R**: HIV transmission and the role of the criminal law. *Newsletter of the American Academy of Psychiatry and the Law*. 1989; 14(2): 64-66.
2. **Schouten R**: Pitfalls of clinical practice: The treating clinician as expert witness. *Harvard Review of Psychiatry* 1993; 1:64-65.
3. **Schouten R**: Legal liability and managed care. *Harvard Review of Psychiatry*. 1993; 1:189-190.
4. **Schouten R**: Allegations of sexual abuse: A new area of liability risk. *Harvard Review of Psychiatry*. 1994; 1:350-352.
5. **Schouten R**: Distorting post-traumatic stress disorder for court. *Harvard Review of Psychiatry*. 1994; 2:171-173.
6. **Schouten R**: Sexual harassment and the role of psychiatry. *Harvard Review of Psychiatry*. 1996; 3:296-298.
7. **Schouten R**: The psychotherapist-patient privilege. *Harvard Review of Psychiatry*. 1998; 6:44-48.
8. **Schouten R**: New developments under the Americans with Disabilities Act. *Organizational & Occupational Psychiatry Bulletin*. 1999; 8:7-9.
9. **Schouten R**: Impaired physicians: Is there a duty to report to state licensing boards? *Harvard Review of Psychiatry*. 2000; 8:36-39.
10. Beck JC, **Schouten R**: Workplace violence and psychiatric practice. *Bull Menninger Clinic*. 2000; 64:36-48.
11. **Schouten R**: Law and psychiatry: what should our residents learn? *Harvard Review of Psychiatry*. 2001; 9:136-138.

12. **Schouten R.** Compensation for victims of trauma in the United States. *Psychiatria et Neurologia Japonica*. 2002; 104:1186-1197.
13. **Schouten R**, Callahan MV, Bryant S: Community response to disaster: the role of the workplace. *Harvard Review of Psychiatry*. 2004; 12:229-23.
14. **Schouten R**: Workplace violence: an overview for practicing clinicians. *Psychiatric Annals*. 2006; 36(11):790-797.
15. Brendel RW, **Schouten R**: Legal concerns in psychosomatic medicine. *Psychiatric Clinics of North America*. 2007; 30(4):663-676.
16. Williams CD, **Schouten R**. Assessment of occupational impairment and disability from depression. *JOEM*. 2008; 50(4): 441-450.
17. **Schouten R**. Brendel RW: Common pitfalls in giving medical-legal advice to trainees and supervisees. *Harvard Review of Psychiatry*. 2009; 17:291-294.
18. Brendel RW, Wei MH, **Schouten R**, Edersheim JG: An approach to selected legal issues: confidentiality, mandatory reporting, abuse and neglect, informed consent, capacity decisions, boundary issues, and malpractice claims. *Medical Clinics of North America*. 2010; 94(6):1229-1240.
19. **Schouten R**: Terrorism and the behavioral sciences. *Harvard Review of Psychiatry*. 2010; 18(6):369-378.
20. **Schouten R**. Psychiatric Consultation in Problem Employee Situations. *Psychiatric Clinics of North America*. 2012; 35(4):901-913.
21. Weissman SH, Busch KG, **Schouten R**. Introduction to this issue: the evolution of terrorism from 1914-2014. *Behavioral Sciences and the Law*. 2014; 32(3):259-262.

