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

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About This Report

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About START

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Contents

Executive Summary

Although to date law enforcement has been the primary lead on efforts to address violent extremism, shortfalls in successfully engaging communities and providing pre-criminal prevention and intervention initiatives have seriously challenged this approach.

The overall purpose of this research was to identify assets from the mental health and education fields that could contribute to best practices for preventing and intervening with violent extremism. Specifically we aimed to address the following questions: 1) what prior knowledge, programs, or interventions within the mental health and education fields could contribute to best practices and other strategies that could inform stopping violent extremism? and 2) how can professionals from the mental health and education fields best become involved in stopping violent extremism?

We approached these questions by first conducting a scoping literature review of prior knowledge, programs, and intervention in the mental health and education fields so as to identify evidence-based knowledge, program models, best practices, and/or other strategies that could inform prevention or intervention activities. Next we convened a multidisciplinary workshop to review and analyze the findings and to further articulate best practices and begin to develop training materials.

Overall we demonstrated that the fields of mental health and education, including both community-based practitioners and lessons learned from those fields, are uniquely poised to contribute to effective prevention and intervention activities in relation to violent extremism. Three key findings were: 1) communities need to have a say in how to prioritize and organize actions intended to make them strong; 2) strategies for addressing the threat of violent extremism need to be organized and led by community-based multidisciplinary teams who draw upon mental health, public health, religious, education, and law enforcement frameworks and remedies; and 3) efforts to address violent extremism should adopt a comprehensive approach to promoting community safety which includes ideologically inspired violent extremism as one of many forms of violence that afflict communities. We also identified how mental health and education professionals could become involved either through being informed, being team members, or being leaders in addressing violent extremism.

Background

Generally speaking, Countering Violent Extremism (CVE) is "a realm of policy, programs, and interventions designed to prevent individuals from engaging in violence associated with radical political, social, cultural, and religious ideologies and groups" (Homer, 2013, p. 2). While the overall goal of CVE is "to stop those most at risk of radicalization from becoming terrorists" (Office of the Coordinator of Counterterrorism, 2010), CVE focuses on individuals who are not yet engaging in violent criminal activities.

CVE encompasses both prevention and intervention activities. Prevention activities are programs, policies and interventions that promote inclusion and engage youth and communities to diminish exposure to broad risk factors that threaten healthy development and increase access to resources that promote well-being. Intervention activities are programs, policies and interventions that serve youth and young adults who are believed to be at risk of committing a violent act. Intervention programs can be organized from within a community-based organization or across multiple ones.

CVE in the U.S. is rooted in the 2011 White House Strategic Implementation Plan for Empowering Local Partners to Prevent Violence Extremism in the United States (SIP) and its antecedent, the National Strategy for Empowering Local Partners to Prevent Violent Extremism (White House, 2011a, 2011b). These policy documents outline a community-based approach and the Federal Government's role in empowering local stakeholders to build resilience against violent extremism. They provide law enforcement and government officials with guidance to leverage existing partnerships with community stakeholders, as well as other activities designed to help prevent violent extremism. The SIP underlined that partnerships with community-based organizations are necessary to respond to community concerns and to support community-based solutions.

The U.S. national strategy has the following priorities 1) building safe, secure, resilient, crime-resistant communities; 2) training, information sharing, and adopting community-oriented policing approaches, 3) applying community-oriented policing practices that focus on building partnerships between law enforcement and communities, 4) fostering community-led preventative programming to build resilience against radicalization to violent extremism (such as those which attempt to counter extremist ideology through education, dialogue, and counseling).

CVE has encountered significant challenges both in theory and in practice. Members of some communities for whom CVE programs have been targeted have raised concerns that by being identified as a recipient of CVE programming, their community is being stigmatized and unfairly stereotyped as at higher risk for engaging in violent extremism. Some community members have also voiced concerns that CVE programming is actually geared towards gathering intelligence on community members, and that civil rights and privacy are at risk of being infringed upon. Other critiques have focused on the lack of a basis in solid scientific evidence for CVE strategies.

Members of the law enforcement community have also raised concerns about CVE. Some have noted that violence takes many forms, and that the base rate of violent extremism is so low compared to other forms of violence that focusing efforts specifically on violent extremism detracts from other, more pressing, law enforcement concerns.

Any best practices of CVE should be considered in light of these concerns, and incorporate strategies to constructively address the risks of violent extremism within the constraints of the challenges inherent to the field. Drawing from the mental health and education fields could even present alternative ways to frame CVE best practices that might resolve some of the aforementioned critiques.

The purpose of this report was to address the following questions: 1) what prior knowledge, programs, or interventions within the mental health and education fields could contribute to best practices and strategies to address violent extremism? and 2) how can professionals from the mental health and education fields best become involved in addressing violent extremism?

Method

The team first conducted searches of the CVE and terrorism literature, using the key terms: violent extremism, counter-terrorism, foreign fighters, Countering Violent Extremism and mental health, radicalization and mental health, terrorism and mental health, CVE and education, radicalization and education, terrorism and education. We found very little discussion of the potential intersection of mental health and education with violent extremism, terrorism and/or CVE.

Next, the team designed a strategy to conduct a scoping review of the mental health and education literatures (Arskey & O'Malley, 2005). The goal was to identify knowledge and resources from both of these fields that could potentially contribute to prevention and intervention activities.

The search focused the search on English-language literature published since 1985. The team used a consensus process to identify multiple points of focus, including:

1. Pertinent prior mental health- law enforcement/public safety collaborations such as the Child Development/Community Policing Program (Yale) and Channel - Protecting Vulnerable People from Being Drawn into Terrorism (UK)
2. Pertinent prior education-law enforcement/public safety collaborations, such as university campus safety/security initiatives.
3. Characterizing the parameters that govern mental health and education professions' contributions to CVE, such as issues of information sharing, legal obligation and ethical codes.
4. Within the mental health field, the team reviewed knowledge from empirical research and best practices in the following areas: violence risk assessment, threat assessment, suicide screening and prevention, community-based participatory research (CBPR) and programs, community mobilization and strengthening, preventive research and interventions, multilevel and structural interventions, HIV risk prevention research, access interventions, resilience, human development,

gender, socio-ecological framework, cult research, interventions for sexual predators, school-based mental health interventions, faith-based mental health interventions, screening for mental health/trauma, school bullying assessment and intervention, school shooters assessment and intervention, gang prevention, internet safety programs, risk communication, and stigma/discrimination when identified as at-risk.

5. Within the education field, we reviewed knowledge from empirical research in the following areas: multicultural and immigrant education, asset-based approaches, family and community engagement with school, cultural proficiency teacher training, student engagement and youth identity development. We also surveyed best practices in education related to the following initiatives: Response to Intervention (RTI), Students with Interrupted Formal Education (SIFE), wraparound programs/services, anti-bullying/school safety, gang intervention programs, drugs and alcohol prevention, Promise Zones/Neighborhoods, Early Alert Programs, Behavioral Intervention Teams (BIT), retention/persistence programs, and campus safety/security initiatives.

The scoping literature review gathered together multiple sources, the review of which allowed identification of multiple relevant themes. The team then integrated the themes from the mental health and education fields into one overall framework which is described later.

Findings from the literature review were reviewed by experts from education, mental health, law enforcement, federal agencies and Muslim communities (N = 25). This team of experts then convened for a two-day meeting to review findings and identify recommendations for best practices to address violent extremism and the integration of mental health and education into law enforcement efforts to address violent extremism.

Part 1: Lessons Learned from Mental Health and Education

Community-based practices within the fields of mental health and education range widely, and have been used to address varied levels and types of problems, needs and priorities. In the review of the literature, several themes emerged that are commonly drawn on in both mental health and education and also hold relevance to the challenge of addressing violent extremism. Specifically, these lessons are: 1) empower and engage communities, 2) use multi-level, multi-disciplinary approaches, 3) design programs based in strength and across the levels of the social ecology, and 4) build sustainable programs through rigorous design, evaluation and capacity building. Below we summarize the major contributions of each of these lessons.

1. Empower and engage communities

According to the White House, "CVE efforts address the root causes of extremism through community engagement" (White House, 2015). Within both mental health and education, community engagement is central. *Community* can refer to individuals, families and community-based organizations. Successful community-based programs build true partnerships that value the different experience and roles of different community members and involve communities in defining both needs and solutions. Communities should participate as central partners in defining, prioritizing and organizing actions

intended to support them. For some, this could be targeted violence prevention more generally. For others, it could be youth mental health promotion or protections against distortions of religion. In communities where violent extremism threatens to draw in youth, prevention, intervention and rehabilitation in response to this threat will be embraced. If communities are allowed to define their own needs, they are more likely to own the solutions and, in turn, the solutions are more likely to work. In some cases, the process of empowering community members may in and of itself be a successful strategy for building resilience to adverse outcomes.

Following are principles of community engagement, illustrated through successful mental health and education programs, and recommended for best practices.

Create community partnerships and collaborations. Program efforts should be created in close collaboration and in partnership with communities. Partnerships among organizations serving the same community (e.g., schools working with the YMCA) and collaboration across roles within organizations (e.g., teachers working with mental health professionals) have been identified as central features of successful programs (Weist, Ambrose, & Lewis, 2006). For example, within education, Promise Zones have been created to bring multiple stakeholders together to work across agencies to support communities in poverty (Geller et al., 2014). Structures need to be put in place (e.g., protocols, schedules, documentation) to ensure routine communication and coordination.

Engage and empower community and family members. Effective programs should build partnerships with all key stakeholders, including religious and community leaders along with multidisciplinary service providers, and acknowledge the unique and critical expertise of these diverse stakeholders. This approach of bringing different stakeholders on board has been important across effective programs. For example, in education, family engagement practices for immigrant families that incorporate those families into the process of designing initiatives ensures families' agency in their children's education (Carreon, Drake, and Barton, 2005; Lowenhaupt, 2014). Within the mental health field, community-based participatory research (CPBR) provides a model for how equal partnerships between academics and community members can lead to the development of effective and appropriate interventions (Wallerstein & Duran, 2010; Wallerstein et al., 2008). The use of community advisory boards (CABs) in CBPR has also been shown to be associated with programmatic success (Newman et al., 2011).

Mitigate stigmatization through empowerment. Programs should include a means of promoting leadership and voice among marginalized youth. Within education, youth empowerment programs have seen some success in providing leadership development opportunities to traditionally marginalized groups (Christens & Dolan, 2011). Although often "othered" in mainstream schooling contexts, students in these programs develop a sense of community and purpose organized around productive engagement in civic action, rather than more destructive outlets, and are often able to influence change from within (Conner, Zaino, & Scarola, 2013).

2. Use multi-level, multi-disciplinary programs

Many successful programs in mental health and education have embraced multi-level, multi-disciplinary programs. Recognizing that emotional, behavioral, and/or learning problems are often the result of a confluence of factors—and that, correspondingly, the solutions to these problems require multi-faceted responses—mental health and education programs frequently extend across disciplines and providers. Similarly, violence and radicalization to violence is best understood as a multidimensional process best served by multi-level and multi-disciplinary solutions.

First, programs that acknowledge the different levels of risk/need and appropriately match services to the risk/need level offer a means of reaching individuals across the spectrum of risk and development. Prevention services can be geared towards whole communities and can seek to reduce general risk factors across a population. Intervention services can be more intensively concentrated for those who have been identified based on risk-related behaviors. Rehabilitation services can be tailored to those who may have crossed over into a defined problem area but are recovering or seeking reintegration. Within mental health and education, some programs target specific levels of need/service, while others seek to integrate services across the continuum.

Second, integrating different disciplines across the spectrum of services broadens the range of services provided and acknowledges the complex and inter-related nature of development. One of the most effective means of ensuring interdisciplinary involvement is through the use of a multi-disciplinary team; bringing together providers with different expertise (e.g., religious, mental health, education, law enforcement, cultural) to review cases broadens understanding of both problems and solutions. Implementation of effective systems for regular, clear communication and cross-training of team members from different disciplines facilitate effective interdisciplinary collaborations.

Third, multi-level multi-disciplinary approaches benefit from engaging providers from different disciplines and sectors, including the community. The involvement of paraprofessionals, clergy, peers, and family members in providing services to youth enhances the breadth and reach of services, the relevance of the services, and the potential to raise capacity and resilience across whole communities.

Following are components of successful multi-level, multidisciplinary approaches illustrated through mental health and education programs, recommended for best practices.

Provide general violence prevention programs for the whole community. Given the low base rate of violent extremism within any given community and the poor predictive accuracy of risk factors, primary prevention is ill suited as a means of specifically addressing violent extremism; furthermore, such activities carry the risk of stigmatizing a whole community. Rather, prevention should be targeted towards reducing violence in general. Serious and violent juvenile offenders provide an example of an issue for which primary prevention is not recommended, though prevention activities are broadly recommended as a strategy for reducing overall delinquency (Loeber &Farrington, 1998). In lieu of primary prevention, multi-stage screening is recommended.