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

Reviews, chapters, monographs and editorials

1. **Schouten R**: Informed Consent: Resistance and Reappraisal. *Critical Care Medicine*. 1989; 17(12):1359-1361.
2. **Schouten R**: HIV transmission and the role of the criminal law. *Newsletter of the American Academy of Psychiatry and the Law*. 1989; 14(2): 64-66.
3. **Schouten R**, Groves JE, Vaccarino JM: Legal aspects of consultation. In: Cassem NH, ed. *The Massachusetts General Hospital Handbook of General Hospital Psychiatry*, Third Edition. Chicago, IL: Year Book Medical Publishers. 1991, pp. 619-638.
4. **Schouten R**, Berner M: The legal perspective. In: Gutheil TG, Bursztajn HJ, Brodsky A, Alexander V, Eds. *Decision Making in Psychiatry and Law*. Baltimore, MD: William and Wilkins. 1991, pp. 171-185.
5. **Schouten R**, Duckworth KS: Medical-legal and ethical issues in the pharmacological treatment of children. In: Werry JS, Aman MG, Eds. *Practitioner's Guide to Psychoactive Drugs in Children and Adolescents*. New York: Plenum Publishing. 1993, pp. 161-178.
6. **Schouten R**: Malpractice in psychiatric practice. In: Stoudemire A, Fogel BS, and Eds. *Medical-Psychiatric Practice*, Vol. 2. Washington, DC, American Psychiatric Press, Inc. 1993, pp. 561-583.
7. **Schouten R**, Hoge SK: Legal issues. In: Hyman SE, Tesar GE, and Eds. *Manual of Psychiatric Emergencies*, 3rd Ed. Boston: Little, Brown and Company, 1994, pp.75-77.
8. **Schouten R**: Legal responsibilities with child abuse and domestic violence. In: Jacobson JL, Jacobson AM, Eds. *Psychiatric Secrets*. Philadelphia: Hanley & Belfus, 1995.

9. **Schouten R:** Legal aspects of consultation. In: Cassem EH, Ed. The Massachusetts General Hospital Handbook of General Hospital Psychiatry, Fourth Ed. Chicago: Year Book Medical Publishers, 1997.
10. **Schouten R:** Approach to the patient seeking disability benefits. In: Stern TA, Herman JB, Slavin PL, Eds. The MGH Guide to Psychiatry in Primary Care. New York: McGraw-Hill, 1998.
11. **Schouten R:** Approach to informed consent. In: Stern TA, Herman JB, Slavin PL, Eds. The MGH Guide to Psychiatry in Primary Care. New York: McGraw-Hill, 1998.
12. **Schouten R:** Approach to civil commitment and the patient refusing treatment. In: Stern TA, Herman JB, Slavin PL, Eds. The MGH Guide to Psychiatry in Primary Care. New York: McGraw-Hill, 1998.
13. **Schouten R:** Maintaining boundaries in the doctor-patient relationship. In: Stern TA, Herman JB, Slavin PL, Eds. The MGH Guide to Psychiatry in Primary Care. New York: McGraw-Hill, 1998.
14. **Schouten R:** Psychiatry and the Law I: Informed Consent, Competency, Treatment Refusal and Civil Commitment. In Stern TA, Herman JB, Eds. MGH Psychiatry Update and Board Preparation New York: McGraw-Hill, 2000.
15. **Schouten R:** Psychiatry and the Law II: Malpractice and Boundary Violations. In Stern TA, Herman JB, Eds. MGH Psychiatry Update and Board Preparation. New York: McGraw-Hill, 2000.
16. **Schouten R:** Psychiatry and the Law III: Criminal Issues and the Role of Psychiatry in the Court Room. In Stern TA, Herman JB, Eds. MGH Psychiatry Update and Board Preparation. New York: McGraw-Hill, 2000.
17. **Schouten R,** Williams CD: Psychiatric Assessment and Management of Chronic Disability Syndromes. In Stoudemire A, Fogel B, Greenberg D, Eds. Psychiatric Care of the Medical Patient, Second Edition. New York: Oxford University Press, 2000.
18. **Schouten R:** What is organizational and occupational psychiatry? Psychiatric Times. June 2004, pp 26-30.
19. **Schouten R:** Violence in the Workplace. In Kahn JP, Langlieb AM, Eds. Mental Health and Productivity in the Workplace. San Francisco: Jossey-Bass, 2003.
20. Eddy S, **Schouten R:** Workplace Forensic Psychiatry: The Americans with Disabilities Act and the Family and Medical Leave Act. In Kahn JP, Langlieb AM, Eds. Mental Health and Productivity in the Workplace. San Francisco: Jossey-Bass, 2003.
21. **Schouten R:** Commentary: Training for competence-form or substance? Journal of the American Academy of Psychiatry & the Law. 2003; 31:202-204.
22. **Schouten R:** Approach to informed consent. In: Stern TA, Herman JB, Slavin PL, Eds. The MGH Guide to Psychiatry in Primary Care, 2nd Ed. New York: McGraw-Hill, 2004.
23. **Schouten R:** Civil commitment and the patient refusing treatment. In: Stern TA, Herman JB, Slavin PL, Eds. The MGH Guide to Psychiatry in Primary Care, 2nd Ed. New York: McGraw-Hill, 2004.
24. **Schouten R:** The patient seeking disability payments. In: Stern TA, Herman JB, Slavin PL, Eds. The MGH Guide to Psychiatry in Primary Care, 2nd Ed. New York: McGraw-Hill, 2004.
25. **Schouten R:** Maintaining boundaries in the doctor-patient relationship. In: Stern TA, Herman JB, Slavin PL, Eds. The MGH Guide to Psychiatry in Primary Care, 2nd Ed. New York: McGraw-Hill, 2004.
26. **Schouten R,** Brendel RW: Legal aspects of consultation. In: Stern TA, Fricchione GL, Cassem EH, Jellinek MS, Rosenbaum JF, Eds. The Massachusetts General Hospital Handbook of General Hospital Psychiatry, 5th Ed. Philadelphia: Mosby, Inc., 2004.

27. **Schouten R**: Psychiatry and the law I: Informed consent, competency, treatment refusal and civil commitment. In Stern TA, Herman JB, Eds. Psychiatry Update and Board Preparation. New York: McGraw-Hill, 2004.
28. **Schouten R**: Psychiatry and the law II: Criminal issues and the role of psychiatrists in the legal system. In Stern TA, Herman JB, Eds. Psychiatry Update and Board Preparation. New York: McGraw-Hill, 2004.
29. **Schouten R**: Psychiatry and the law III: Malpractice and boundary violations. In Stern TA, Herman JB, Eds. Psychiatry Update and Board Preparation. New York: McGraw-Hill, 2004.
30. **Schouten R**, Cohen MH: Legal issues in integration of complementary therapies into cardiology practice. In Frishman WH, Weintraub MI, Micozzi MS, Eds. Complementary and Integrative Therapies for Cardiovascular Disease. St. Louis: Elsevier-Mosby, 2004.
31. Cohen MH, **Schouten R**: Legal, Regulatory, and Ethical Issues. In Lake JH, Spiegel D, Eds. Complementary and Alternative Treatments in Mental Health Care. Washington, DC: American Psychiatric Press, 2006.
32. **Schouten R**: Commentary: Psychiatric advance directives as tools for enhancing treatment of the mentally ill. *J Am Acad Psychiatry Law*, 2006; 34(1):58-60
33. **Schouten R**, Edersheim JG; Informed Consent, Competency, Treatment Refusal, and Civil Commitment. In Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, Eds. Comprehensive Clinical Psychiatry. Philadelphia: Mosby Elsevier, 2008.
34. **Schouten R**, Brendel R: The Role of Psychiatrists in the Criminal Justice System. In Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, Eds. Comprehensive Clinical Psychiatry. Philadelphia: Mosby Elsevier, 2008.
35. **Schouten R**, Brendel RW, Edersheim JG: Malpractice and Boundary Violations. In Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, Eds. Comprehensive Clinical Psychiatry. Philadelphia: Mosby Elsevier, 2008.
36. **Schouten R**: Workplace Violence and the Clinician. In Simon RI, Tardiff K, Eds. Textbook of Violence Assessment and Management. Washington, DC: American Psychiatric Publishing, 2008.
37. **Schouten R**, Brendel RW: Legal Aspects of Consultation. In Stern TA, Fricchione GL, Cassem NH, Jellinek M, Rosenbaum JF, Eds. Massachusetts General Hospital Handbook of General Hospital Psychiatry, 6th Edition. Philadelphia: Saunders, 2010.
38. **Schouten R**, Saathoff GB: Biosurety in the Post-9/11 Era. In Budowle B, Schutzer SE, Breeze RG, Keim PS, Morse SA, Eds. Microbial Forensics, 2nd Edition. Burlington, MA: Academic Press, 2010.
39. Brendel RW, **Schouten R**, Levenson JL: Legal Issues. In Levenson JL, Ed. Textbook of Psychosomatic Medicine, 2nd Edition. Washington, D.C.: American Psychiatric Press, 2010.
40. **Schouten R**: Psychiatry and the Law I: Informed Consent, Competency, Treatment Refusal and Civil Commitment. In Stern TA, Herman JB, Eds. MGH Psychiatry Update and Board Preparation, 3rd Edition. New York: McGraw-Hill, 2012.
41. **Schouten R**: Psychiatry and the Law II: Criminal Issues and the Role of Psychiatrists in the Legal System. In Stern TA, Herman JB, Eds. MGH Psychiatry Update and Board Preparation, 3rd Edition. New York: McGraw-Hill, 2012.
42. **Schouten R**: Psychiatry and the Law III: Malpractice and Boundary Violations. In Stern TA, Herman JB, Eds. MGH Psychiatry Update and Board Preparation, 3rd Edition. New York: McGraw-Hill, 2012.
43. **Schouten R**: Workplace Violence Evaluations and the ADA. In Gold LH, Vanderpool D, editors. Clinical Guide to Mental Disability Evaluations. New York: Springer, 2013.