Conduct threat assessment of persons of concern through a focus on warning signs and behaviors. Programs must include some means of assessing threat of when an individual is at risk for moving from pre-criminal to potentially dangerous or harmful activities; programs should focus on warning signs and behaviors as indicators for intention of violence rather than risk factors associated with violence (Borum, 2000; Borum & Reddy 2001; Clifford, Doran, & Tsey, 2013; Mann et al., 2005; Meloy & O'Toole, 2011; Rappaport et al., 2014; Rudd et al., 2006; Skeem & Monahan, 2011; van der Feltz-Cornelis, et al., 2011). Research in the areas of violence risk assessment (Borum, 2000; Borum & Reddy 2001; Skeem & Monahan, 2011), threat assessment (Meloy & O'Toole, 2011; Meloy et al., 2012; Rappaport et al., 2014) and suicide screening and prevention (Clifford, Doran, & Tsey, 2013; Mann et al., 2005; Rudd et al., 2006; van der Feltz-Cornelis, et al., 2011) provide strong evidence that warning signs and behaviors are more important to attend to than risk factors. Warning behaviors are acts (e.g., identification, novel aggression,

leakage, directly communicated threat, etc.) which constitute evidence of increasing or accelerating risk of intended violence (Meloy & O'Toole, 2011; Meloy et al., 2012).

Provide interventions for individuals with vulnerabilities, warning signs, intentions, or actions. Programs should use targeted interventions for individuals showing warning signs and/or who have taken actions, such as those who frequent violent extremist websites or who have made statements in support of violent extremist organizations. Although these actions do not indicate that someone will necessarily mobilize to violence, they may be indicators of increased risk and thus warrant assessment and possibly intervention. Within the mental health field, one example of targeting interventions towards those with warning signs is suicide screening, which uses a standardized instrument for youth with multiple risk factors such as depression, substance abuse, and family history of suicide (Joe & Bryant, 2007; Rudd et al., 2006). Intervention can thus be directed towards those with greatest need. School-Wide Positive Behavior Supports (SWPBS) similarly provides a model of how interventions can be targeted towards individuals whose actions require further intervention. SWPBS includes identification and monitoring of skills deficits and small group strategies, such as social-skills groups and self-management programs (Sugai & Horner, 2006). At present no valid and reliable screening instrument is available to identify those at risk of radicalizing to violence, though some practitioners have developed screening approaches based on key behavioral indicators that, in combination, may indicate greater risk (Post, Ruby, & Shaw, 2002). Instead, it is important to rely on reports of behaviors from those closest to the individuals.

Include a multidimensional support package with tiers of interventions. Programs should offer support packages for vulnerable and at-risk individuals that address multiple experiential domains. An example of this is the Response To Intervention (RTI) in education, which aims to develop tiered supports for students based on academic achievement levels (Barnes & Harlacher, 2008). Within the mental health field, Trauma Systems Therapy for Refugees is a multi-tiered intervention for Somali refugees that provides community education, skill-building groups, individual trauma-focused intervention and social-environmental intervention within family- and home-based settings depending on the specific level and type of needs identified (Ellis et al., 2012). The UK CHANNEL program offers a support package which includes life skills, mentoring, cognitive/behavioral therapy, constructive pursuits, education and training, careers, family support, health care, housing, and drugs and alcohol use (HM Government, 2012).

Form multidisciplinary teams. Programs should be provided by multidisciplinary teams which incorporate individuals from different disciplines working collaboratively to address the multi-level and multi-dimensional needs of persons receiving prevention or intervention services. Teams that draw on different kinds of expertise and structure communication processes so that information can be shared across stakeholders have been found to be useful in both the mental health and education fields. For example, school-based mental health interventions use a wraparound plan for individuals using a team of natural support providers, like families and friends as well as professionals, including teachers, mental health professions, juvenile justice, and welfare agencies to identify needs, interests, and develop a comprehensive plan (Burchard, Bruns, & Burchard, 2002; Walker & Schutte, 2004). In education, RTI is an initiative that depends on teaming among school staff in various capacities to focus on the needs of individual students (Griffiths, Parson, & Burns, 2007).

Empower and train community workers and advocates. Efforts to prevent violent extremism are likely to be more powerful coming from community workers or advocates who are seen as integral parts of communities to whom programs are being delivered. For example, within the gang prevention field,

leaders in the community, residents, faith leaders, and service providers are all trained to convey messages to the community that violence is a behavior that can be changed (Skogan, Hartnett, Bump, & Dubois, 2009). In refugee mental health, bicultural workers who come from the community being served provide mental health and family services (Musser-Granski & Carrillo, 1997).

Support and educate the families of the vulnerable or at risk. Programs should provide education and support to family members to increase their awareness and knowledge of reducing risks for violent extremism. Research on cults has identified that families are often an early warning system for recruitment but they lack support on how to intervene (Hassan, 2014); similar processes may be at work in relation to violent extremism. A model from the field of education suggests that an effective means educating families is to embed education on an identified topic within other topic areas that are of high importance to families and perceived as a useful service; for instance, efforts to provide families access to crucial information about their children's schools have offered English language classes as a way to engage families in the school community (Carreón et al., 2005).

Build peer interventions. Peers are able to lend credibility to their message that others, who do not share the same social status or circumstance, are not able to. This may be especially true in relation to topics that are typically viewed as taboo or stigmatized. An example of this comes from HIV prevention research, where peer educators have been demonstrated to be the best delivery method for HIV prevention education (Magnani et al., 2005; Maticka-Tyndale & Barnett, 2010; Pulerwitz, 2010; Simoni et al., 2011). In education, peer interventions have been successful with youth who have been identified as high-risk for negative outcomes (e.g., dropping out of school, abusing drugs and alcohol, etc.). Areas in which peer interventions have been successful include peer leaders in drugs and alcohol prevention programs (Cuijpers, 2002), positive peer supports for counteracting gang tendencies in gang intervention programs (Eisenbraun, 2007), promoting positive peer relationships for those high-risk youth in retention/persistence programs, and supporting and fostering affirming peer relationships for LGBTQ youth (Sadowski, Chow, Scanlon, 2009). The POSSE program, which uses a cohort model to support promising youth from diverse backgrounds , is another example of the successful use of peers for intervention (Contreras, 2011).

Incorporate former participants in prevention and interventions. Former extremists who have left the movement may be particularly powerful voices in addressing violent extremism. This idea parallels models of gang prevention, where former gang members provide outreach to vulnerable youth and share their perspectives on the harsh reality of gang life, and also alcohol abuse, as in the example of Alcoholics Anonymous (Henry et al., 2014).

3. Design programs based in strength and across the levels of the social ecology

Mental health and education professionals have increasingly turned towards building programs based in community assets, rather than focusing on deficits/problems, and recognizing the need to leverage strengths across the different levels of the social ecology. Strengths-based programming effectively engages families, leverages existing resources, and diminishes problems of stigma associated with more problem-focused approaches. Assuming a social-ecological approach allows for strengths from different levels of the social ecology like individual, community, and cultural, to be both acknowledged and leveraged. In addition, the transactions between levels of the social ecology may be particularly important to understand and address; an individual's risk profile (e.g., history of exposure to traumatic events) may lead to different outcomes depending on the strengths or vulnerabilities within the family system, or structural factors within the larger community/society. Conversely, targeting structural

factors and/or promoting well-being across a community may diminish risk for a wide range of individuals.

Following are recommended principles related to designing programs based in strength and across the levels of the social ecology, drawn from successful mental health and education programs.

Build on individual and community resilience and strength. Programs should be based on the premise that all individuals and communities have important strengths and the capacity to be resilient despite adversity. In both mental health and education fields, resilience and strength-based approaches are built upon the premise that every individual child has strengths, as well as the ability to overcome adversities/stress and to succeed in spite of challenges (Cicchetti & Curtis, 2007; Masten, 2007). In mental health, strengths-based approaches center on providing supports and opportunities that build on an individual's protective factors and positive influences to promote success, rather than seeking to reduce or eliminate risk factors that create problems or influences that promote failure. In education, an asset-based approach seeks to nurture a positive learning environment by drawing on student assets (e.g., recognize a student's strength and capitalize on it, empower students to own their own educational growth/improvement in learning, etc.), which is in contrast to traditional (and prevalent) deficit-perspectives (Antrop-González & DeJesus, 2006). Community resilience extends beyond an individual's characteristics to include community and cultural processes as well as social and cultural networks and practices of communities that aid both an individual and a community in overcoming stress and adversity (Norris et al., 2012). Asset-based approaches in education also seek to build on the cultural and community resources immigrant students have to support integration into school (Gibson, 2005).

Promote culturally congruent programs. The design and implementation of programs should follow cross-cultural methods for increasing their cultural congruence. Within education, the field of multicultural education works to ensure that school curricula do not just reflect dominant perspectives, but also represent traditionally marginalized groups and are taught in a culturally-relevant manner (Grant & Sleeter, 2011; Ladson-Billings, 1996). Within mental health, CBPR provides a means of ensuring that cultural perspectives and knowledge are integral to all programs and interventions (Betancourt, 2014).

Consider the individual in family and social context. The design and implementation of programs should attend to the multiple levels of influence (e.g., peers, family, schools) that shape who youth are and what they do. Interventions in mental health and education that target multiple levels of influence have been shown to be effective. Mental health interventions that are designed to target not only the individual but also three or more levels of influence have been shown to be more effective than those targeting just one source of influence (Gorin et al., 2012; Niederkrotenthaler et al., 2014). Multilevel intervention strategies may include public awareness campaigns (societal level), gatekeeper trainings (community level), and mental health services for high-risk youth (individual) among others.

Address the structural factors that drive vulnerability and risk. Communities would benefit from the implementation of general wellness and prevention activities that focus on the structural adversities in the social environment (e.g., residential segregation; access to crucial resources such as housing, education, and health care; poverty; racism; resource disparities; lack of afterschool activities; etc.) that appear to be linked to vulnerability and risk for violent actions in general. This serves the dual purpose of both reducing practical adversities that may contribute to frustration and grievance, as well as reducing stigma by locating the "problem" in the environment rather than on an individual (Blankenship et al., 2006; Cohen et al., 2000; Gupta et al., 2008). For example, the development of "Promise Zones" seeks to

provide holistic social supports for communities and bring together health care, education, local policymakers and other social service providers to address structural issues in concentrated high poverty areas (Geller et al., 2014).

Utilize therapeutic jurisprudence. Effective programs that can disengage and/or deradicalize through treatment and rehabilitation strategies can be designed to modify the use of the law to support participation in those programs. For example, in drug courts, the law is regarded as a therapeutic agent so the primary focus is on treatment and rehabilitation with active oversight and monitoring by a judge (National Council of Juvenile and Family Court, 2003). Another example is that the principle of therapeutic jurisprudence has been applied in mainstream juvenile justice courts in such a way as to strengthen the court's ability to mandate treatment and rehabilitation for those with mental health problems (Griffin & Jenuwine, 2002). Although CVE is focused on the pre-criminal space, some of these approaches may still apply.

Conduct ongoing monitoring and assessment. Prevention and intervention efforts should continuously monitor at risk youth and adults to determine if the activities are effective and progress has been made in key indicators. In addition to progress monitoring for those receiving the intervention, feedback from persons implementing the intervention and stakeholders is needed to determine if the intervention needs to be modified. One example is Behavioral Intervention Teams, which in some higher education institutions provide structured routines for ongoing monitoring of at-risk students (Eber, Sugai, Smith, & Scott, 2002; Sugai & Horner, 2006).

4. Build sustainable programs through rigorous design, evaluation and capacity building

Successful mental health and education programs are both effective and sustainable. Effectiveness is achieved through rigorously designing programs using the existing evidence base, and then iteratively enhancing effectiveness through ongoing evaluation and, as needed, adaptation or modification. Sustainability can be achieved through embedding programs in pre-existing structures, building capacity of providers and systems, and demonstrating value to both users and funders through successful outcomes.

Design rigorous prevention and/or intervention programs. Programs should be based on empirical evidence, sound theory, and accurate understanding of engagement and disengagement, radicalization and deradicalization, and the sociocultural context. Iteratively moving between theory development, empirical research, intervention development, evaluation and back to refining and testing theory has been successfully employed in the mental health field and has led to the development of evidence-based intervention and prevention programs for a wide range of disorders and problems. Similarly, education has adopted an evidence-based approach, as exemplified by new partnerships among researchers and school-based practitioners, and the growing field of "education evaluation" (Cherasaro, Yanoski, & Swackhamer, 2015; Ross, Herrmann & Angus, 2015).

Provide capacity building for helping professionals and community workers. Building capacity for helping professionals and community workers requires enhancing knowledge, developing skills, and enabling systems in which violent extremism prevention efforts are supported. Capacity building needs to include human resources, institutional capacity, and networks and partnerships. Within the field of mental health, clergy members have been trained to recognize mental disorders and to both collaborate with health care professionals as well as deliver some therapies directly (Ali, Milstein, & Marzuk, 2005; Wang, Berglund, & Kessler, 2003). Similarly, the Yale's Child Development and Community Policing Program

brings together police officers and mental health professionals for cross-training, consultation, and support (Marans & Berkman, 1997).

Use integrated or embedded programs. Programs should work within existing structures rather than operate separately or outside of existing institutions. Although this can lead to more complex implementation procedures, ultimately, embedding programs and supports leads to more effective practices. In education, holistic reform initiatives (e.g., Comprehensive School Reforms), which take into account and work within existing structures, have been found to be more sustained and effective than those which are not integrated (Sebring et al., 2006). Within the mental health field, there has similarly been a movement to integrate mental health into other service systems. The National Child Traumatic Stress Network (NCTSN) is an example of a federal initiative that supports the integration of trauma-informed care and treatment into diverse service systems, including juvenile justice, education, and child welfare (Pynoos et al., 2008). This is accomplished both through developing resources and training to support providers in the various service systems and embedding mental health providers within those systems.