44. **Schouten R**, Saathoff G: Insider Threats in Bioterrorism Cases. In Meloy JR, Hoffman J, editors. International Handbook of Threat Assessment. New York: Oxford University Press, 2014.
45. **Schouten R, Hidalgo JA**: Neuroscience in the judicial system. McGraw-Hill Yearbook of Science & Technology, 2014. New York: McGraw-Hill.
46. **Schouten R**, Edersheim JG, Hidalgo JA: Chapter 85 Informed Consent, Competency, Civil Commitment, and Treatment Refusal. In Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, Eds. Comprehensive Clinical Psychiatry. Philadelphia: Mosby Elsevier, 2015.
47. **Schouten R**, Brendel RW: Chapter 86 The Role of Psychiatrists in the Criminal Justice System. In Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, Eds. Comprehensive Clinical Psychiatry. Philadelphia: Mosby Elsevier, 2015.
48. **Schouten R**, Brendel RW: Chapter 87 Malpractice and Boundary Violations. In Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, Eds. Comprehensive Clinical Psychiatry. Philadelphia: Mosby Elsevier, 2015.
49. Stern J, **Schouten R**: Chapter 3 Lessons from the Anthrax Letters. In Bunn M, Sagan SD, Eds. Insider Threats. London: Cornell University Press, 2016

Editorials/Commentary

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

Book Reviews

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

Professional educational materials or reports, in print or other media

1. Schouten ES, **Schouten R**: Determining Damages: Economic Loss in Personal Injury and Wrongful Death Cases. Computer program with documentation designed for use by attorneys. New York: Shepard's/McGraw Hill, 1987.
2. "Hands Off": Training videotape concerning sexual harassment, sponsored by the Massachusetts Commission Against Discrimination, used by corporations and health care institutions throughout Massachusetts Produced by Brumberg Publications, Brookline, MA 1997.
3. "Lawyers and Stress: Recognition and Management:" An on-line Continuing Legal Education Program produced by Cognistar, Inc., Waltham, MA, 2000; revised 2008.

Clinical Guidelines and Reports

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

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



467 Main St.
Wakefield, MA 01880
www.mpyinc.org
781-587-3409

May 11, 2022

Dear Targeted Violence and Terrorism Prevention Grant Program Selection Committee,

The Massachusetts Partnerships for Youth, Inc. (MPY) is a non-profit organization that provides training, fosters collaboration, and develops programming to increase the health and safety of students. More than 240 public school districts, public charter schools, private schools, educational collaboratives, and community organizations are members of MPY and benefit from its high- quality trainings that provide solution-oriented, community-based, multi-disciplinary approaches to foster mental and behavioral health, social and emotional learning, trauma sensitive classrooms and building a school culture that supports anti-racism, diversity, equity, and inclusion.

MPY commits to collaborating with Dr. Ellis and her team's proposed project, "Expanding and Enhancing a Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles through school-based threat assessment teams" in response to the Department of Homeland Security's 2022 Targeted Violence and Terrorism Prevention (TVTP) Grant Program.

As a previous Assistant Superintendent of Newton Public Schools, I led the City of Newton Crisis Team and spearheaded the creation and enhancement of Threat Assessments Teams in the 21 public schools in Newton. and current Executive Director of MPY, I am well positioned to support schools as they work to develop appropriate strategies for preventing terrorism and targeted violence among students. I also have a longstanding collaboration with Dr. James Barrett, who is also supporting this grant, and have collaborated with Dr. Ellis and BCH in providing training to schools. I look forward to extending this past work through the current proposed collaboration.

This collaboration will include:

- Leading school communication with three school districts (Norton, Bedford, Hudson) and one school (Essex North Short Agricultural and Technical School) in Massachusetts;
- Co-adapting the DHS Community Awareness Briefing (CAB) for the school audience;
- Conducting CAB training to school staff;
- Coordinating C-STAG training and Threat Assessment Team development within each school district;
- Participating in overall program leadership.

MPY agrees to work collaboratively with Boston Children's Hospital through the activities described above to support operations of the Massachusetts Area Prevention (MAP) Framework to Prevent Targeted Violence and Terrorism.

We believe that the proposed Prevention Framework and collaboration will equip and empower local school districts to be able to better identify and help youth at risk for radicalization to violence or TVT and further enhance Boston Children's Hospital to support the safety and wellbeing of our youth in Massachusetts.

Sincerely,

(b)(6)

(b)(6) M. Ed., L.I.C.S.W.

Executive Director
Massachusetts Partnerships for Youth, Inc.

(b)(6)

Ph.D.
Licensed Psychologist

5/12/22

Dear Dr. Ellis,

It is with great enthusiasm that I write in support of your proposed targeted violence and terrorism project, *Expanding and enhancing a Massachusetts Area Prevention Framework to Prevent (MAPP) Targeted Violence and Terrorism among Juveniles through School-Based Threat Assessment Teams*.

As a psychologist with experience in both conducting school-based threat assessments and individual risk assessments in students I know first-hand how critical the need for building capacity in these areas is. Further, in my work training school-based threat assessment teams, I appreciate the value of providing schools with resources in developing their own threat assessment teams.

I agree to consult on the project up for up to 104 hours per year at a rate of \$350/hour. I am excited to collaborate on this crucial and timely project.

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

Sincerely,

(b)(6)

[Redacted signature]

(b)(6)

[Redacted name] Ph.D.

Assistant Professor in Psychology
in the Department of Psychiatry (part-time)
Harvard Medical School

(b)(6)

[Redacted footer]

(b)(6)

[Redacted footer]

(b)(6)

[Redacted footer]

(b)(6)

[Redacted footer]

(b)(6)

May 17, 2022

B. Heidi Ellis, Ph.D.
Trauma & Community Resilience Center
Department of Psychiatry and Behavioral Sciences
Boston Children's Hospital

Dear Dr. Ellis:

I am writing in strong support of your proposed targeted violence and terrorism prevention project, *Expanding and enhancing a Massachusetts Area Prevention Framework to Prevent (MAPP) Targeted Violence and Terrorism among Juveniles through School-Based Threat Assessment Teams*.

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

I agree to consult on the project up to 12 hours on Year 1 and up to 24 hours on Year 2 at a rate of \$350/hour.

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

Yours truly,

(b)(6)

(b)(6)

Bedford Public Schools

(b)(6)



97 McMahon Road
Bedford, MA 01730

TEL: 781-275-7588
FAX: 781-275-0885

May 16, 2022

Dear Dr. Ellis,

We are delighted to collaborate on this critical project. I am writing in strong support of the proposed targeted violence and terrorism prevention project, *Expanding and enhancing a Massachusetts Area Prevention Framework to Prevent (MAPP) Targeted Violence and Terrorism among Juveniles through School-based Threat Assessment Teams*.

We are committed to the well-being of our students across all the schools in the Bedford School District. Our district is comprised of the following schools: Lt. Eleazer Davis Elementary School, serving 507 students; Lt. Job Lane Elementary School, serving 600 students; John Glenn Middle School, serving 624 students; and Bedford High School, serving 845 students total, with 88 students coming from the Hanscom Air Force Base.