Part 2: Integrating Mental Health and Education Professionals Into Prevention and Intervention of Violent Extremism

1. Addressing the Challenges to Incorporating Mental Health and Education

Multiple challenges to integrating mental health and education providers with law enforcement approaches to violent extremism should be acknowledged. Some of these challenges are practical (e.g., who pays for services, how does information get shared?); others are ethical (e.g., protecting privacy); and still others philosophical (e.g., what is the appropriate role in CVE for teachers and mental health clinicians?). Many of these challenges are familiar to the mental health and education fields. In this framework we first identify these challenges and describe what is known about strategies for addressing these challenges so as to overcome potential key barriers to incorporating these disciplines.

Protecting privacy. The privacy of health and mental health information should be protected for all persons involved in programs. However, when a person is considered a serious danger to self or others, or when they are charged with committing a crime, then necessary information may be disclosed. Typically in the mental health field, professionals are ethically mandated to keep a client's information private, but there are limits to this confidentiality. For example, most states have "duty to warn" or "duty to protect" laws that require/permit mental health professionals (e.g., licensed psychologists, psychiatrists, counselors, therapists, etc.) to disclose information about a client who they believe may become violent or demonstrates intent of violence. In education, the Family Education Rights and Privacy Act (FERPA) federal statute protects student's privacy by not allowing release of records without students' and guardians' consent.

Information sharing. Mental health and education professionals involved in service provision may be called upon to provide information to one another regarding individuals with whom they are or have been involved, especially around issues of risk assessment. This information sharing requires navigating federal and state mandates about confidentiality and is usually accomplished through pre-determined agreements and informed consent. Mental health and education professionals need to work together to devise information sharing documents to maximally protect a person's information while also assuring public safety. One example of a law and mental health collaboration to increase information sharing between these two professions is the Justice and Health Connect website (www.jhconnect.org) of the Vera Institute of Justice's Substance Use and Mental Health Program, which seeks to provide a venue for government agencies and community organizations to share information across systems and increase effective communication. Another example is when school-based threat assessment teams establish means for making pertinent information available to outside agencies (Medaris, Campbell, & James, 1997).

Legal risk/liability. Mental health, education, and law enforcement professionals may be concerned that they could put themselves at legal risk. One example of possible legal risk is prosecution for material support. The material support statute (Federal statute 18 U.S.C. 2339B) makes it a crime to attempt or conspire or provide material support or resources to a foreign terrorist organization. However, there is little chance of prosecution because 1) there is no precedent for these prosecutions, 2) they run counter to the United States General's policy for developing interventions, and 3) prosecutions have only occurred when it was the intent of the person to support terrorist activity. On the other hand, there is no precedent for the United States Attorneys giving blanket immunity to criminal prosecution including for mental health professionals.

Cost of services. As of yet, there are no specific funding mechanisms identified for prevention or intervention efforts. In addition to a lack of funding, lack of access to free or low-cost services presents a serious barrier to providing prevention and/or intervention programs. One model of addressing this barrier is the federal National Child Traumatic Stress Network (NCTSN) Initiative. Through grant funding authorized through congress, service systems and community sites around the United States have the opportunity to learn and implement models of best practice for child traumatic stress and to develop systems to sustain the provision of services beyond the grant period.

Organizational structure. There is presently a lack of clarity regarding how to organize both prevention and intervention services. It is likely to require a systems approach that incorporates multiple service organizations and sectors and which ensures coordination and cooperation between them so as to ensure continuity of care. One example is an Integrated Systems Framework (ISF) that builds on Positive Behavior Intervention and Supports and Implementation Science to integrate school mental health services. ISF focuses on organizational structures in both mental health and education systems by having key stakeholders in both fields work together to examine roles, functioning, and effectiveness of staff and reallocate resources (Barrett, Eber, & Weist, 2009).

Interdisciplinary dialogue and coordination. Coordination across different fields presents a barrier to making advances in addressing violent extremism. Programs should hold regular interdisciplinary conferences for law enforcement, advocates, clinicians, and community advocates. An example of improved coordination comes from the Yale's Child Development-Community Policing (CD-CP) Program, where a weekly interdisciplinary program conference provides a forum for law enforcement, advocates, clinicians, and other professionals to review cases and coordinate follow-up plans (Yale Child Study Center, 2011). Within higher education, efforts to coordinate across campus police, academic advisors, residential counselors, and faculty have been crucial to campus safety initiatives in order to share information across domains (Heilbrun, Dvoskin, & Heilbrun, 2009).

Cross-training of law enforcement, mental health, and other professions. Effective programs requires cross-training of all relevant disciplines and spheres. The Yale CD-CP program accomplishes this through an academic center developing cross-training materials and providing training in human behavior, trauma, and community police procedures to law enforcement, mental health, and other professionals (Yale Child Study Center, 2011).

Community buy-in and support. As with any community-based psychosocial service, it is important to have community acceptance of and support for the service. There has been widespread pushback against CVE which is likely to diminish the willingness and enthusiasm for mental health professionals and educators to participate in CVE. One strategy is to focus less on CVE and more on violence prevention and community strengthening in general, drawing on community and youth leaders as resources for ideas, development, and implementation of efforts, as has been successfully leveraged in some education reform movements (Conner, Zaino, & Scarola, 2013).

2. Examples of Programs involving Mental Health or Education Collaborating with Law Enforcement

Partnerships between mental health or education and law enforcement offers a particularly promising means of addressing the full spectrum of needs and threats that may be relevant to addressing violent extremism. Several successful partnership models have been implemented to address other related public health or safety concerns.

Promise Neighborhoods. Recognizing that interconnected solutions are needed in order to address the interconnected problems existing in high-poverty neighborhoods and building on the success of the Harlem Children's Zone in New York City, the Obama Administration developed a new approach to neighborhood revitalization to better support community-based initiatives. These initiatives seek to provide integrated support for distressed neighborhoods: "The Neighborhood Revitalization Initiative (NRI), a White House-led interagency collaborative, is developing and executing the Obama Administration's place-based strategy to support local communities in developing and obtaining the tools they need to revitalize neighborhoods of concentrated poverty into neighborhoods of opportunity" (Neighborhood Revitalization Initiative, 2010, p. 1). As part of this new initiative, the Department of Education has created the Promise Neighborhood program with the vision that, "All children growing up in Promise Neighborhoods have access to effective schools and strong systems of family and community support that will prepare them to attain an excellent education and successfully transition to college and career" (Promise Neighborhoods, 2015). In recognition of the importance of a better federal strategy to support community-owned revitalization initiatives, the Neighborhood Revitalization Initiative's approach to engagement in neighborhoods of concentrated poverty aligns with research that supports community revitalization in coordination with school reform. This approach is designed to be:

1. *Interdisciplinary*, to address the interconnected problems in distressed neighborhoods;
2. *Coordinated*, to align the requirements of federal programs so that local communities can more readily braid together different funding streams;
3. *Place-based,* to leverage investments by geographically targeting resources and drawing on the compounding effect of well-coordinated action;
4. *Data- and results-driven,* to facilitate program monitoring and evaluation, to guide action needed to make adjustments in policy or programming, and to learn what works and develop best practices; and
5. *Flexible,* to adapt to changing conditions on the ground (NRI, 2010, p. 2).

Since 2010, 58 awards ranging from $500,000 to $6 million have been awarded to Promise Neighborhood planning and implementation grants (Geller et al., 2014). In addition to these grantees, over 700 neighborhoods nationwide applied for funding, demonstrating important steps toward building Promise Neighborhoods.

Response to Intervention. Response To Intervention (RTI) is a strategy widely used in schools to support students who are struggling. Rather than wait for students to fall through the cracks, this approach seeks to create a set of tiered supports for students. Implementing school wide RTI processes aims to provide support for students before identification in special education and ensure that instruction is responding to the different needs of students. Initially focused on reading interventions, RTI has been adapted in many schools across subject areas to systematically provide supports to struggling students (Cummings, Atkins, Allison, & Cole, 2008).

Although the implementation of RTI varies, the central feature is a set of tiers, with each tier representing a more intensive stage of intervention. At each tier, a menu of strategies helps guide educators to adapt instruction for students in that tier. Although some models incorporate more than three tiers, adoption of the model also incorporates ideals about the percentage of students who ought to be served in each tier. Another key aspect of the initiative is the use of teams of teachers and close monitoring of progress assessments to ensure that students are being served in the correct tier and to adjust interventions.

According to Barnes & Harlacher (2008), the following five clearly defined principles are central to RTI:

1. a proactive and preventative approach to education
2. ensuring an instructional match between student skills, curriculum, and instruction
3. a problem-solving orientation and data-based decision making
4. use of effective practices
5. a systems-level approach

These features of RTI distinguish it from other forms of instructional support, although there is variation in the specifics of RTI.

Safety Net Collaborative. The Cambridge Safety Net Collaborative (http://www.cambridgema.gov/cpd/communityresources/safetynetcollaborative) is a multidisciplinary program to promote youth well-being, developed and implemented through the Cambridge Police Department. The multi-level program provides prevention, early intervention, and diversion services for youth. Prevention includes placing Youth Resource Officers in schools in order to promote positive community-police relations. These Youth Resource Officers also foster early intervention by working with schools, parents and community agencies to identify youth struggling with socio-emotional problems and connecting them with appropriate community resources. For youth who have engaged in a non-violent criminal act, diversion services are offered as an alternative to criminal justice involvement and involves making reparation to the community.

The Safety Net Collaborative involves collaboration between multiple disciplines and agencies, including mental health, community, law enforcement, and schools. Youth identified as in need of services are provided with a tailored action plan that may include home visits, referrals to mental health services, youth development activities, mentoring, family assistance, juvenile diversion, and/or restorative justice.

Co-response Model. The co-response model provides a tangible asset to police encountering mentally ill persons by providing a mental health professional that can address the issue at a more sophisticated level than officers who have Crisis Intervention Training. An example of a co-response model are Law Enforcement Teams (LET). The LET pairs a Department of Mental Health (DMH) clinician with a law enforcement officer. The Los Angeles Police Department Mental Evaluation Unit has successfully implemented LETs that reduce the potential for violence during police contacts involving people suffering from mental illness, the homeless, or high risk individuals, while simultaneously assessing the mental health services available to assist them. This requires a commitment to problem solving, partnership, and support for a coordinated effort from law enforcement, mental health services and the greater community of Los Angeles.

Current programs include:

1. DMH-LAPD System-wide Mobile Assessment Response Team (SMART):
   Clinician-officer respond in unmarked police cars to 911 calls for service or patrol car requests for assistance. When a call is made to 911 a patrol car is dispatched to respond, and SMART arrives after the scene is deemed safe.
2. DMH-LAPD Case Assessment Management Program (CAMP):
   This is a mental illness investigative follow up team. Clinical-officers respond to and conduct follow-up on targeted school violence cases, those who make frequent use of police and fire emergency services, and those who are at risk for violent encounters with police officers.

Through their partnership with the Los Angeles County Department of Mental Health, SMART and CAMP work together assisting field officers with suspected mentally ill persons. They provide referrals, intervention, and/or placement in mental facilities for individuals needing acute mental health intervention.

3. Approaches to Involving Mental Health and Education in Various Levels of Prevention and Intervention

Prevention and intervention are two distinct realms of activities, both of which could benefit from the involvement of mental health and education professionals. We recognize that not all mental health and education professionals are going to be involved and not all in the same ways. Tiers of involvement may include:

Be informed: A large number of mental health and educational professionals need to be aware of the risks related to violent extremism and what steps they might take to address these risks within the context of their existing work.

Be a team member: A smaller number of mental health or education professionals might become actively involved in providing services.

Be a leader: An even smaller number of persons might be involved in leading, teaching, or researching. Below we considered each of these levels of involvement.

Prevention. Prevention activities are programs, policies and interventions that promote inclusion, engage youth and communities, diminish exposure to broad risk factors that threaten healthy development, and increase access to resources that promote well-being. Many of these activities will be best conducted with more general aims, such as promoting well-being, rather than specifically as activities to counter violent extremism—though these same activities may strengthen individuals and communities in ways that reduce vulnerability to engaging in violent extremism. Some examples of a prevention program include: bystander training, family strengthening, and sharing narratives that counter extremist ideology. Prevention programs can be organized from any community-based organization such as a school, a faith community, or a clinic. Both mental health and education professionals have long histories of being involved in prevention. In relation to prevention:

Be informed: Be literate in the overall purpose of prevention programs;

Be a team member: Contribute to a group that is designing, implementing, and or evaluating a prevention program;

Be a leader: Take charge of such initiatives.

Intervention. Intervention activities are programs, policies and interventions that serve youth or individuals that demonstrate early risk markers of poor adjustment that can include but are not limited to mental health problems, alienation, aggression/bullying, and/or delinquency, as well as individuals who may be increasingly drawn to violent extremist ideology and/or activities. Some examples of an intervention program include: a diversion program to offer those who could be charged with a criminal offense to wraparound services, a crisis support team that reviews a case and supports linkages and referrals to supportive resources, and family interventions that support families in reconnecting with alienated youth. Intervention programs can be organized from within a community-based organization or across multiple ones. Both mental health and education professionals have long histories of being involved in intervention programs.

Be informed: Be literate in the overall purpose of available intervention programs and especially the indicators for referral.