We agree to collaborate with Boston Children's Hospital (BCH) and Mass Partnership for Youth (MPY) in implementing this project. Specifically, we agree to participate as a site for establishing a School-Based Threat Assessment Team. As part of this, we agree to identify and protect time for key staff members (teacher, mental health provider, administrator, school resource officer, and other relevant staff) to be trained and certified in the Comprehensive School Threat Assessment Guidelines (CSTAG) model, support the development of school-based protocols and systems, and participate in the School Threat Assessment Team (TAT). We further understand that the BCH/MPY team will support the training of our staff in the CSTAG model, provide training in recognizing signs of student risk, provide additional expert consultation to our TAT, and provide risk assessment training for school psychologists or social workers to inform school-based decision making and accept referrals for youth evaluated by our TAT as at moderated or elevated risk for violence to MAPP (Massachusetts Area Prevention Program) for assessment, management, and support.

We thank you for inviting us to partner with Boston Children's Hospital on this project, and we look forward to working together on this important initiative to improve school safety and student well-being.

Sincerely yours,

Sincerely,

(b)(6)

(b)(6)

Superintendent



ESSEX NORTH SHORE
AGRICULTURAL & TECHNICAL SCHOOL DISTRICT

(b)(6)

Superintendent-Director

May 10, 2022

Dear Dr. Ellis,

Thank you for the invitation to collaborate on this critical project. I am writing in strong support of the proposed targeted violence and terrorism prevention project, *Expanding and enhancing a Massachusetts Area Prevention Framework to Prevent (MAPP) Targeted Violence and Terrorism among Juveniles through School-based Threat Assessment Teams*.

Essex North Shore Agricultural and Technical School is a career technical and agricultural high school housed in our single school district located in Danvers, MA. We enroll students from over 50 communities primarily residing on the North Shore, Cape Ann, and Merrimack Valley regions north and northwest of the Boston area. We serve 1630 students total, and we are thoroughly committed to the wellness of our students. Therefore, we are thrilled to engage in a partnership with Boston Children's Hospital to further commit to the safety and wellbeing of our student body.

We agree to collaborate with Boston Children's Hospital (BCH) and Mass Partnership for Youth (MPY) in implementing this project. Specifically, we agree to participate as a site for establishing a School-Based Threat Assessment Team. As part of this, we agree to identify and protect time for key staff members (teacher, mental health provider, administrator, school resource officer, and other relevant staff) to be trained and certified in the Comprehensive School Threat Assessment Guidelines (CSTAG) model, support the development of school-based protocols and systems, and participate in the School Threat Assessment Team (TAT). We further understand that the BCH/MPY team will support the training of our staff in the CSTAG model, provide training in recognizing signs of student risk, provide additional expert consultation to our TAT, provide risk assessment training for school psychologists or social workers to inform school-based decision making, and accept referrals for youth evaluated by our TAT as at moderated or elevated risk for violence to MAPP (Massachusetts Area Prevention Program) for assessment, management and support.

Once again, we are excited to begin this partnership on this important initiative to improve school safety and student well-being.

(b)(6)

(b)(6)

Superintendent-Director

HUDSON

PUBLIC SCHOOLS

Delivering world-class education today
for the global leaders of tomorrow

(b)(6)

Superintendent of Schools

(b)(6)

Central Administration Building
155 Apsley Street
Hudson, MA 01749

Tel (978) 567-6100
Fax (978) 567-6103
www.hudson.k12.ma.us

5-10-2022

Dear Dr. Ellis,

Thank you for the invitation to collaborate on this critical project. I am writing in strong support of the proposed targeted violence and terrorism prevention project, *Expanding and enhancing a Massachusetts Area Prevention Framework to Prevent (MAPP) Targeted Violence and Terrorism among Juveniles through School-based Threat Assessment Teams*.

Hudson School District is located in Middlesex County, MA. We serve 2,450 students in the following schools: CA Farley Elementary School serves 429 students, David J. Quinn Middle School has 548 students, Forest Avenue Elementary School has 315 students, Joseph L. Mulready Elementary School has 239 students, and Hudson High School has 842 students. There are also 77 students out of the district. The school serves a racially and ethnically diverse population, as well as students who are English Language Learners. Hudson School District is committed to the wellbeing of its students, and we are incredibly excited to support this timely and important project.

We agree to collaborate with Boston Children's Hospital (BCH) and Mass Partnership for Youth (MPY) in implementing this project. Specifically, we agree to participate as a site for establishing a School-Based Threat Assessment Team. As part of this, we agree to identify and protect time for key staff members (teacher, mental health provider, administrator, school resource officer, and other relevant staff) to be trained and certified in the *Comprehensive School Threat Assessment Guidelines* (CSTAG) model, support the development of school-based protocols and systems, and participate in the School Threat Assessment Team (TAT). We further understand that the BCH/MPY team will support the training of our staff in the CSTAG model, provide training in recognizing signs of student risk, provide additional expert consultation to our TAT, provide risk assessment training for school psychologists or social workers to inform school-based decision making, and accept referrals for youth evaluated by our TAT as at moderated or elevated risk for violence to MAPP (Massachusetts Area Prevention Program) for assessment, management and support.

We look forward to working together on this important initiative to improve school safety and student well-being.

Sincerely,

(b)(6)

(b)(6)

Superintendent
Hudson Public Schools

Office of the Superintendent

May 11, 2022

Dear Dr. Ellis,

Thank you for the invitation to collaborate on this critical project. I am writing in strong support of the proposed targeted violence and terrorism prevention project, *Expanding and enhancing a Massachusetts Area Prevention Framework to Prevent (MAPP) Targeted Violence and Terrorism among Juveniles through School-based Threat Assessment Teams*.

Norton School District is located in Bristol County, MA. We serve 2,373 students in the following schools: L.G. Nourse Elementary School serves 277 students, J.C. Solmonese Elementary School has 492 students, Henri A. Yelle Elementary School has 358 students, Norton Middle School has 538 students, and Norton High School has 663 students. The district serves a racially and ethnically diverse population, as well as students who are English Language Learners. The Norton School District is excited to build a partnership with Boston Children's Hospital to support the wellbeing of our students.

We agree to collaborate with Boston Children's Hospital (BCH) and Mass Partnership for Youth (MPY) in implementing this project. Specifically, we agree to participate as a site for establishing a School-Based Threat Assessment Team. As part of this, we agree to identify and protect time for key staff members (teacher, mental health provider, administrator, school resource officer, and other relevant staff) to be trained and certified in the Comprehensive School Threat Assessment Guidelines (CSTAG) model, support the development of school-based protocols and systems, and participate in the School Threat Assessment Team (TAT). We further understand that the BCH/MPY team will support the training of our staff in the CSTAG model, provide training in recognizing signs of student risk, provide additional expert consultation to our TAT, provide risk assessment training for school psychologists or social workers to inform school-based decision making, and accept referrals for youth evaluated by our TAT as at moderated or elevated risk for violence to MAPP (Massachusetts Area Prevention Program) for assessment, management and support.

We thank Boston Children's Hospital for the exciting opportunity to help the safety and wellbeing of our students across all of the schools in our district.

Sincerely,

(b)(6)

(b)(6)

Superintendent of Schools

Our Mission: Promote individual talents and maximize each student's potential.

It is the policy of Norton Public Schools to provide a learning environment free from discrimination or harassment. All students, regardless of race, color, sex, religion, national origin, limited English proficiency, sexual orientation, gender identity, disability, or housing status, have equal access to all programs including athletics and other extracurricular activities.

EMW-2022-GR-APP-00041

Application Information

Application Number: EMW-2022-GR-APP-00041

Funding Opportunity Name: Fiscal Year (FY) 2022 Targeted Violence and Terrorism Prevention (TVTP)

Funding Opportunity Number: DHS-22-TTP-132-00-01

Application Status: Pending Review

Applicant Information

Legal Name: The Childrens Hospital Corporation

Organization ID: 21794

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

Division:

Department:

EIN: (b)(6)

EIN Shared With Organizations:

DUNS: 076593722

DUNS 4: 0000

Congressional District: Congressional District 07, MA

Physical Address

Address Line 1: 300 Longwood Ave.

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

City: Boston

State: Massachusetts

Province:

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

Country: UNITED STATES

Mailing Address

Address Line 1: 300 Longwood Ave.