Be a team member: Contribute to an intervention program as a designer, service provider, and/or program evaluator.
Be a leader: Lead in establishing or maintaining an intervention program, including building the necessary partnerships. Intervention programs are likely community based, but they may involve a significant degree of cooperation with law enforcement organizations. In some cases, law enforcement agencies may impose certain selection criteria or training expectations. They may also have the expectation that persons would have to give consent that they may be asked to testify in court.

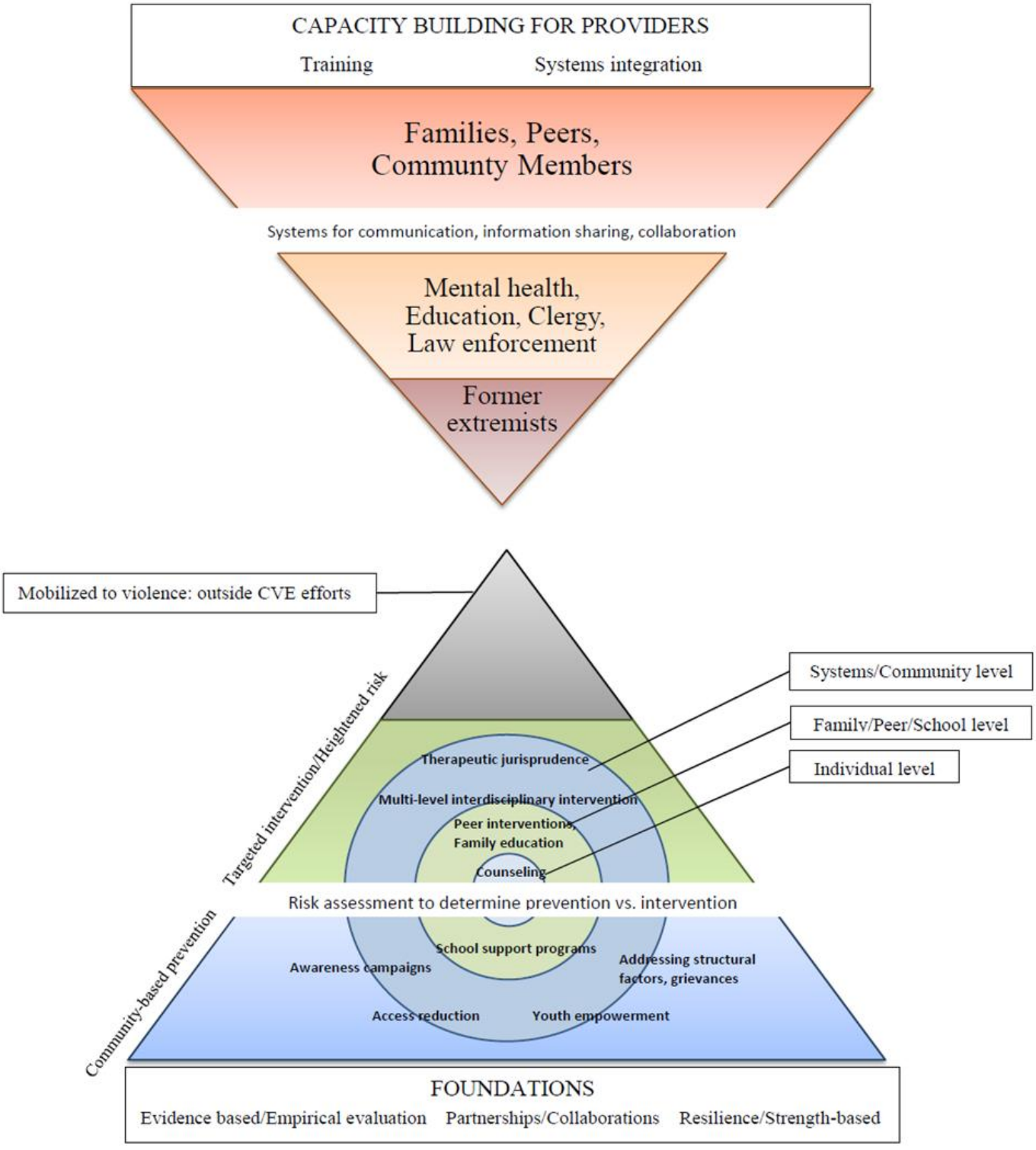
Discussion

The fields of mental health and education can inform the development of best practices to address violent extremism, and professionals from these fields should be regarded as key assets in both developing and delivering programs. Existing models from mental health and education can inform who these programs should engage and support, who is best positioned to provide this support, and what prevention and intervention programs might look like. However, engaging mental health and education professionals is not without its challenges; any recommendations for integrating mental health and education into law enforcement practices must be made with these challenges in mind.

Based on our review of the fields of mental health and education, and with expert input and consensus, we propose a framework for best practices in CVE (see Figure 1). As illustrated in the framework, partnerships/collaborations (including community, mental health, education and law enforcement), a resilience/strength-based approach, and empirical evidence and evaluation should form the foundations of efforts to address violent extremism. Building on these foundations, and as illustrated by the first pyramid, addressing violent extremism encompasses prevention for whole communities and intervention for individuals of heightened risk *but not those who have mobilized to violence.* To effectively address the appropriate level of intervention to those in need, some mechanism for identification of those at greater risk for mobilization to violence is needed; a focus on warning behaviors, rather than risk markers, is recommended. Primary prevention activities are best conducted in the service of general promotion of well-being, rather than with the specific goal of reducing violent extremism; while efforts to stop violent extremism will benefit from general community strengthening and resilience-building, doing such activities under the heading of CVE may bring stigma to communities and lacks specificity in terms of how risk factors relate to the specific outcome of reducing violent extremism. Activities in both prevention and intervention should span the levels of the social ecology, addressing individual-level, family/peer/school, and systems-level factors; multi-level, integrated interventions are recommended. Examples of possible activities across the various levels of the social ecology, and in the service of both prevention and intervention, are provided within the pyramid.

The top, inverted pyramid illustrates who should be involved in stopping violent extremism. Most broadly, families, peers and community members must be effectively engaged and are likely to have the broadest level of influence. Helping professionals, including mental health, education, clergy and law enforcement, are also critical providers to address violent extremism. Former extremists represent a small but important group of providers as well. Across and within these providers and systems, communication is critical; programs will need to work to develop systems for communication, information and collaboration across many types of providers. Programs should encompass capacity building across these different provider groups, including training/resource development and efforts to integrate prevention and intervention of violent extremism into existing systems and structures.

Figure 1: Integrative framework for best practices in CVE



Conclusion and Recommendations

The fields of mental health and education provide important existing models that can inform effective development of programs and policies to stop violent extremism. Operationalizing lessons learned from these fields, however, entails significant rethinking of the overall criminal justice driven framework under which activities to reduce violent extremism are currently being developed and/or delivered.

Communities need to have much more of a say in how to prioritize and organize actions intended to protect them. For some this could be targeted violence prevention more generally; for others, it could be youth mental health promotion or protections against distortions of religion. In communities where violent extremism threatens to draw in youth, prevention, intervention and rehabilitation in response to this threat will be embraced. If communities and faiths are not singled out but are partnered with others, then they are far less likely to feel stigmatized. If communities are allowed to define their own needs, they are more likely to own the solutions and, in turn, the solutions are more likely to work. We need to transition from "community engagement" to "community led."

Violent extremism should be placed in the context of other public safety concerns. Violence in many forms affects our communities and society. Efforts to build resilient, safe communities against all forms of violence are needed; overemphasizing the threat of violent extremism may frustrate community members who find other threats more pressing and real. This means that the term "CVE" should be replaced by other terms that better reflect a genuine re-orienting of activities towards the promotion of public safety more broadly.

Prevention and interventions for violent extremism should be placed within human service disciplines, such as mental health and education, rather than law enforcement. In the pre-criminal space, supportive services and targeted mental health interventions may be successful ways of offering off-ramps for youth moving towards violence and/or extremist ideologies. Multidisciplinary teams can offer better communication between disciplines and facilitate thoughtful risk assessments and decision-making. Law enforcement can be involved without dominating.

Making fundamental changes to the approaches used to reduce the risk of violent extremism will require significant collaboration between disciplines and substantial restructuring and reframing of the current CVE agenda. Such efforts, however, could have major benefits to a central goal of CVE: "to stop those most at risk of radicalization from becoming terrorists." Conversely, failure to make fundamental changes to the current approach poses significant risk that those most central to the solution to violent extremism—communities—will not meaningfully contribute. It is impossible to imagine an acceptable solution without their contributions.

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Appendices

Table 1. Mental Health

What key findings from each domain below can inform CVE prevention and intervention efforts?				
DOMAIN (Sources)	**GENERAL FINDING**	**IMPLICATION FOR CVE**	**Scope of CVE**	
			PREVENTION	INTERVENTION
Violence Risk Assessment (Borum, 2000; Borum & Reddy 2001; Skeem & Monahan, 2011)	Violence risk assessment seeks to predict the risk for future violence, manage violence risk, and ultimately make recommendations for treatment. Violence risk assessment assists in identifying risk factors for violent behavior that can be managed, in order to assist the person to control his or her violent intention and, ultimately, protect society.	Draw on the principles of violence risk assessment, when assessing for violent extremism, but understand that there are many differences between ideologically motivated violence and non-ideologically motivated violence (e.g., the latter are motivated by personal gain, impulse control issues, substance abuse, etc. versus the former that are motivated by beliefs, values, social causes, etc.).		X
	Structured professional judgment (SPJ) is an approach (e.g., information is weighted and combined according to both guidelines and professional discretion) for decision making about dangerousness to others.	Use a SPJ approach to assess risk for violent extremism.		X
Terrorist Risk Assessment (Roberts and Horgan, 2008; Monahan, 2012)	Risk assessment is the process of using risk factors to estimate the likelihood of an outcome occurring. Four components include identifying empirically valid risk factors, determining a method for measuring/scoring these risk factors, establishing a procedure for combining scores on the risk factors, and producing a final estimate of the likelihood the violence will occur. Approaches to “common” violence generalized to risk assessment of terrorism.	Determine what is being assessed (type of terrorism and phase in the terrorism process). Determine terrorism risk factors (e.g., ideologies, grievances, affiliations, moral emotions) and link risk factors to the hazard to develop risk assessment models. Form collaborations between psychologists skilled in forensic risk assessment and practitioners working within counter-terrorism.	X	
Terrorist Risk Reduction Programs (Horgan & Altier, 2012; Horgan & Braddock, 2010)	There is not yet adequate evidence of the effectiveness of terrorist risk reduction programs. However, one over-riding concern is that programs should aim to achieve disengagement and not deradicalization	Build programs from empirical evidence, rigorous theory, and accurate understanding of engagement and disengagement, radicalization, and deradicalization.	X	X

Threat Assessment Model (Borum, Fein, Vossekuil, Berglund, 1999; Reddy et al. 2001; Meloy & O'Toole, 2011; Meloy et al., 2012; Rappaport et al., 2014)	Used by the U.S. Secret Service in its protective intelligence activities to protect the President of the United States and other U.S. and foreign leaders. Looks at pathways of ideas and behaviors, rather than demographic or psychological profiles. Now used in schools. The Threat Assessment model is a structured group process used to determine the risk posed by a student in response to an actual or perceived threat or concerning behavior. Based on facts and evidence rather than characteristics or "traits."	Create school policies on collecting and reacting to information on threatening situations. Consult with school legal counsel on legal issues including access to and sharing of information and searches of the student's person or property. Build capacity to threat assessment team by providing skills, training, and support. Form an investigative team to conduct assessment (inclusive of staff, parents, and law enforcement). For CVE, this could be conducted in a school setting, or religious school, mosque, or Islamic center. Gather information from multiple sources, teachers, parents, friends, counselors, employers and set of investigative questions to determine threat. Refer to law enforcement if high threat is determined	X	
	The concept of "leakage" in threat assessment. Leakage is the communication (e.g., letters, diaries, journals, blogs, videos on the Internet, emails, voice mails, and other social media forms, etc.) to a third party of an intent to do harm to a target. Leakage has been shown to occur in very low-frequency, but catastrophic acts of intended and targeted violence.	Provide public education programs about the warning behaviors of violent extremism such as leakage and subsequent concrete actions that can be taken.	X	
	The concept of "warning behaviors" in threat assessment. Warning behaviors are acts (e.g., pathway, fixation, identification, novel aggression, energy burst, leakage, directly communicated threat, and last resort warning behaviors), which constitute evidence of increasing or accelerating risk of intended violence.	Provide education about warning behaviors of violent extremism and what to do should someone be identified as a concern.	X	
Support Packages (HM Government, 2012)	Support packages for individuals at risk of terrorism include life skills, mentoring, cognitive/behavioral therapy, constructive pursuits, education & training, careers, family support, health care, housing, and drugs and alcohol use treatment.	Utilize multidimensional and multilevel support packages as a framework for developing an overall intervention strategy with those who are radicalized.		X

Suicide Screening (Joe & Bryant, 2007; Rudd et al., 2006; Suicide Prevention Resource Center, 2014, September)	Suicide screening refers to a process in which a standardized instrument or protocol is used to identify individuals who may be at risk for suicide. Screening everyone (universal screening) for suicide has not been shown to be effective. Rather, the ongoing public health perspective suggests that screening youth with multiple risk factors such as depression, substance-abuse disorders, family history of suicide, previous attempts, etc. and, therefore, those at the highest risk (selective screening) for suicide has been shown to be the most efficient approach to detect suicidality.	Utilize a selective screening strategy targeting youth who may be vulnerable to recruitment to extremist groups or who endorse violence for ideological reasons.	X	
	Depression has been identified as a key risk factor effective for suicide screening.	Know that one key risk factor has not been identified for vulnerability to violent extremism and, therefore, this approach cannot be used for preventing violent extremism screening efforts.	X	X
	Skills training should include education about risks factors and the recognition of "warning signs."	Provide education about risk factors and skills training in the recognition of warning signs to those working with vulnerable and high-risk youth.	X	X
	Risk factors are not necessarily close in time to the onset of suicidal behaviors, but warning signs have been shown to be temporally related to the acute onset of suicidal behaviors.	Utilize warning signs, which are more imminent, and focus on the current state of mind of the individual, instead of risk factors to detect those who are at risk for violent extremism.	X	X
Suicide Prevention (Clifford, Doran, & Tsey, 2013; Mann et al., 2005; Rudd et al., 2006; van der Feltz-Cornelis, et al., 2011)	Suicide prevention begins with the ability to recognize the warning signs of a suicidal person and taking these warning signs seriously.	Provide education about warning signs of violent extremism and what to do should someone be identified as a concern.	X	
	Intervention strategy: Public education programs that seek to increase public and professional awareness of suicide as a public health problem have been shown to be effective in suicide prevention.	Include public education programs about the warning signs of violent extremism and subsequent actions to take.	X	
	Intervention strategy: Community prevention initiatives	Promote and support community preventive initiatives (e.g., local policies, school programs, etc.) that seek to prevent violence and promote non-violence to provide people with the information they need to make good decisions about their lives and futures.	X	
	Intervention strategy: Gatekeeper training has been shown to be effective in suicide prevention.	Train community gatekeepers about techniques and principles used by extremist groups to recruit youth, warning signs of violent extremism, and subsequent actions to take if someone is identified as high-risk of or vulnerable to violent extremism.	X	

Multidisciplinary Treatment & Rehabilitation (National Council of Juvenile and Family Court, 2003)	Juvenile drug court treatment and rehabilitations use strategies of: collaborative planning, teamwork, clearly defined target population and eligibility criteria, judicial involvement and supervision, monitoring and evaluation, community partnership, comprehensive treatment planning, developmentally appropriate services, cultural competence, focus on strengths, family engagement, educational linkages, drug testing, goal-oriented incentives and sanctions, and confidentiality.	Build a multidisciplinary treatment and rehabilitation best practices model for addressing radicalization and recruitment which incorporates proven best practices.		X
Gang Resistance Education and Training (G.R.E.A.T.) Program (Esbensen, F. A., Peterson, D., Taylor, T. J., & Osgood, D. W., 2012).	Gang Resistance Education and Training (G.R.E.A.T.) Program (GREAT) is a school-based gang prevention program. The goal of the G.R.E.A.T. Program is to help youth develop positive life skills that will help them avoid gang involvement and violent behavior.	Design programs that focus on youth development of positive life skills that will help them avoid violent behavior.	x	x
	Curriculum designed to be taught in the classroom by certified law enforcement officers. Has both elementary and middle school curriculums that are skills based. Elementary school skills focus on early prevention of antisocial behavior and the promotion of positive relationships with law enforcement for children at an early age in addition to skill building. Middle school skills focus on life skills and problem solving techniques (e.g., refusal skills, resist peer pressure, positive-behavior rehearsal, change attitude towards gangs, etc.).	Focus on early prevention of antisocial behavior and the promotion of positive relationships with law enforcement. Focus on life skills and problem solving techniques (e.g., refusal skills, resist peer pressure, positive-behavior rehearsal, etc.) as well as encourage non-violent behavior.	X	
	Family training is a component of the G.R.E.A.T. Program. It is designed to complement middle school program and is facilitated by a GREAT instructor with groups of families.	Encourage parental engagement and family support through group interaction and skills practice. Focus on good parenting practices, better communication, family-decision making skills, discipline, role model and positive behavior change.	X	

Community-level Gang Intervention and Prevention (Hartness, Bump, Dubois, Hollon, & Morris, 2009)	The Cure Violence Model follows a three-pronged health approach to violence prevention: detection/interruption of planned violent activity, behavior change of high-risk individuals, and changing community norms.	Develop a multidisciplinary team to work in community to change behavior norms and empower community. Engage with high-risk individuals to convince them to reject the use of violence by using trusted members of the communities served to discuss the cost and consequences of violence and teaching alternative responses to situations. Engage leaders from the community as well as community residents, local business owners, faith leaders, and service providers to convey the message that violence is a behavior that can be changed.	X	X
Interconnected Systems Framework (ISF) (Barrett, Eber, & Weist, &2009)	ISF is a school-based mental health intervention that offers a continuum from prevention to intensive intervention through multiple tiers of support.	Tier 1: Focus on school wide behavior and social skills development. Tier 2: Implement targeted, small group early intervention programs, staff and family training to support skill building, communication system for staff, families, community. Tier 3: Develop team to monitor each student's' progress centered on individual interventions and referrals.	X	X
Systems Planning Team (Barrett, Eber, & Weist, 2009)	Cross-system problem solving team that include input from multiple stakeholders, including youth, families, school representatives, and mental health agencies.	Coordinate a multidisciplinary team to collaborate on decision rules/referrals, intervention implementation, and to monitor progress.	X	X
Wraparound Plan (Burchard, Bruns, & Burchard, 2002)	Individualized plan using family-centered, strength-based model of care. A team identifies the needs, interests, and limitations of a family and providers develop a plan. The team includes natural support providers (families, friends) and professionals (school, mental health, juvenile justice, welfare), who coordinate across home, school, and community to provide traditional interventions (e.g., positive behavior interventions, support, social skills, therapy, etc.) as a comprehensive plan.	Build relationships and support networks among youth with behavioral/emotional problems, their families, teachers, and other caregivers. Create a comprehensive plan that has consistent efforts across home, school, and community and is monitored. Ensure the process is family-centered to allow family to create and implement plan.	X	X

Cross-Training of Providers (Yale Child Study Center, 2011)	Law enforcement, mental health, and other professionals are trained in the program model including training in human behavior, trauma, and community police procedures.	Develop cross-training materials and events for CVE practitioners from different spheres. Create institutional centers for this work at academic centers.	X	X
Weekly Interdisciplinary Program Conference (Yale Child Study Center, 2011)	A weekly interdisciplinary conference/meeting provides a forum for law enforcement, advocates, clinicians, and other professionals to review cases and coordinate follow-up plans.	Hold weekly interdisciplinary conferences/meetings for law enforcement, advocates, clinicians, and community advocates	X	X
Acute Response and Follow-up Services (Yale Child Study Center, 2011)	Clinicians respond to calls with law enforcement or do follow-up home visits.	Develop the capacity for acute response. Create incentives for community, clinicians and law enforcement to communicate and collaborate.		*X*
Faith-Based Mental Health Partnerships (Ali, Milstein, Marzuk, 2005; Farrel and Goebert, 2008; Mental Health and Faith Community Partnership, 2015)	This body of research does not focus on evidence-based mental health interventions located within a faith organization; instead it focuses on the role that religious leaders play in providing support to those with mental health issues and the partnerships between religious leaders and mental health providers.	Build partnerships and referral systems between religious leaders and mental health providers.	X	
Cult research (Hassan, 2011, 2014, 2015; Buxant et al., 2007)	Most cult research is focused on risk factors for who may join a cult and means to persuade individuals to leave a cult, not on prevention. Similar pattern among those recruited to join terrorist groups and cults, when they are vulnerable, after graduation, during illness, after death of loved one, loss of employment, all transitional life changes. Provide recruits with a positive sense of purpose and calling, use propaganda and social media to recruit.	Provide families with specialized knowledge of terrorist propaganda and social science of influence. Give support and guidance to families, who may provide early warning to those at risk. Use ex-cult members/disengaged Americans to speak out about their recruitment and experience in cults/terrorist groups to raise awareness and increase legitimacy of counter terrorism programs.	X	X

Therapeutic Jurisprudence (Griffin & Jenuwine, 2002)	In drug courts, the law is regarded as a therapeutic agent so the primary focus is on treatment and rehabilitation with active oversight and monitoring by a judge.	Design effective programs that can disengage/ deradicalize through treatment and rehabilitation strategies, Modify the use of the law to support participation in those therapeutic programs instead of prosecution.		*X*
Sex Offender Assessments (McGrath et al., 2003; Hanson and Thornton, 2000; Hanson, Lunetta, Phenix, Neeley, & Epperson, 2014)	Relevant research on sexual offenders focuses on assessments to determine risk for becoming repeat offenders, which is used to determine treatment planning and supervision.	Conduct risk assessment using structured scale or checklist to rate presence of risk factors associated with recidivism.	X	
	Static-99, 10-item assessment instrument for use with male adult sex offenders who are at least age 18 by time of release into community. Uses risk factors that have been empirically shown to be associated with sexual recidivism. Questions include demographics, criminal history, victim questions. Criminal history questions are based on official criminal history and not self-report.	Use risk assessment scores for probation and parole officers to determine whether sex offenders are supervised as high risk. Parolee sex offenders are required by law to wear a GPS monitoring device regardless of risk level, but sex offenders on probation must wear a GPS monitoring device if they score high risk on Static-99R. Helps inform sex offender management decisions by supervising officers and treatment management professionals to determine level and frequency of treatment.	X	
Community-Based Sex Offender Programs (Ward et al., 2004, 2006; Yates 2013; Yates & Prescott, 2011, Prescott, 2009, Mann et al. 2004)	Community-based programs, rather than prison-based are more effective to prevent recidivism and increase public safety Motivational approaches are viewed as essential to sexual offender treatment. Creating a positive treatment environment leads to improved cooperation and compliance with treatment, treatment progress, enhanced motivation, and prevents termination or dropout from treatment.	Implement programs that utilize a group environment as it will be less isolating for offender and provide an opportunity to share problems. Focus on positively oriented treatment (rather than risk management).	X	X

	Good Lives Model Treatment actively assists clients to attain independence and autonomy without abusing others, to achieve intimacy without engaging in sexual activity with children, to experience sexual pleasure in non-harmful and healthy ways, and so forth. Approach goals are more easily attainable and sustainable over the long-term than are avoidance goals.	Develop programs that assist individuals to attain important and valued life goals in pro-social, non-harmful ways, achieve greater well-being, mitigate risk factors, and reduce risk to reoffend.	X	X
Community Mobilization (Austen, 2003; Khumalo-Sakutukwa et al., 2008; Trend & Holder, 1997; Valente , 1996)	Community mobilization is based on diffusion of innovation theory, which contends that all communities have a small number of people who are innovators. These innovators then influence others in their social networks to adopt the innovation. It is important to entice leaders (innovators) early on to adopt an innovative behavior deemed to be adaptive in order to facilitate the speed at which adoption of the new behavior is deemed acceptable by the community.	Receive “buy in” from community leaders at the onset of program development to ensure successful adoption of core ideas.	X	X
	The community mobilization model emphasizes community-level actions over individual behavior change strategies.	Penetrate social networks in communities to help shift community norms towards an increase in discussions about violent extremism and violent extremism-related topics. Enable communities to exert some local control over the discussion of violent extremism through encouraging and modeling support for non-violence.	X	X
	Stigma reduction through community outreach, education and mobilization.	Educate communities about the public health issue of violent extremism. Encourage discussions intended to increase awareness and decrease stigma of issues related to violent extremism and vulnerability to supporting or joining extremist groups in the community with an overall goal of increasing acceptance of efforts to prevent violent extremism and related concerns.	x	x

Community Strengthening (Stagner, & Duran, 1997; Wiseman, 2006)	Communities are unique and have various levels of access to and control over their social determinants (e.g., the economic condition and its effect on people's lives determine their risk of illness and the actions taken to prevent and treat illness among many other conditions) of health.	Determine if violent extremism is a concern and if prevention of violent extremism is a priority for a community. If so, build community strength by having community members take meaningful roles in decision making, planning, and implementing strategies to improve community well-being. Educate communities on what social actions to directly improve vulnerability to recruitment by extremism groups or vulnerability to violent intention can be taken and teach the skills necessary to take action.	X	X
Preventive Interventions/ Preventive Research (Biglan, 2004; Biglan et al., 2012; Coie et al., 1993; Kania & Kramer, 2011)	Prevention research is a multidisciplinary approach to understanding and addressing the complex nature of health problems. Focuses on the whole population and on keeping people free of disease and subsequent negative sequelae.	Target the whole population. This strategy is particularly useful given the difficulties inherent in distinguishing who is a violent extremist or vulnerable to violent extremism. Emphasize intervention before vulnerability to violent extremism or vulnerability to support or join extremist groups becomes apparent.	X	
	The ultimate goal of prevention research is to prolong the health and well-being of communities.	Focus on all communities or in particular on communities that define violent extremism as an issue of concern.	x	
	Prevention research seeks to prevent negative outcomes (e.g., delinquency, violence, etc.) by reducing risks and increasing protection in identified groups (e.g., youth, students, etc.).	Increase known protective factors (e.g., positive self-regard, mentor relationship, ability to regulate emotions, etc.) and reduce risk factors (e.g., social isolation, exposure to violence, mental illness, etc.) for youth in communities in order to promote positive outcomes (e.g., civic engagement, school graduation, self-sufficiency, prosocial behavior, etc.).	x	
Behavioral Interventions and Support (PBIS) (Sugai et al. 2000, 2011; Clonan et al., 2007; McCurdy et al., 2003)	PBIS is a school bullying/behavioral problems intervention. School-wide approach to reduce challenging behaviors (aggression, violence, threats, intimidation) at three levels of intervention; school-wide, targeted, individual.	Use a multi-tier model of service delivery that addresses the environment, skill building, and staff responses.	X	X
	Office Disciplinary Referrals (ODRs) are where a student is referred to the principal's office for any school rule violation that was more serious than could be handled immediately by the referring teacher, and which results in the filing of a referral form.	Use ODRs among PBIS problem solving team to monitor trends and modify interventions based on time, location, infraction, grade level and to determine where specific students fall in the 3 tier model.	X	

Multilevel Interventions (Gorin et al., 2012; Niederkrotenthaler et al., 2014)	Multilevel interventions that consider psychological, organizational, cultural, community-level, political, and policy-driven factors that influence healthy behavior are more likely to be effective than targeting just one source of influence on unhealthy behavior.	Direct efforts to prevent violent extremism toward multiple levels of influence to improve the precision, efficacy, and effectiveness of these efforts, especially since being vulnerable to supporting or joining extremist groups has multiple determinants/influences.	X	X
	Societal level: Public awareness campaigns and cooperation with local media to improve public knowledge and attitudes	Initiate public awareness campaigns that provide clear messages against violent extremism and for non-violence and explicit steps of what one can do should he/she suspect someone is intent on committing ideologically-motivated violence or provide support to/join extremist groups.	X	
	Societal level: Train journalists in responsible reporting or the imposing of media blackouts	Encourage media to promote stories about non-violence, tolerance.	X	
	Organizational level: Gatekeeper and community facilitators trainings	Train gatekeepers and community facilitators in recognizing the warning signs of violent extremism as well as how and where to refer vulnerable or high-risk youth to access appropriate services.	X	X
	Community level: Engaging local stakeholders (e.g., community leaders, counselors, religious leaders, youth, and healthcare professionals)	Gain the cooperation of local community stakeholders who play important roles in disseminating knowledge about violent extremism. This is especially important for stakeholders who are more likely able to disseminate this knowledge to youth.	X	X
	Individual level: Vulnerable youth	Engage vulnerable youth and provide services to individuals who are at-risk and vulnerable to violent extremism.		X
Structural interventions (Blankenship et al., 2006; Cohen et al., 2000; Gupta et al., 2008)	Structural interventions locate the cause of public health problems in contextual or environmental factors. Individuals live in communities, cannot address the individual person without addressing his/her social environment.	Target intervention at the social context instead of at individuals/sub-groups of people. This may decrease violent extremism overall as well as decrease the perceived profiling and stigmatization of communities.	X	
	Structural interventions address major structural problems in communities (e.g., residential segregation, access to crucial resources such as housing, education, and health care, poverty, racism, resource disparities, lack of afterschool activities, etc.).	Address major structural, contextual, or environmental factors that influence risk of violent extremist behavior rather than the person who engages in this behavior.	X	X

	Structural interventions that target (1) availability of consumer products, (2) physical structures (3) social structures and policies, and (4) media and cultural messages are a means to provide conditions that not only reduce high-risk behavior but also prevent the adoption of high-risk behaviors.	Gear interventions to prevent vulnerability to violent extremism towards the amelioration of structural problems in youth lives such as access to violent extremist propaganda online and offline, continuous media exposure to violence, cultural and social norms that condone or even promote violence, among others in order to promote healthy adjustment and well-being.	X	X
HIV Risk Prevention (Magnani et al., 2005; Maticka-Tyndale & Barnett, 2010; Pulerwitz, 2010; Simoni et al., 2011)	How to reach hard-to-reach or vulnerable/marginalized communities without targeting individuals.	Use non-traditional means (e.g., snowball sampling, chain referral, time-location sampling, etc.) to access vulnerable groups/high-risk youth.	X	
	HIV risk prevention research indicates that peer education is the best delivery method for education.	Use peer education to deliver information and psychoeducation about topics related to violent extremism.	X	
	Research evaluating HIV programs reveals the potential and importance of directly addressing stigma reduction in HIV programs.	Address violent extremism and vulnerability to support or join extremist groups directly to reduce stigma around these issues.	X	
	Stigma can be a major barrier to successful care programs and can occur at multiple levels, including the interpersonal, institutional (e.g., health facilities, schools, and workplaces), community, and legislative levels.	Acknowledge stigma of violent extremism and "countering" violent extremism and seek to reduce stigma at all levels.	X	
	Importance of recognizing and confronting stigma, fears of contagion of illness transmission, and the negative social judgment of those with illness at both the interpersonal and institutional levels.	Create changes in individual and community knowledge, attitudes, and behaviors through education and putting a “human face” to problem of violent extremism.	X	
Stigma/Discrimination When Identified as At-Risk (S.P.E.A.K) (Milburn, 1995)	S.P.E.A.K. is a youth-led program to address mental health stigma and increase help-seeking behavior. High school students lead workshops about mental health for at-risk middle school students.	Use peer educators, rather than adults, to increase awareness and change attitudes.	X	
Access Interventions (Brownson, Haire-Joshu, & Luke, 2006; Fischer et al, 2007; Zaza, Briss, Harris, 2005)	Access interventions are community-wide interventions aimed at focusing public attention on the issue of youth access to something. Access interventions have been shown to be effective when coupled with community mobilization and/or other additional interventions (e.g., stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education with reinforcement).	Implement community wide interventions aimed to reduce youth access to violent extremist propaganda and/or access to information about and communications with violent extremist-minded individuals that facilitates the process of supporting or joining extremist groups both online and offline.	X	X

	Use of lay educators or individuals who are culturally specific to a target population/community.	Use nonprofessional educators to work with the target communities to improve identification of those who may be vulnerable to supporting or joining extremist group or violent extremist action by increasing awareness of warning signs and proving psychoeducation about how extremist groups recruit/retain youth.	X	X
Human Development (Arnett, 2000; Arnett, 2004; Bronfenbrenner, 1979, 1989; Somerville, 2013)	Context matters. Social, economic, and demographic changes over time result in changes in what occurs during childhood, the late teens and early-to-mid-twenties for most people in industrialized countries.	Recognize that socio-political-economic context impacts human development. Be aware that developmental tasks are different at different ages (and may change over time).	X	
	Adolescence: Relative to childhood, peer relationships take on a heightened importance during adolescence	Utilize peer influence; peers can encourage both harmful and healthy behaviors.	X	
	Emerging adulthood is characterized by identity explorations, trying out various possibilities in love and work, instability, self-focus, and feeling in transition, neither adolescent nor adult.	Gear programs to attend to developmental differences. For example, harness the energy and idealism of emerging adulthood. Appeal to this "age of possibilities" by providing opportunities to enact change in their communities and overall encourage pro-social change in the world.	X	
Internet Child Safety Programs (DHS Stop.Think.Connect; FBI Safe Online Surfing; DHS onguardonline.gov)	OnGuard Online, Stop.Think.Connect, and Safe Online Surfing are current federal government safety platforms that provide communities with tools and resources to stay safe from online threats including cyber bullies, scammers, gangs, and sexual predators.	Incorporate information on online violent extremism into existing federal government Internet safety initiatives. Federal government will work with local organizations to disseminate information on the threat of online violent extremism.	X	
Internet Counter-Propaganda Campaign (extremedialogue.org)	Extreme Dialogue Campaign is a resource for parents, teachers, and community leaders that includes a series of short films and educational resources used in the classroom or community setting. Designed to reduce the appeal of extremism among youth and avoid a path to radicalization. Does not aim to block propaganda content but recognize propaganda for what it is.	Build resilience to extremism propaganda through active discussion and advanced critical thinking.	x	

Table 2. Education

What key findings from each domain below can inform CVE prevention and intervention efforts?				
DOMAIN (Sources)	**GENERAL FINDING**	**IMPLICATION FOR CVE**	**Scope of CVE**	
			PREVENTION	INTERVENTION
Multicultural Education (Grant & Sleeter, 2011; Ladson-Billings, 1996)	This subfield within education focuses on the ways in which schools might incorporate multiple cultural perspectives, not only in terms of the content of the curriculum, but also in the structure of schooling.	Incorporate multiple cultural perspectives. Consider cultural exclusions of programs, not only related to content, but also in terms of structural, communication, and delivery of services.	X	
Asset-Based Approaches (Antrop-González & DeJesus, 2006)	Research on immigrant education shows how the structure of schools often marginalizes newcomers, rather than integrating them. This work highlights the problem of "subtractive" schooling that fails to recognize prior cultural identities. Counteracting prevalent deficit-perspectives that do not recognize cultural identities and differences, asset-based approaches seek to build on the community and cultural resources students bring to school, developing curriculum based on student experiences and expertise in their home cultures.	Build on cultural assets within target communities. Incorporate and develop rather than ignore lived experiences and cultural knowledge. Maintain a mission focused on integrating multiple cultural identities, rather than assimilation. Develop interventions which are "asset-based" and incorporate "cultural brokers" who can help youth navigate the acculturation process.	X	X
Family/ Community Engagement with School (Lowenhaupt, 2014)	This area of research has established the need for effective communication among families, communities, and schools. Tends to critique existing practices rather than present alternatives. In particular, immigrant communities are generally excluded from schooling for a variety of factors.	Build connections to families, taking into consideration the cultural and practical aspects of target communities, as well as norms of communication within those communities.	X	X
Cultural Proficiency Training for Teachers (Extra & Yagmur, 2009; Liebkind, Jasinskaja-Lahti, & Solheim, 2004)	Research on cultural proficiency focuses on general education teachers and their lack of capacity to support diversity in the classroom. While immigrant youth may acquire new cultural traits, they continue to identify strongly with their home culture. Perceived discrimination can be detrimental to youth attempting to adjust to the new environment of U.S. schools, while support and cultural understanding from educators has been found to be an important characteristic of successful school practices.	Train all staff in schools and communities via professional development that focuses on cultural proficiency. Educate and empower these members of staff to best serve the target population and help them feel welcome in the community, while respecting the ways in which this population continues to identify strongly with their home culture.	X	X

Organizational Trust in Schools **(**Bryk, A., & Schneider, B., 2002)	This work (generally in large urban school systems) has found that successful improvement efforts can only occur when trust among various stakeholders is developed through structural and systematic supports for ongoing communication, teacher learning and growth, and routines used to revisit and improve school practice.	Take into account (rather than ignore) existing structures within schools. Embed programs within existing communities, rather than adding on as external programs, when possible. Build relationships among different stakeholders.	X	X
"Relational Assets" for LGBTQ youth (Renn & Bilodeau, 2005; Sadowski, Chow, & Scanlon, 2009)	This concept has been explored in terms of lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth, and encourages examining the ways in which schools, communities, and families do or do not provide opportunities for LGBTQ young people to form authentic, affirming relationships with peers, adults, and institutions. This work argues that a central aspect of supporting at-risk youth is creating explicit opportunities to build these relationships with adults and other peers.	Deliberate opportunities for youth to engage with adults in meaningful, identity-specific ways. Build connections with adults with similar experiences. Train adults in relationship development.	X	
Increasing Student Engagement (Zepke & Leach, 2010; Zhao & Kuh, 2004)	This body of research focuses on the problem of a lack of engagement, particularly for some subsets of students, and seeks to determine factors which increase student engagement, drawing on learning theories. Much of the research focuses on retention of students in higher education, but some articles—especially national survey analyses issued by the U.S. Department of Education—also address the needs of students in elementary and secondary education. Studies show—regardless of grade level or age of the student—that a sense of student belonging to a *learning community* in the classroom and/or on campus is crucial for student engagement. Additionally, engagement gaps have been noted for minority students, students from a lower socioeconomic status (SES) background, and—notably—for male students.	Foster relationships with both peers and mentors/teachers in order to support engagement. Develop opportunities for youth to work on "authentic problems" collaboratively with peers and teachers.	X	

Identity Development (Chan, 2007; Renn & Bilodeau, 2005)	Research on identity development focuses on the importance of student development in relation to specific aspects of identity—such as race, sexual orientation, or gender. For adolescents, research highlights the importance of providing leadership opportunities for students to further explore and express their identity. Curriculum and community practices (a community advocacy program for high school students, or a culturally-sensitive school curriculum, for instance) may shape and influence students' identity development.	Incorporate opportunities for students to explore and express identity. Include adults with similar experiences and identities in initiatives when possible.	X	
EVIDENCE-BASED PROGRAMS & INITIATIVES WITHIN K-12 EDUCATION				
Response to Intervention (RTI) (Mellard, D.F., Byrd, S.E., Johnson, E., Tollefson, J.M., & Boesche, L., 2004; Barnes, A.C., & Harlacher, J.E., 2008; Cummings, K.D., Atkins, T., Allison, R., & Cole, C., 2008; Griffiths, A.J., Parson, L.B., Burns, M.K., VanDerHeyden, A., & Tilly, W.D., 2007)	Response to Intervention (RTI) focuses on a three-tiered approach to intervention, traditionally focused on reading development and/or identification of learning disabilities, although it has been applied in other contexts. The first tier consists of an intervention that all students receive (i.e., general instruction). Students who are identified as needing further intervention (through some identified instrument) receive tier 2 or tier 3 interventions. Tier 2 interventions are less intensive than tier 3. An important feature of RTI is consistent monitoring of students at regular intervals, with assessments to determine (and adjust) interventions.	Create tiered interventions that ensure support for all students, and not just those most at-risk. Monitor consistently using some type of assessment(s). Have clear protocols and procedures for the use, monitoring, and adjustment of interventions.	X	X
Students with Interrupted Formal Education (SIFE) (DeCapua, A., & Marshall, H.W., 2011; DeCapua, A., Smathers, W., & Tang, L.F., 2007)	SIFE, or students with interrupted formal education (also sometimes referred to as SLIFE, students with limited or interrupted formal education) literature is generally focused on curriculum development and pedagogical techniques for use with students with interrupted formal education (students with a break or breaks in formal schooling). In particular, there is a focus on tools for assessing prior schooling experiences and identifying key missing skills.	Link interventions to the life experiences of students. Assess experiences and relevant prior skills to differentiate supports and interventions.	X	

Wraparound programs/services (Duckworth et al. 2001; Eber, L., & Nelson, C.M., 1997)	Initiatives aimed at developing inter-institutional systems of support for at-risk students. These are traditionally targeted towards children with severe emotional and behavioral needs as a method to keep them in school, rather than suspended or expelled. Focuses on flexibility and uniqueness of care based on the individual and the inclusion of parents and community.	Create protocol/routines for regular meetings across institutions to discuss individual students, incorporating multiple stakeholders such as parents, community, and other institutions.	X	
Anti-bullying/School Safety (Gottfredson, G.D., Gottfredson, D.C., Payne, A.A., & Gottfredson, N.C., 2005; Koth, C.W., Bradshaw, C.P., Leaf, P.J, 2008)	Recent policy initiatives in the U.S. have sought to respond to bullying issues in schools. While there are no federal laws pertaining to bullying, many states have implemented legislation and/or policies related to bullying (U.S. Department of Health and Human Services, 2014). Studies have shown that student perceptions of school safety are linked with academic achievement, indicating that school safety is an important factor to consider in schools.	Require local agencies to develop a protocol for response as a mechanism of reform. Take into account local context in the design of such protocols and routines. Integrate law enforcement presence into school community, with a sense of collaboration and communication among officers and educators.	X	
Gang Intervention Programs: (a) in communities (b) in schools (Horowitz, 1987; Eisenbraun, 2007; Mayer & Leone, 1999)	In schools, gang violence is one of the largest predictors of unsafe schools and heightened school violence.	Create interventions that focus on the necessity of positive peer supports for counteracting violent tendencies.	X	
Drugs and Alcohol Prevention (Tobler, N.S. & Stratton, H.H., 1997); Cuijpers, P. (2002); Botvin, G.J., 2000; Gottfredson, D.C., & Wilson, D.B, 2003; Webster-Stratton, C., & Taylor, T., 2001)	Many studies have been conducted to assess the effectiveness of drug and alcohol prevention programs, as well as many meta-analyses of these studies (studies that merge findings from multiple studies). These prevention programs tend to span institutions, and incorporate certain design features considered to be best practice.	Use peer leaders as an effective feature of the program. Use an interactive format (as compared to a non-interactive format). Pull in collaborators from multiple institutions.	X	
Promise Zones/ Neighborhoods (Geller, J., Doykos, B., Craven, K., Bess, K., & Nation, M., 2014; Horsford, S. & Sampson, C., 2014; Komro, K., Flay, B., & Biglan, A., 2011)	Promise Zones or Neighborhoods were developed by the Obama Administration as an approach to neighborhood revitalization. They focus on community-based initiatives to provide significant benefits for distressed neighborhoods. This approach is interdisciplinary, coordinated, place-based, data- and results-driven, and flexible.	Coordinate effort within communities that involves multiple organizations partnering within the community.	X	

EVIDENCE-BASED PROGRAMS & INITIATIVES WITHIN HIGHER EDUCATION				
Early Alert Programs (Farnum, n.d.; House & Martin, 1999; Lotkowski, Robbins, & Noeth, 2004)	In higher education, early alert programs are usually aimed towards freshmen and other at-risk populations of students. In early alert programs, advisors or mentors on campus reach out to the identified students to ensure student satisfaction with the program and school retention rates, as well as mitigating adjustment issues and fostering feelings of belongingness to the campus community. Due to significant economic and demographic changes in the U.S., more and more of these programs specifically target minority student populations with the goal of high college completion rates regardless of race or background, working to best support low-resource youth in the college environment. Some research has even suggested preparing high school counselors to work as advocates for these at-risk students prior to entering the college environment.	Focus on points of transition (e.g., from high school to college) as key moments to establish communications/relationships on both sides of the transition. Target populations need outreach and regular communication (with multiple stakeholders).	X	
Behavioral Intervention Teams (Eber, Sugai, Smith, & Scott, 2002; Sugai & Horner, 2006)	Within universities, information sharing across departments has helped support students via these teams. According to research, behavioral intervention teams must use a sustained and systematic approach to addressing problematic behavior of students, emphasizing measurable outcomes and evidence-based practices.	Involve educators, families, and the community in order to increase students' feeling of belonging and attachment to a program/school. Establish routine protocols, plan for monitoring and re-assessing, and regular check-ins (similar to RTI) to a program/school.		X
Retention/ Persistence Programs (Contreras, 2011; Tinto, 1997; Tinto, 1998; Nagda, Gregerman, Jonides, Hippel, & Tables, 1998)	Designed as prevention for students at-risk of dropping out, these programs aim to create cohorts and systems of support for particular groups of students (e.g., students of color, first-generation college students). Studies show that the most important environment for college student retention is the classroom. While in the past Student Affairs has been the predominant factor in aiming to increase college student retention and persistence, college classrooms are the only college environment that is universally experienced by all students, regardless of other commitments outside of the college environment (e.g., work, family obligations, etc.).	Train school staff and implement a one-to-one program for identified at-risk students. Go beyond mentorship to more deeply involve at-risk students into the academic workings of the university, such as through faculty-student research partnerships and opportunities. Embed interdisciplinary efforts that involve teams of staff working together to support cohorts of students. Foster positive peer relations among cohorts of students.	X	

Campus Safety/Security Initiatives (Flynn & Heitzman, 2008; Griffith, Hueston, Wilson, Moyers, & Hart, 2004)	Many of the research articles and government publications regarding campus safety were published in the aftermath of the tragic Virginia Tech shooting in 2007. Government-funded reports outline new policy and procedures coming down from the legislative level for institutions of higher education to maintain a safe campus.	Draw on community oriented policing (COP) and partner with campus counseling centers to develop threat assessment teams while maintaining student confidentiality laws. Incorporate training for all educators into risk factors and identification of students, as well as protocols for communication/accessing help when a student is identified.	X	X

Table 3. Professional Parameters

What are the professional parameters of mental health/education professionals that impact their capacity to be involved in CVE and impact their role, especially regarding information sharing?				
DOMAIN (Sources)	**GENERAL FINDING**	**IMPLICATION FOR CVE**	**Scope of CVE**	
			PREVENTION	INTERVENTION
Ethical Codes [American Psychological Association (APA); American Psychiatric Association (APA); National Association of Social Workers (NASW)]	Psychiatrists, psychologists, and social workers have histories of working with law enforcement within the parameters of their ethical codes.	It is ethically permitted for psychiatrists, psychologists, or social workers to participate in CVE as long as they follow their ethical codes.	X	X
Privacy [Health Insurance Portability and Accountability Act; HIPPA]	The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information.	If a person is a serious danger to self or others, then necessary information may be disclosed.		X
Informed Consent [American Psychological Association (APA); American Psychiatric Association (APA); National Association of Social Workers (NASW)]	Informed consent is a legal procedure to ensure that a patient, client, and research participant is aware of all the potential risks and costs involved in a treatment or procedure.	Prepare appropriate consent forms inclusive of the ability to share information with other agencies. And use them to obtain informed consent from individuals prior to service delivery.		X
Information Sharing on Risk Assessment [International Association of Chiefs of Police (IACP)]	Effective law enforcement requires collaboration based on clear rules for information sharing for organizations and individuals. For example, in sex offender programs, agreements between law enforcement and community corrections officers allow information sharing of standardized risk assessment tools.	Establish agreements between community-based agencies/providers and law enforcement that allows information sharing regarding treatment compliance and risk assessment.		X
Material Support (Congressional Research Services)	"Material Support or Resources" is defined to include any property, tangible or intangible, or service, including currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel (1 or more individuals who may be or include oneself), and transportation, except medicine or religious materials.	Although the statutory code around material support and resources for terrorism could be applied to providers/practitioners, it is highly unlikely that this would occur for the following reasons: 1) There is no precedent for these prosecutions; 2) They run counter to U.S. Government policy for developing interventions; 3) Prosecutions have only occurred when it was the intent of the person to support terrorist activity.	X	X

Best Practices for Developing Resilient Communities and Addressing Violent Extremism

OVERVIEW

Lessons learned from the fields of mental health and education can uniquely contribute to best practices for developing resilient communities and addressing violent extremism.

WHAT IS COUNTERING VIOLENT EXTREMISM (CVE)?

CVE is "a realm of policy, programs, and interventions designed to prevent individuals from engaging in violence associated with radical political, social, cultural, and religious ideologies and groups." CVE aims to address violent extremism in all its forms, regardless of ideology.

CHALLENGES OF CURRENT APPROACH TO CVE

CVE has run into significant resistance from some Muslim American communities. CVE grew out of the recognition that counterterrorism approaches were not adequate for preventing radicalization to violence and that community-based approaches were needed. Many community members are resistant to CVE due to past targeting, stigmatization, and stereotyping of Muslim American communities. Our experience in participatory research, a technique used in certain public health scenarios, suggests that part of the difficulty has been that community-based prevention and intervention of violent extremism does not adequately fit under a criminal justice framework, and CVE programming has been too narrowly tailored to violent extremism, when other issues are of equal or greater concern to communities. Furthermore, CVE initiatives have not yet adequately engaged mental health professionals and educators.

PROJECT GOALS AND KEY CONCLUSIONS

This study began with the recognition that CVE needs more than simply a name change and sought to build knowledge that could inform changes in policies and programs. The overall goals of this study were twofold:

1. Identify lessons learned from the mental health and education fields to inform ways of addressing violent extremism.
2. Delineate how professionals from the mental health and education fields could best become involved.

The key conclusion were:

1. A criminal justice framework is insufficient for addressing violent extremism.
2. Efforts to address violent extremism should enhance community resilience to all hazards.
3. Multidisciplinary approaches have the potential to significantly enhance efforts to address violent extremism.

Unlike a criminal justice approach, basing violence prevention efforts in mental health and education approaches offers significant promise in building community buy-in and participation, the necessary foundation for community-based initiatives.

METHOD

This project involved a review of education and mental health literature by a multidisciplinary team inclusive of education and mental health professionals (N=5). The search focused on English-language literature post-1985. An iterative consensus process was used to identify key concepts and best practices that could potentially contribute to the development of healthy, resilient communities and counter targeted violence.

Multiple relevant themes from education and mental health were identified and integrated into one overall framework. The results of the literature review were then presented and discussed at a two-day meeting, supported by the Department of Homeland Security Science and Technology Directorate's Office of University Programs and comprised of experts from education, mental health, law enforcement, federal agencies and Muslim communities (N = 25). This convening led to a revised framework, report, and other materials for dissemination.

RECOMMENDATIONS BASED ON FINDINGS

PARTNERSHIP

ENSURE engagement efforts include a whole community approach
DEVELOP multidisciplinary teams that include mental health, education, religious, legal, and law enforcement expertise
EMBED activities within existing programs and organizations

RISK & THREAT ASSESSMENT

ACKNOWLEDGE that there is presently no basis in scientific knowledge for a quantitative risk assessment tool
UTILIZE a structured professional judgment approach to threat assessment
FRAME threat assessment as an access intervention that facilitates linkages to support and care

TREATMENT

ADOPT a highly flexible approach to devising the most appropriate support plan that best fits the needs of each person
INCLUDE possible roles for family therapy, individual psychotherapy, psychiatric medications, mentoring, life skills education, assistance with education and housing, as well as substance abuse treatment
ATTUNE treatments to developmental stages

COMMUNITY & FAMILY SUPPORT

WORK through community collaboration and seek community buy-in
ASSESS and address community needs and enhance community strengths
ENGAGE and empower community and family members of individuals of concern
PROVIDE educational support for families and peers

SOCIAL & STRUCTURAL FACTORS

ADDRESS structural factors and vulnerabilities
UTILIZE culturally responsive strategies and skills
PROMOTE culturally congruent programs
FOCUS on current and emerging threats that communities identify

PROGRAMS

USE multidimensional support packages with tiers of intervention
INVOLVE peers and former participants in intervention and prevention programs
FACILITATE access to mental health, education and law enforcement support services
FOLLOW-UP with individuals and hold regular team meetings

RESOURCES

DEVELOP protocols for interventions, inclusive of law enforcement

PROFESSIONAL DEVELOPMENT

BUILD capacity of helping professionals, including teachers, mental health providers and religious leaders

ASSESSMENT

MONITOR AND ASSESS prevention and intervention efforts, including process and outcome

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START

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Supporting A Multidisciplinary Approach to Addressing Violent Extremism: What Role Can Education Professionals Play?

TAKEAWAY. Education professionals are uniquely poised to contribute to effective prevention and intervention activities for addressing violent extremism.

THE NEED. Terrorism and mass casualty attacks are increasingly of concern in the U.S., and recruitment of vulnerable youth into extremist groups is emerging as a critical threat. Violent and non-violent extremist organizations like ISIS and the Council of Conservative Citizens can reach vulnerable youth digitally, rendering their reach far greater than a previous time when influence was largely a result of face-to-face contact.

WHAT IS VIOLENT EXTREMISM? Violent extremism refers to violence in the name of extreme or radical social, political, or economic ideologies. These threats can come from a range of groups (e.g., radical right, Islamic jihadist) and may be carried out by individuals acting alone or in coordination with an extremist group. To date, there are **no known** pathways**,** definitive set of risk factors, or reliable predictors that would indicate who is likely to commit violent acts driven by extremism.

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WHAT ROLES CAN EDUCATION PROFESSIONALS PLAY? Addressing violent extremism requires both prevention and intervention activities; educational professionals can contribute to each of these areas. There are different ways for educational professionals to be involved.

> **Prevention** *activities are programs, policies and interventions that promote inclusion and engage youth and communities to diminish exposure to broad risk factors that threaten healthy development and increase access to resources that promote well-being. Some examples of prevention activities include: response teams who collaborate to work on key issues facing the community, support for existing programs and resources that strengthen the community, youth leadership, arts, and athletics programs that seek to engage and empower marginalized youth and training for community members about risks associated with threats of violence and violent extremism.*
>
> **Intervention** *activities are programs, policies and interventions that serve youth and young adults who are believed to be at risk of committing a violent act, such as a response team that takes referrals from various stakeholders and initiates appropriate services and follow up for at-risk youth.*

WHAT CAN SCHOOL AND DISTRICT ADMINISTRATORS DO? Sadly, preparing for and responding to violence is not new for many school districts. Many school systems have already prepared threat assessment protocols and set up student response teams for violence-related crises. These teams can be trained to understand and identify risk behaviors that may be associated with violent extremism, and to engage appropriate supports and services for at risk youth.

PRACTICAL WAYS FOR ADMINISTRATORS TO BE INVOLVED IN PREVENTION

- **BUILD PARTNERSHIPS** with faith-based/multi-faith/ecumenical organizations that work with students in your school.
- **LEARN ABOUT** existing programs that are available to youth in your school.
- **DEVELOP** partnerships with those programs to ensure communication and access.
- **INITIATE AND SUSTAIN** relationships with mental health and law enforcement professionals in your community.
- **ENSURE** that there is a strong anti-bullying curriculum that helps students view themselves as more than bystanders.

PRACTICAL WAYS FOR ADMINISTRATORS TO BE INVOLVED IN INTERVENTION

- **ESTABLISH** student response teams, inclusive of education, mental health, religious, and law enforcement professionals
- **FOCUS** on the design (or adaptation) of existing protocols for response to concerns about individual students being at risk for violence.
- **CREATE (OR REFINE)** threat assessment protocols that outline steps teachers and other school staff should take when they have concerns about students.
- **CREATE (OR REFINE)** communication protocols for youth to ensure they have a process for raising concerns about violent threats, either to their own safety or about peers.
- **PARTNER** with mental health professionals to shape interventions

WHAT CAN TEACHERS DO?

Much of the work teachers already do in their classrooms supports students' integration into the school community. Of the many adults in youths' lives, teachers are often the first to identify changing behaviors that reveal vulnerability to violent extremism, with regular contact and access to their written work.

PRACTICAL WAYS FOR TEACHERS TO BE INVOLVED IN PREVENTION

- **CONTINUE** to work to support and include all students in classes
- **MAINTAIN** lines of communication with other adults working with your students.
- **LEARN** protocols for how to share information with the student response team.
- **IDENTIFY** and discuss with colleagues threats of violence in your community.
- **BUILD** relationships with youth and their families to understand the challenges they face.

PRACTICAL WAYS FOR TEACHERS TO BE INVOLVED IN INTERVENTION

- **CONSULT** with a colleague who is familiar with the student when you are concerned about a student.
- **FOLLOW** protocols set up in your school to enact the student response team and supports for students whom you think are at risk.

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WHAT ROLES CAN MENTAL HEALTH PROFESSIONALS PLAY?
Preventing violent extremism requires both prevention and intervention activities; mental health professionals can contribute to each of these areas. There are different ways for mental health professionals to be involved. A large number of mental health professionals need to be aware of the risks related to violent extremism and what steps they might take to address these risks within the context of their existing work. A smaller number of mental health professionals need to become actively involved in providing services. An even smaller number of persons need to be involved in leading, teaching, or investigating. Below we considered each of these levels of involvement.

PREVENTION

Prevention activities are programs, policies and interventions that promote inclusion and engage youth and communities to diminish exposure to broad risk factors that threaten healthy development and increase access to resources that promote well-being. Some examples of prevention programs include: bystander training; family strengthening; and sharing narratives that counter extremist ideology. Prevention programs can be organized from any community-based organization such as a school, a faith community, or a health clinic. Mental health professionals have long histories of being involved in prevention.

PRACTICAL WAYS TO BE INVOLVED IN PREVENTION

- **Share Your Knowledge**: Educate others on the benefits of prevention programs.
- **Stay Informed**: Educate yourself on local community prevention efforts.
- **Focus**: Promote programs that encourage healthy development and resilience.
- **Share**: Develop a directory of local traditional and non-traditional services.
- **Intervene Early**: Know local services and be able to provide referrals.
- **Guide**: Give technical guidance to prevention programs on evaluation.
- **Consult**: Provide local programs guidance on incorporating mental health.
- **Take the Lead**: Initiate a prevention program.
- **Collaborate**: Take an active role in designing, implementing and evaluating a prevention program.
- **Advocate**: Support policies that create access to resources and services.
- **Stand up Against Discrimination**: Uphold fair and equitable treatment for all.

INTERVENTION

Intervention activities are programs, policies and interventions that serve youth and young adults who are believed to be at risk of committing a violent act. Intervention programs can be organized from within a community-based organization or across multiple ones. Mental health professionals have long histories of being involved in interventions. It is important to know that sometimes in these collaborations, law enforcement agencies may have training expectations for professionals involved. They may also have the expectation that professionals may be expected to testify in court.

PRACTICAL WAYS TO BE INVOLVED IN INTERVENTION

- **Notice**: Inquire about a client who exhibits a change in their normal behaviors.
- **Acknowledge**: Ask about, and understand the effect of, experiences of discrimination or stereotyping
- **Attend**: Provide a safe space when a client expresses their views on violence.
- **Ask**: Consult with religious leaders or cultural experts to better understand context of client's experience.
- **Self-Educate**: Get trained on behavioral threat assessment.
- **Join**: Become a member of a local Behavioral Threat Assessment team.
- **Be Informed**: Know or develop a protocol for concern/intent of violent action.
- **Protect Privacy**: Know protocols for protective confidentiality and information sharing.
- **Be Responsive**: Inform the appropriate people when there is a threat to safety.
- **Connect**: Be knowledgeable of local intervention programs and how to refer.
- **Remember**: Consider violent extremism action when assessing for violence.
- **Reflect**: Think about how to talk to your clients about concerns of violent intent.
- **Mobilize**: Enlist a professional peer group, including other disciplines/cultures, to discuss violent extremism.
- **Partner**: Get to know your local law enforcement agencies.
- **Educate**: Provide law enforcement agencies with directory of local providers.
- **Collaborate**: Take an active role in designing, implementing and evaluating a intervention program.
- **Take the Lead**: Initiate an intervention program.

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The research team would like to thank the 25 experts from education, mental health, law enforcement, federal agencies and Muslim communities who contributed to this research.

START

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Supporting A Multidisciplinary Approach to Violent Extremism:
The Integration of Mental Health in Countering Violent Extremism (CVE) and What Law Enforcement Needs to Know

TAKEAWAY. Law enforcement professionals can help individuals who may be radicalizing to violence, but who have not engaged in criminal acts, by connecting them to mental health services.

THE NEED. Although there is no indication that violent extremists act out of mental illness, there is increasing evidence that in many cases youth who are radicalizing to violence experience poor psychological adjustment.

WHY MENTAL HEALTH SERVICES? Mental health services may help to reduce vulnerability to violent extremism. Mental health services may also help connect alienated youth to different social supports, and/or re-engage these youth with their families. In addition, some mental health services can also help support families in learning how to reach out to, or stay connected with their children.

WHAT ROLES CAN LAW ENFORCEMENT PLAY IN INTEGRATING MENTAL HEALTH INTO CVE?

Law enforcement professionals **CAN…**

Recognize that mental health services are a way of reducing the likelihood that an individual will cross-over into the criminal space and require law enforcement intervention.
Provide initial contact for youth that helps them, and their families, connect to mental health services.
Learn techniques about how to talk to youth and/or families about the value of mental health services.
Understand the barriers to obtaining mental health services.
Provide access to a directory of local mental health providers.
Offer referrals.

Law enforcement professionals **SHOULD NOT …**

Provide mental health services directly.
View engaging a mental health provider as enlisting an "informant."

TALKING TO FAMILIES ABOUT MENTAL HEALTH SERVICES. The topic of mental health services can be a very difficult and confusing topic to navigate with families for many reasons including:

- **Stigma.** For many people, and in many cultures, mental illness is highly stigmatized. As such, it is important to use language that is not stigmatized or shaming.
- **Lack of knowledge.** Some youth and families may not understand what mental health services are or how they could be helpful to them or their situation.
- **Lack of understanding how mental health services matter.** Some youth and families may not see how mental health services could support their goals or provide a solution to their problems.
- **Fear.** Some families may fear that their child will be 'taken away' by child protection services if they use mental health services.
- **Distrust.** Some youth and families may be worried that mental health services are another form of surveillance.
- **Logistical barriers.** Families may be hesitant to discuss the option of mental health services due to concerns about how to pay the costs of services, transportation, childcare, etc.

PRACTICAL RECOMMENDATIONS FOR TALKING TO YOUTH AND FAMILIES

USE NON-STIGMATIZING LANGUAGE

Say something like, "Kids who are going through a lot of stress often really benefit from some additional support. Can I suggest some ways of getting more support for both your son and your family during this time?"

INCREASE UNDERSTANDING OF MENTAL HEALTH SERVICES

Say something like, "The goal of mental health services is to provide support or help to those who are feeling stressed and having a hard time. I know you don't want to see your son end up in trouble. With some additional support I think he can get things back on track."

ACKNOWLEDGE UP FRONT WHAT MATTERS TO THE FAMILY

Say something like, "It's not uncommon for immigrant families to feel like their children are drifting away from them –that they are "losing" them. For some families, having some additional support for the kids and family can be helpful to feel connected again. "

EXPLAIN AND CLARIFY WHY MENTAL HEALTH SERVICES ARE BEING RECOMMENDED

Say something like, "Some of the things you've told me your son is doing are concerning and could be early warning signs that he is getting off track and into trouble. We don't want to wait for things to go wrong. Working with a mental health professional could be a good way to understand what's going on before there's a real problem"

ACKNOWLEDGE FEAR OF CHILD PROTECTION SERVICES

Say something like, "Some families are afraid that if they seek help for a problem with their children that their children may be taken away from them. In fact, mental health professional are there to help families be stronger. They are not the same as Children Protection Services."

EDUCATE ABOUT MANDATED REPORTING

Say something like, "Sometimes people worry that what they say to a mental health professional will be shared with others like parents, other family members, teachers, or even other community members. Mental health professionals need to abide by the laws of confidentiality, which means that they cannot tell anyone what you say unless they are concerned you are about to be hurt or hurt someone else."

DETERMINE BARRIERS TO OBTAINING MENTAL HEALTH SERVICES

Say something like, "Sometimes families really want help but don't think they can't afford it or think they don't have enough time or aren't sure how they would get there. Mental health services vary and there may be one that is affordable, has evening hours, and is reachable by bus. Do you have any of these concerns? What do you think might stand in the way of you getting the help we've talked about for you and your child?"

PRACTICAL WAYS TO FACILITATE A REFERRAL FOR MENTAL HEALTH SERVICES TO FAMILIES

Referral for mental health services vary by provider and agency. It is useful to have a general understanding of the referral process for your local services providers and agencies.

HAVE A DIRECTORY: Have a directory of local mental health agencies and providers.

KNOW THE QUESTIONS: Provide families with a list of questions to ask mental health agencies and providers**.**

Costs: *Do they take insurance? What kind of insurance? Sliding scale?*
Location: *Where services are located? Accessible by public transportation?*
Hours: *Days? Nights? Weekends?*
Clientele: *Accepting new clients? Waitlist? Criteria to obtain services?*
Services: *What types of services do you offer?*
Referrals: *What is the process for referrals? Who do I contact?*
Cultural/Linguistics Issues: *Any specialties? Interpretation available?*

KNOW THE ANSWERS: Generally know the answers to the questions listed above for your local mental health agencies.

BUILD PARTNERSHIPS: Build partnerships with local community mental health agencies now –before you need their services. This will enable that your referrals will be readily accepted.

TRAIN OTHERS: Educate providers about the intersection of targeted violence and law enforcement as well as behavioral warning signs that may be of particular concern.

COMMUNICATE: Provide as much information as you legally and ethically can to a provider. The more information he/she has, the more he/she can help.

PRACTICAL WAYS TO BE A LEADER IN THE INTEGRATION OF MENTAL HEALTH AND LAW ENFORCEMENT

EMBED mental health professionals in your department.

CREATE explicit and co-located partnerships.

CROSS-TRAIN law enforcement and mental health professionals in pertinent topics and relevant practices of each discipline.

HOLD joint case conferences.

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