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

City: Boston

State: Massachusetts

Province:

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

Country: UNITED STATES

SF-424 Information

Project Information

Project Title: Expanding and enhancing a Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles through school-based threat assessment teams

Program/Project Congressional Districts: Congressional District 07, MA

Proposed Start Date: Sat Oct 01 00:00:00 GMT 2022

Proposed End Date: Mon Sep 30 00:00:00 GMT 2024

Areas Affected by Project (Cities, Counties, States, etc.): Norton Schools: Norton, MA, Bristol County Essex North Shore Agricultural and Technical School: Danvers, MA, Essex County Hudson Schools: Hudson, MA, Middlesex County Bedford Schools: Bedford, MA, Middlesex County

Estimated Funding

Funding Source	Estimated Funding (\$)
Federal Funding	\$634307.17
Applicant Funding	\$0
State Funding	\$0
Local Funding	\$0
Other Funding	\$0
Program Income Funding	\$0
Total Funding	\$634307.17

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

Is applicant delinquent on any federal debt? false

Contacts

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

SF-424A

Budget Information for Non-Construction Programs

Grant Program: Targeted Violence and Terrorism Prevention Grant Program

CFDA Number: 97.132

Budget Object Class	Amount
Personnel	\$205399
Fringe Benefits	\$62647
Travel	\$2840
Equipment	\$0
Supplies	\$3000
Contractual	\$235436.83
Construction	\$0
Other	\$19897
Indirect Charges	\$105087.34
Non-Federal Resources	Amount
Applicant	\$0
State	\$0
Other	\$19897
Income	Amount
Program Income	\$0

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

Direct Charges Explanation:

Indirect Charges explanation:

Forecasted Cash Needs (Optional)

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

Future Funding Periods (Years) (Optional)

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

Remarks:

SF-424C

Budget Information for Construction Programs

Assurances for Non-Construction Programs

Form not applicable? false

Signatory Authority Name: Krystal Gustafson

Signed Date: Wed May 18 00:00:00 GMT 2022

Signatory Authority Title: Senior Grant Officer, OSP

Certification Regarding Lobbying

Form not applicable? false

Signatory Authority Name: Krystal Gustafson

Signed Date: Wed May 18 00:00:00 GMT 2022

Signatory Authority Title: Senior Grant Officer, OSP

Disclosure of Lobbying Activities

Form not applicable? true

Signatory Authority Name: Krystal Gustafson

Signed Date:

Signatory Authority Title:



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

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

May 9, 2019

Ms. (b)(6)
Director Research Finance
300 Longwood Avenue
Boston, MA 02115

Dear Ms. (b)(6)

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

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

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

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

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

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

**Extension granted by CAS.

Sincerely,

(b)(6)

(b)(6)

Deputy Director
Cost Allocation Services

Enclosures (b)(6)

Concurrence

Name EVRSUPO

Title 11/12/19

Date

HOSPITALS RATE AGREEMENT

EIN: (b)(6)

DATE: 05/09/2019

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

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

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

SECTION I: INDIRECT COST RATES

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

EFFECTIVE PERIOD

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

*BASE

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

ORGANIZATION: Children's Hospital Boston

AGREEMENT DATE: 5/9/2019

SECTION I: FRINGE BENEFIT RATES**

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

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

ORGANIZATION: Children's Hospital Boston

AGREEMENT DATE: 5/9/2019

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

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

TREATMENT OF PAID ABSENCES

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

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

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

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

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

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

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

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

ORGANIZATION: Children's Hospital Boston

AGREEMENT DATE: 5/9/2019

SECTION III: GENERAL

A. LIMITATIONS:

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

B. ACCOUNTING CHANGES:

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

C. FIXED RATES:

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

D. USE BY OTHER FEDERAL AGENCIES:

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

E. OTHER:

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

BY THE INSTITUTION:

Children's Hospital Boston

(b)(6)

(INST)

(b)(6)

(NAME)

Exec Vice President CFO

(TITLE)

11-12-19

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(b)(6)

(SIGNATURE)

(b)(6)

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

5/9/2019

(DATE: 2119)

HHS REPRESENTATIVE:

(b)(6)

(b)(6)

Telephone:

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

* APPLICANT'S ORGANIZATION

Children's Hospital Corporation

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Title:

* SIGNATURE:

* DATE: