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21 **UNITED STATES DISTRICT COURT**
22 **CENTRAL DISTRICT OF CALIFORNIA**

23 Ms. J.P., Ms. J.O., Ms. R.M., on behalf of
24 themselves and all other similarly situated,

25 Plaintiffs,

26 v.

Case No. 2:18-cv-06081

**COMPLAINT FOR DECLARATORY
AND INJUNCTIVE RELIEF**

1 JEFFERSON B. SESSIONS III,
2 ATTORNEY GENERAL OF THE
3 UNITED STATES; KIRSTJEN
4 NIELSEN, SECRETARY OF
5 HOMELAND SECURITY; U.S.
6 DEPARTMENT OF HOMELAND
7 SECURITY, AND ITS SUBORDINATE
8 ENTITIES; U.S. IMMIGRATION AND
9 CUSTOMS ENFORCEMENT; U.S.
10 CUSTOMS AND BORDER
11 PROTECTION; ALEX M. AZAR II,
12 SECRETARY OF HEALTH AND
13 HUMAN SERVICES; U.S.
14 DEPARTMENT OF HEALTH AND
15 HUMAN SERVICES; SCOTT LLOYD,
16 DIRECTOR OF THE OFFICE OF
17 REFUGEE RESETTLEMENT; OFFICE
18 OF REFUGEE RESETTLEMENT;
19 DAVID MARIN, LOS ANGELES FIELD
20 OFFICE DIRECTOR, U.S.
21 IMMIGRATION AND CUSTOMS
22 ENFORCEMENT; LISA VON
23 NORDHEIM, WARDEN, JAMES A.
24 MUSICK FACILITY; MARC J. MOORE,
25 SEATTLE FIELD OFFICE DIRECTOR,
26 U.S. IMMIGRATION AND CUSTOMS
27 ENFORCEMENT; LOWELL CLARK,
28 WARDEN, TACOMA NORTHWEST
DETENTION CENTER,

Defendants.

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**Application for admission pro hac vice to be submitted*

*** Institution listed for identification purposes only*

INTRODUCTION

1
2 1. This complaint challenges the federal government’s infliction of
3 enormous emotional trauma on immigrant families through its extraordinary,
4 deliberate, and needless policy of separating parents from their children without a
5 showing of that the parents are unfit, and then holding the parents and children each in
6 separate detention with no access to one another. This family separation policy
7 inflicts severe harm on Plaintiffs and their children and violates their Fifth
8 Amendment rights to due process and equal protection. To remedy these
9 constitutional violations and address the severe harm from trauma the government has
10 inflicted, Plaintiffs and their children are entitled to appropriate screening and trauma-
11 informed and family-centered mental-health services under conditions conducive to
12 effective treatment.

13 2. Leading trauma experts agree that forcible separation of children from
14 their parents is a traumatic event that can have both immediate and long-term
15 psychological consequences if left unaddressed by professional care. As one expert
16 explains, “[s]eparation of a child from his/her mother would be a traumatic event for
17 both the child/adolescent and for the mother and father, causing ... [p]anic and terror,
18 frightening dreams, flashbacks, dissociation (blinking out and lack of awareness),
19 depersonalization (sense of unreality and separation from oneself), withdrawal into
20 intense grief and depression, an ongoing sense of fear and terror.”¹ Acute
21 psychological distress from separation not only produces mental symptoms such as
22 anxiety and depression but also has serious consequences for the physical health of
23 parent and child as well as for child development.

24 3. The circumstances of separation under the government’s policy—
25 including the lack of information on the children’s whereabouts, the inability of
26 parents and children to communicate with each other, their detention in crowded
27 facilities with poor food and round-the-clock lighting, the extended nature of the

28 ¹ Declaration of Marti Loring, ¶ 8.

1 separation, and the lack of procedures for and information about reunification, all
2 coupled with the stressors and trauma that initially led the families to flee their homes
3 and that they may have experienced on their journey—further exacerbates the trauma
4 and distress inflicted on the families. According to trauma experts, “[w]hen the
5 separation is sudden and frightening, when it is initiated by adults unknown to the
6 child, when the parent has no opportunity to prepare the child, when it is done
7 forcefully, and when there is no or minimal contact between the child and parent after
8 and during the separation, then the distress will be greater and the effects significantly
9 more damaging to the child.”²

10 4. Plaintiffs in this case are three mothers who have been separated from
11 their minor children under the family separation policy and have been held in
12 detention by the federal government. Each Plaintiff came to the United States with a
13 child under the age of 18, fleeing from persecution in her native country, and seeking
14 asylum here as permitted under the laws of the United States. They have been
15 detained separately from their children. Plaintiffs bring this action on behalf of all
16 similarly situated parents.

17 5. Defendants are each charged with faithfully executing the laws of the
18 United States. Nonetheless, Defendants have adopted their family separation policy
19 with the deliberate objective of defying these laws and deterring families from Central
20 America from seeking asylum. The policy is a component of Defendants’ racially-
21 motivated effort to stem immigration from non-European countries.

22 6. Defendants implemented their cruel policy in a chaotic manner. They
23 subjected parents already fleeing violence and persecution in their home countries to
24 one of the most brutal traumas: forced separation from their children. Parents and
25 children were torn away from each other with little explanation. Guards mocked
26 children and parents for their tears. Parents received little or no information about

27 _____
28 ² Declaration of Kenneth Berrick, John Sprinson & Kevin Campbell, ¶ 16 (hereinafter
“Berrick Decl.”).

1 their children's whereabouts or well-being, and no explanation as to when or whether
2 they would ever see their children again.

3 7. The harms inflicted by the family separation policy were avoidable. In
4 the past, the federal government found alternatives to family separation, including the
5 release of parents and children. In those rare cases where release on recognizance is
6 insufficient, there are a variety of effective programs to ensure attendance at court
7 hearings and other proceedings. For instance, under the Family Case Management
8 Program, the government released asylum-seeking parents and children together. In
9 this program, which costs far less than detention, immigrants appeared for their
10 removal hearings over 99% of the time.

11 8. Defendants' policy of family separation during detention was thus a new
12 and gratuitous injury inflicted solely to terrify immigrant parents and children, deter
13 other refugees from seeking asylum, and extract political concessions. Executive
14 Order No. 13841, which summarily and prospectively terminates the family separation
15 policy, confirms that the policy of separating parents and children was never required
16 by law.

17 9. Indeed, on June 26, 2018, the United States District Court for the
18 Southern District of California enjoined the federal government's unjustifiable policy,
19 finding a likelihood that the policy violates the Constitution. *See Ms. L v. U.S.*
20 *Immigration & Customs Enf't*, 18-cv-0428, 2018 WL 3129486 (S.D. Cal. June 26,
21 2018). The court recognized that the putative class of migrant parents was likely to
22 succeed on the due process challenge because the federal government was separating
23 children from their parents without any finding that the parents were unfit or presented
24 a danger to their children. *Id.* at *7. Additionally, the court found that the
25 government's policy "was implemented without any effective system or procedure for
26 (1) tracking the children after they were separated from their parents, (2) enabling
27 communication between the parents and their children after separation, and (3)
28 reuniting the parents and children after the parents are returned to immigration

1 custody following completion of their criminal sentence.” *Id.* As a result, the court
2 ordered the government to reunify all class member parents with their children under
3 five years old by July 10, 2018, and with all their children by July 26, 2018. *Id.* at
4 *12.

5 10. Despite indicating on July 5, 2018 that it would comply with the court-
6 imposed deadlines,³ the federal government sought clarification and/or relief from
7 these deadlines later the same day. *See Ms. L v. U.S. Immigration & Customs Enf’t*,
8 No. 18-cv-428, ECF No. 86 (S.D. Cal. July 5, 2018). As of July 9, 2018, Defendants
9 had reunited only four of the approximately 100 children under the age of five who
10 have been separated from their parents.⁴ On July 10, 2018, the district court issued a
11 number of rulings related to the reunification process and stated that “[w]ith these
12 rulings, the Court anticipates the Government will be reuniting fifty-nine (59) Class
13 Members with their children by the end of the day today,” *i.e.*, July 10, 2018, in
14 addition to the four parents and children already reunited.⁵

15 11. Defendants have also contended that they require relief from the *Flores*
16 Settlement sufficient to detain asylum-seeking parents and children indefinitely in
17 substandard unlicensed detention centers. On July 9, 2018, the District Court for the
18 Central District of California rejected this argument entirely. *See Flores v. Sessions*,
19 No. CV 85-4544-DMG, ECF No. 455 (C.D. Cal. July 9, 2018). The Court found that
20 Defendants’ arguments turned on “a tortured interpretation of the *Flores* Agreement”
21 that would render key provisions “meaningless,” and that “[a]bsolutely nothing [in the
22 *Ms. L* order or the *Flores* Settlement] prevents Defendants from reconsidering their
23 current blanket policy of family detention and reinstating prosecutorial discretion.”

24 ³ *See* Merrit Kennedy, *Trump Administration Says It Will Comply with Family*
25 *Reunification Deadlines*, NPR (July 5, 2018) (reporting statements of Defendant Alex
26 M. Azar II), <https://www.npr.org/2018/07/05/626216102/trump-administration-says-it-will-comply-with-family-reunification-deadlines>.

27 ⁴ *See Ms. L v. U.S. Immigration & Customs Enf’t*, No. 18-cv-428, ECF No. 101 (S.D.
28 Cal. July 10, 2018).

⁵ *Id.*

1 *Id.* at 5. Indeed, the Court concluded that “it is apparent that Defendants’ Application
2 is a cynical attempt ... to shift responsibility to the Judiciary for over 20 years of
3 Congressional inaction and ill-considered Executive action that have led to the current
4 stalemate.” *Id.* at 7. As a result, the Court denied the application as “procedurally
5 improper and wholly without merit.” *Id.*

6 12. These decisions make clear that Defendants’ efforts to avoid their legal
7 responsibilities are unacceptable. Plaintiffs have been harmed by Defendants’
8 unconstitutional family separation policy and have further suffered from Defendants’
9 failure to prepare for that policy shift. Defendants must remedy this crisis of their
10 own making. What is needed is for the government to act promptly and to remedy the
11 significant harms that it has caused by reunifying the separated families and providing
12 immediate and appropriate mental-health services under conditions conducive to
13 effective treatment as required under the Constitution and the *Flores* Settlement.

14 13. Plaintiffs and their children are entitled to these services for three
15 separate reasons. First, under the Due Process Clause, the government has an
16 obligation to provide adequate medical care, including mental-health services, to
17 individuals that it detains against their will. *See, e.g., Wakefield v. Thompson*, 177
18 F.3d 1160, 1164 (9th Cir. 1999); *Gibson v. Cty. of Washoe, Nev.*, 290 F.3d 1175, 1188
19 (9th Cir. 2002), *overruled on other grounds by Castro v. Cty. of Los Angeles*, 833 F.3d
20 1060 (en banc) (9th Cir. 2016).

21 14. Second, the egregious and gratuitous family separation policy has
22 directly caused Plaintiffs’ injuries that only appropriate mental-health services can
23 remedy, and thus, Defendants have an obligation to provide those services. *See, e.g.,*
24 *Kennedy v. City of Ridgefield*, 439 F.3d 1055, 1061 (9th Cir. 2006) (citing, *inter alia*,
25 *DeShaney v. Winnebago Cty. Dep’t of Soc. Serv.*, 489 U.S. 189, 197 (1989)).

26 15. Third, under the *Flores* Settlement, the government must provide
27 noncitizen children detained in immigration custody with “[a]ppropriate routine
28 medical and dental care” and “appropriate mental health interventions when

1 necessary.” *Flores* Settlement, Ex. 1, ¶ 2. In these circumstances, where the
2 government has inflicted trauma through family separation, those services must
3 include appropriate mental-health screenings and any services deemed necessary by
4 medical professionals, including family counseling, under conditions conducive to
5 effective treatment.

6 **Plaintiff Ms. J.P.⁶**

7 16. Plaintiff Ms. J. P. (“Ms. P”) is the 37-year-old mother of 16-year-old L.P.
8 Ms. P is currently being detained in the custody of U.S. Immigration and Customs
9 Enforcement (“ICE”) at the James A. Musick Facility in Irvine, California. Her
10 daughter, L.P., is currently being held at Casa Phoenix, a Southwest Key Programs,
11 Inc., facility in Phoenix, Arizona.

12 17. Ms. P entered the United States with her daughter near San Luis,
13 Arizona, on or around May 17, 2018, after having fled Guatemala in fear for her life.
14 Ms. P sought to escape death threats from a former partner who had sexually abused
15 and beaten Ms. P. Ms. P and L.P. were detained by U.S. Customs and Border
16 Protection (“CBP”) officers shortly after crossing the border. Ms. P’s native
17 language, Q’eqchi’, is a Mayan dialect that is rarely spoken in the United States. She
18 cannot speak or understand English, and understands very little Spanish. As a result,
19 Ms. P was not able communicate with the CBP officers who detained her and L.P.

20 18. Upon their detention, CBP officials placed Ms. P and L.P. in a cold,
21 windowless room alongside approximately 150 other detainees. There were no beds,
22 showers, or private toilets, and the lights were on 24 hours a day. The room was too
23 crowded to allow them to lie down, and they were provided only nylon blankets. Ms.
24 P and L.P. were fed nothing but lukewarm soup for days, and the only water available
25 was from the bathroom tap. L.P. recalls witnessing other children forcibly taken from
26

27 ⁶ See Declaration of J.P. (“J.P. Decl.”); Declaration of Alejandra Acuña (“Acuña
28 Decl.”); Declaration of Chandra Allen (“Allen Decl.”); Declaration of Lucero Chavez
re. L.P. (“Chavez L.P. Decl.”).

1 their parents' arms, and seeing a mother being physically restrained by guards as her
2 son was taken away. Guards at the facility taunted mothers, saying: "If you're such a
3 good mother why would you bring your child here."

4 19. Ms. P and L.P. were not told if or when they would be released. L.P. was
5 questioned without her mother and given papers to sign in English, which she does not
6 speak or read. On or around May 20, 2018, officers came in and took L.P. away from
7 Ms. P. L.P. fainted in terror when she realized what was happening, causing injury to
8 her mouth that left her face swollen for several days. This cut was not treated until
9 L.P. was moved to Southwest Key Programs. Ms. P was not told or able to
10 understand why her daughter was being taken, where she was going, or when—or if—
11 she would see her daughter again.

12 20. On June 1, 2018, with the assistance of a fellow detainee, Ms. P
13 submitted a request to ICE seeking information on her daughter's whereabouts. Ms. P
14 can neither read nor write, and was not able to understand the written response that
15 she received several days later, which, in any event, contained only her daughter's
16 location and not a telephone number or other way to reach her daughter. Ms. P had no
17 contact with her daughter until June 22, 2018, when, after 30 hours of advocacy by her
18 attorney, she was allowed to speak with L.P. by phone. Until then, Ms. P feared that
19 she would never see or speak to her daughter again. She still fears that she faces
20 certain death if she is forced to return to Guatemala, and remains worried that she will
21 be deported and separated from her daughter. Ms. P believes that she has been to
22 court, but does not understand the purpose or substance of the court hearings that she
23 attended.

24 21. L.P. says that she has felt isolated during this period. She has been kept
25 hundreds of miles from her mother, and her only regular contact is with a counselor
26 whom she sees once a week but who tells her not to cry even though L.P. feels crying
27 helps her cope with the situation. She feels depressed, hopeless, and confused by her
28 detention and separation. She cannot speak about her mother or the experience of

1 separation without crying. She dreams of her mother and prays to be reunited with
2 her. According to according to a family member, L.P. “[i]s suffering without her
3 mother.” Declaration of C.I., ¶ 3.

4 22. Based on the preliminary evaluation of a licensed clinical social worker,
5 Chandra Allen, L.P shows signs of depression, anxiety, adjustment to trauma, and
6 traumatic grief. L.P.’s constant uncertainty as to her situation and whether she will be
7 reunited with her mother could lead to dissociative detachment and anxiety.

8 23. Ms. P reports almost always having upsetting thoughts about being
9 separated from her daughter, and repeatedly experiences bad dreams or nightmares.
10 She has significant difficulty sleeping and concentrating since L.P. was taken from
11 her, and reports crying four times a day. Based on the preliminary evaluation of a
12 licensed clinical social worker, Alejandra Acuña, Ms. P is displaying symptoms of
13 post-traumatic stress disorder (“PTSD”), depression, and anxiety as a result of being
14 separated from L.P. Ms. P has not reported having access to mental-health treatment.

15 **Plaintiff Ms. J.O.⁷**

16 24. Plaintiff Ms. J.O. (“Ms. O”) is the mother of 16-year-old T.B. Ms. O and
17 her daughter fled their native Honduras in fear for their lives after gangs killed her
18 husband in 2015 and beat her teenage son. Ms. O and T.B. entered the United States
19 near Granjeno, Texas, on or around May 17, 2018. Rather than continuing into the
20 interior, Ms. O and her daughter waited along a dirt road for a patrol car to arrive and
21 flagged one down the next day. They claimed fear of returning to Honduras and
22 hoped to live with her sister in the United States.

23 25. Ms. O and T.B. were processed separately and kept apart at the detention
24 center that Ms. O called “La Hielera”—the icebox—because of the cold temperature
25 inside. While there, Ms. O was moved to “La Perrera,” the doghouse, section of the
26 facility where the holding cells resemble dog kennels. During this transfer, Ms. O saw

27 ⁷ See Declaration of J.O. (“J.O. Decl.”); Declaration of Lucero Chavez re. T.B.
28 (“Chavez T.B. Decl.”).

1 a young child taken from his mother, and the guards told the parents that a new law
2 permitted them to take away their children permanently. This statement terrified the
3 parents, including Ms. O who feared she would be separated from T.B. forever.

4 26. Ms. O was kept in a holding cell with over 50 other women. There were
5 no beds or pillows, and the lights were kept on 24 hours per day. Ms. O was provided
6 a piece of bread and a juice box for food. From her cell, she could see T.B. in a
7 similar chain-link cell with other children, some no more than five years old. Because
8 there were no adults in the cell, the older children were forced to care for the younger
9 ones. T.B., for instance, braided the younger girls' hair to provide them with some
10 comfort. During her time at La Hielera, Ms. O was moved from cell to cell. But each
11 cell was overcrowded, and at no time was she placed with her daughter. Ms. O was
12 not provided clean clothes or permitted to shower for the five days that she was in the
13 facility. She slept little, if at all, due to the cold temperature, 24-hour-a-day lighting,
14 and her and others' constant crying.

15 27. Ms. O spoke to T.B. once more in the facility, when they passed each
16 other on the way to the restroom. T.B. urged Ms. O not to sign deportation papers,
17 fearing that Ms. O would be returned to Honduras without her.

18 28. Ms. O's time in La Hielera separated from T.B. was traumatizing. She
19 lost track of which day it was, and the constant exposure to crying parents and
20 children left her shaken.

21 29. On or about May 21, 2018, Ms. O was taken with more than 50 other
22 detainees to court for criminal proceedings. Ms. O was told that she was to be
23 charged with illegal entry in violation of 8 U.S.C. § 1325(a)(1). Like the 35 people
24 before her, she pleaded guilty, though she was not able to meet with an attorney
25 before the proceedings and she did not understand the consequences of her plea.

26 30. After these proceedings, CBP explained that Ms. O would be transferred
27 to another facility without her daughter. On or about May 21, 2018, Ms. O was
28 moved to the SeaTac Federal Prison in SeaTac, Washington, and subsequently

1 transferred to the Northwest Detention Center in Tacoma, Washington. On July 12,
2 2018, Ms. O was released on bond.

3 31. Ms. O has not seen her daughter since approximately May 21, 2018 when
4 Ms. O was moved to SeaTac. For nine days thereafter, Ms. O was unable to obtain
5 any information regarding her daughter, despite multiple pleas to immigration
6 officials. Ms. O did not learn of T.B.'s whereabouts until May 30, 2018. She learned
7 from her sister that T.B. is currently being detained in Southwest Key Programs,
8 Inc.—Casa Antigua in San Benito, Texas. Ms. O has since spoken with her daughter
9 only three times for less than five minutes per call. Ms. O has attempted to call a
10 social worker to set up further calls, but the social worker has not answered the phone.

11 32. To date, Ms. O has not received any mental-health or counseling services
12 from the government to address the trauma she has experienced due to the separation
13 from her daughter.

14 **Plaintiff Ms. R.M.⁸**

15 33. Plaintiff Ms. R. M. (“Ms. M”) and her 15-year-old daughter, S.Q., fled El
16 Salvador to get away from Ms. M’s husband, a former military officer, who had
17 severely beaten her and threatened her life, and in fear of gangs who have threatened
18 S.Q. On or around May 18, 2018, Ms. M and S.Q. entered the United States near
19 Hidalgo, Texas. Ms. M and her daughter waited under a tree and flagged down a
20 patrol car. They claimed fear of returning to their country of origin.

21 34. Ms. M and her daughter were immediately taken to a facility and
22 separated for questioning. Ms. M was unable to concentrate on the officials’
23 questions until she saw where her daughter was taken. Once she located her daughter
24 and turned her attention to the officials, they began yelling at her that she would be
25 deported without her daughter and punished for bringing S.Q. from El Salvador. Ms.
26 M. started crying, and one official told her: “You can thank Trump.” The officials

27 ⁸ See Declaration of R.M. (“R.M. Decl.”); Declaration of Lucero Chavez re. S.Q.
28 (“Chavez S.Q.. Decl.”).

1 pressured her to sign deportation papers by threatening that she would go to jail if she
2 did not sign them. Ms. M refused for fear of being deported without her daughter.
3 The officials laughed at her. The questioning ended only when Ms. M reiterated that
4 she feared returning to El Salvador.

5 35. After this questioning, Ms. M was taken to La Perrera and placed into a
6 cage with 40 or 50 other women. They sat shoulder to shoulder on the floor. They
7 were not provided beds, mats, pillows, or blankets. There was only one toilet in the
8 cell, and it was in the open without walls or a door. Women would stand to create a
9 human wall to provide the person using the toilet a small measure of privacy.

10 36. Ms. M and the women in her cell were provided a soggy piece of bread, a
11 frozen piece of ham, and a juice box for sustenance twice a day. The guards would
12 also open the cell door and throw crackers on the floor. When the hungry women
13 scrambled to pick them up, the guards would laugh. One time when Ms. M was
14 standing close to the door, she reached out her hand for a cracker. Instead of handing
15 her the cracker, the guard asked, “do you want five-star treatment,” and then threw the
16 cracker on the floor, saying “there is your room service.”

17 37. Ms. M was also not permitted to brush her teeth for four days, and she
18 was not given a change of clothes.

19 38. From her cage, Ms. M could see her daughter in a different cage with
20 other children. She was not permitted to speak with her, but she could see her
21 continuously crying.

22 39. On or about May 21, 2018, Ms. M was taken with over 50 detainees
23 before a judge for criminal proceedings. Ms. M was told that she was being charged
24 with illegal entry into the United States pursuant to 8 U.S.C. § 1325(a)(1). She was
25 placed in shackles and handcuffs, and before the proceedings began, a man stood up
26 and advised the detainees to plead guilty in order to receive a lower sentence. Ms. M
27 and the 25 people before her pleaded guilty because she thought that she had to do so.
28 She did not understand the consequences of her plea.

1 40. Following these proceedings, Ms. M was placed on a bus and transferred
2 to Laredo, Texas. Ms. M and the other women cried out, asking for their children.
3 One guard yelled, “stop asking about your kids!” Ms. M began crying uncontrollably
4 once she realized that she was going to be separated from her daughter. For three
5 days, she slept no more than one hour per night. She could not eat and she could not
6 talk to anyone. No official told her where her daughter was or even whether she was
7 safe, though she learned from her mother on May 25, 2018, that her daughter was in
8 San Benito, Texas at Southwest Key Programs, Inc.—Casa Antigua.

9 41. Eventually, Ms. M was transferred to the SeaTac Federal Prison in
10 SeaTac, Washington. She was later moved to the Northwest Detention Center in
11 Tacoma, Washington. On July 12, 2018, Ms. M was released on bond.

12 42. On or about June 22, 2018, Ms. M was finally able to speak with her
13 daughter for about one minute. S.Q. was crying uncontrollably and could not speak.
14 Ms. M has tried to set up additional calls through S.Q.’s social worker, but the social
15 worker does not answer the phone.

16 43. Ms. M believes that her daughter has suffered significantly due to their
17 separation and detention and that she will need trauma-based counseling as a result.
18 To date, Ms. M has not received any mental-health services from the government to
19 address the trauma she has experienced due to the separation from her daughter.

20 44. Ms. M’s mother—S.T.—is a permanent legal resident in the United
21 States and has lived here since 1989. *See* Declaration of S.T. Based on her
22 conversations with her daughter and granddaughter, she believes that their separation
23 has been traumatic for them. Additionally, she is “ready, willing, and able to take care
24 of, and provide a home for[,] both R.M. and S.Q. at any time, and [is] committed to
25 doing what [she] can to have R.M. released and to support her while she is in the
26 United States.” *Id.* ¶ 15.

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Defendants

45. Defendant Jefferson B. Sessions is the Attorney General of the United States. In this capacity, Defendant Sessions is responsible for setting policy related to the enforcement of immigration laws in the United States, including the policy of family separation.

46. Defendant Kirstjen Nielsen is the Secretary of the Department of Homeland Security. In this capacity, Defendant Nielsen is responsible for the administration of immigration laws in the United States. Defendant Nielsen has ultimate responsibility for each of the agencies within DHS, and for all DHS policies and procedures.

47. Defendant U.S. Department of Homeland Security (“DHS”) is responsible for enforcing the immigration laws of the United States.

48. Defendant U.S. Immigration and Customs Enforcement (“ICE”) is the agency of DHS responsible for administering immigration laws in the United States, including overseeing immigration detention.

49. Defendant U.S. Customs and Border Protection (“CBP”) is an agency of DHS responsible for the processing and detaining of noncitizens who are apprehended near the United States border.

50. Defendant Alex M. Azar II is the Secretary of Health and Human Services. In this capacity, Defendant Azar is responsible for the detention of unaccompanied non-citizen children. Defendant Azar has ultimate responsibility for each of the agencies within HHS, and for all HHS policies and procedures.

51. Defendant U.S. Department of Health and Human Services (“HHS”) is responsible for the detention of unaccompanied non-citizen children.

52. Defendant Scott Lloyd is the Director of the Office of Refugee Resettlement. In this capacity, Defendant Lloyd is responsible for the detention of unaccompanied non-citizen children, and has ultimate responsibility for all ORR policies and procedures.

1 53. Defendant Office of Refugee Resettlement (“ORR”) is the agency of
2 HHS responsible for detaining unaccompanied non-citizen children.

3 54. Defendant David Marin is the Los Angeles Field Office Director for ICE.
4 In this capacity, Defendant Marin is responsible for the detention of J.P.

5 55. Defendant Lisa Von Nordheim is the warden at the James A. Musick
6 Facility. In this capacity, Defendant Von Nordheim is responsible for the detention of
7 J.P.

8 56. Defendant Marc J. Moore is the Seattle Field Office Director for ICE. In
9 this capacity, Defendant Moore has been responsible for the detention of J.O. and
10 R.M.

11 57. Defendant Lowell Clark is the warden at the Tacoma Northwest
12 Detention Center. In this capacity, Defendant Clark has been responsible for the
13 detention of J.O. and R.M.

14 **JURISDICTION AND VENUE**

15 58. This Court has subject matter jurisdiction over this action pursuant to 28
16 U.S.C. §§ 1331, 1346, and 2241 because this action arises under the Constitution and
17 laws of the United States.

18 59. Sovereign immunity does not bar claims against federal officials seeking
19 solely to prevent future violations of federal law (rather than monetary relief). *See,*
20 *e.g., Larson v. Domestic & Foreign Commerce Corp.*, 337 U.S. 682, 697-99 & nn.18-
21 19 (1949); *Shields v. Utah Idaho Cent. R.R. Co.*, 305 U.S. 177, 183-84 (1938); 5
22 U.S.C. § 702.

23 60. Venue is proper in the Central District of California under 28 U.S.C.
24 §§ 84(c) and 1391(e)(1) because at least one plaintiff resides in this judicial district
25 and each defendant is an agency of the United States or an officer of the United States
26 sued in his or her official capacity.

27 61. The Court has authority to provide declaratory relief under 28 U.S.C.
28 §§ 2201-2202.

1 **STATUTORY AND LEGAL FRAMEWORK**

2 **U.S. Law Permits Families to Seek Asylum upon Arrival**

3 62. The laws of the United States permit non-citizens on American soil to
4 seek asylum regardless of how, or where, or with whom they arrive at the border.
5 Specifically, these laws establish that “[a]ny alien” who arrives in the United States,
6 “whether or not at a designated port of arrival” may apply for asylum “irrespective of
7 such alien’s status.” 8 U.S.C. § 1158.

8 63. Statutes that govern the process for seeking asylum in the United States
9 have their roots in the refugee crisis that followed World War II. They incorporate
10 concepts from international law (*see, e.g.*, 8 U.S.C. § 101(a)(42) (incorporating the
11 definition of “refugee” from the United Nations Convention Relating to the Status of
12 Refugees)), and provide a process for individuals who fear persecution in their native
13 countries to seek protection in the United States (*see, e.g.*, Refugee Act of 1980, Pub.
14 L. No. 96-212 § 201(b), 94 Stat. 102 (1980)).

15 64. The United States does not limit the right to seek asylum to those who
16 cross into the country at a port of entry. Those apprehended for the first time crossing
17 into the United States outside a port of entry may be subject to expedited removal, a
18 process under which an individual may be removed from the United States without a
19 full hearing before an immigration judge. *See* 8 U.S.C. § 1225(b)(1)(A)(i). But there
20 are safeguards to protect those seeking asylum in that context. If an individual
21 “indicates either an intention to apply for asylum . . . or a fear of persecution,”
22 immigration officers must refer the individual “for an interview by an asylum officer”
23 to evaluate whether the individual has a credible fear of persecution if returned to their
24 country. 8 U.S.C. § 1225(b)(1)(A)(ii).

25 65. If an asylum officer concludes that there is a “significant possibility” the
26 individual can prove eligibility for asylum, the asylum seeker receives a positive
27 credible fear determination and is placed into regular removal proceedings. During
28 those regular removal proceedings, the putative refugee may submit an asylum

1 application, obtain a hearing before an immigration judge, and appeal an adverse
2 decision through the Board of Immigration Appeals and the federal courts. 8 U.S.C.
3 § 1225 (b)(1)(B)(ii); 8 C.F.R. § 235.6(a)(1)(ii), (iii).

4 66. An asylum seeker may also be placed directly into regular removal
5 proceedings with issuance of a Notice to Appear for a future hearing date. *See* 8
6 U.S.C. §§ 1225(b)(2), 1229(a)(1), 1229a.

7 67. No law requires the detention of asylum seekers throughout this process,
8 and no law requires the prolonged separation of families either.

9 **The *Flores* Settlement Sets Standards for Housing and Providing Services to**
10 **Detained Children**

11 68. When the government detains children, it must comply with the *Flores*
12 Settlement, regardless of whether the children arrive unaccompanied or with their
13 families. *Flores v. Lynch*, 828 F.3d 898 (9th Cir. 2016).

14 69. The *Flores* Settlement requires the government to “place each detained
15 minor in the least restrictive setting appropriate to the minor’s age and special needs.”
16 Settlement ¶ 11. Children should generally be released within five days to one of the
17 following recipients, in order of preference: a parent, a legal guardian, an adult
18 relative, an adult designated by a parent or legal guardian, or, if no such individuals
19 are available, a licensed program willing to accept legal custody. *Id.* ¶¶ 12, 14. In the
20 event of an “emergency” or an “influx” of minors into the country, the government is
21 required to place minors “as expeditiously as possible.” *Id.* ¶ 12.C. The *Flores* court
22 found that up to 20 days may be as expeditious as possible for the government under
23 extenuating circumstances, a time frame that has been widely reported in the press.

24 70. The government must “make and record the prompt and continuous
25 efforts on its part toward family reunification and the release of the minor,” and
26 “[s]uch efforts at family reunification shall continue so long as the minor is in [the
27 government’s] custody.” Settlement ¶ 18.

1 71. When the government transfers a detained minor to any person or entity
2 other than a parent, guardian, adult relative, or a parent or guardian’s designee, such
3 person or entity is required to be “licensed by an appropriate State agency to provide
4 residential, group, or foster care services for dependent children.” Settlement ¶ 6.
5 Any such licensed person or entity to which the government transfers a minor is
6 required to meet certain additional standards, as described in Exhibit 1 of the *Flores*
7 Settlement.

8 72. Among other services, licensed programs must provide “appropriate
9 mental health interventions when necessary,” “identification of the minor’s special
10 needs including any specific problem(s) which require immediate intervention,” “[a]t
11 least one (1) individual counseling session per week conducted by trained social work
12 staff,” “[g]roup counseling,” and “[v]isitation and contact with family members
13 (regardless of their immigration status).” Settlement, Exhibit 1.

14 73. The government is required by the *Flores* Settlement to “treat minors
15 with dignity, respect, and special concern for their particular vulnerability.”
16 Settlement, Exhibit 2. The government is further required to “hold minors in a facility
17 that is safe and sanitary and that is consistent with . . . the particular vulnerability of
18 minors.” *Id.* Any such facility in which minors are held by the government following
19 arrest must provide for “contact with family members who were arrested with the
20 minor.” *Id.*⁹

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26 ⁹ On June 21, 2018, the government requested relief from the *Flores* Settlement so as
27 to permit it to detain minors who are arrested with their parents indefinitely through
28 the pendency of their immigration proceedings, in facilities unlicensed by any state
authority. *Flores v. Sessions*, No. 85-cv-04544, Dkt. 435 (C.D. Cal. Jun. 21, 2018).
The Court rejected this request as “procedurally improper and wholly without merit.”
Flores v. Sessions, No. CV 85-4544, ECF No. 455, at 7 (C.D. Cal. July 9, 2018).

1 **THE NEEDLESS AND INHERENTLY CRUEL POLICY OF**
2 **FAMILY SEPARATION INFLICTED IRREPARABLE HARM**

3 **The Family Separation Policy Was Unnecessary**

4 74. Defendants have falsely claimed that the family separation policy was
5 required by existing law.¹⁰ Their position is belied by the June 20, 2018 Executive
6 Order ending the policy on a prospective basis. It is also belied by the practice of
7 prior administrations¹¹ and the undeniable existence of effective alternatives.

8 75. Several alternatives to detention would allow asylum seekers and their
9 families to remain together. For example, in recent years community supported
10 models have proven particularly effective and economical. For many migrants,
11 release on recognizance is sufficient to ensure that they attend court hearings and
12 other proceedings.¹²

13 76. In other cases, case management programs have proven effective. Indeed,
14 the American Academy of Pediatrics (“AAP”) endorses community-based case
15 management as an alternative solution to detention.¹³ Beginning on January 21, 2016,
16 the Family Case Management Program (“FCMP”) was offered as an “alternative to
17 detention . . . that use[d] qualified case managers to promote participant compliance
18 with their immigration obligations.”¹⁴ The program used a wrap-around services

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20 ¹⁰ Linda Qiu, *Fact-Checking the Trump Administration’s Case for Child Separation at*
the Border, N.Y. TIMES (June 19, 2018),
<https://www.nytimes.com/2018/06/19/us/fact-check-trump-child-separation.html>.

21 ¹¹ *Id.*

22 ¹² See, e.g., *Report of the DHS Advisory Committee on Family Residential Centers*,
23 DHS (Sept. 30, 2016), [https://www.ice.gov/sites/default/files/documents](https://www.ice.gov/sites/default/files/documents/Report/2016/ACFRC-sc-16093.pdf)
24 [/Report/2016/ACFRC-sc-16093.pdf](https://www.ice.gov/sites/default/files/documents/Report/2016/ACFRC-sc-16093.pdf) (“For many families, release on recognizance
with information about rights and responsibilities and referrals to legal services and
25 psycho-social supports is sufficient to ensure compliance with immigration
26 proceedings.”).

25 ¹³ Julie M. Linton et al., *Detention of Immigrant Children*, THE AMERICAN ACADEMY
26 OF PEDIATRICS (March 2017), [http://pediatrics.aappublications.org/content/early/](http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483)
[2017/03/09/peds.2017-0483](http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483).

27 ¹⁴ *Fact Sheet: Stakeholder Referrals to the ICE/ERO Family Case Management*
28 *Program*, U.S. I.C.E., available at [http://www.ilw.com/immigrationdaily/](http://www.ilw.com/immigrationdaily/news/2016,0111-ICE.pdf)
[news/2016,0111-ICE.pdf](http://www.ilw.com/immigrationdaily/news/2016,0111-ICE.pdf).

1 model for immigrant families whom ICE recommended for placement after
2 determining they were “non-dangerous” and “low-flight-risk families.”¹⁵ The cost
3 was reported to be \$36 per family each day compared to \$319 per bed per day in a
4 family detention center.¹⁶

5 77. The FCMP was designed, but not limited, to serve victims of domestic
6 violence or sexual abuse, pregnant women, nursing mothers, and families with
7 physical and/or mental illness. The FCMP operated in five cities across the United
8 States: Baltimore, Chicago, Los Angeles, Miami, and New York. The program
9 allowed families for whom detention in ICE centers or more traditional alternative
10 programs would exacerbate their trauma or illness to exit detention into the
11 community while they moved through their immigration proceedings. The program
12 facilitated access to holistic community-based services tailored to each family’s needs,
13 including:¹⁷

- 14 • Orientation and education for participants about their legal rights and
15 responsibilities;
- 16 • Individualized family service plans;
- 17 • Assistance in accessing low-cost or pro bono legal assistance for housing,
18 education, and—as most relevant here—mental health providers (if
19 needed);
- 20 • Assistance with transportation logistics;

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22 ¹⁵ *Id.*; see also Loiselle, Mary F., *GEO Care’s New Family Case Management*
23 *Program*,” GEO World, at 3 (2016), available at
<https://www.geogroup.com/userfiles/1de79aa6-2ff2-4615-a997-7869142237bd.pdf>.

24 ¹⁶ Elise Foley & Jennifer Bendery, *This Alternative to Detaining Immigrant Families*
25 *Works. Trump Just Won’t Use It.*, HUFFINGTON POST (June 22, 2018), available at
https://www.huffingtonpost.com/entry/trump-family-detention-alternative_us_5b2d4731e4b0321a01d1002e.

26 ¹⁷ *Fact Sheet: Stakeholder Referrals to the ICE/ERO Family Case Management*
27 *Program*, U.S. I.C.E., available at [http://www.ilw.com/immigrationdaily/](http://www.ilw.com/immigrationdaily/news/2016,0111-ICE.pdf)
28 *news/2016,0111-ICE.pdf*; Loiselle, Mary F., *GEO Care’s New Family Case*
Management Program,” GEO World, at 3 (2016), available at
<https://www.geogroup.com/userfiles/1de79aa6-2ff2-4615-a997-7869142237bd.pdf>.

- 1 • Tracking and monitoring of immigration obligations; and
- 2 • Safe repatriation and reintegration planning (where applicable).

3 The FCMP was launched on January 21, 2016, and proved within its first year of
 4 operation to be a more effective alternative to other more restrictive alternatives
 5 traditionally utilized. It was a step forward in procuring dignity for immigrant
 6 families, and it satisfied ICE’s primary goal of ensuring compliance with participants’
 7 immigration obligations—99% for ICE check-ins and appointments, and 100% for
 8 attendance at court hearings.¹⁸

9 78. Despite its success in terms of the government’s stated compliance
 10 priorities, the program was closed in June 2017.

11 **“Zero Tolerance” Family Separation Policy Rationalized as Deterrent**

12 79. On May 7, 2018, Attorney General Jeff Sessions announced a “zero-
 13 tolerance” policy of forced family separation to deter migrants from crossing the
 14 southern border of the United States. Sessions said, “If you cross this border
 15 unlawfully, then we will prosecute you. It’s that simple. . . . If you are smuggling a
 16 child, then we will prosecute you and that child will be separated from you. . . .”¹⁹

17 80. The family separation policy was by no means limited to “smugglers.”
 18 In the first month of the policy, nearly 3,000 children were separated from their
 19 parents while crossing the border.²⁰ Some children were as young as 18 months old,
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 22 ¹⁸ *U.S. Immigration and Customs Enforcement’s Award of the Family Case*
 23 *Management Program Contract (Redacted)*. DHS Office of Inspector General, at 5
 (OIG-18-22) (Nov. 30, 2017).

24 ¹⁹ *Attorney General Sessions Delivers Remarks Discussing the Immigration*
 25 *Enforcement Actions of the Trump Administration*, DOJ Justice News (May 7, 2018),
<https://www.justice.gov/opa/speech/attorney-general-sessions-delivers-remarks-discussing-immigration-enforcement-actions>.

26 ²⁰ Caitlin Dickerson, *Trump Administration in Chaotic Scramble to Reunify Migrant*
 27 *Families*, N.Y. TIMES (July 5, 2018),
<https://www.nytimes.com/2018/07/05/us/migrant-children-chaos-family-separation.html>.
 28

1 and more than 100 children were younger than four years old.²¹ These children have
2 been sent to shelters and other temporary housing, overseen by the U.S. Department of
3 Health and Human Services (“HHS”), across the United States. The children are often
4 housed hundreds of miles away from their parents. There are an estimated 100
5 shelters in 17 states, including Arizona, California, Connecticut, Florida, Illinois,
6 Kansas, Maryland, Massachusetts, Michigan, New Jersey, New York, Oregon,
7 Pennsylvania, South Carolina, Texas, Virginia, and Washington.²² Of course,
8 separation of a mere mile between a child and parent is a terrifying situation for both
9 when there is no certainty of where the parent or child is being kept and no guarantee
10 that the two ever will be reunited.

11 81. Defendants have mischaracterized family separation as necessary to
12 enforce the law. But DHS expressly contemplated using family separation to deter
13 migration from Central America into the United States at least a year before the “zero
14 tolerance” policy was adopted.²³ In March 2017, then-DHS Secretary John Kelly
15 confirmed that family separation was under consideration as a means to deter
16 migration across the southern border. After experts and members of Congress
17 strongly opposed the idea, DHS Secretary Kelly testified in April 2017 that DHS
18 would not “routinely” separate children from their families at the border, except under
19 extenuating circumstances.²⁴ Nevertheless, non-profit organizations observed a trend

20 ²¹ Caitlin Dickerson, *Hundreds of Immigrant Children Have Been Taken From*
21 *Parents at U.S. Border*, N.Y. TIMES (Apr. 20, 2018),
<https://www.nytimes.com/2018/04/20/us/immigrant-children-separation-ice.html>.

22 ²² Sarah Almukhtar et al., *Where Migrant Children Are Being Held Across the U.S.*,
23 N.Y. TIMES (June 21, 2018), [https://www.nytimes.com/interactive/2018/06/21/
us/where-are-the-border-children.html](https://www.nytimes.com/interactive/2018/06/21/us/where-are-the-border-children.html).

24 ²³ Daniella Diaz, *Kelly: DHS is considering separating undocumented children from*
25 *their parents at the border*, CNN (March 6, 2017),
[https://www.cnn.com/2017/03/06/politics/john-kelly-separating-children-from-
parents-immigration-border/index.html](https://www.cnn.com/2017/03/06/politics/john-kelly-separating-children-from-parents-immigration-border/index.html).

26 ²⁴ See e.g. Stein Fernando et al. *AAP Statement Opposing Separation of Mothers*
27 *and Children at the Border* AMERICAN ACADEMY OF PEDIATRICS (March 4, 2017),
28 *available at* [https://www.aap.org/en-us/about-the-aap/aap-press-
room/Pages/immigrantmotherschildrenseparation.aspx](https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/immigrantmotherschildrenseparation.aspx); *Letter to Secretary Kelly*
Opposing Plan to Separate Migrant Families at the Border, ALIANZA AMERICAS ET

1 of family separation at the border with Mexico and complained to DHS and urged it to
2 clarify its policies.

3 82. On May 11, 2018, now-White House Chief of Staff Kelly confirmed that
4 the policy was put in place to deter other migrants, specifically Central Americans,
5 from coming to the United States. In his words, “a big name of the game is
6 deterrence.”²⁵

7 **Separated Families Held Hostage to Exact Political Concessions**

8 83. As the horrors of family separation reached the media, President Trump
9 insisted that he would not change the policy unless lawmakers agreed to his
10 immigration reform demands.²⁶ He asserted that if lawmakers had passed the
11 aggressive anti-immigration legislation he wanted, the policy would be unnecessary.²⁷
12 He urged Congress to crack down on asylum seekers, reduce visas, and spend \$25
13 billion on a border wall.²⁸

14 84. President Trump also contended that the solution to the emerging
15 humanitarian crisis that he had created was for Democrats to give in to his political
16

17 ²⁵ *Id.* (March 22, 2017) available at <https://www.womensrefugeecommission.org/rights/ohv/resources/1460-family-separation-sign-on-letter>; Testimony before
18 Congress in the Senate Homeland Security and Governmental Affairs Committee
19 hearing titled “Improving Border Security and Public Safety” (April 5, 2017); *Kelly*
20 *says DHS won’t separate families at the border* CNN (March 29, 2017)
<http://www.cnn.com/2017/03/29/politics/border-families-separation-kelly/index.html>.

21 ²⁵ *Transcript: White House Chief of Staff John Kelly’s Interview with NPR* NPR (May
22 11, 2018) [https://www.npr.org/2018/05/11/610116389/transcript-white-house-chief-](https://www.npr.org/2018/05/11/610116389/transcript-white-house-chief-of-staff-john-kellys-interview-with-npr)
23 [https://www.washingtonpost.com/amhtml/politics/trump-cites-as-a-negotiating-tool-](https://www.washingtonpost.com/amhtml/politics/trump-cites-as-a-negotiating-tool-his-policy-of-separating-immigrant-children-from-their-parents/2018/06/15/ade82b80-70b3-11e8-bf86-a2351b5ece99_story.html?utm_term=.8d0d24db87ef&__twitter_impression=true&no-redirect=on)
24 [his-policy-of-separating-immigrant-children-from-their-parents/2018/06/15/ade82b80-](https://www.washingtonpost.com/amhtml/politics/trump-cites-as-a-negotiating-tool-his-policy-of-separating-immigrant-children-from-their-parents/2018/06/15/ade82b80-70b3-11e8-bf86-a2351b5ece99_story.html?utm_term=.8d0d24db87ef&__twitter_impression=true&no-redirect=on)
25 [70b3-11e8-bf86-](https://www.washingtonpost.com/amhtml/politics/trump-cites-as-a-negotiating-tool-his-policy-of-separating-immigrant-children-from-their-parents/2018/06/15/ade82b80-70b3-11e8-bf86-a2351b5ece99_story.html?utm_term=.8d0d24db87ef&__twitter_impression=true&no-redirect=on)
26 [a2351b5ece99_story.html?utm_term=.8d0d24db87ef&__twitter_impression=true&no-](https://www.washingtonpost.com/amhtml/politics/trump-cites-as-a-negotiating-tool-his-policy-of-separating-immigrant-children-from-their-parents/2018/06/15/ade82b80-70b3-11e8-bf86-a2351b5ece99_story.html?utm_term=.8d0d24db87ef&__twitter_impression=true&no-redirect=on)
27 [redirect=on.](https://www.washingtonpost.com/amhtml/politics/trump-cites-as-a-negotiating-tool-his-policy-of-separating-immigrant-children-from-their-parents/2018/06/15/ade82b80-70b3-11e8-bf86-a2351b5ece99_story.html?utm_term=.8d0d24db87ef&__twitter_impression=true&no-redirect=on)

28 ²⁶ Michael Scherer & Josh Dawsey, *Trump cites as a negotiating tool his policy of separating immigrant children from their parents*, WASH. POST (June 15, 2018),
29 [https://www.washingtonpost.com/amhtml/politics/trump-cites-as-a-negotiating-tool-](https://www.washingtonpost.com/amhtml/politics/trump-cites-as-a-negotiating-tool-his-policy-of-separating-immigrant-children-from-their-parents/2018/06/15/ade82b80-70b3-11e8-bf86-a2351b5ece99_story.html?utm_term=.8d0d24db87ef&__twitter_impression=true&no-redirect=on)
30 [his-policy-of-separating-immigrant-children-from-their-parents/2018/06/15/ade82b80-](https://www.washingtonpost.com/amhtml/politics/trump-cites-as-a-negotiating-tool-his-policy-of-separating-immigrant-children-from-their-parents/2018/06/15/ade82b80-70b3-11e8-bf86-a2351b5ece99_story.html?utm_term=.8d0d24db87ef&__twitter_impression=true&no-redirect=on)
31 [70b3-11e8-bf86-](https://www.washingtonpost.com/amhtml/politics/trump-cites-as-a-negotiating-tool-his-policy-of-separating-immigrant-children-from-their-parents/2018/06/15/ade82b80-70b3-11e8-bf86-a2351b5ece99_story.html?utm_term=.8d0d24db87ef&__twitter_impression=true&no-redirect=on)
32 [a2351b5ece99_story.html?utm_term=.8d0d24db87ef&__twitter_impression=true&no-](https://www.washingtonpost.com/amhtml/politics/trump-cites-as-a-negotiating-tool-his-policy-of-separating-immigrant-children-from-their-parents/2018/06/15/ade82b80-70b3-11e8-bf86-a2351b5ece99_story.html?utm_term=.8d0d24db87ef&__twitter_impression=true&no-redirect=on)
33 [redirect=on.](https://www.washingtonpost.com/amhtml/politics/trump-cites-as-a-negotiating-tool-his-policy-of-separating-immigrant-children-from-their-parents/2018/06/15/ade82b80-70b3-11e8-bf86-a2351b5ece99_story.html?utm_term=.8d0d24db87ef&__twitter_impression=true&no-redirect=on)

34 ²⁷ Michael D. Shear et al., *G.O.P. Moves to End Trump’s Family Separation Policy, but Can’t Agree How*, N.Y. TIMES (June 19, 2018), [https://www.nytimes.com/](https://www.nytimes.com/2018/06/19/us/politics/trump-immigration-children-separated-families.html)
35 [2018/06/19/us/politics/trump-immigration-children-separated-families.html](https://www.nytimes.com/2018/06/19/us/politics/trump-immigration-children-separated-families.html).

36 ²⁸ *Id.*

1 demands.²⁹ On June 15, 2018, he tweeted, “The Democrats are forcing the breakup of
2 families at the Border with their horrible and cruel legislative agenda. Any
3 Immigration Bill MUST HAVE full funding for the Wall, end Catch & Release, Visa
4 Lottery and Chain, and go to Merit Based Immigration. Go for it! WIN!”³⁰

5 85. Despite his administration’s previous characterization of the family
6 separation policy as a means to deter future immigration, President Trump also
7 advanced the fiction that existing federal law already compelled family separation.
8 On June 19, 2018, he said, “[W]e have to get the Democrats to go ahead and work
9 with us. Because as a result of Democrat-supported loopholes in our federal laws,
10 most illegal immigrant families and minors from Central America who arrive
11 unlawfully at the border cannot be detained together or removed together, only
12 released. These are crippling loopholes that cause family separation, which we don’t
13 want.”³¹

14 86. As children and parents suffered the consequences of being torn apart
15 with no certainty that they would ever see each other again, President Trump used
16 their suffering as a bargaining chip in his political negotiations to advance his broader
17 anti-immigrant agenda.

18 **Family Separation is Motivated by Racial Animus**

19 87. The family separation policy was adopted as part of an anti-immigration
20 agenda that is motivated by racial animus. On the first day of his presidential
21 campaign, then-Candidate Trump categorically labeled Mexican immigrants as
22 criminals and rapists: “When Mexico sends its people, they’re not sending their

23 ²⁹ Linda Qiu, *Fact-Checking the Trump Administration’s Case for Child Separation at*
24 *the Border*, N.Y. TIMES (June 19, 2018),
<https://www.nytimes.com/2018/06/19/us/fact-check-trump-child-separation.html>.

25 ³⁰ Donald J. Trump (@realDonaldTrump), TWITTER (June 15, 2018),
26 <https://twitter.com/realDonaldTrump/status/1007671131841671169>.

27 ³¹ *Remarks by President Trump at the National Federation of Independent Businesses*
28 *75th Anniversary Celebration*, WHITE HOUSE (June 19, 2018),
<https://www.whitehouse.gov/briefings-statements/remarks-president-trump-national-federation-independent-businesses-75th-anniversary-celebration/>.

1 best. ... They're sending people that have lots of problems, and they're bringing those
2 problems with [them]. They're bringing drugs. They're bringing crime. They're
3 rapists. And some, I assume, are good people.”³²

4 88. Three years later, when Chief of Staff Kelly discussed the family
5 separation policy, he echoed similar sentiments about the categorical undesirability of
6 migrants from Central America. “[T]hey’re also not people that would easily
7 assimilate into the United States into our modern society. They’re overwhelmingly
8 rural people in the countries they come from—fourth, fifth, sixth grade educations are
9 kind of the norm. They don’t speak English, obviously that’s a big thing. They don’t
10 speak English. They don’t integrate well, they don’t have skills.”³³

11 89. The Trump Administration has consistently demonstrated a pattern of
12 pursuing immigration policies motivated by racial animus toward non-European
13 immigrants. For example, in or around June 2017, in a meeting with Secretary of
14 State Rex Tillerson and then-DHS Secretary Kelly, President Trump reportedly said of
15 the 15,000 Haitians admitted to the United States, they “all have AIDS.”³⁴ At this
16 same meeting, the President, after learning that 40,000 people had entered the United
17 States from Nigeria, reportedly stated that they would never “go back to their huts” in
18 Africa.³⁵

19 90. On or about January 11, 2018, several lawmakers gathered with the
20 President in the Oval Office of the White House to discuss a bipartisan immigration
21

22 ³² *Donald Trump Announces a Presidential Bid*, WASH. POST (June 16, 2015),
23 https://www.washingtonpost.com/news/post-politics/wp/2015/06/16/full-text-donald-trump-announces-a-presidential-bid/?utm_term=.0b727c71c4c8.

24 ³³ *Transcript: White House Chief of Staff John Kelly’s Interview with NPR*, NPR (May
25 11, 2018), <https://www.npr.org/2018/05/11/610116389/transcript-white-house-chief-of-staff-john-kellys-interview-with-npr>.

26 ³⁴ Michael D. Shear & Julie Hirschfeld Davis, *Stoking Fears, Trump Defied*
27 *Bureaucracy to Advance Immigration Agenda*, N.Y. TIMES (Dec. 23, 2017),
<https://nyti.ms/2DEQLyv>.

28 ³⁵ *Id.*

1 proposal. President Trump grew frustrated when the conversation turned to
2 protections for foreign nationals from certain Central American and African countries.
3 “Why,” the President asked, “are we having all these people from shithole countries
4 come here?”³⁶ President Trump asked, “Why do we need more Haitians?” He
5 insisted that lawmakers “[t]ake them out” of any potential immigration deal.³⁷
6 Instead, he expressed a preference for immigrants from countries like Norway, which
7 is overwhelmingly white, or from Asian countries, which he felt would help the
8 United States economically.³⁸

9 91. Senator Dick Durbin, who was present at the January 11, 2018, meeting
10 in the Oval Office, characterized the President’s “shithole” comments as “clearly
11 racial,” “hate-filled,” and “vile.”³⁹ Senator Durbin reportedly warned the President
12 that exclusion of immigrants based on those grounds would be “an obvious racial
13 decision.”⁴⁰

14 92. Similarly vile sentiments motivate the Trump Administration’s policies
15 on family separation. Not only are these policies being used to attempt to deter
16 asylum seekers and other migrants from certain countries, they are also dehumanizing
17
18
19

20 ³⁶ Josh Dawsey, *Trump Derides Protections for Immigrants from “Shithole”*
21 *Countries*, WASH. POST (Jan 12, 2018),
22 https://www.washingtonpost.com/politics/trump-attacks-protections-for-immigrants-from-shithole-countries-in-oval-office-meeting/2018/01/11/bfc0725c-f711-11e7-91af-31ac729add94_story.html?utm_term=.06cbc70bfaec.

23 ³⁷ *Id.*

24 ³⁸ *Id.* Despite the President’s openness to the financial benefits of Asian immigrants,
25 his Administration has targeted Asian refugees for deportation. Agnes Constante, *As*
26 *Cambodian deportations resume, community looks for ways to cope*, NBC NEWS
(April 20, 2018), <https://www.nbcnews.com/news/asian-america/deportation-cambodian-refugees-u-s-devastates-community-n867096>.

27 ³⁹ Carl Hulse, *Inside the Oval Office Immigration Meeting that Left a Senator*
Stunned, N.Y. TIMES (Jan. 19, 2018), <https://nyti.ms/2DiqhlM>.

28 ⁴⁰ *Id.*

1 and inhumane. In fact, President Trump explicitly stated on May 16, 2018, “These
2 aren’t people. These are animals.”⁴¹

3 93. On June 18, 2018, he again asserted that migrant parents crossing the
4 border with their children “could be murderers and thieves and so much else.”⁴² He
5 also argued that his political opponents “don’t care about crime and want illegal
6 immigrants, no matter how bad they may be, to pour into and infest our Country, like
7 MS-13.”⁴³ He refers to migrants, including asylum seekers, as people who “invade
8 our Country” and who should not receive the process due to them under United States
9 and international law: “When somebody comes in, we must immediately, with no
10 Judges or Court Cases, bring them back from where they came.”⁴⁴

11 94. These categorical insults expose the racial animus motivating recent
12 policies. Other explanations have proven false and pretextual. DHS Secretary
13 Nielsen argued that the policy was necessary due to a marked increase in the number
14 of adults arriving at the border with children and fraudulently claiming to be a family
15 unit. In the last five months, however, less than one percent of families apprehended
16 at the border fraudulently claimed to be a family unit.⁴⁵ President Trump has also
17 claimed that 80 percent of migrants who are released never show up for their

18
19 ⁴¹ Julie H. Davis, *Trump Calls Some Unauthorized Immigrants ‘Animals’ in Rant*,
20 N.Y. TIMES (May 16, 2018), <https://www.nytimes.com/2018/05/16/us/politics/trump-undocumented-immigrants-animals.html>.

21 ⁴² Philip Rucker et al., *Trump defiant as crisis grows over family separation at the*
22 *border*, WASH. POST (June 19, 2018),
23 https://www.washingtonpost.com/politics/trump-defiant-as-crisis-grows-over-family-separation-at-the-border/2018/06/18/210c78ca-730f-11e8-805c-4b67019fcfe4_story.html?utm_term=.1d4d5ae8f8b7.

24 ⁴³ Donald Trump (@realDonaldTrump), TWITTER (June 18, 2018),
<https://twitter.com/realdonaldtrump/status/1009071403918864385> (emphasis added).

25 ⁴⁴ John Bacon, *Trump wants to send undocumented immigrants back without*
26 *hearings: What we know now*, USA TODAY (June 24, 2018),
<https://www.usatoday.com/story/news/nation/2018/06/24/immigrant-children-trump-warns-undocumented-immigrants-invade-us/728949002/>.

27 ⁴⁵ Linda Qiu, *Fact-Checking the Trump Administration’s Case for Child Separation at*
28 *the Border*, N.Y. TIMES (June 19, 2018),
<https://www.nytimes.com/2018/06/19/us/fact-check-trump-child-separation.html>.

1 immigration hearings and disappear into the country. Federal data, however, reveals
2 that most do appear at their court hearings.⁴⁶

3 95. Research also suggests that deterrence policies have little effect on
4 reducing illegal immigration.⁴⁷ Indeed, even a forced-separation policy would not
5 deter many Central American migrants from traveling to the United States because
6 they are asylum seekers whose lives are in danger; the alternative of staying in their
7 own countries is even worse.⁴⁸ Many migrants simply have no choice but to escape
8 the violence of their home countries.

9 **Family Separation Is Exposed As Needless Cruelty**

10 96. As news about the family separation policy spread, it shocked the public
11 conscience. Thousands of people across the country protested the cruel and inhumane
12 policy of forcible separation.⁴⁹ Major health organizations, political figures, and the
13 business community voiced their outrage and opposition.

14 97. America's medical and public health communities broadly decried the
15 practice of separating families.⁵⁰ The American Academy of Pediatrics said that the
16 "[s]eparation of a parent or primary caregiver from his or her children should never
17

18 ⁴⁶ Noah Bierman, et al., *Trump orders end to his family separation policy at the*
19 *border, but relief could be temporary*, N.Y. TIMES (June 20, 2018),
20 <http://www.latimes.com/politics/la-na-pol-trump-immigration-20180620-story.html>.

21 ⁴⁷ Anna Oltman, *Does separating families at the border discourage immigration?*
22 *Here's what the research says*, WASH. POST (May 31, 2018),
23 https://www.washingtonpost.com/news/monkey-cage/wp/2018/05/31/does-separating-families-at-the-border-discourage-immigration-heres-what-the-research-says/?utm_term=.58063f1056b9.

24 ⁴⁸ Julie Turkewitz & Jose A. Del Real, *Why Are Parents Bringing Their Children on*
25 *Treacherous Treks to the U.S. Border?*, N.Y. TIMES (June 22, 2018),
26 <https://www.nytimes.com/2018/06/22/us/immigration-border-children.html>.

27 ⁴⁹ Tim Argango & Kalya Cockrel, *Marches Across the U.S. Protest Separation of*
28 *Migrant Families*, N.Y. TIMES (June 14, 2018),
<https://www.nytimes.com/2018/06/14/us/protest-marches-family-separation.html>.

⁵⁰ Melissa Healy, *'Children must not be abused for political purposes': What health*
groups say about family separation, L.A. TIMES (June 20, 2018),
<http://www.latimes.com/science/sciencenow/la-sci-sn-family-separation-medical-groups-20180620-story.html>.

1 occur, unless there are concerns for safety of the child at the hand of parent.”⁵¹ The
 2 American Academy of Child and Adolescent Psychiatry stated that “[s]eparating these
 3 children from their families in times of stress creates unnecessary and high-risk
 4 trauma at the very time they need care and support the most.”⁵² The National
 5 Academies of Sciences, Engineering and Medicine said that “[p]arents’ impact on
 6 their children’s well-being may never be greater than during the earliest years of life,
 7 when a child’s brain is developing rapidly and when nearly all of her or his
 8 experiences are shaped by parents and the family environment.”⁵³

9 98. In an open letter to Attorney General Sessions and Secretary Nielsen, the
 10 Attorneys General in 21 states called for the Trump Administration to end the zero-
 11 tolerance policy.⁵⁴ The Attorneys General called the policy “inhumane” and “contrary
 12 to American values,” and characterized the policy as raising serious due process and
 13 equal protection concerns. The letter concluded, “Put simply, the deliberate
 14 separation of children and their parents who seek lawful asylum in America is wrong.”
 15
 16

17 ⁵¹ Julie M. Linton et al., *Detention of Immigrant Children*, THE AMERICAN ACADEMY
 18 OF PEDIATRICS (March 2017), [http://pediatrics.aappublications.org/content/early/](http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483)
 19 [2017/03/09/peds.2017-0483](http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483); *U.S. Rights Chief: Migrant Family Separations*
 20 *“Unconscionable”* CRS NEWS (June 18, 2018) (Dr. Colleen A. Kraft, President of the
 21 American Academy of Pediatrics, says that separating children from their parents by
 22 force is a “form of child abuse.”) [https://www.cbsnews.com/news/trump-policy-](https://www.cbsnews.com/news/trump-policy-migrant-family-separation-parents-children-unconscionable-un-says/)
 23 [migrant-family-separation-parents-children-unconscionable-un-says/](https://www.cbsnews.com/news/trump-policy-migrant-family-separation-parents-children-unconscionable-un-says/).

24 ⁵² Karen Wagner, *President’s Statement on Separating Children from Families*,
 25 American Academy of Child & Adolescent Psychiatry (May 11, 2018),
 26 [https://www.aacap.org/AACAP/Press/Press_Releases/2018/Statement-on-Separating-](https://www.aacap.org/AACAP/Press/Press_Releases/2018/Statement-on-Separating-Children-from-Families.aspx)
 27 [Children-from-Families.aspx](https://www.aacap.org/AACAP/Press/Press_Releases/2018/Statement-on-Separating-Children-from-Families.aspx).

28 ⁵³ *Statement on Harmful Consequences of Separating Families at the U.S. Border*,
 The National Academies of Sciences, Engineering, Medicine (June 20, 2018),
<http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=06202018>.

⁵⁴ Hector H. Balderas, *Open Letter to the Honorable Jeff Sessions and the Honorable*
Kirstjen Nielsen, STATE OF NEW MEXICO OFFICE OF THE ATTORNEY GENERAL (June
 19, 2018), [https://ag.ny.gov/sites/default/files/ag_ltr_to_ag_sessions_sec_nielsen](https://ag.ny.gov/sites/default/files/ag_ltr_to_ag_sessions_sec_nielsen_re_family_separation_6.19.181.pdf)
[_re_family_separation_6.19.181.pdf](https://ag.ny.gov/sites/default/files/ag_ltr_to_ag_sessions_sec_nielsen_re_family_separation_6.19.181.pdf) (joined by the Attorneys Generals of California,
 Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Maine,
 Maryland, Massachusetts, Minnesota, New Jersey, New York, North Carolina,
 Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, and Washington).

1 99. All four living former first ladies also joined the chorus of critics.⁵⁵
 2 Laura Bush compared the situation to Japanese Internment.⁵⁶ She called the policy
 3 “cruel” and “immoral,” and noted that such treatment inflicts serious trauma.⁵⁷
 4 Michelle Obama and Hillary Clinton both supported Mrs. Bush’s article; Secretary
 5 Clinton called the situation a “humanitarian crisis” and noted that “every human being
 6 with a sense of compassion and decency, should be outraged.”⁵⁸ Rosalynn Carter
 7 called the policy “disgraceful and a shame to our country.”⁵⁹

8 100. Several airlines also condemned the separation policy and said that they
 9 would not allow the federal government to use their flights to transport separated
 10 children. American Airlines said that it has “no desire to be associated with
 11 separating families, or worse, to profit from it.”⁶⁰ Southwest Airlines asked that
 12 “anyone” involved with the separation policy not fly with them.⁶¹

13 101. The U.S. Chamber of Commerce and the Business Roundtable also
 14 condemned forcibly separating children from their parents. The Business Roundtable
 15 called it “cruel and contrary to American values,” and the U.S. Chamber of
 16 Commerce’s top official said that “this is not who we are, and it must end now.”⁶²

17 _____
 18 ⁵⁵ Stephanie Ebbs, *All 5 first ladies speak out against family-separation immigration*
policy, ABC NEWS (June 18, 2018), [https://abcnews.go.com/Politics/ladies-speak-](https://abcnews.go.com/Politics/ladies-speak-family-separation-immigration-policy/story?id=55986862)
family-separation-immigration-policy/story?id=55986862.

19 ⁵⁶ Laura Bush, *Laura Bush: Separating children from their parents at the border*
 20 *‘breaks my heart’*, WASH. POST (June 17, 2018),
 21 [https://www.washingtonpost.com/opinions/laura-bush-separating-children-from-their-](https://www.washingtonpost.com/opinions/laura-bush-separating-children-from-their-parents-at-the-border-breaks-my-heart/2018/06/17/f2df517a-7287-11e8-9780-b1dd6a09b549_story.html?noredirect=on&utm_term=.d43b5a479ab6)
parents-at-the-border-breaks-my-heart/2018/06/17/f2df517a-7287-11e8-9780-
b1dd6a09b549_story.html?noredirect=on&utm_term=.d43b5a479ab6.

22 ⁵⁷ *Id.*

23 ⁵⁸ Stephanie Ebbs, *All 5 first ladies speak out against family-separation immigration*
 24 *policy*, ABC NEWS (June 18, 2018), [https://abcnews.go.com/Politics/ladies-speak-](https://abcnews.go.com/Politics/ladies-speak-family-separation-immigration-policy/story?id=55986862)
family-separation-immigration-policy/story?id=55986862.

25 ⁵⁹ *Id.*

26 ⁶⁰ Richard Fausset, *Airlines Ask Government Not to Use Their Flights to Carry*
 27 *Children Separated at the Border*, N.Y. TIMES (June 20, 2018),
 28 <https://www.nytimes.com/2018/06/20/us/airlines-transport-immigrant-children.html>.

⁶¹ *Id.*

⁶² Michael D. Shear et al., *G.O.P. Moves to End Trump’s Family Separation Policy,*
but Can’t Agree How, N.Y. TIMES (June 19, 2018),

1 102. Governors from at least eight states announced that they would withhold
 2 or recall National Guard troops from efforts to secure the border in response to the
 3 separation policy.⁶³ North Carolina Governor Roy Cooper said that the “cruel policy
 4 of tearing children away from their parents requires a strong response” and that he was
 5 pulling his state’s troops from the border.⁶⁴ Massachusetts Governor Charlie Baker
 6 called the policy “cruel and inhumane.”⁶⁵

7 103. Republican Senator Orrin G. Hatch (UT) said that the separation policy
 8 was “not American.”⁶⁶ Senator Rob Portman (OH) said that policy runs “counter to
 9 our values.”⁶⁷

10 104. In addition, 75 former United States Attorneys also called on Sessions to
 11 end the family separation policy. The open letter stated that Attorney General
 12 Sessions’ “Zero Tolerance policy has resulted in the unnecessary trauma and suffering
 13 of innocent children.” The letter went on to say that “[u]nder [the] policy, families
 14 and children are greeted with unexpected cruelty at the doorstep of the United States,
 15 instead of with relief or asylum in the greatest country in the world.”⁶⁸

16 “Tender Age” Facilities

17 105. Conditions in detention centers are especially poor for younger children,
 18 particularly those of “tender age,” defined as 12 years old or younger. As of July 5,
 19

20 <https://www.nytimes.com/2018/06/19/us/politics/trump-immigration-children-separated-families.html>.

21 ⁶³ Matthew Haag & Jess Bidgood, *Governors Refuse to Send National Guard to*
 22 *Border, Citing Child Separation Practice*, N.Y. TIMES (June 19, 2018),
 23 <https://www.nytimes.com/2018/06/19/us/national-guard-trump-children-immigration.html>.

24 ⁶⁴ *Id.*

25 ⁶⁵ *Id.*

26 ⁶⁶ *Id.*

27 ⁶⁷ *Id.*

28 ⁶⁸ *Bipartisan Group of Former United States Attorneys Call on Sessions to End Family Separation*, MEDIUM (June 18, 2018), <https://medium.com/@formerusattorneys/bipartisan-group-of-former-united-states-attorneys-call-on-sessions-to-end-child-detention-e129ae0df0cf>.

1 reportedly more than 100 children under age five were separated from their parents at
2 the border.⁶⁹ Homeland Security officials were unable to “provide information about
3 the age cutoff below which they would decline to take a child.”⁷⁰

4 106. These “tender age” children are being sent to their own shelters, three of
5 which were family detention centers that were hurriedly updated to care for younger
6 children who were separated from their parents.⁷¹ A fourth facility is planned for
7 Houston to “house up to 240 children in a warehouse previously used for people
8 displaced by Hurricane Harvey.”⁷²

9 107. Lawyers and health care professionals who have visited the “tender age”
10 shelters “described play rooms of crying preschool-age children in crisis.”⁷³ Elizabeth
11 Frankel, associate director of the Young Center for Immigrant Children’s Rights, said
12 that her colleagues have been given the responsibility for caring for a number of
13 infants.⁷⁴ She described children in crisis, crying uncontrollably, having panic attacks,
14 not sleeping, wetting the bed, and regressing to the point that they can no longer talk.⁷⁵

15
16
17 ⁶⁹ Caitlin Dickerson, *Trump Administration in Chaotic Scramble to Reunify Migrant Families*, N.Y. TIMES (July 5, 2018), <https://www.nytimes.com/2018/07/05/us/migrant-children-chaos-family-separation.html>.

18 ⁷⁰ Julie Hirschfeld Davis, *Separated at the Border From Their Parents: In Six Weeks, 1,995 Children*, N.Y. TIMES (June 15, 2018), <https://www.nytimes.com/2018/06/15/us/politics/trump-immigration-separation-border.html>.

19 ⁷¹ Caitlin Dickerson and Manny Fernandez, *What’s Behind the ‘Tender Age’ Shelters Opening for Young Migrants*, N.Y. TIMES (June 20, 2018), <https://www.nytimes.com/2018/06/20/us/tender-age-shelters-family-separation-immigration.html>.

20 ⁷² Garance Burke and Martha Mendoza, *Toddlers Separated from Parents at the Border Are Being Detained in ‘Tender Age’ Shelters*, TIME (June 20, 2018), <http://time.com/5316764/toddler-immigrants-tender-age-shelters/>.

21 ⁷³ *Id.*

22 ⁷⁴ Caitlin Dickerson and Manny Fernandez, *What’s Behind the ‘Tender Age’ Shelters Opening for Young Migrants*, N.Y. TIMES (June 20, 2018), <https://www.nytimes.com/2018/06/20/us/tender-age-shelters-family-separation-immigration.html>.

23 ⁷⁵ *Id.*

1 Other children are too young to speak, and therefore staff members have been unable
2 to determine where or who their parents are.⁷⁶

3 108. The government has not provided for a comprehensive and independent
4 investigation by qualified mental-health professionals into the circumstances under
5 which Plaintiffs and other asylum-seeking parents were separated from their children
6 or into the effects of that separation on the families. Absent relief from this Court,
7 Plaintiffs, even if eventually reunited with their children, will have no way adequately
8 to determine and respond to the harms inflicted by the separation policy.

9 **President Trump Issues An Executive Order To Halt Prospective Application Of**
10 **Family Separation Policy**

11 109. Faced with national revulsion at family separation and legislative refusal
12 to accede to his political demands as the price of ending the policy, President Trump
13 abruptly changed course.

14 110. On June 20, 2018, President Trump issued an executive order entitled
15 “Affording Congress an Opportunity to Address Family Separation” (“Executive
16 Order”).⁷⁷ The Executive Order continued the policy of initiating criminal
17 proceedings for all who cross the border illegally and called for indefinite detention of
18 families, including children covered by the *Flores* Settlement, in camps and makeshift
19 detention centers.⁷⁸

20 111. President Trump’s Executive Order did not and could not end the trauma
21 of family separation. Most families still have not been reunited. Parents still do not
22 know where their children are and, like Plaintiffs, are not able to care for them or even
23 speak with them. Traumatized children remain in deplorable detention conditions.
24 Some may be lost in the system. Detention centers “are often unable to locate the

25 ⁷⁶ *Id.*

26 ⁷⁷ Executive Order, *Affording Congress an Opportunity to Address Family Separation*,
27 WHITE HOUSE (June 20, 2018), [https://www.whitehouse.gov/presidential-
actions/affording-congress-opportunity-address-family-separation/](https://www.whitehouse.gov/presidential-actions/affording-congress-opportunity-address-family-separation/).

28 ⁷⁸ *Id.*

1 parent of separated children because the children arrive without proper records.”⁷⁹
 2 Once a child arrives at a detention center, “there is no firm process in place to
 3 determine whether they have been separated from someone who was legitimately their
 4 parent, or for reuniting parents and children who had been mistakenly separated.”⁸⁰

5 112. Critically, the Executive Order failed to provide any remediation for the
 6 trauma and devastation unnecessarily inflicted by the government on the children and
 7 parents whom it separated. To mitigate the negative effects of the trauma suffered,
 8 separated families must be immediately reunited and provided with access to mental
 9 health screenings, and to appropriate and effective intensive trauma treatment services
 10 outside of the traumatizing environment of the current detention environment.⁸¹
 11 Without these remedies, the deleterious impact of forcible separation is debilitating
 12 and causes life-long harm.⁸²

13 **A System in Utter Chaos and Confusion: Difficulties in Reunification**

14 113. Because the Executive Order was a surprise to many, further chaos
 15 ensued. Agencies carrying out the policy received no advanced notice about the major
 16 changes. And one official who works for ICE said that an internal email about the
 17 Executive Order arrived “literally at the same time that it was breaking on CNN.”⁸³

18
 19 ⁷⁹ Caitlin Dickerson, *Hundreds of Immigrant Children Have Been Taken From*
 20 *Parents at U.S. Border*, N.Y. TIMES (Apr. 20, 2018),
<https://www.nytimes.com/2018/04/20/us/immigrant-children-separation-ice.html>.

21 ⁸⁰ *Id.*

22 ⁸¹ Declaration of Dylan Gee (“Gee Decl.”), ¶ 17 (“Following reunification, children
 23 and parents require immediate, intensive clinical intervention to support healing
 24 following trauma exposure.”); Declaration of Luis H. Zayas (“Zayas Decl.”), ¶ 12
 25 (“The psychological wounds of detention and family separation will last a lifetime. It
 will take social work, psychiatric, psychological and counseling services to start and
 see through the repairs.”).

26 ⁸² Declaration of Marleen Wong (“Wong Decl.”), ¶ 25 (“Without such trauma
 27 treatment programs, the effect of the forcible separation on these children will be
 debilitating and will cause them life-long harm.”).

28 ⁸³ Caitlin Dickerson, *On Family Separation, Federal Workers Often Agonized Over*
Enforcement, N.Y. TIMES (June 23, 2018),

1 Such an abrupt change of course has left federal agencies scrambling with little
2 guidance on how to proceed.⁸⁴

3 114. Notably, the Executive Order failed to mention what would happen to the
4 nearly 3,000 children who had been separated from their parents. There is no reliable
5 plan in place yet to reunite families. On the day the Executive Order was issued, a
6 spokesman for HHS initially said that the government would not try to reunite
7 separated families, but later backtracked, saying that “it is still very early, and we are
8 awaiting further guidance on the matter.”⁸⁵ Anthony Enriquez, director of the
9 unaccompanied minors program for Catholic Charities, explained, “There is no system
10 whatsoever to track these family separations, no efforts systemically to reunite these
11 families. There is no supervisor, there is no database saying, ‘child here, parent
12 there,’ so they can come back together.”⁸⁶ While HHS insists that it “is working with
13 relevant agency partners to foster communications and work towards reuniting every
14 minor and every parent or guardian via well-established reunification processes,” very
15 few details have been released about how HHS will go about reuniting families and
16 what the timeline is for reunification.⁸⁷

17 115. Indeed, even after the Executive Order was signed, many parents had still
18 not spoken with their children and did not know where they were being held. Parents
19 report repeatedly calling the government-established hotline number, but nobody

20 [https://www.nytimes.com/2018/06/23/us/migrant-children-federal-agency-
21 border.html](https://www.nytimes.com/2018/06/23/us/migrant-children-federal-agency-border.html).

22 ⁸⁴ Michelle Goldberg, *They Really Don’t Care About Migrant Families*, N.Y. TIMES
(June 21, 2018), [https://www.nytimes.com/2018/06/21/opinion/trump-family-
23 separation-melania-jacket.html](https://www.nytimes.com/2018/06/21/opinion/trump-family-separation-melania-jacket.html).

24 ⁸⁵ Charlie Savage, *Explaining Trump’s Executive Order on Family Separation*, N.Y.
TIMES (June 20, 2018), [https://www.nytimes.com/2018/06/20/us/politics/family-
25 separation-executive-order.html](https://www.nytimes.com/2018/06/20/us/politics/family-separation-executive-order.html).

26 ⁸⁶ Liz Robbins, *Hundreds of Separated Children Have Quietly Been Sent to New York*,
N.Y. TIMES (June 20, 2018), [https://www.nytimes.com/2018/06/20/nyregion/children-
27 separated-border-new-york.html](https://www.nytimes.com/2018/06/20/nyregion/children-separated-border-new-york.html).

28 ⁸⁷ *Fact Sheet: Zero-Tolerance Prosecution and Family Reunification*, DEPT. OF
HOMELAND SECURITY (June 23, 2018), [https://www.dhs.gov/news/2018/06/23/fact-
sheet-zero-tolerance-prosecution-and-family-reunification](https://www.dhs.gov/news/2018/06/23/fact-sheet-zero-tolerance-prosecution-and-family-reunification).

1 answers or no information is provided. Compounding the difficulties, detained
 2 parents do not have a phone number where agencies may call them back.⁸⁸ As a
 3 result, parents and children have no idea if and when they will see each other again.
 4 One separated parent said, “I feel like I am going to die. I feel powerless.”⁸⁹

5 116. Out of pure desperation, some parents have agreed to give up their
 6 asylum claims in the hopes of seeing their children again. Knowing how desperate
 7 separated parents are, the government has taken advantage of their fears and
 8 vulnerability by encouraging parents to sign voluntary deportation orders in exchange
 9 for the return of their children. One Honduran detainee agreed to abandon his asylum
 10 case and signed voluntary deportation forms in the hopes of seeing his 6-year-old
 11 daughter again.⁹⁰

12 **THE FEDERAL COURTS ENJOIN SIGNIFICANT ASPECTS OF THE**
 13 **FAMILY SEPARATION POLICY AND REJECT ATTEMPTS TO ALTER**
 14 **THE FLORES SETTLEMENT**

15 117. Faced with the government’s inhumane and cruel policy, migrant parents
 16 separated from their children have turned to the federal courts. In a number of these
 17 cases, the courts have already acted by requiring the government to conform its
 18 actions to the Constitution, statutes passed by Congress, and its own policies.

19 ***Ms. L v. U.S. Immigration & Customs Enforcement (S.D. Cal.)***

20 118. For example, on June 26, 2018, the District Court for the Southern
 21 District of California in a nationwide class action granted a preliminary injunction,

22 ⁸⁸ Jennifer Jett & Mihir Zaveri, *More Than 500 Migrant Children Reunited with*
 23 *Adults, Government Says*, N.Y. TIMES (June 24, 2018),
<https://www.nytimes.com/2018/06/24/us/migrant-children-reunited.html>.

24 ⁸⁹ Jack Healy, *Migrant Parents Wait and Hope for Their Children: ‘I Feel Like I’m*
 25 *Going to Die’*, N.Y. TIMES (June 21, 2018),
<https://www.nytimes.com/2018/06/21/us/immigrant-children-separating-families.html>.

26 ⁹⁰ Jay Root & Shannon Najmabadi, *Kids in exchange for deportation: Detained*
 27 *migrants say they were told they could get kids back on way out of U.S.*, TEXAS
 28 TRIBUNE (June 24, 2018), <https://www.texastribune.org/2018/06/24/kids-exchange-deportation-migrants-claim-they-were-promised-they-could/>.

1 prohibiting the government from (1) separately detaining migrant parents and their
2 children, (2) detaining minor children if their parents are released from custody, and
3 (3) removing any migrant parent from the United States without their child—absent
4 voluntary waiver by the parents or a finding of unfitness. *See Ms. L*, 2018 WL
5 3129486, at *11-12. Additionally, the Court ordered the government to reunite
6 detained parents with the children under the age of five by July 10, 2018, and to
7 reunite detained parents with their other children by July 26, 2018. *Id.* at *12; *see also*
8 *Souza v. Sessions*, No. 18-cv-4412, ECF No. 23 (N.D. Ill. June 28, 2018) (ordering
9 government to release child to custody of parent).

10 119. In providing this relief, the Court had to find first that the parents were
11 likely to succeed on their Fifth Amendment challenge to the family separation policy.
12 The parents argued that “the Government’s practice of separating class members from
13 their children, and failing to reunite those parents who have been separated, without a
14 determination that the parent is unfit or presents a danger to the child violates the
15 parents’ substantive due process rights to family integrity.” *Ms. L*, 2018 WL 3129486,
16 at *6.

17 120. The Court agreed with the parents for several reasons. First, the Court
18 found that, even when the Executive Branch “is acting within its powers to detain
19 individuals lawfully entering the United States and to apprehend individuals illegally
20 entering the country,” “the right to family integrity still applies.” *Id.* at *7. Second, it
21 recognized that “asylum seekers [like the plaintiffs] may be fleeing persecution and are
22 entitled to careful consideration by government officials. Particularly so if they have a
23 credible fear of persecution.” *Id.* To that end, Congress has “plainly stated [the nation’s]
24 intent to treat refugees with an ordered process, and benevolence, by codifying
25 principles of asylum.” *Id.* But, in its view, “[t]he Government’s treatment of [migrant
26 parents] does not meet this standard, and it is unlikely to pass constitutional muster.”
27 *Id.* Third, the Court highlighted that “the practice of separating these families was
28 implemented without any effective system or procedure for (1) tracking the children

1 after they were separated from their parents, (2) enabling communication between the
2 parents and their children after separation, and (3) reuniting the parents and children
3 after the parents are returned to immigration custody following completion of their
4 criminal sentence.” *Id.* In the Court’s words, “[t]his is a startling reality,” particularly
5 given that the government routinely tracks detained individuals’ personal *property* with
6 efficiency and accuracy. *Id.* The Court concluded these practices, taken together,
7 “shock the conscience” and are likely inconsistent with due process.

8 121. The Court also found that “the Ninth Circuit has repeatedly found” that
9 “separation of a parent from his or her child” “constitutes irreparable harm.” *Id.* at *9
10 (citing *Leiva-Perez v. Holder*, 640 F.3d 962, 969-70 (9th Cir. 2011); *Washington v.*
11 *Trump*, 847 F.3d 1151, 1169 (9th Cir. 2017)). The Court also determined that the
12 injuries inflicted by the family separation policy “deserve[] special mention,” noting
13 that “the separations at issue have been agonizing for parents who have endured them.”
14 *Id.* In particular, the Court noted that declarations submitted by class representatives in
15 the case and press reports of the trauma caused by the policy, including reports that
16 government officials ripped one mother’s crying 18-month-old son from her and that
17 one parent committed suicide as a result of being separated from his three-year-old son.
18 The Court further noted that press reports and declarations submitted by class
19 representatives demonstrate that these separations have inflicted a “highly destabilizing,
20 traumatic experience that has long term consequences on child well-being, safety, and
21 development.” *Id.* at *9-10.

22 122. Finally, the Court concluded that the balance of equities and the public
23 interest favored injunctive relief. Specifically, the Court found that stopping the
24 needless separation of parents from children would not “have a negative impact on the[]
25 [government’s] ability to enforce the criminal and immigration laws.” *Id.* at *10. It
26 also found that “[t]he public interest in upholding and protecting th[e] [right to family
27 integrity and association] would be served by issuance of the requested injunction.” *Id.*
28 at *11.

Damus v. Nielsen (D.D.C.)

1
2 123. On July 2, 2018, the District Court for the District of Columbia entered a
3 preliminary injunction requiring the government to follow its 2009 Directive, “Parole
4 of Arriving Aliens Found to Have a Credible Fear of Persecution or Torture,” issued by
5 Immigration and Customs Enforcement. *See Damus v. Nielsen*, 2018 WL 3232515, at
6 *2 (D.D.C. July 2, 2018). This ICE Directive mandates that “[e]ach alien’s eligibility
7 for parole should be considered and analyzed on its own merits and based on the facts
8 of the individual alien’s case,’ and that if an asylum-seeker establishes his identity and
9 that he presents neither a flight risk nor a danger to the public, ‘[ICE] should, absent
10 additional factors ... parole the alien on the basis that his or her continued detention is
11 not in the public interest.’” *Id.* The plaintiffs in *Damus*—a provisional class covering
12 asylum seekers in five ICE Field Offices who have been found to have a credible fear
13 of persecution or torture and who are being detained by ICE after having been denied
14 parole—showed that when the ICE Directive was in force, more than 90 percent of
15 asylum seekers were *granted* parole, while 92 to 100 percent of similar individuals were
16 *denied* parole between February and September 2017. *Id.* at *15.

17 124. The Court concluded that, on the basis of these statistics and declarations
18 from class members, the plaintiffs were likely to succeed on their Administrative
19 Procedure Act claim because it appears that the government is no longer following its
20 own directives. *Id.* at *16-17. The Court also found that plaintiffs sufficiently showed
21 they would suffer irreparable harm absent an injunction given that “detention pursuant
22 to an unlawful departure from agency procedure cannot be remediated after the fact.”
23 *Id.* at *17. Finally, the Court determined that the balance of harms and the public
24 interest would be served by the injunction because the plaintiffs were asking only for
25 the government to follow its own procedures.

Flores v. Sessions (C.D. Cal.)

26
27 125. On July 9, 2018, the District Court for the Central District of California
28 denied the government’s efforts to modify the *Flores* Settlement. *Flores v. Sessions*,

1 No. CV 85-4544, ECF No. 455 (C.D. Cal. July 9, 2018). The *Flores* Settlement is a
2 consent agreement between a class including all immigrant children held by the
3 government and the government, which “sets out nationwide policy for the detention,
4 release, and treatment of minors in the custody of [the federal government].” *Flores v.*
5 *Lynch*, 828 F.3d 898, 901 (9th Cir. 2016). The government asked for two specific
6 exemptions: (1) permission to detain children indefinitely with their parents in ICE
7 custody, and (2) permission to detain children in facilities that do not meet the
8 agreement’s state licensure requirement. *Flores*, ECF No. 455, at 1.

9 126. The Court first found that Defendants’ *ex parte* application was
10 procedurally improper because it was a “thinly veiled motion for reconsideration” of
11 previous motion asking for similar relief. *Id.* Second, the Court concluded that the
12 government failed to satisfy Rule 60’s requirements for altering a settlement agreement,
13 given that the current so-called difficulties, to the extent they exist, were foreseeable.
14 *Id.* at 2. To that end, the Court also determined that Defendants had not shown that the
15 *Flores* Settlement bore any responsibility for the uptick in family border crossings, that
16 families routinely fail to appear at required proceedings, or that the *Ms. L* injunction
17 prevents the government from meeting its obligations. Rather, in the Court’s view, “[i]t
18 is apparent that Defendants’ Application [was] a cynical attempt ... to shift
19 responsibility to the Judiciary for over 20 years of Congressional inaction and ill-
20 considered Executive action that have led to the current stalemate.” *Id.* at 7. The Court
21 therefore denied the application as “procedurally improper and wholly without merit.”
22 *Id.*

23 **THE FAMILY SEPARATION POLICY HAS INFLICTED SIGNIFICANT**
24 **TRAUMA ON MIGRANT PARENTS AND THEIR CHILDREN**

25 127. The family separation policy has caused traumatic harm to separated
26 families. The consensus among leading experts on trauma is that tearing children
27 from their parents inflicts severe complex trauma on both parents and children alike
28

1 that might never be fully remedied.⁹¹ As Senior Vice Dean and Professor of Mental
 2 Health at University of Southern California Dr. Marleen Wong explains, trauma is the
 3 body's neurobiological stress response to experiencing or witnessing an event
 4 involving life-threatening circumstances or threat of serious injury that causes him or
 5 her to feel intense fear, helplessness, or horror.⁹² Complex trauma describes multiple,
 6 repeated, persistent, or prolonged exposure to trauma such that the body's stress
 7 response impacts the development and functioning of the brain.⁹³ Left untreated, such
 8 trauma causes immediate and long-lasting physical and psychological harm, especially
 9 in children, whose still-developing bodies and brains are ill-equipped to cope with
 10 traumatic stress.⁹⁴

11 **Trauma Experienced by Parents**

12 128. Parents experience trauma due to forcible separation from their
 13 children.⁹⁵ Psychologists and other mental-health professionals, including Drs. Gee,
 14 Hidalgo, Sprinson, Loring, and Zayas, Messrs. Berrick and Campbell, and Professor
 15 Wong, expect that parents who experience their children being taken away from them
 16 will likely suffer acute psychological distress that manifests in physical and mental
 17 symptoms of anxiety, depression, suicidal ideation, loss of appetite, and/or loss of
 18 sleep.⁹⁶ After all, "[s]eparation of a child from his/her mother would be a traumatic

19 _____
 20 ⁹¹ Declaration of Kenneth Berrick, John Sprinson & Kevin Campbell ("Berrick
 21 Decl."), ¶¶ 10, 12; Gee Decl. ¶ 5; Declaration of Jose Hidalgo ("Hidalgo Decl."),
 22 ¶¶ 12, 13; Declaration of Bruce Perry ("Perry Decl."), ¶ 21; Declaration of Marleen
 23 Wong ("Wong Decl."), ¶ 23; Declaration of Luis Zayas ("Zayas Decl."), ¶¶ 12, 14.

24 ⁹² Wong Decl. ¶ 12.

25 ⁹³ *Id.*

26 ⁹⁴ Berrick Decl. ¶ 15; Gee Decl. ¶¶ 5, 8, 9; Hidalgo Decl. ¶ 12; Perry Decl. ¶ 21;
 27 Wong Decl. ¶ 24 ("Prolonged exposure to such stress has a debilitating effect on
 28 children even after the particular traumatic event is over.").

⁹⁵ *See, e.g.*, Hidalgo Decl. ¶ 14; Gee Decl. ¶ 6; Berrick Decl. ¶¶ 17, 19; Declaration of
 Marti T. Loring ("Loring Decl."), ¶ 8; Wong Decl. ¶ 23; Zayas Decl. ¶ 8.

⁹⁶ Gee Decl. ¶ 6 ("Forcible family separation can also have devastating psychological
 and neurobiological consequences for parents, [which are] likely to be exacerbated
 when parents are not provided with information about their child's location or
 condition, or when parents do not have access to information in their native
 language."); Hidalgo Decl. ¶ 14 ("This level of stress related to the separation can take

1 event for both the child/adolescent and for the mother and father, causing ... [p]anic
 2 and terror, frightening dreams, flashbacks, dissociation (blinking out and lack of
 3 awareness), depersonalization (sense of unreality and separation from oneself),
 4 withdrawal into intense grief and depression, an ongoing sense of fear and terror.”⁹⁷

5 129. “The traumatic nature of separation from the child is likely to be
 6 exacerbated when parents are not provided with information about their child’s
 7 location or condition, or when parents do not have access to information in their
 8 native language”⁹⁸

9 130. Indeed, there has been at least one credible report that a parent forcibly
 10 separated from his child under the zero-tolerance policy was driven to suicide.⁹⁹
 11 According to press reports, Marco Antonio Muñoz and his family were taken into
 12 custody and sought asylum. His child was forcibly taken from his arms, and then Mr.
 13 Muñoz was placed in a chain-link detention cell. After he struggled to break free of
 14 his cage, the Border Patrol transported him to a local jail and placed in a padded cell.
 15 The next morning, he was found dead at his own hand.

16 a toll on parents and may cause physical and mental health symptoms such as loss of
 17 sleep, loss of appetite, headaches, anxiety, depression, and suicidal ideation.”);
 18 Berrick Decl. ¶¶ 17, 19 (“Parents also experience psychological distress and trauma
 19 due to separation and detention [and] may includ[e] anxiety, depression, suicidal
 20 ideations, and loss of appetite.”); Loring Decl. ¶ 8 (“Separation of a child from his/her
 21 mother would be a traumatic event for both the child/adolescent and for the mother
 22 and father, causing ... [p]anic and terror, frightening dreams, flashbacks, dissociation
 23 (blinking out and lack of awareness), depersonalization (sense of unreality and
 24 separation from oneself), withdrawal into intense grief and depression, an ongoing
 25 sense of fear and terror.”); Wong Decl. ¶ 23 (“Forcible separation of families inflicts
 26 severe trauma on children and parents.”); Zayas Decl. ¶ 8 (“The separation of parents
 27 from their children—the very children they sought to protect and save by requesting
 28 asylum in the United States—creates emotional stresses on parents beyond that which
 they have already suffered.”).

⁹⁷ Loring Decl. ¶ 8.

⁹⁸ Gee Decl. ¶ 6; *see also* Hidalgo Decl. ¶ 26 (“Ongoing separation and the uncertainty
 of not knowing where separated loved ones are is likely to be re-traumatizing for
 separated children and parents.”).

⁹⁹ *See* Nick Miroff, *A Family Was Separated At the Border, and This Distraught
 Father Took His Own Life*, WASH. POST (June 9, 2018),
https://www.washingtonpost.com/world/national-security/a-family-was-separated-at-the-border-and-this-distraught-father-took-his-own-life/2018/06/08/24e40b70-6b5d-11e8-9e38-24e693b38637_story.html?utm_term=.f3c12fb7157d.

1 131. Parents, like their children, must also cope with the events that prompted
 2 their migration in the first place, as well as the stressors and trauma experienced on
 3 the way.¹⁰⁰ As with their children, such experiences are only compounded by
 4 subsequent detention and separation from their families.¹⁰¹

5 **Trauma Experienced by Children**

6 132. Recent media reports offer but a hint at the on-going suffering caused by
 7 forced family separation on children. Recently, an audio recording from inside a CBP
 8 facility captured the voices of ten Central American children separated from their
 9 parents. The children, as young as four, can be heard crying out desperately for their
 10 parents. They repeatedly scream “Mami” and “Papa,” many crying so hard it sounds
 11 like they can barely breathe. Above the heart wrenching weeping and crying is the
 12 voice of a Border Patrol agent who jokes: “Well, we have an orchestra here. What’s
 13 missing is a conductor.”¹⁰²

14 133. A pediatrician visiting the Texas detention facility known as “the Ursula”
 15 reported seeing somewhere between 20 and 30 ten-year-old boys caged in by a chain
 16 link fence crying and sobbing for their mothers—some of them reaching out through
 17 the fence as they screamed. Their mothers, who were in identical cages about 50 feet
 18 away, could only look on, unable to help or console them.¹⁰³

19 134. Upon separation, children experience acute psychological distress.¹⁰⁴
 20 Indeed, “[f]or children younger than seven or eight years of age, separation from
 21 parents is even worse than the concept of death, as at young ages children see death as

22 ¹⁰⁰ See, e.g., Gee Decl. ¶ 7; Zayas Decl. ¶ 8.

23 ¹⁰¹ See, e.g., Gee Decl. ¶ 7; Zayas Decl. ¶ 8.

24 ¹⁰² Ginger Thompson, *Listen to Children Who’ve Just Been Separated From Their*
 25 *Parents at the Border*, PROPUBLICA (June 18, 2018),
<https://www.propublica.org/article/children-separated-from-parents-border-patrol-cbp-trump-immigration-policy>.

26 ¹⁰³ Sady Doyle, *Child Trauma Can’t Be Undone With an Executive Order*, ELLE
 27 *MAGAZINE* (June 21, 2018), <https://www.elle.com/culture/career-politics/a21748590/child-trauma-cant-be-undone-with-an-executive-order/>.

28 ¹⁰⁴ Hidalgo Decl. ¶ 9.

1 something that can be reversible and is not universal.”¹⁰⁵ According to founder and
 2 Chief Executive Office of Seneca Family of Agencies Kenneth Berrick, founder of the
 3 Center for Family Finding and Youth Connectedness Kevin Campbell, and Clinical
 4 Director of Seneca Family of Agencies Dr. John Sprinson, such trauma may be
 5 particularly severe when the separation is sudden or forcible.¹⁰⁶ During the moment
 6 of separation, a child can experience “severe neurobiological stress causing the child
 7 to feel intense fear, helplessness, or horror.”¹⁰⁷ “Immediate reactions include obvious
 8 emotional suffering in the form of inconsolable crying, desperate efforts to pursue or
 9 search for the parent and anger.”¹⁰⁸ Instructor of Psychiatry at the Harvard Medical
 10 School and Massachusetts General Hospital Dr. Jose Hidalgo notes these effects may
 11 be exacerbated by the additional trauma caused when witnessing a parent’s reaction to
 12 separation.¹⁰⁹

13 135. In the immediate aftermath of separation, children are likely to continue
 14 to suffer from “extraordinary stress and pain.”¹¹⁰ They may show signs of regression,
 15 reverting to crying and bed-wetting, or suffer the loss of other important
 16 developmental milestones.¹¹¹ Separated children are also likely to exhibit a variety of
 17 negative behaviors from aggressiveness to withdrawal.¹¹²

20 ¹⁰⁵ Declaration of Victor Carrion (“Carrion Decl.”) ¶ 5.

21 ¹⁰⁶ Berrick Decl. ¶ 9 (“When the separation is sudden, unpredictable, or in a strange
 22 environment with no other familiar adult figures present then the response is likely to
 be extreme.”); *see* Hidalgo Decl. ¶ 9; Wong Decl. ¶ 22.

23 ¹⁰⁷ Wong Decl. ¶ 23.

24 ¹⁰⁸ Berrick Decl. ¶ 10.

25 ¹⁰⁹ Hidalgo Decl. ¶ 9.

26 ¹¹⁰ Zayas Decl. ¶ 11; *see also* Gee Decl. ¶ 5 (“The immediate psychological
 consequences of exposure to traumatic events involving caregivers include, but are not
 limited to, anxiety, distress, despair, and terror for both the child and the parent.”);
 Perry Decl. ¶ 21; Wong Decl. ¶ 22.

27 ¹¹¹ Doyle, *supra* note 103; *see also* Berrick Decl. ¶ 10.

28 ¹¹² Berrick Decl. ¶ 10; Wong Decl. ¶¶ 18, 22.

1 136. The longer the parent and child are separated, the greater the harms the
2 child experiences.¹¹³ Decades of public health research demonstrate that the child-
3 parent bond is a crucial factor in healthy child development.¹¹⁴ The absence of
4 interaction between parent and child “acts as a ‘double whammy’ for healthy
5 development: not only does the brain not receive the positive stimulation it needs, but
6 the body’s stress response is activated, flooding the developing brain with potentially
7 harmful stress hormones.”¹¹⁵ Moreover, separation disrupts and severely damages the
8 relationship between a child and their parent.¹¹⁶

9 137. Assistant Professor of Psychology at Yale University Dr. Dylan Gee
10 writes that “For a child who has been separated from their parent at the border, their
11 body and brain are being shaped to anticipate danger and prepare for the worst.”¹¹⁷ As
12 detailed by substantial research conducted by Adjunct Professor in the Department of
13 Psychiatry and Behavioral Sciences at the Feinberg School of Medicine at
14 Northwestern University Dr. Bruce Perry, stress hormones induce a state of
15

16 ¹¹³ Hidalgo Decl. ¶ 12; Jessica Henderson Daniel, PhD, *Statement of APA President*
17 *Regarding Executive Order Rescinding Immigrant Family Separation Policy*, AM.
18 PSYCHOLOGICAL ASS’N (June 20, 2018), <http://www.apa.org/news/press/releases/2018/06/family-separation-policy.aspx>.

19 ¹¹⁴ Karen Dineed Wagner, MD, PhD, *President’s Statement on Separating Children*
20 *From Families*, AMER. ACAD. OF CHILD AND ADOLESCENT PSYCHIATRY,
21 https://www.aacap.org/AACAP/Press/Press_Releases/2018/Statement-on-Separating-Children-from-Families.aspx (“Parental support is an essential and proven protective
22 factor that substantially reduces risk for adverse health and developmental outcomes
23 for children.”); “Separating Parents and Children at US Border is Inhumane and Sets
24 the Stage for a Public Health Crisis,” AM. PUBLIC HEALTH ASS’N (June 15, 2018),
25 <https://www.apha.org/news-and-media/news-releases/apha-news-releases/2018/parent-child-separation> (“Decades of public health research have shown
26 that family structure, stability and environment are key social determinants of a
27 child’s and a community’s health.”).

28 ¹¹⁵ *Serve and Return*, HARVARD UNIVERSITY CENTER ON THE DEVELOPING CHILD,
<https://developingchild.harvard.edu/science/key-concepts/serve-and-return/> (last
visited June 24, 2018); *see also* Berrick Decl. ¶ 15

¹¹⁶ Berrick Decl. ¶¶ 11, 12.

¹¹⁷ Dylan Gee, *I study kids who were separated from their parents. The trauma could change their brains forever*, VOX (June 20, 2018), <https://www.vox.com/first-person/2018/6/20/17482698/tender-age-family-separation-border-immigrants-children>.

1 hypervigilance that alters a child’s cognition and emotion and causes chronic
 2 problems with how that child responds to stress over a lifetime.¹¹⁸ Such alterations
 3 increase the risk of “psychological and physical health problems,” including
 4 “fundamental changes in brain function,” which may “manifest[] as a loss of capacity
 5 to regulate intense emotions, to cope with future stress and to regulate fear reactions to
 6 reminders of traumatic events,” and may in turn cause “other effects such as
 7 depression, substance abuse, problems forming relationships, and other behavioral
 8 problems.”¹¹⁹

9 138. Separation is not the only source of trauma migrant children will face
 10 upon arrival at the border. After separation, children are likely to be held in detention
 11 centers, where even a short length of stay is known to cause traumatic effects.¹²⁰

12 According to Dr. Luis Zayas, Dean of Steve Hicks School of Social Work and
 13 Professor of Psychiatry at Dell Medical School at the University of Texas, Austin,
 14
 15

16 ¹¹⁸ *Id.*; see also Perry Decl. ¶ 13 (“[T]rauma, neglect, and maltreatment during
 17 childhood have profound effects on physical, social, emotional, behavioral, and
 18 cognitive development. Some of the most important consequences of developmental
 19 adversity are the result of abnormal development and functioning of the brain’s stress
 20 response systems.”); ¶ 21 (“[T]raumatic stress alters the developing brain. It can
 increase risk for a host of emotional and behavioral problems, including antisocial
 behavior, attention problems, acting out, aggressive or violent behaviors, lack of trust,
 and other counterproductive coping mechanisms.”); Berrick Decl. ¶¶ 13, 16; Gee
 Decl. ¶¶ 5, 8.

21 ¹¹⁹ Hidalgo Decl. ¶ 13; Gee, *supra* note 117 (“A child whose brain is constantly
 22 scanning the environment for danger will undoubtedly have difficulty paying attention
 in class or interacting with peers on the playground. Some children will internalize
 their feelings and appear numb; others will respond by acting out. In the long run, the
 23 cascade of consequences places individuals who have experienced early trauma at risk
 for academic or occupational failure, substance abuse, and health problems such as
 heart disease and diabetes.”); Doyle, *supra* note 103, (“‘Long-term, these individuals
 24 who have traumatic reactions are at heightened risk of virtually every medical
 problem,’ says Dr. Judith Cohen, Medical Director of the Center for Traumatic Stress.
 25 ‘Neurologic to cardiac to pulmonary to reproductive problems . . . just go down the
 body and virtually every part is affected.’”).

26 ¹²⁰ Council on Community Pediatrics, *Policy Statement—Detention of Immigrant*
 27 *Children*, AMERICAN ACADEMY OF PEDIATRICS (March 2017),
<http://pediatrics.aappublications.org/content/early/2017/03/09/peds.2017-0483>; see
 28 also Zayas Decl. ¶¶ 11, 15.

1 both “[s]cience and clinical practice show that [] children being held in detention with
2 or without their parents are undergoing extraordinary stress and pain.”¹²¹

3 139. Reports concerning unaccompanied immigrant children detained in the
4 United States found high rates of mental health disorders like anxiety, depression,
5 posttraumatic stress disorder, and suicidal ideation, as well other behavioral problems
6 that do not necessarily disappear upon release.¹²² Experts concur that any period of
7 detention, even if brief, can cause psychological trauma and induce long term mental
8 and medical health risks in children.¹²³ According to the American Academy of
9 Pediatrics, “there is no evidence indicating that any time in detention is safe for
10 children.”¹²⁴

11 140. Indeed, separation and detention are likely to be only some of many
12 traumatic experiences already suffered by a migrant child. The families arriving daily
13 at this nation’s borders are likely to be fleeing endemic levels of crime, violence, and
14 victimization in their home countries.¹²⁵ They are likely to have been victims of
15 violence, both in their homes and communities.¹²⁶ On top of that, migrant children
16 and their families are likely to have endured a harrowing journey across thousands of
17 miles without adequate food, water, or protection.¹²⁷ To be suddenly separated from
18

19 ¹²¹ Zayas Decl. ¶ 11.

20 ¹²² Council on Community Pediatrics, *supra* note 120.

21 ¹²³ Zayas Decl. ¶¶ 11, 15-19.

22 ¹²⁴ Council on Community Pediatrics, *supra* note 120.

23 ¹²⁵ Adriana Beltrán, *Fleeing Violence in Central America*, WOLA: COMMENTARY
24 (Feb. 21, 2017), <https://www.wola.org/analysis/people-leaving-central-americas-northern-triangle/> (“In [] Guatemala and Honduras, homicide levels have decreased overall, but both remain among the world’s most violent countries not at war.”);
25 (“Extortion is widespread, with small businesses, the public transportation sector, and poor neighborhoods being the most heavily hit. . . . Failure to pay can result in harassment, violence, or death.”); *id.* (“Honduras and Guatemala are some of the most dangerous countries to be a woman, with female homicide rates among the highest in the world.”).

26 ¹²⁶ *Id.*

27 ¹²⁷ *NAPNAP Statement Opposing the Border Separation of Children and Parents*,
28 NAT’L ASS’N OF PEDIATRIC NURSE PRACTITIONERS (June 11, 2018),

1 one or both parents compounds trauma upon trauma.¹²⁸ Exposure to multiple
 2 traumatic events results in even higher risks for the multitude of mental and medical
 3 problems described above.¹²⁹

4 **Plaintiffs and Their Children Forcibly Separated By the Government Are**
 5 **Subject to Severe, Ongoing Trauma**

6 141. Plaintiffs and their children have experienced and continue to experience
 7 severe, complex trauma as a result of their forced separation. This trauma is evident
 8 in the emotional response to this separation that each has displayed.

9 142. Ms. P, Ms. O, and Ms. M have exhibited symptoms of trauma. “For
 10 example, both J.O. and R.M. cried unconsolably after they realized that their children
 11 were being taken away.”¹³⁰ “Both R.M. and J.O. reported feeling a sense of anguish
 12 and fear that they would not see [their] daughter[s] again.”¹³¹ According to Dr.
 13 Hidalgo, the “level of stress related to the separation can take a toll on parents and
 14 may cause physical and mental health symptoms such as loss of sleep, loss of appetite,
 15 headaches, anxiety, depression, and suicidal ideation.”¹³² Ms. O and Ms. M have
 16 experienced distress and symptoms such as losing sense of time, inability to eat, and
 17 sleeplessness.¹³³

18 143. Likewise, Ms. P “reports that she was terrified by the fact of separation
 19 and thought that she would never see her daughter again.”¹³⁴ As a result, she has

20 <https://www.napnap.org/napnap-statement-opposing-border-separation-children-and-parents>.

21 ¹²⁸ Tammy Bean, PhD, et al., *Comparing Psychological Distress, Traumatic Stress*
 22 *Reactions, and Experiences of Unaccompanied Refugee Minors with Experiences of*
 23 *Adolescents Accompanied by Parents*, 195 J. NERVOUS MENTAL DISEASE, 288, 288
 (2007); *see also* Hidalgo Decl. ¶ 9; Zayas Decl. ¶ 8; Declaration of Carolyn Murphy
 (“Murphy Decl.”), ¶ 5.

24 ¹²⁹ Gee, *supra* note 117.

25 ¹³⁰ Hidalgo Decl. ¶ 14.

26 ¹³¹ *Id.*

27 ¹³² *Id.*

28 ¹³³ *See generally* J.O. Decl.; R.M. Decl.

¹³⁴ Acuña Decl. ¶ 6.

1 “upsetting thoughts or images about being separated from her daughter ‘almost
2 always,’” “feel[s] upset when she thinks or hears about events that have transpired
3 ‘almost always,’” “and reports crying four times a day.”¹³⁵ Ms. P has difficulty
4 sleeping, and has “trouble concentrating ‘almost always.’”¹³⁶

5 144. These symptoms due to family separation are compounded by the
6 presence of other traumatized parents in confinement and by the traumatic events that
7 caused them to migrate in the first place. For instance, R.M. has reported that “she
8 saw other parents ‘wailing and crying until they could cry no more.’”¹³⁷ J.P. has
9 similarly reported that “[s]he worries what will happen to her next,” in part, because
10 “when she sees women leave the detention center, she does not know where they go
11 and what happens to them.”¹³⁸ Further, Dr. Hidalgo notes that “[m]any of the
12 parents”—including the Plaintiffs—“have previously experienced other traumas and
13 have fled their home countries seeking sanctuary from violence,” and that for “parents
14 who have a prior history of trauma and losses, the forcible separation from their
15 children can lead to higher rates of posttraumatic stress disorders, depression, anxiety,
16 suicidal behavior, among other impacts.”¹³⁹

17 145. Plaintiffs’ children have also experienced identifiable trauma. For
18 instance, L.P. recalls having “a hard time thinking of anything but her mother” and
19 “spen[t] most of the time crying” until she could speak with her mother.¹⁴⁰ When she
20 attempts not to cry, she experiences nosebleeds and headaches.¹⁴¹ The harm is made
21 worse because other children in the facility are also distressed. As she has “tearfully
22 reported,” “it can sometime be hard to fall asleep as she can hear the younger children

23 ¹³⁵ *Id.* ¶ 7.

24 ¹³⁶ *Id.*

25 ¹³⁷ Hidalgo Decl. ¶ 14.

26 ¹³⁸ Acuña Decl. ¶ 8.

27 ¹³⁹ Hidalgo Decl. ¶ 15.

28 ¹⁴⁰ Allen Decl. ¶ 12.

¹⁴¹ *Id.*

1 [as young as two years old] crying for their mothers.”¹⁴² “S.Q. and T.B. each [have]
 2 reported symptoms including excessive worry, dysphoric mood, crying spells, sleep
 3 and appetite disturbances, and fear of the unknown” “stemming from family
 4 separation.”¹⁴³ Other children who have been separated from their parents “ha[ve]
 5 significantly regressed to the point that [they] are now non-verbal, soil themselves,
 6 and have communication and socializing problems.”¹⁴⁴

7 146. Further, in what appears to be a willful disregard for the trauma they have
 8 and continue to endure, immigration officers responsible for carrying out the
 9 detentions have treated each of the Plaintiffs with remarkable cruelty. Ms. P and her
 10 daughter were held in deplorable conditions for three days before their forced
 11 separation.¹⁴⁵ Officers made no efforts to help Ms. P communicate with her daughter
 12 until counsel became involved, despite her obvious distress.¹⁴⁶ In an act particularly
 13 symbolic of the subhuman way that detainees are treated, a CBP officer threw
 14 crackers on the floor to force Ms. M pick them up, rather than simply handing them to
 15 her.¹⁴⁷ These actions inevitably and purposely exacerbate the trauma for the Plaintiffs.

16 147. To date, Plaintiffs have not received trauma-informed mental-health
 17 screenings or services to address the harms suffered.

18 **TO REMEDY TRAUMA INFLICTED BY ITS CRUEL POLICY, THE**
 19 **GOVERNMENT MUST OFFER SEPARATED FAMILIES**
 20 **COMPREHENSIVE MENTAL-HEALTH SERVICES PROVIDED UNDER**
 21 **APPROPRIATE CONDITIONS**

22 148. Defendants have an obligation to provide adequate medical care,
 23 including mental-health services, to individuals that they detain against their will and

24 ¹⁴² *Id.* ¶ 14.

25 ¹⁴³ Declaration of Alfonso Mercado (“Mercado Decl.”) ¶ 7.

26 ¹⁴⁴ *Id.* ¶ 8.

27 ¹⁴⁵ Chavez L.P. Decl. ¶¶ 10-12.

28 ¹⁴⁶ J.P. Decl. ¶ 21.

¹⁴⁷ R.M. Decl. ¶ 11.

1 to remedy the harms caused by their unconstitutional actions. If the separated families
 2 are to recover from the trauma imposed by Defendants' actions, these mental-health
 3 services cannot be provided in the same slipshod manner as the government
 4 implemented its initial trauma-inducing policy. Instead, they must be provided under
 5 conditions conducive to effective treatment.

6 149. Most importantly, the treatment must be evidence-based and trauma-
 7 informed, meaning that it must be designed especially to alleviate the psychological
 8 and neurobiological consequences of forcible separation.¹⁴⁸ Such treatments exist and
 9 have been shown to be effective across cultural backgrounds.¹⁴⁹ Some have been
 10 successfully adapted for immigrant populations.¹⁵⁰ These mental-health services often
 11 take the form of trauma-focused cognitive behavioral therapy.¹⁵¹

12 150. For these services to be effective, several conditions must be met.

13 151. First, the families must be reunified in short order consistent with the *Ms.*
 14 *L* injunction. The longer the separation, the more pervasive and intense the trauma
 15 becomes.¹⁵² “The effects of trauma on separated children are [already] significant,
 16 long-lasting, and difficult to mitigate.”¹⁵³ Prolonging the separation understandably
 17 increases the trauma and thus requires more intense mental-health services.

18 152. Second, all parents and children must be immediately screened “to
 19 identify those whose anxiety is toxic and detrimental to themselves and their families,
 20 as well as those whose anxiety has grown into trauma with its accompanying
 21

22 ¹⁴⁸ See, e.g., Perry Decl. ¶ 22; Hidalgo Decl. ¶ 21; Gee Decl. ¶ 10.

23 ¹⁴⁹ See Gee Decl. ¶ 10; Hidalgo Decl. ¶ 18.

24 ¹⁵⁰ See Gee Decl. ¶ 10.

25 ¹⁵¹ See, e.g., *id.*

26 ¹⁵² See *id.* (“Longer durations of trauma exposure are consistently associated with
 27 poorer outcomes.”); Hidalgo Decl. ¶ 12; Carrion Decl. ¶ 13 ([reuniting the families] is
 necessary to prevent further damage as it will restore the children’s primary support
 system and prevent the accretion of yet more stress from the continuation of the
 traumatic separation to their allostatic loads”).

28 ¹⁵³ Hidalgo Decl. ¶ 13.

1 symptoms,”¹⁵⁴ so that treatment plans can be developed for them. “Screening is a
 2 ‘wide-net’ process, the first step in the assessment and treatment process,”¹⁵⁵ and it is
 3 essential because “[t]he longer [appropriate] interventions are delayed, the greater the
 4 negative cumulative effect the acute neurophysiological, neuroendocrine, and
 5 neuropsychological response will have on these children and their parents.”¹⁵⁶ Such
 6 screenings must also be repeated following family reunification to determine whether
 7 the process of reunification revealed trauma not previously evident. For these
 8 screenings to be effective given the special trauma inflicted upon the families, they
 9 must be conducted according to trauma-informed procedures and by appropriately
 10 trained trauma-informed professionals.¹⁵⁷ Specifically, they must meet several
 11 conditions: to start, a tool must show “*efficacy* (*i.e.*, reliability, validity, and accuracy
 12 in identifying individuals with trauma) and *effectiveness* (*i.e.*, generalizability to the
 13 real-world that adults and children inhabit).”¹⁵⁸ A tool must also show “*sensitivity*
 14 (*i.e.*, number of individuals correctly identified, that is true positives) and *specificity*
 15 (*i.e.*, eliminating those who do not demonstrate a problem, that is true negatives).”¹⁵⁹

16 153. Third, to the extent that professionals conducting the screening find that
 17 the families are experiencing or have experienced trauma due to Defendants’ policy,
 18 appropriate mental-health services must be offered in an appropriate environment.
 19 While each family’s ultimate treatment must be tailored to its particular

22 ¹⁵⁴ Loring Decl. ¶ 11; *see* Hidalgo Decl. ¶ 16; Zayas Decl. ¶¶ 20-21; Mercado Decl.
 23 ¶ 9.

24 ¹⁵⁵ Zayas Decl. ¶ 21.

25 ¹⁵⁶ Perry Decl. ¶ 22.

26 ¹⁵⁷ *See* Gee Decl. ¶ 18 (“All mental health assessment and treatment provided to
 27 plaintiffs and all similarly situated parents and children be delivered in a culturally
 28 competent and linguistically sensitive manner and by mental health clinicians trained
 in evidence-based trauma-informed interventions.”); Zayas Decl. ¶ 28.

¹⁵⁸ Zayas Decl. ¶ 21.

¹⁵⁹ *Id.*

1 circumstances, extensive research suggests that several baseline factors will be
2 common for all affected families.

3 154. One, counseling services are most effective in such situations when
4 provided at the family level, meaning that “the adult caregivers must be a part of the
5 trauma intervention provided to these children.”¹⁶⁰ “Appropriate treatment for trauma
6 caused by separation should consist of family therapy” because the trauma touched
7 “all family members” and their relationships with each other, and thus family therapy
8 “is necessary to address family pain.”¹⁶¹ Put another way, this approach is necessary
9 not only to assist the child in “reestablishing [his or her] ability to effectively regulate
10 himself [or herself],” but also “to treat [the parent’s] own primary trauma and to
11 effectively support their traumatized child.”¹⁶² Indeed, “[d]ecades of research
12 demonstrates that the most significant protective factor for vulnerable children facing
13 adversity are bonds to those that love them.”¹⁶³

14 155. Two, these services must “be delivered in a culturally competent and
15 linguistically sensitive manner and by mental health clinicians trained in evidence-
16 based trauma-informed interventions.”¹⁶⁴ The trauma caused by family separation is
17 acute, and the migrant families are diverse. For the trauma to be appropriately
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19
20

21 ¹⁶⁰ Perry Decl. ¶ 23; *see* Allen Decl. ¶ 22.

22 ¹⁶¹ Acuña Decl. ¶ 12.

23 ¹⁶² Perry Decl. ¶¶ 23-24; *see also* Hidalgo Decl. ¶ 25; Murphy Decl. ¶ 9 (“family or
24 parental involvement is often critical in providing treatment to children and young
25 people, both to obtain collateral historical information and because the entire family
‘system’ may have been traumatized and need treatment both in support of the minor
child and to prevent a re-traumatization effect when the child is reunited with family
members whose own trauma has not been addressed.”).

26 ¹⁶³ Hidalgo Decl. ¶ 31.

27 ¹⁶⁴ Gee Decl. ¶ 31; *see* Allen Decl. ¶ 22; Zayas Decl. ¶ 28 (“all screenings,
28 assessments, and treatments [must] be culturally, linguistically, and developmentally
appropriate, and scientifically tested”); Hidalgo Decl. ¶ 18 (“[s]creenings and
evaluations should be conducted by culturally and linguistic competent providers”).

1 mitigated, the mental-health services must be tailored to address the specific
2 individuals harmed and their symptoms.

3 156. Three, these services must be provided in an environment that does not
4 continue or prolong the trauma. “[T]herapeutic work while in a setting or
5 circumstance where there is continuing distress, threat, uncertainty and
6 unpredictability can undermine, or even make impossible, meaningful therapeutic
7 progress.”¹⁶⁵ In addition, “[f]or a child and an adult to remain in a setting he/she
8 associates with the traumatic separation (even after reunification with the mother or
9 father), ... will cause additional and profound anticipation of further traumatic events:
10 The mother and father who also experienced traumatic separation from their child
11 would need to be placed in a safe family setting with their child(ren) to avoid an
12 increase in such trauma symptoms as persistent negative thoughts and expectations
13 about oneself, one’s world, and others.”¹⁶⁶

14 157. An environment like the detention centers where class members are
15 currently housed can prevent and even undermine trauma intervention.¹⁶⁷ AAP has
16 stated that “continuing to maintain the ‘zero tolerance’ policy will put more children
17 in detention facilities, an environment [that] is no place for a child, even if they are
18 accompanied by their families.”¹⁶⁸ AAP explained, “Studies of detained immigrants
19 have shown that children and parents may suffer negative physical and emotional
20 symptoms from detention, including anxiety, depression and posttraumatic stress
21 disorder. Conditions in U.S. detention facilities, which include forcing children to
22 sleep on cement floors, open toilets, constant light exposure, insufficient food and

23 ¹⁶⁵ Perry Decl. ¶ 22.

24 ¹⁶⁶ Loring Decl. ¶ 10.

25 ¹⁶⁷ Hidalgo Decl. ¶ 24 (“Facilities with a law enforcement orientation do not have the
26 training or expertise to manage the complex needs of trauma survivors.”).

27 ¹⁶⁸ Colleen Kraft, *AAP Statement on Executive Order of Family Separation*,
28 AMERICAN ACADEMY OF PEDIATRICS (June 20, 2018), <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Statement-on-Executive-Order-on-Family-Separation.aspx>.

1 water, no bathing facilities, and extremely cold temperatures, are traumatizing for
2 children. No child should ever have to endure these conditions.”¹⁶⁹

3 158. Data from Texas Health and Human Services Commission and the
4 Department of Family and Protective Services shows that numerous of the centers
5 where children are being sent pursuant to this policy “have been cited by state child
6 care facility regulators for dozens of violations in recent years,” some of which have
7 been for serious issues.¹⁷⁰

8 159. Such centers have also been the subject of “fire-code violations, lawsuits
9 claiming abuse, and complaints from employees alleging wrongful termination and
10 unpaid wages.”¹⁷¹

11 160. At family detention centers, former detainees have reported a dozen or
12 more people sharing a single cell, guards ordering that toddlers not be allowed to
13 crawl, and toys barred from living quarters.¹⁷² A 2014 evaluation of children at family
14 detention centers found that “children regressed to bed wetting. A 9-year-old-girl
15 sought to return to breast feeding. Children clung to their mothers legs, fearful of
16 letting them out of sight. Many had night terrors, were depressed or acted out.”¹⁷³

17
18
19 ¹⁶⁹ *Id.*

20 ¹⁷⁰ Manny Fernandez, *Inside the Former Walmart That Is Now A Shelter for Almost*
21 *1,500 Migrant Children*, N.Y. TIMES (June 14, 2018),
22 [https://www.nytimes.com/2018/06/14/us/family-separation-migrant-children-](https://www.nytimes.com/2018/06/14/us/family-separation-migrant-children-detention.html)
[detention.html](https://www.nytimes.com/2018/06/14/us/family-separation-migrant-children-detention.html).

23 ¹⁷¹ Manny Fernandez and Katie Benner, *The Billion-Dollar Business of Operating*
24 *Shelters for Migrant Children*, N.Y. TIMES (June 21, 2018),
25 <https://www.nytimes.com/2018/06/21/us/migrant-shelters-border-crossing.html>.

26 ¹⁷² Sonia Nazario, *There’s a Better, Cheaper Way to Handle Immigration*, N.Y. TIMES
27 (June 22, 2018), [https://www.nytimes.com/2018/06/22/opinion/children-detention-](https://www.nytimes.com/2018/06/22/opinion/children-detention-trump-executive-order.html)
[trump-executive-order.html](https://www.nytimes.com/2018/06/22/opinion/children-detention-trump-executive-order.html).

28 ¹⁷³ *Id.*

1 161. Guards at family detention centers have been accused of sexual assault,
2 abusive treatment, and neglect.¹⁷⁴

3 162. In any event, the government has an obligation to provide the families it
4 has traumatized access to conditions that will not exacerbate the trauma already
5 inflicted and that will allow for effective treatment.

6 163. Finally, given that Defendants' actions have caused this trauma, mental-
7 health services must be provided for a sufficient period of time, including after
8 release.

9 **CLASS ALLEGATIONS**

10 164. Plaintiffs bring this action under Federal Rule of Civil Procedure
11 23(b)(2) on behalf of themselves and a nationwide class of all other persons similarly
12 situated.

13 165. Plaintiffs seek to represent the following nationwide class:

14 All adult parents nationwide who (1) were, are, or will be detained in
15 immigration custody by the Department of Homeland Security, (2) have
16 a minor child who has been, is, or will be separated from them by DHS
17 and detained in DHS or ORR custody or foster care, absent a
18 demonstration in a hearing that the parent is unfit or presents a danger to
19 the child.

20 166. The proposed class is so numerous that joinder of all members is
21 impractical, satisfying Federal Rule of Civil Procedure 23(a)(1). According to
22 Defendants, nearly 3,000 children have been separated from their parents under the
23 Trump Administration's immigration policy. Nearly all of these children's parents
24 remain in DHS's custody.

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27 ¹⁷⁴ *Id.*; Manny Fernandez and Katie Benner, *The Billion-Dollar Business of Operating*
28 *Shelters for Migrant Children*, N.Y. TIMES (June 21, 2018),
<https://www.nytimes.com/2018/06/21/us/migrant-shelters-border-crossing.html>.

1 167. The proposed class meets the commonality requirements of Federal Rule
2 of Civil Procedure 23(a)(2) for several reasons. First, the proposed class members
3 have all been subject to the government’s family separation policy and, as a result,
4 have had their children forcibly taken from their care, triggering the harms alleged.
5 Second, other factual questions are common to the proposed class, including whether
6 and to what extent the government has developed an appropriate policy for mitigating
7 the harms inflicted by the family separation policy. Third, multiple questions of law
8 are common to the proposed class, namely whether Defendants’ actions have violated
9 their substantive due process rights and their rights to equal protection of the law.

10 168. The proposed class meets the typicality requirements of Federal Rule of
11 Civil Procedure 23(a)(3). Ms. P, Ms. O, and Ms. M have all have been forcibly
12 separated from their children without a finding of unfitness or that they present a
13 danger to their children, and they have not been provided with appropriate mental-
14 health screening or offered appropriate trauma-informed intervention. Additionally,
15 Plaintiffs assert the same rights under the Fifth Amendment.

16 169. The proposed class meets the adequacy requirements of Federal Rule of
17 Civil Procedure 23(a)(4). Ms. P, Ms. O, and Ms. M assert the same claims and seek
18 the same relief as the other members of the class, namely an order that they be
19 provided appropriate mental-health screening and any appropriate trauma-informed
20 intervention in an appropriate environment. The named plaintiffs will defend the
21 rights of all proposed class members fairly and adequately. Further, the proposed class
22 is represented by Sidley Austin LLP and Public Counsel. Counsel have extensive
23 experience litigating class action suits and other complex cases in federal court,
24 including civil rights suits on behalf of noncitizens.

25 170. The members of the proposed class are readily ascertainable through
26 Defendants’ records.

27 171. Finally, the proposed class satisfies Federal Rule of Civil Procedure
28 23(b)(2). Defendants have acted or refused to act on grounds that apply generally to

1 the class by forcibly separating the migrant parents from their children under a
2 common policy and failing to provide adequate medical care for detained individuals
3 and to remedy the harms inflicted. As a result, the declaratory and injunctive relief
4 sought by the proposed class will be appropriate with respect to the class as a whole.

5 **CLAIMS FOR RELIEF**

6 **FIRST CLAIM**

7 **Violation of Substantive Due Process**

8 172. Plaintiffs reallege and incorporate by reference each and every allegation
9 contained in the preceding paragraphs.

10 173. The Due Process Clause of the Fifth Amendment to the U.S. Constitution
11 provides that “[n]o person shall be . . . deprived of life, liberty, or property, without
12 due process of law.” U.S. Const. amend. V.

13 174. The Due Process Clause applies to all persons on United States soil and
14 thus applies to Plaintiffs and their children. *Zadvydas v. Davis*, 533 U.S. 678 (2001).

15 175. The guarantee against the deprivation of liberty without due process bars
16 the government from infringing on certain fundamental liberty interests. The
17 continued separation and confinement of Plaintiffs and their children violates those
18 rights in several respects.

19 176. Plaintiffs and their children have a liberty interest under the Due Process
20 Clause in remaining together as a family and a right to be protected against the
21 government’s arbitrary destruction of the integrity of their families. *See, e.g.*,
22 *Santosky v. Kramer*, 455 U.S. 745 (1982); *Moore v. E. Cleveland*, 431 U.S. 494
23 (1977); *Meyer v. Nebraska*, 262 U.S. 390 (1923). Under the Fifth Amendment,
24 Plaintiffs also have “the right . . . to make decisions concerning the care, custody, and
25 control of their children.” *Fields v. Palmdale Sch. Dist.*, 427 F.3d 1197, 1204 (9th
26 Cir. 2005) (citing *Troxel v. Granville*, 430 U.S. 57, 66 (2000) (plurality op.)). The
27 continued separation of Plaintiffs from their children, without any determination that
28 Plaintiffs were unfit or present a danger to their children, plainly violates these rights.

1 177. Plaintiffs' separation and the resulting trauma occurred while Plaintiffs
2 and their children were in the custody of the United States Department of Homeland
3 Security and the Department of Health and Human Services. Once Defendants
4 detained Plaintiffs and their children, the Defendants incurred a duty not to
5 gratuitously inflict emotional and psychological harm and a duty to provide for their
6 safety and general well-being. *See DeShaney v. Winnebago Cty. Dept. of Soc. Servs.*,
7 489 U.S. 189 (1989).

8 178. By forcibly separating Plaintiffs from their children and keeping them
9 apart, Defendants have inflicted and will continue to inflict upon Plaintiffs
10 extraordinary harm that they would not have otherwise have faced. During Plaintiffs'
11 confinement and since the time Defendants arbitrarily separated Plaintiffs from their
12 children, Plaintiffs have not received the intensive family mental-health screenings
13 and services that they need on an ongoing basis—including for a period following
14 their release from detention—as a result of Defendants' intentional infliction of
15 emotional and psychological harm.

16 179. The separation of Plaintiffs from their children and their continued
17 detention is arbitrary and shocks the conscience. Defendants forcibly separated
18 Plaintiffs from their children without explanation or basis in fact, which deliberately
19 induced severe trauma to both parent and child. Defendants did so despite clear
20 warnings, including from numerous professionals and organizations such as the
21 American Academy of Pediatrics, that their actions were tantamount to child abuse
22 and could result in long-term adverse mental health consequences.

23 180. Defendants intentionally took these actions pursuant to a policy of
24 detention and family separation that lacked any legitimate basis. Subjecting parents
25 and their minor children to the cruel practice of separating families for the purposes of
26 deterring other legitimate asylum seekers, and to use their profound suffering as a
27 political bargaining chip, clearly violates due process.

28

1 181. Plaintiffs and their children have suffered and will continue to suffer
2 irreparable injury from the arbitrary and cruel separation of their families and their
3 unnecessary continued detention.

4 **SECOND CLAIM**

5 **Violation of the Equal Protection Guarantee of the Due Process Clause**
6 **of the Fifth Amendment**

7 182. Plaintiffs reallege and incorporate by reference each and every allegation
8 contained in the preceding paragraphs.

9 183. The Fifth Amendment contains an implicit guarantee of equal protection
10 that invalidates any official action that in part reflects a racially discriminatory intent
11 or purpose. Classifications based on race or national origin receive exacting scrutiny,
12 and even facially neutral policies and practices will be held unconstitutional when
13 they reflect a pattern unexplainable on grounds other than race. *Bolling v. Sharpe*, 347
14 U.S. 497, 499 (1954); *Vill. of Arlington Heights v. Metro. Hous. Dev. Corp.*, 429 U.S.
15 252, 265-66 (1977).

16 184. Defendants' decisions to forcibly separate families and to isolate children
17 in detention facilities separate from their parents, are unconstitutional because they
18 were motivated, at least in part, by intentional discrimination based on race, ethnicity,
19 and/or national origin and, in particular, reflect bias against immigrants perceived to
20 come from non-white, non-European countries.

21 185. Plaintiffs have suffered and continue to suffer irreparable injury resulting
22 from the separation and continued detention of asylum-seeking parents and children,
23 and the denial of adequate, remedial, family medical and mental-health services in a
24 setting conducive to effective treatment.

25 **PRAYER FOR RELIEF**

26 Plaintiffs ask this Court to grant the following relief:

27 1. Certify a class of all adult parents nationwide who (1) were, are, or will
28 be detained in immigration custody by the Department of Homeland Security, and (2)

1 have a minor child who has been, is, or will be separated from them by DHS and
2 detained in DHS or ORR custody or foster care, absent a demonstration in a hearing
3 that the parent is unfit or presents a danger to the child;

4 2. Name Ms. O, Ms. P., and Ms. M. as representatives of the class, and
5 appoint Plaintiffs' counsel as class counsel;

6 3. Order Defendants to provide mental-health screenings of Plaintiffs and
7 their children immediately as well as after reunification in order to assess their need
8 for subsequent trauma-informed remedial medical and mental-health services to
9 address the trauma of separation and child detention;

10 4. Order Defendants to offer appropriate trauma-informed remedial medical
11 and mental-health services appropriate to address the trauma of separation and
12 detention to Plaintiffs and to Plaintiffs' children and under conditions conducive to
13 effective treatment;

14 5. Order Defendants to permit class counsel or their agents entry into
15 government facilities in which class members are detained to evaluate whether the
16 mental-health screenings and services are being provided and whether they are
17 appropriate;

18 6. Require Defendants to pay reasonable attorneys' fees and costs pursuant
19 to 28 U.S.C. § 2412, and on any other basis justified under law; and

20 7. Grant any other and further relief that this Court may deem fit and
21 proper.

22 Dated: July 12, 2018

Respectfully Submitted,

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22 **Application for admission pro hac vice to be submitted*

23 *** Institution listed for identification purposes only*

1 **EXPERT DECLARATION OF MARTI T. LORING**

2 I, Marti T. Loring, hereby declare as follows:

3 1. I am a licensed clinical social worker, a certified sociologist and a
4 practicing psychotherapist. I am also the Director of the Center for Mental Health and
5 Human Development in Atlanta, Georgia. I earned my Ph.D. in Sociology at Emory
6 University Graduate School in 1985. I have also earned an M.A. in Social Work and
7 Social Research at Bryn Mawr College Graduate School and a B.A. from Vassar
8 College. I have earned the Diplomate credential with the American Academy of
9 Experts in Tramatic Stress and hold certifications in Rape Trauma, Domestic Violence
10 and Forensic Traumatology.

11 2. My professional focus is on the impact of trauma and abuse on children,
12 adolescents and adults. I have published multiple books and authored numerous articles
13 published in professional journals on the topics of abuse and trauma. As a practicing
14 psychotherapist, I have provided psychotherapy to children, adolescents, and adults. As
15 Director of the Center for Mental Health and Human Development, I train social
16 workers and other professionals across the country about trauma and its effects. I have
17 been qualified over 150 times to testify as an expert on trauma and abuse in courts in
18 Indiana, Maryland, Georgia, Florida, Alabama, South Carolina, Massachusetts,
19 Arizona, and Germany.

20 3. Attached hereto as Exhibit A is my Curriculum Vitae.

21 4. My declaration is based on a review of scientific literature and the
22 knowledge accumulated during my education and career as described above. The full
23 citations for the works cited in my declaration are attached hereto as Exhibit B.

24 5. Attachment involves a connection with a meaningful person, such as
25 between a child and its mother/father/caretaker where there is both pleasure during
26 interactions and soothing during stressful times. The quality of attachment is critical in
27
28

1 the development of a child it has been linked to positive functioning, such as
2 psychological well-being. (1)

3 6. J. Bowlby studied attachment theory by observing the impact of
4 separation of mothers and their children. He observed negative effects of maternal
5 deprivation where the mother was absent for periods of time. Bowlby indicated that
6 children have an innate need in regard to developing a close relationship with one
7 main figure who is predominantly the mother. In the absence of this ongoing crucial
8 relationship, there are negative consequences in development, such as a decline in
9 intelligence and increased depression and aggression. Bowlby also identified other
10 consequences, such as delinquency and affectionless psychopathy, which is a state
11 where the child is not concerned about the feelings of others. (2)

12 7. The diagnostic manual used by mental health professionals across the
13 United States is the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders:
14 American Psychiatric Association). (3) During abrupt separations of mothers and
15 fathers from their children, mental health professionals often find that Separation
16 Anxiety Disorder occurs such that developmentally inappropriate and excessive fear
17 and anxiety are seen in the children, not only during separations from the significant
18 attachment figure, but also when such a separation is anticipated. Similarly, for adults,
19 separations from their children can result in a Separation Anxiety Disorder. Reuniting
20 the mother/father and child, while maintaining them in a facility where the child and
21 adult fear and anticipate further separation, will result in the same excessive fear and
22 anxiety in both the child and adult. This fear and anxiety will result in such symptoms
23 as sleep disturbance, nightmares, headaches, stomachaches, nausea, and vomiting.

24 8. Posttraumatic Stress Disorder is also described in the DSM-5. (3)
25 Separation of a child from his/her mother would be a traumatic event for both the
26 child/adolescent and for the mother and father, causing the following possible
27 symptoms among children and adults: Panic and terror, frightening dreams,
28 flashbacks, dissociation (blinking out and lack of awareness), depersonalization

1 (sense of unreality and separation from oneself), withdrawal into intense grief and
2 depression, an ongoing sense of fear and terror.

3 9. As anxiety grows, it may be masked or pushed down, but it can cause
4 such physical illnesses as stomachaches, headaches, and lower resistance to other
5 illnesses. To prevent the progression of initial anxiety into a state of trauma that is a
6 long lasting psychiatric disorder, the child and adult must be immediately identified as
7 traumatically emotionally disturbed, removed from the anxiety-producing
8 environment and placed in a family setting, and treated with trauma informed
9 counseling, which may include psychotropic medication.

10 10. For a child and an adult to remain in a setting he/she associates with the
11 traumatic separation (even after reunification with the mother or father), this will
12 cause additional and profound anticipation of further traumatic events: The mother
13 and father who also experienced traumatic separation from their child would need to
14 be placed in a safe family setting with their child(ren) to avoid an increase in such
15 trauma symptoms as persistent negative thoughts and expectations about oneself, one's
16 world, and others. Otherwise the child and the adult will likely grow in their belief
17 that the world is dangerous and no one can be trusted, thus developing future
18 relationship problems where trust and love are difficult to maintain. Fear, a sense of
19 horror, and anger would probably persist for the child and mother/father remaining in
20 the setting which makes their removal from detention and placement in a family
21 setting crucial.

22 11. It is very important to immediately screen all children and their mothers
23 (or fathers) who have experienced separation followed by reunification, in order to
24 identify those whose anxiety is toxic and detrimental to themselves and their families,
25 as well as those whose anxiety has grown into trauma with its accompanying
26 symptoms. It is crucial to identify the adults and children whose anxiety and terror can
27 lead to the development of complex Post-traumatic Stress Disorder, which is more
28

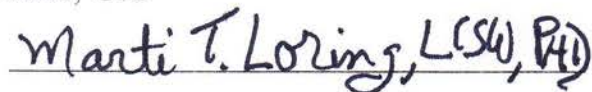
1 difficult to treat and can result in profound depression, a sense of hopelessness, and
2 even suicide.

3 12. Thus, the three vital steps for the purpose of regaining and/or maintaining
4 mental health among the children and mothers/fathers who have been identified as
5 traumatized would be their exit from detention, the child and mother/father's return to
6 a family environment, and evaluation for/provision of counseling that would include
7 trauma-informed therapy (psychotherapy that specifically treats trauma, even
8 providing psychotropic medication when needed). The only potential mental health-
9 restoring plan that could avoid the development of complex trauma among identified
10 children and adults would not be a single step, but the total of all the above mentioned
11 steps to avoid and to treat complex post-traumatic stress disorder.

12 13. Across the life span, complex trauma is linked to addiction, chronic
13 physical conditions, severe depression and crippling anxiety, self-harming behaviors,
14 failure to develop and maintain loving and trusting relationships, difficulty in
15 regulating aggression, ongoing sadness and loneliness, negative changes in brain
16 functioning, as well as other psychiatric disorders. An anxious child who cannot learn
17 may grow up to be someone who cannot hold a job, and is prone to develop an eating
18 disorder or substance addiction. A mother, father, or other care-giver with complex
19 trauma is likely to develop numerous psychiatric conditions that can result in self-
20 harm, even suicide, or depression with psychotic features (auditory/visual
21 hallucinations).

22
23 I declare under penalty of perjury under the laws of the United States that the
24 foregoing is true and correct.

25 Executed on July 7, 2018, at Atlanta, GA

26 

27 Marti T. Loring, LCSW, PHD

Exhibit A

CURRICULUM VITA

**Marti Loring, LCSW, PhD
Post Office Box 2322
Decatur, Georgia 30031**

EDUCATION

Emory University Graduate School, Atlanta, Georgia, 1978-1985, Ph.D. (Sociology).

Bryn Mawr College Graduate School of Social Work and Social Research, Bryn Mawr, Pennsylvania, 1966-1968, MSS.

Vassar College, Poughkeepsie, New York, 1962-1966, BA.

AWARDS AND MEMBERSHIPS

American Sociological Association

Invited Member, The American Academy of Experts in Traumatic Stress, 1997 – Present.

Licensed Clinical Social Worker, Georgia, 1985 – Present.

Certified Clinical Sociologist, 1990-Present.

Lifetime Achievement Award, The National Association of Social Workers, Georgia Chapter, September 11, 1997.

Outstanding Social Worker, The National Association of Social Workers, Georgia Chapter, 1989.

CLINICAL/PROFESSIONAL EXPERIENCE

Director, Center for Mental Health and Human Development; Atlanta, GA, 1980-Present.

Expert: Trauma; battered person syndrome; emotional/physical/sexual abuse and trauma; coercion; human development; forensic interviewing; child sex abuse; sex abusers; anger management; social history; mitigation; family dynamics/home studies; traumatic rape and false sexual abuse allegations. Training: Trauma, crisis intervention, abuse, trauma debriefing.

Forensic Consultant, 1990-Present: Trauma expert witness; trauma mitigation specialist; adult/child physical/emotional/sexual abuse specialist; home study evaluator; forensic interview specialist.

CURRICULUM VITA/LORING/2

Dekalb Resource Center (for battered women), Volunteer, 2015-2016.

United States Army, Consultant for rape trauma, 2011.

Consultant for Family Violence Unit of Georgia Department of Human Resources. Division of Family and Children Services, 1995-1996 (coordination and team development among community agencies, child sex abuse specialist).

Coordinator, Olympic Family Trauma Project Team, Atlanta, Georgia, 1995-1997 (developed and coordinated trauma and crisis team during the Olympics).

Trauma Coordinator, Grady Hospital Department of Psychiatry: Clinical Faculty, Emory University School of Medicine, Abuse Expert, Atlanta, Georgia, 1972-80 (consulted with Dekalb Rape Crisis Center).

December Depression Hotline Coordinator, WSB-TV and Community Corporations/Agencies Coalition, Atlanta, Georgia, 1985-1991 (developed and coordinated a telephone crisis service during the December holidays).

Consultant to the National Association of Social Workers, Georgia Chapter, for the Democratic National Convention Medical Team Project, 1988.

Catholic Social Services, Family and child trauma therapist, Atlanta, Georgia, 1988-1990.

The Bridge Family Center, Atlanta, Georgia, 1986-1987 (sex abusers' counselor, child sex abuse specialist, trauma group coordinator, family therapist).

The Council on Battered Women, Atlanta, Georgia, 1984-1986 (Group therapist, public relations and community coordinator).

Assisted in the formation and training of the Dekalb Rape Crisis Center.

EDITORIAL MATERIAL

Associate Editor, The Journal of Aggression, Maltreatment, and Trauma, 2000-Present (emotional, physical, adult and child sexual abuse and maltreatment, experimental interviewing, forensic interviewing).

Co-editor, Bullying Behavior: Current Issues, Interventions, and Research, The Haworth Maltreatment and Trauma Press, NY, 2003.

CURRICULUM VITA/LORING/3

TEACHING EXPERIENCE

Assistant Professor, Department of Mental Health and Human Services, Georgia State University, Atlanta, Georgia, 1990-1997.

Instructor, Department of Psychiatry, Emory University School of Medicine, Atlanta, Georgia 1972-1980.

Temporary and Adjunct Faculty, 1987-2003: Georgia Perimeter College, Atlanta, Georgia; Georgia State University, Atlanta, Georgia; Oglethorpe University, Atlanta, Georgia; Mercer University, Atlanta, Georgia; Atlanta University School of Social Work.

COURSES TAUGHT

Growth and Development

The Psychology of Management

Introduction to Sociology

Human Service Practice

Ethics

Marriage and the Family

Social Problems

Family Violence

Violence and Society

Forensic Interviewing

Personality

Human Services

Psychopathology

Deviance

Emotional Abuse

Criminology

Trauma/Sexual Abuse

The Family

Social Work

PAPERS PRESENTED

“Fear of Failure and Success,” Georgia Association of Disability Examiners, Atlanta, Georgia, April 12, 1991.

“Reduction of Maladaptive Behavior in Emotionally Abusive Relationships,” Association for Behavior Analysis, Atlanta, Georgia, May 14, 1991.

“Human Rights: Working Together to End Violence Against Women Worldwide,” Amnesty International USA, Atlanta, Georgia, November 7, 1991.

CURRICULUM VITA/LORING/4

“The Loss and Restructuring of Wholeness in Emotional Abuse,” The National Association for Women in Psychology, Atlanta, Georgia, March 12, 1993.

“Physical and Emotional Abuse,” Council on Battered Women, Atlanta, Georgia, April 5, 1993.

“The Force Called Hope” National Association of Social Workers, Atlanta, Georgia, September 24, 1993.

“Service Delivery Systems for the Aging,” Georgia Association of Homes and Services for the Aging, Atlanta, Georgia, January 15, 1994.

“Utilizing a Hotline for Crisis Intervention,” Dekalb Rape Crisis Center, Atlanta, Georgia, March 17, 1994.

“The Expert Witness,” Annual Conference of the National Organization of Forensic Social Work, Atlanta, Georgia, April 12, 1994.

“The Effective Domestic Violence Expert Witness,” Florida Coalition Against Domestic Violence, Tampa, Florida May 4, 1994.

“The Expert Witness,” Georgia State University, Atlanta, Georgia, July 7, 1995.

“Forensics,” Georgia Association of Lawyers, Georgia State University, Atlanta, Georgia, May 22, 1995.

“Trauma of Emotional Abuse,” Medical Staff, Grady Hospital, Atlanta, Georgia, January 24, 1996.

“Interviewing Skills With A Battered Person,” Georgia Indigent Defense Council, Atlanta, Georgia, May 30-June 1, 1996.

“Post-Traumatic Stress Disorder,” Savannah Area Family Emergency Shelter, Inc., Savannah Georgia, September 3, 1996.

Master Class “Trauma: Forensic Interviewing and Intervention Skills,” NASW-GA Chapter’s 8th Annual Conference, Atlanta, Georgia, September 20, 1996.

“Abuse,” Southern Center for Human Rights, Atlanta, Georgia, October 19, 1996.

Mock Trial (Expert Witness on Family Violence), National Association of Forensic Social Work, Reno, Nevada, November 7, 1996.

“Emotional Abuse: Trauma in Recovery” (Long Distance Learning for 5 city coverage in Georgia), University of Georgia, Athens, Georgia, May 20, 1997.

CURRICULUM VITA/LORING/5

“Emotional Abuse,” National Association of Social Workers, August, Georgia, June 7, 1997.

“Family Violence Leadership Summit: Violence Against Women and Children,” City of Atlanta, Georgia, July 24, 1997.

“Intervention with Battered Women,” Council on Battered Women, Atlanta, Georgia, September 7, 1997.

“Identification and Treatment of Emotional Abuse,” The University of Georgia School of Social Work, Georgia, September 17, 1997.

“Emotional Abuse,” Georgia Association of Social Workers, September 18, 2000.

“Family Violence and Abuse,” University of Georgia, March 7, 2001.

“Family Violence,” The Emotional Abuse Institute Bi-annual Master Lecture, Atlanta, Georgia, 1998-2003.

“Hope in the Twentieth Century,” GASW, Conference, Atlanta, Georgia, 2003.

“Mitigation and Forensic Interviewing,” EJI national conference, Perdido Beach, Florida, October 9, 2005.

“Trauma and Abuse: Forensic Interviewing, Therapy, Emotional/Sexual Abuse, Social Histories,” Texas Community Coalition, Dallas, Texas, March 3, 2008.

“The Trauma of Rape and the Problem of False Sexual Abuse Allegations,” The United States Army, Germany, 2011.

“The Golden Age of Bullying: Bullying Hurts Physically and Emotionally,” The Augusta Unit of the National Association of Social Workers, Augusta, Georgia, March 1, 2012.

“Intimate Coercion,” Workshop and Panel Discussion, IVAT, San Diego, CA, August 25, 2015.

PUBLICATIONS

Loring, M.T., & Powell, B. (1988). Gender, Race, and DSM-III: A study of the Objectivity of Psychiatric Behavior. Health and Social Behavior, 29 (1), 1-71.

Wimberley, E., & Loring, M.T. (1991). Improving Scholarly Productivity in Human Services. Human Service Education, 11 (1), 17-22.

Loring, M.T., & Wimberley, E. (1993). The Time-Limited Hotline. Social Work, 38(3), 344-346.

Loring, M.T., Clark, S., & Frost, C. (1994). A Model of Therapy for Emotionally Abused Women. Psychology: A Journal of Human Behavior, 31(2), 1-16.

CURRICULUM VITA/LORING/6

Smith, R.W., & Loring, M.T. (1994). The Trauma of Emotionally Abused Men. Psychology: A Journal of Human Behavior, 31(2), 1-16.

Loring, M.T. (1994). Emotional Abuse. Lexington MA: Lexington Press.

Loring, M.T., Smith, R.W., & Thomas, K. (1994). Utilization of a Time-Limited Holiday Hotline by Older Adults. The Gerontologist, 34, 557-560.

Loring, M.T., Smith, R.W. (1994). Health Care Barriers and Interventions for battered Women. Public Health Reports, 109, 328-338.

Loring, M.T. (1997). Stories From the Heart: Emotional Abuse Case Studies. New York, Gordon and Breach Science Publishers.

Loring, M.T. (1997). The Erosion of Trust in the Workplace. In J. Cangemi (Ed.), Leadership in the Twenty-First Century, Moscow, University of Moscow Press.

Loring, M.T., Smith, R.W., & Bolden, T. (1997). Distal Coercion: Case Studies. Psychology: A Journal of Human Behavior, 34(1), 10-14.

Loring, M.T., & Bedoin, Pati. (2000). Victim-Perpetrators: Types of Coercion in Family Violence. The Journal of Emotional Abuse: Interventions, Research & Theories of Psychological Maltreatment, trauma & Nonphysical Aggression, Vol 2(1)

Loring, M.T. (2003). Pet Abuse as a Form of Family Violence. The Journal of Emotional Abuse: Interventions, Research & Theories of Psychological Maltreatment, Trauma & Nonphysical Aggression, Vol 3(2).

Loring, M.T. (2005). The Erosion of Trust in the Workplace. In J. Cangemi (Ed.), Developing Trust in Organizations, p,177-188, Boston, McGraw Hill.

Loring, M.T., Geffner, R., Marsh, J. (2007). Animal Abuse and Family Violence, Linkages, Research, and Implications for Professional Practice, Binghamton, NY: Haworth Press.

Loring, M.T., Scardaville, M. (2015). Intimate Coercion: Recognition and Recovery, New York, London: Rowman and Littlefield Publishers.

RESEARCH

Loring, M.T., & Walker, J.F. The Role of Trauma in False Sexual Abuse Allegations: Red Flags and Forensic Interviewing in Sexual Abuse Allegations, 2011-2013.

“Trauma, Cocaine Use, and Post-Incident Bizarre Behavior in Family Violence,” 2011-2012.

CURRICULUM VITA/LORING/7

"Battered Men," 2012-2014.

"Red Flags in Child Sex Abuse Allegations: Decreasing False Reporting by Utilizing History and Current Conditions During Forensic Interviews of Children," 2010.

"Trauma and Abuse: Impact on Human Behavior," 2008-2012.

"Post-incident Bizarre Behavior," 2005-2012.

"Precursors of Relational Trauma and Violence," Emil T Foundation Grant, 2000- 2003.

"Precursors of Violent/Illegal Behavior by Abused Persons; Coercion and Duress," 1997-2000.

"Coercion in the Process of Victim-perpetration," General Research Funds, 1998-2000.

Exhibit B

Declaration: Dr. Marti Loring

References

- 1 Bowlby, J. (2008). *Attachment*. Basic books.
- 2 Bowlby, J. (1998). *Attachment and loss* (No. 3). Random House.
- 3 DSM-5 (Diagnostic and Statistical Manual of Mental Disorders: American Psychiatric Association.

1 **JOINT EXPERT DECLARATION OF KENNETH BERRICK, JOHN**
2 **SPRINSON, AND KEVIN CAMPBELL**

3
4 **Preliminary Statement**

5 1. I, Kenneth Berrick, have been retained by counsel for Plaintiffs as an
6 expert in connection with the above-captioned litigation. My professional background,
7 experience, and publications are detailed in my curriculum vitae, a true and accurate
8 copy of which is attached as Exhibit A to this declaration. I founded Seneca Center
9 (now Seneca Family of Agencies) in 1985, and still serve as the organization’s Chief
10 Executive Officer. Seneca Family of Agencies (“Seneca”) is a multi-state mental
11 health, foster care, and education agency, incorporated in California, that serves over
12 8,000 vulnerable children and families each year. I received my Bachelor of Arts
13 degree in Psychology from California State University, Sacramento in 1982. I have
14 provided mental health services to clients since 1982, and have helped develop
15 groundbreaking mental health legislation and policies in California for children and
16 families experiencing significant mental health crises. In 2010, I published
17 *Unconditional Care: Relationship-based, behavioral intervention with vulnerable*
18 *children and families*, with John Sprinson.

19 2. I, John Sprinson, have been retained by counsel for Plaintiffs as an expert
20 in connection with the above-captioned litigation. My professional background,
21 experience, and publications are detailed in my curriculum vitae, a true and accurate
22 copy of which is attached as Exhibit B to this declaration. I have worked with Seneca
23 since 1986, first as a consulting psychologist, and currently as the Clinical Director
24 since 2002. I have also run my own practice of clinical psychology since 1985,
25 providing child, adolescent, and adult psychotherapy, psychological assessment, and
26 custody evaluation. I received my Bachelor of Arts in Psychology from Columbia
27 University in 1974, and my PhD in Clinical Psychology from Duke University in 1980.

1 3. I, Kevin Campbell, have been retained as counsel for Plaintiffs as an
2 expert in connection with the above-captioned litigation. My professional background,
3 experience, and publications are detailed in my curriculum vitae, a true and accurate
4 copy of which is attached as Exhibit C to this declaration. I am the founder of the
5 Center for Family Finding and Youth Connectedness and developer of the Family
6 Finding model, a set of strategies now utilized throughout the United States and
7 Canada to establish lifelong supports for youth in foster care. I have helped over
8 10,000 youth achieve permanency and have worked with over 200 jurisdictions across
9 40 states Europe, Canada, and Australia.

10 4. For purposes of this declaration, “we” collectively references Kenneth
11 Berrick, John Spinson, and Kevin Campbell.

12 5. In preparing this declaration, we reviewed the facts provided to us
13 regarding Plaintiffs’ experiences, but have not provided them with any clinical or
14 psychological evaluation or therapeutic services. We have relied on our years of
15 experience in this field, as set out in our curriculum vitae, and on the materials listed
16 therein. The materials we have relied upon in preparing this declaration are the same
17 types of materials that experts in our field of study regularly rely upon when forming
18 opinions on the subject.

19 6. We are not being compensated for the time devoted to providing expert
20 advice or preparing declarations. The opinions we express, or testimony we provide,
21 do not depend on any compensation.

22 7. If our further testimony would be of benefit to the court, we would be
23 available by telephone or in person to participate in the hearing on this matter.
24

25 **Impact of Family Separation**

26
27 8. Interest in the harmful effects of separating children from their parents is
28 not new and has been actively pursued by research psychologists and psychiatrists,
pediatricians and clinical interventionists from multiple disciplines.

1 9. All of this research activity and clinical observation is in substantial
2 agreement and confirms that children react to separation from their caregivers with
3 significant emotional distress. When the separation is sudden, unpredictable, or in a
4 strange environment with no other familiar adult figures present then the response is
5 likely to be extreme.

6 10. Immediate reactions include obvious emotional suffering in the form of
7 inconsolable crying, desperate efforts to pursue or search for the parent and anger. As
8 the separation continues we see behavioral disorganization and regression, increasing
9 signs of resignation, depression and emotional collapse. Children will lose
10 developmental capacities they had gained such as toileting and independent play for
11 younger children, or emotional dysregulation at all ages. They will seem completely
12 preoccupied with the whereabouts of the missing parent, particularly when children
13 have no or minimal contact with their parent. At this point separated children seem to
14 lose hope for a reunion with parents and may appear lethargic and have greatly
15 reduced interest in what had been joyful, engaged play. Ultimately, these children will
16 become detached and show reduced pleasure and interest in connecting with others and
17 when reunified with parents, they are likely to seem indifferent and aloof.

18 11. The rupture in the critical relationship between a child and the biological
19 parent is often long lasting, and perpetuates even if and when reunification occurs.
20 These reactions have been observed across many nations and cultures and across
21 different settings and in many ways – in children enduring long term medical
22 hospitalizations, in institutional settings for orphans, in research laboratories where
23 children are briefly separated from parents and with children who have been placed in
24 long-term foster care. Reunification of children and parents does not undo or remedy
25 the profound harm done to them by the forced separation.

26 12. By following separated children longitudinally evidence shows that this
27 set of early reactions gives way to other, even more ominous and long-lasting
28 problems: disrupted attention and concentration and other learning difficulties,
behavioral problems with impulse control and self-regulation and, perhaps most

1 importantly, in the capacity to rely on and make use of benign others who could
2 otherwise support the young person's ongoing development. Trauma from separation,
3 regardless of its brevity, can have adverse permanent consequences that follow the
4 child into adulthood.

5 13. As the psychological and medical understanding of brain development has
6 expanded in recent decades, the neurological mechanisms and changes in brain
7 architecture that underpin these difficulties are now observable. These emotional
8 struggles are neither brief nor easily surmounted responses, nor are they a superficial
9 distress that a pleasant environment or well-meaning surrogate can soothe or relieve.

10 14. Separations are not experienced simply as a painful absence or as only a
11 loss of a reassuring, beloved figure. Thinking of separations in terms of evolutionary
12 biology, the loss of access to a protective, strong, wise adult also represents a grave
13 danger for small children. On some level these separations are experienced as a threat
14 to survival, and this means that in almost all cases there is an activation of the child's
15 stress response system. Evidence of this activation and its complex, harmful
16 physiological and psychological sequelae is now well established.

17 15. Attachment science shows that the emotional and psychological
18 ramifications of child separation from primary caregivers occur even if the separations
19 are relatively brief. Short term separations can interfere with a child's sense of safety,
20 and multiple critical capacities, including learning, curiosity, social engagement, and
21 emotional regulation. See Roger Kobak, et al, Attachment Disruptions, Reparative
22 Processes and Psychopathology: Theoretical and Clinical Implications (2016) in Jude
23 Cassidy and Phillip R. Shaver, Handbook of Attachment: Theory, Research and
24 Clinical Applications 25-39 (3d ed. 2016); John Bowlby Attachment and Loss:
25 Separation: Anxiety and Anger (2d ed. 1973).

26 16. It is also important to note that the circumstances under which separations
27 occur can have a profound impact on the both the degree of acute distress experienced
28 by the child and on the longer-term effects observed later. When the separation is
sudden and frightening, when it is initiated by adults unknown to the child, when the

1 parent has no opportunity to prepare the child, when it is done forcefully, and when
2 there is no or minimal contact between the child and parent after and during the
3 separation, then the distress will be greater and the effects significantly more damaging
4 to the child.

5 17. The setting to which the child is removed and the training and skillfulness
6 of the substitute caretakers can also amplify the harm to the child. When these new
7 caretakers do not speak the child's native language they are unable to support the child,
8 to explain what is happening and to answer inevitable questions about the whereabouts
9 of parents. Here again, the potential for harm is increased. The adverse consequences
10 of separation are not limited to the children. Parents also experience psychological
11 distress and trauma due to separation. The severity is likely to be particularly acute
12 when their children are forcibly removed from their care, they do not have regular
13 contact with their children, they hear their children in distress when they do speak with
14 them, and/or there is a threat that they will never see their children again.

15 18. The setting of the parents' detention can also amplify the trauma they
16 experience. If they are placed in detention facilities where information is not
17 communicated in their native language and in which they are surrounded by others
18 who are experiencing trauma, then they are likely to suffer more severe and long-term
19 harm.

20 19. Similar to their children, parents may display various symptoms of
21 trauma, including anxiety, depression, suicidal ideations, and loss of appetite.

22 20. Based on our review of the facts provided regarding Plaintiff children's
23 experiences, we can conclude that the Plaintiffs, and other similarly situated parents
24 and children, have suffered psychological trauma due to the forcible separation from
25 their mothers and this trauma will likely have long term consequences for their
26 emotional and physical well-being.

27
28 **Need for Appropriate Therapeutic Services**

1 21. Therapeutic interventions must be provided early and in a sustained
2 manner, to both the children and parents, in order to address the immediate symptoms
3 of the trauma of separation, and to reduce the long-term physical and psychological
4 impact.

5 22. Research evidence indicates that a range of trauma-focused interventions
6 can be deployed to respond to the needs of children and parents who have experienced
7 family separation. These interventions hold important promise to address the negative
8 outcomes that otherwise accrue to children who have experienced trauma. The goal is
9 to strengthen or re-establish the family bond, to improve the parent's capacity to
10 recognize, respond to, and support symptoms of post-traumatic stress in the child, and
11 to reduce symptoms of post-traumatic stress in the child.

12 23. There is no single standardized approach to therapy that will effectively
13 address the trauma caused by separation. Rather, it is critical that qualified
14 professionals conduct individualized assessments of the children and parents to
15 evaluate the extent and type of trauma experienced, and to identify appropriate
16 individual and family interventions.

17 24. Much work in recent decades has repeatedly confirmed that it is unhelpful
18 to artificially separate therapeutic work on attachment disruptions from interventions
19 for trauma. The connection to the attachment figure (generally the parent) is the key
20 protective factor against the effects of trauma. Work in these two domains must
21 be thoughtfully coordinated. This insight now regularly informs all evidence
22 based practices for traumatized children and youth

23 25. Parental involvement in therapeutic interventions is critical to addressing
24 the ramifications of trauma caused by familial separation. Although the models
25 currently available for parent-child therapy vary in duration and intensity, there is
26 uniformity in some core elements across programs. See J.A. Cohen et al., *Treating*
27 *Trauma and Traumatic Grief in Children and Adolescents* (2d ed. 2017); Margaret
28 Blaustein and Kristine Kinniburgh, *Treating Traumatic Stress in Children and*
Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and

1 Competency (2010); G.N. Saxe et al. Collaborative Treatment of Traumatized
2 Children and Teens: The Trauma Systems Approach (2009). Best practice dictates that
3 therapeutic services should be provided not only individually to the child and parent,
4 but also to the family unit together. Typically, parents are provided with psycho-
5 education about trauma and its effects on mood, thinking, and behavior and they are
6 supported in responding effectively to their children’s trauma symptoms. In addition
7 to working with these issues with the direct support of a clinician, the parent and child
8 may be asked to observe how things play out at home and be given “homework”
9 to practice new skills and ways of relating between sessions.

10 26. Evidence-supported treatment models are typically delivered in a child or
11 caregiver’s home, in an outpatient clinic, or community agency. The effectiveness of
12 therapeutic interventions is not independent of the setting in which they are delivered.

13 27. Treatment for trauma is, in part, about the restoration of a sense of safety
14 and it is much easier to achieve this goal when the person receiving the service is in an
15 environment of *actual safety*. When an individual must remain vigilant for threat and
16 is preoccupied with uncertain and even unknown possible outcomes they are less likely
17 to, or are much slower to, develop a trusting alliance and an emotionally resonant
18 connection with a therapist. It is this sort of relationship that is the basis for all
19 effective treatment. Treatments are most successful when provided in an environment
20 in which both the parents and children feel safe and secure, and parents and children
21 are given the opportunity to practice the tools given to them in an environment that
22 does not reflect the same conditions that caused their trauma.

23 28. Treatment providers should be practicing mental health providers who
24 have been trained to the model they are employing. A number of the evidence-
25 informed approaches have also been tested with different socio- and cultural sub-
26 populations with providers who offer culturally and linguistically responsive services.
27 Therapeutic treatments designed to address the trauma associated with parent-child
28 separation should be delivered by culturally and linguistically appropriate providers of
services.

1 29. Based on our review of the facts provided regarding Plaintiff's
2 experiences, we believe that the Plaintiffs, and similarly situated children and parents,
3 should be provided immediate mental health assessments, followed by appropriate
4 long-term individual and family therapy from culturally and linguistically-appropriate
5 professionals in a safe environment to address the consequences of the trauma caused
6 by their separations.

7
8 Pursuant to 28 U.S.C. § 1746, we declare under penalty of perjury under the
9 laws of the United States of America that the foregoing is true and correct.

10
11 Executed on July 8, 2018.

12
13 By:

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15 

16
17 _____
18 Kenneth Berrick

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20 _____
21 John Sprinson, Ph.D.

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24 _____
25 Kevin Campbell

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I, Kenneth Berrick, declare as follows:

1. I make this declaration based on my own personal knowledge, and if called as a witness, I could and would testify to the following matters.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed at Oakland, California on July 8, 2018



Kenneth Berrick

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I, John Sprinson, declare as follows:

1. I make this declaration based on my own personal knowledge, and if called as a witness, I could and would testify to the following matters.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed at Oakland, California on July 8, 2018



John Sprinson

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I, Kevin Campbell, declare as follows:

1. I make this declaration based on my own personal knowledge, and if called as a witness, I could and would testify to the following matters.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed at Lakewood, WA, 2018



Kevin Campbell

Exhibit A

KEN BERRICK

SENECA FAMILY OF AGENCIES
FOUNDER, PRESIDENT & CEO

(510) 507-4488 | ken@senecacenter.org | www.senecafoa.org

ACCOMPLISHMENTS & AGENCY HIGHLIGHTS

- Led the team that founded Seneca Center (now Seneca Family of Agencies) in 1985; developed the agency from 12 staff serving 10 children to its current status: a multi-state agency employing over a thousand employees and serving over eight thousand children and their families annually in community-based, school-based, residentially-based, and crisis intervention programs. (1985)
- The Unconditional Care Model named as a Youth Thrive Exemplary Initiative by the Center for the Study of Social Policy. (2014)
- Received Investing in Innovation (i3) Development grant from the U.S. Department of Education to expand Unconditional Education programs – a whole-school, multi-tiered intervention program implemented in partnership with public and public charter schools in California. (2013)
- Awarded a three-year grant by the U.S. Department of Health and Human Services to implement the Lifelong Connections Initiative, which provides integrated Family Finding/Family Group Decision Making services for San Francisco County children and families. (2012)
- Merged with Kinship Center and formed Seneca Family of Agencies which expanded the organization's statewide presence to include Monterey, Orange, Riverside, San Benito, San Luis Obispo, Santa Clara and Los Angeles Counties as well as expanded the agency's continuum of care to include adoption and kinship care support services. (2011)
- Co-Authored Unconditional Care, documenting Seneca's treatment model for working with youth with intensive needs through relational, behavioral, and ecological streams of assessment and intervention.
- Partnered with national experts in Family Finding and permanency best-practices to create the internationally-recognized, National Institute for Permanent Family Connectedness. (2010)
- Piloted Residential Based Services, now the model for California's Continuum of Care Reform. (2010)
- Achieved Joint Commission accreditation. (2010)
- Opened Willow Rock Center, California's first unique children's Crisis Stabilization Unit providing 23-hour crisis response services for youth experiencing acute mental health crisis in Alameda County. (2007)
- Provided the first wraparound services in California, Project DESTINY, through SB 163 in Alameda County. (1997)
- Sponsored Intensive Treatment Foster Care legislation (California SB 2234), and implemented the pilot project for children and youth at risk of high-level group home placement. (1991)

POLICY DEVELOPMENT

- Involved in many aspects of policy development with the California Department of Health Care Services, the California Department of Social Services, the California Department of Education, the Region 9 Office of the U. S. Department of Health and Human Services, the California Council of Behavioral Health Agencies, the Mental Health Services Oversight & Accountability Commission, and local county governments across the state.
- Represents service providers in the California Child Welfare Council, which is responsible for improving the collaboration and processes of the multiple agencies and courts which serve children and youth in the child welfare and foster care systems (2007-present)
- Assisted in the development of AB 403 in 2015, resulting in the implementation of Continuum of Care Reform.
- Supported the passing of AB 1453 in 2007, resulting in the implementation of Residentially Based Services (RBS) in 2010
- Participated in the development of the California Department of Mental Health Advisory Committee to establish regulations for Community Treatment Facilities to serve as alternative placements to psychiatric hospitalization. (1998)
- Participated on a statewide panel at the Rose Jenkins Conference addressing education reform and mental health systems of care in a managed care environment. (1998)
- Participated in the Wraparound Accreditation Committee in conjunction with the California Department of Social Services to develop and guide statewide legislation and standards for wraparound services under SB 163. (1998)
- Testified before the Little Hoover Commission regarding the current status and future directions of residential treatment for California children with emotional and behavioral challenges. (1998)
- Assisted in the preparation of California Senate Bill 969, which allows for the expansion of the intensive treatment foster care pilot throughout the state (1995).
- Developed and sponsored Senate Bill 2234 that funded pilot projects to provide Intensive Treatment Foster Care, a model for the reform of residential care for California children with serious emotional and behavioral issues (1990).

PUBLICATIONS

Sprinson, John & Berrick, Kenneth. (2010). *Unconditional Care: Relationship-Based, Behavioral Intervention with Vulnerable Children and Families*. New York, NY: Oxford University Press.

Berrick, Ken., Detterman, Robin., Rosenthal, Lihi., & Ventura, Jenny. (Forthcoming). *Unconditional Education*. New York, NY: Oxford University Press.

PROFESSIONAL EXPERIENCE

TRUSTEE, AREA 3 | ALAMEDA COUNTY OFFICE OF EDUCATION |
2008 - PRESENT

PRESIDENT AND CHIEF EXECUTIVE OFFICER | SENECA FAMILY
OF AGENCIES | 1985 - PRESENT

FAMILY COUNSELOR & STAFF TRAINER | GROWING MIND
CENTER | 1984 - 1985

PAROLE ASSISTANT | CALIFORNIA YOUTH AUTHORITY |
1983 - 1984

EDUCATION

CALIFORNIA STATE UNIVERSITY, SACRAMENTO | 1982

Bachelor of Arts in Psychology

AWARDS

Leadership Award, The James Irvine Foundation, 2017.

Mental Health Achievement Award, Mental Health
Association of Alameda County Certificate of Special
Congressional Recognition, 2015.

Advocate of the Year, California Mental Health Advocates
for Children and Youth, 2014.

City Funds Organization to Watch Award, New Schools
Venture Fund, 2014.

Employee's Choice Best Medium Sized Company to Work,
Glassdoor, 2014.

Exemplary Youth Program (Unconditional Care-Seneca
Family of Agencies), Center for the Study of Social Policy,
2014.

AFFILIATIONS

- Human Exploitation and Trafficking Institute (HEAT). Commissioner, Blue Ribbon Panel. 2015-present.
- Alliance for Strong Families and Communities. Member, CEO Advisory Council. 2015-present.
- Pahara-Aspen Education Fellowship. Fellow, Spring 2016 Cohort.
- East Bay Innovation Academy (EBIA) Charter School. Member, Board of Directors, 2014-present.
- Support, Opportunities, and Rapport (SOAR) for Youth. Member, Board of Directors, 2014-present.
- California County Boards of Education. Legislative Committee Chair, 2010-2011; Executive Committee, President-Elect, 2010-2011; President, 2011-2012.
- California School Boards Association. Board of Directors, 2011-2013.
- California Alliance of Child and Family Services. Board of Directors President, 2008; Education Committee Member, 1998-present.
- California Association of Children's Homes. President, 1999, 1989-1990; Chair, Government Affairs Committee, 1999. Chair, Legislative Affairs Committee, 1990-1991.
- Chabot Space and Science Education Center. Member, JPA Board of Directors, 2009-2011.
- California Child Welfare Council. Governor's Appointee, 2007-present.
- California Council of Community Mental Health Agencies. Member-at-Large, 2005-present; Board of Directors, 2009-2017.
- National Association of Private Special Education Centers, Member, 2009-2013.
- Alameda Council of Community Mental Health Agencies. Member, Children's Committee, 2007; Chair, Children's Committee, 2006; Member, 1994-present.
- Alameda County Mental Health Services Act Planning Commission. Member, Steering Committee, 2006; Member, Stakeholders Group, 2006-present.
- The Child Welfare Services Stakeholders Group, Flexible Funding Subcommittee 2001-2002.
- Alameda County Interagency Children's Policy Council. Member, 1994-1998.

Exhibit B

Training and consultation to various external children's organizations such as Court Appointed Special Advocates (CASA) and Legal Services for Children on child development and trauma-informed practice.

- 1986-2002 **Consulting Psychologist**
Seneca Center for Children
Clinical supervision and training, program supervision and consultation.
- 1985-Present **Private Practice of Clinical Psychology**
Child, adolescent and adult psychotherapy, psychological assessment, professional consultation, custody evaluation.
- 1983-87 **Adjunct Clinical Instructor**
Department of Clinical Psychology
University of California at Berkeley
Supervision of graduate interns in child, family and couples therapy.
- 1981-86 **Assistant Director**
Lincoln Child Center, Day Treatment Program
Supervision of milieu treatment program for children and their families, psychological assessment, clinical supervision, program planning and grant writing.
- 1977-78 **Consulting Psychologist**
Lee-Harnett Community Mental Health Center, Sanford, NC.
Intellectual and psychological assessment of children, consultation.

TEACHING EXPERIENCE:

- 1975-76 Duke University, Department of Psychology
Teaching Assistant, Introductory Statistics
- 1976 Duke University, Department of Psychology
Instructor: Psychology Tutorial – Psychology of Sex Roles

RESEARCH EXPERIENCE:

1. Unpublished Major Area Paper:
“A qualitative Approach to Time Perspective”, 1976.
Unpublished Manuscript:
“The Development of a Realistic Image of the Future During Adolescence”, 1979
Unpublished Dissertation:

“Realism of Adolescent Time Perspective”, 1980.

2. Research Fellow, Department of Psychology, Duke University 1979-80. Community mental health project.

LICENSURE: Clinical Psychology, California #PSY 8451, Granted 1984.

REFERENCES: Available upon request.

PROFESSIONAL AFFILIATIONS: American Psychological Association

PUBLICATIONS: Sprinson, J.S. and Berrick, K. (2010) *Unconditional Care: Relationship-based, behavioral intervention with vulnerable children and families*. New York, 2010.

CONFERENCE PRESENTATIONS:

California Mental Health Advocates for Children and Youth, Annual Conference, May 6 2010. Pacific Grove, CA. *Unconditional Care: An Integrated Approach to Relationship-based, Behavioral Intervention with Vulnerable Children and Families*.

Foster Family-based Treatment Association Annual Conference, Baltimore Maryland. August 3, 2010. *Unconditional Care: Relationship-based, Behavioral Intervention with Vulnerable Children and Families*.

University of California at Berkeley School of Social Welfare, Colloquium. November 8, 2010. *Unconditional Care: Integrating Diverse Approaches to Supporting Vulnerable Children and Families*.

American Association of Children’s Residential Centers Annual Conference, Seattle, Washington. April 6, 2011. *Unconditional Care: Relationship-based, Behavioral Intervention with Vulnerable Children and Families*.

Association for Treatment and Training in the Attachment of Children National Conference. Baltimore, Maryland, September 2012. *Unconditional Care: Treatment as Revision of the Internal Working Model*.

TRAINING PRESENTATIONS

(Regular training opportunities for clinicians, direct service staff, foster parents, CASA volunteers, and child welfare workers.

Attachment and Relational Treatment: a review of the science and clinical lore of attachment research and observation, application of this body of work to the treatment of children in the child welfare, special education and juvenile justice systems.

Positive Behavioral Intervention: the use of behavioral assessment and intervention in supporting children and youth in both milieu settings and in their families and communities.

Trauma and Its Effects on Child Development: current science on exposure to traumatic stress, the convergence of trauma studies and attachment science, current thinking on support and treatment of traumatized children and adolescents.

Curiosity and Relational Assessment: a critique of current, problematic approaches to assessment and presentation of alternative schemas or assessment and evaluation based on resiliency theory, attachment science and trauma studies.

Ecological Issues In Work With System-Involved Children and Families: a presentation of the historic and current contextual challenges encountered by families and children living in poverty and facing racism and other forms of oppression. The entwined, synergistic effects of these challenges are discussed and engaging these issues in our interventions is discussed.

Exhibit C

Kevin A. Campbell

Education

1983–85 Lower Columbia College
Fine Arts Studies
Fine Arts Scholarship Theatrical Set Design

1990-92 University of Washington
School of Social Work
Social Services Administration

Employment

December 06- Present Founder and Director
Center for Family Finding and Youth Connectedness
Seneca Center for Children and Families

Consultation and Training:

Provided technical assistance regarding Family Finding model to over 40 states and many jurisdictions throughout the country and British Columbia.

Trainings: Family Finding, Emancipation, Permanency

December 02-Present Campbell Houston Group, Inc
President, CEO
Child Welfare Permanency Planning Consultant
40 Child Welfare Jurisdictions in the United States

October 04-July 06 Technical Assistance Provider
National Resource Center for Family Centered Practice and Permanency planning, Hunter College School of Social Work, New York, New York
A Program of the Children's Bureau ACF/DHHS

April 05- March 06 Vice President of Strategic Planning and Service Innovation
EMQ Children and Family Services

July 97-April 05 Director of Intensive Resources, Family Preservation System
Catholic Community Services of Western Washington

Areas of Responsibility for Catholic Community Services:

F.A.S.T. (Family Access to Stabilization and Transition) Crisis Intervention teams serving five counties in Western Washington. Jointly funded by Division of Children and Family Services and the Pierce County Regional Support Network. Primary mission to divert children and adolescents from acute psychiatric hospital admissions and prevent or end placement in out-home-care settings (E.g. foster care, group homes and residential facilities). The service responds to 450 to 500 crisis episodes annually. (4.5 million dollar annual budget)

Foster Care Licensing, Recruitment, Retention and Policy
90 active licensed beds, 300 placements per year.

Family Preservation System Administration: Policy, Development, Personnel (300 employees), Personnel Recruitment and Legislative Advocacy. (12 million dollar annual budget)

One of 70 employees in overall leadership position within an agency of 3000 employees and 12,000 volunteers. (Annual budget of 80 Million dollars).

November 87- June 97

Family Services Administrator
Service Alternatives for Washington

Family Services Administrator for the State of Washington, 13 Group Home facilities, 5 regional administrative offices and 150 licensed foster homes in the State of Washington. The agency provided services to adolescents and children as a result of disruption from home or residential facilities. Four of the group homes specialized in the care of children and adolescents with severe autism or pervasive developmental disabilities.

The agency grew from services to six children/youth in one county in 1987 to 220 in 35 counties in 1997 while I was Family Services Administrator.

300 employees (annual budget of 14 million dollars)

Articles/Publications and Presentations

Central Washington University
WAFTS Washington State Foster Care Conference
Integrated In-Home Services
Ellensburg, Washington
October 2001

Office of the Director of Health and Human Services
Sacramento, County
Family Access to Stabilization and Transition
Sacramento, California
November 2001

Focal Point: Portland State University,
“Who Am I, Why Family Really Matters”
Barbara Boisvert; Gina Brimner; Kevin Campbell;
Don Koenig; John Rose, MD; Mary Stone Smith
Winter 2001/ Spring 2002

River Oak Children and Family Services
Family Search and Connection
Sacramento, CA
November 2002

Families for Kids Partnership
Washington Permanency Report 2002

Pierce County Mental Health, Managers Report
“FAST Program Provides Connections for Youth and
Families: Fall 2002

Catholic Charities USA
“Who Am I, Why Family Really Matters”
Barbara Boisvert; Gina Brimner; Kevin Campbell;
Don Koenig; John Rose, MD; Mary Stone Smith
Winter 2002

Stuart Foundation Permanency Convening I
FAST, The Search for Relatives
San Francisco, California
April 2002

Washington Behavioral Healthcare Conference

Family Access to Stabilization and Transition
Wenatchee, Washington
June 2002

Articles/Publications and Presentations Continued

Fourth Annual Permanency Conference
Families Forever: Supporting Lifelong Connections
Creative Strategies for Family Search
Using a Wraparound Process, Principles and Approaches to
Create Permanency for Adolescents
Minneapolis, Minnesota
October 2002

Families for Kids Partnership
Permanency Innovators
Family Access to Stabilization and Transition
Seattle, Washington

Stuart Foundation Permanency Convening II
FAST and EMQ Children and Family Services
Replication Efforts San Francisco, California
April 2003

Department of Health and Human Services
Permanency Convening VI
Early Identification of Relatives to Expedite
Permanency Planning
Washington, DC
May 2003

National Resource Center for Foster Care and Permanency
Permanency Today,
"Lighting the Fire of Urgency: Families Lost and Found in
America's Child Welfare System"
Kevin Campbell, Sherry Castro, Nicole Houston, Don
Koenig, Terry Roberts, John Rose, MD and Mary Stone-
Smith
Summer 2003

University of Wisconsin
Western Wisconsin Partnership for Children and Families
Rice Lake and Lacrosse, Wisconsin
October 2003

The Loneliest People (Family Finding)
CBS 60 Minutes with Leslie Stahl
Produced by Denise Schrier Cetta
January 2007

Legislative Committee/Sub-Committee Assignments

Kinship Oversight Committee, Reports to the Washington
State Legislature December 2004

Family Search Sub-Committee
Define diligent relative search standards for state social
workers

Recommend definition of Relative of Specified Degree to
State Legislature December 2004

DECLARATION OF J.P.

1
2
3 1. I, J.P., make this declaration based on my own personal knowledge, and
4 if called as a witness, I could and would testify to the following matters:

5 2. I am a mother seeking asylum for myself and my sixteen-year-old
6 daughter, L.P., who I love very much. We come from a small town in Guatemala,
7 where L.P. and I lived with my mother and my two sons, W.P., who is eighteen years
8 old, and R.P., who is twelve years old. Before being separated by immigration
9 officers in the United States, L.P. and I had never been separated. For weeks after she
10 was taken from me, I was given no information about where my daughter was, and I
11 was terrified that something terrible had happened to her. Because I speak the Mayan
12 dialect Q'eqchi' and understand very little Spanish and no English and do not know
13 how to read or write, and the immigration officials do not speak to me in my language,
14 I was unable to ask for information or understand any information given to me. Until
15 I got my lawyer, I was completely lost.

16 3. In Guatemala, I always took good care of L.P. and watched over her. I
17 am a woman of strong faith and attended church four times a week. At church, I
18 cooked food that was given to families who were too poor to buy their own food.

19 4. I left Guatemala because I was afraid that my husband would carry out
20 his threat to kill me. My husband sexually and physically abused me and threatened
21 to kill me. I took my daughter with me when I fled Guatemala because I felt she
22 would be in danger without me there.

23 5. After L.P. and I left Guatemala, it took us about ten days of difficult
24 traveling to get to the United States. I was frightened the whole time because I had
25 never before left my village where people speak my language. Once I left my village,
26 I could not understand anything that was happening since people spoke Spanish, and I
27 understand very few words in that language. At times, L.P., who speaks Spanish,
28 would translate for me, so I was very dependent on her once we left our village.

1 6. On about May 17, 2018, we crossed the border to the United States in
2 Arizona and were discovered by immigration officials. The officials took us to an
3 office and questioned us. L.P. would translate from Spanish to Q'eqchi' for me.

4 7. Afterwards, immigration officials took us to a large room, where I stayed
5 for about nine days and L.P. stayed for about three days. There were maybe 150
6 people there. It was so crowded that there was only room for sitting; you could not lie
7 down to sleep. There were no beds. We had only nylon blankets. There were no
8 clocks or phones, and the room was windowless with the lights always on, so we
9 could not tell if it was day or night.

10 8. It was very difficult to sleep. The light was on for the entire nine days,
11 people were always being brought in and out, and there were children crying.

12 9. It was very, very cold in the room. My daughter was especially cold
13 because her pants had gotten wet up to her knees from when we were crossing a river.
14 They did not give her any other clothes to wear.

15 10. All we had to eat was lukewarm soup, which my daughter would not eat.

16 11. We had to drink water from the same tap used for the bathroom. One
17 time when some detainees complained that they did not want to drink the water from
18 the bathroom, the guards said something like "you should not have come here if you
19 don't like our water."

20 12. We were not allowed to take showers, but it would have been hard to do
21 so anyway because there was no soap made available for us.

22 13. We were not allowed to make any phone calls, and we were not told
23 anything about if or when we would be released. It was really frightening to not know
24 what was happening, how long we would be there, or what would happen to us. I felt
25 helpless.

26 14. The feeling in the room was awful. There was only sadness in that place.
27 You could hear the children crying and crying as they were being separated from their
28 mothers. I remember seeing three guards physically take away a child from a
mother's arms.

1 15. After about three days, officials took L.P. away from me. Nobody
2 explained what was happening. L.P. was sobbing and afraid. As they separated us,
3 L.P. was so scared that she fell and hit her face on the floor. I was terrified of what
4 would happen to her. I cry just thinking about it.

5 16. I have not seen my daughter since that horrible day. Because I do not
6 speak English or much Spanish, I could not ask anyone for help. After the separation,
7 I had no way to tell anyone I had lost my daughter, and no one from the government
8 offered to help me find her. And because my daughter helped me translate ever since
9 we left our village, without her, I have been even more lost. From one day to the next,
10 I do not know what is going to happen.

11 17. I have had two court dates since being taken into custody in the United
12 States. There was a translator on the phone both times, but I do not remember the
13 judge asking me about L.P. or whether I had been separated from my child.

14 18. In early June, one of the other women detained with me helped me fill
15 out a request form to the government asking for L.P.'s location. At some point, a
16 guard returned the form to me and it had words written on it. I could not understand
17 the words because I do not read or write. No one explained what the paper said, so I
18 did not know what it said for weeks, until the day my attorney explained it to me, on
19 about June 21, 2018. My attorney explained to me that the paper indicated my
20 daughter's location, but it did not have a phone number to reach her.

21 19. Until June 21, 2018, when an attorney came to meet with me, I thought I
22 might never again see my daughter. I felt hopeless. The pain of being separated from
23 my daughter and worrying about her every day is indescribable. As a mother, I feel
24 enormous anguish. All I can think of is my fear for my child. For so long, I did not
25 know where she was taken. I had no thoughts but sadness for me and my daughter's
26 sadness at being alone.

27 20. On June 22, 2018, I was given another paper that did have a phone
28 number for my daughter. That form was dated June 18, 2018, but I did not receive it

1 until June 22, 2018. I would not have been able to understand it if my attorney had
2 not explained it to me through an interpreter.

3 21. On June 22, 2018, ICE agents finally arranged for me to speak by
4 telephone with my daughter, because my attorney had insisted on this. When I was
5 finally able to hear her voice on the phone after a month of not knowing where she
6 was, I started crying. She was crying, too. After all this time, I felt so relieved to
7 finally hear her voice. It made me content for the first time since she was taken from
8 me. I had begun to think I would never talk to her again.

9 22. Right now, I am detained in a DHS detention facility in California
10 separated from my daughter. She is in a strange place with strangers. I am in a
11 strange place, too, where one day I see a fellow detainee mother, and the next day she
12 has disappeared. I worry that one day, the same will happen to me. What if I am
13 deported without her? I fear I will never see my daughter again.

14
15 I declare under penalty of perjury under the laws of the United States that the
16 foregoing is true and correct.

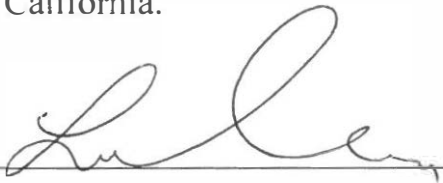
17
18 Executed on July 5, 2018 in Irvine, California.

19
20 JP

21 _____
J.P.

1 I, Lucero Chavez, am fluent in English and Spanish, and I competently
2 translated verbally this declaration into Spanish in the presence of the declarant and
3 Daniel Coc Caal, who then competently translated the Spanish into Q'eqchi, prior to
4 asking the declarant to sign. She indicated in Q'eqchi that she fully understood its
5 contents and that it was true and correct.

6
7 Executed on July 5, 2018 in Irvine, California.

8
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10 

11
12 Lucero Chavez

13 I, Daniel Coc Caal, am fluent in Spanish and Q'eqchi, and I translated the
14 Spanish oral translation of this declaration into Q'eqchi in the presence of the
15 Declarant, who indicated she understood the declaration's contents and that it was true
16 and correct, prior to signing it.

17 Executed on July 5, 2018, at Irvine, California.

18
19 

20 Daniel Coc Caal

EXPERT DECLARATION ALEJANDRA ACUÑA

I, Alejandra Acuña, hereby declare as follows:

1. I am a licensed clinical social worker, accredited by the state of California. I am currently an Assistant Professor in the Department of Social Work at California State University, Northridge.

2. I earned my Ph.D. in Social Welfare from University of California, Los Angeles, in 2015. I also hold a Master's degree in Social Welfare from University of California, Berkeley. I have over 20 years of experience as a clinical social worker and have provided the full range of clinical services, which consists of client engagement, bio-psycho-social-spiritual assessment, diagnosis, treatment planning, clinical interventions and case management, progress monitoring, evaluation, and termination. I have worked with children and families in child protective services systems, non-profit community-based organizations, and public-school districts. Most of my clients have been from low-income, ethnic minority, and/or immigrant communities (including unaccompanied minors), and have experienced domestic and community violence, deportation, incarceration, and other traumatic events. In 2001, I conducted a psychological assessment and provided expert testimony in a deportation proceeding. In the last year, I have completed three psychological assessments for asylum proceedings with three more underway this summer.

3. Attached hereto as Exhibit A is my Curriculum Vitae.

4. My declaration is based on my education, clinical and research experience, as well as a review of scientific literature. Attached as Exhibit B is a list of references to research relied on in support of my declaration.

5. On July 5, 2018, I conducted an evaluation of J. P. at the James A. Musick Facility in Irvine, CA. J.P. is a 37-year-old woman from Guatemala who came to the United States with her adolescent daughter, L.P., in May 2018. I understand from my meeting with J.P., that she was forcibly separated from her daughter by U.S. immigration authorities shortly after arriving in the United States.

1 6. J.P. reports that she was terrified by the fact of separation and thought that
2 she would never see her daughter again. J.P. told me that no one explained to her what
3 was happening. J.P. reports that when her daughter, L.P., was told about the separation,
4 L.P. began to sob, was frightened, fainted, and fell to the ground hitting her face, causing
5 injury with bleeding.

6 7. It is my professional opinion that J.P. is displaying symptoms of post-
7 traumatic stress disorder (PTSD) as a result of her separation from her daughter. J.P.
8 reports having upsetting thoughts or images about being separated from her daughter
9 “almost always.” She reports having bad dreams and nightmares “half the time.” She
10 reports feeling upset when she thinks or hears about events that have transpired “almost
11 always” and reports crying four times a day. She reports having feelings in her body
12 when she thinks about or hears about being separated from her daughter “almost
13 always.” J.P. became visibly tearful when speaking about her daughter. J.P. also
14 reports feeling as if her future plans will not come true “half the time.” She reports
15 having trouble falling or staying asleep “almost always” and waking up three times in
16 the middle of the night. J.P. reports being tired a lot (compared to the energy she had
17 in Guatemala). She also reports having trouble concentrating “almost always.”

18 8. It is also my professional opinion that J.P. is displaying symptoms of both
19 depression and anxiety. J.P. reports feeling nervous, anxious, unable to control
20 worrying, and feeling afraid that something awful will happen nearly every day. She
21 reports that when she sees women leave the detention center, she does not know where
22 they go and what happens to them. She worries what will happen to her next. She also
23 reported feeling down, depressed or hopeless, having trouble falling asleep, and feeling
24 tired or having little energy nearly every day.

25 9. J.P. told me that she wishes she could talk to someone about what is going
26 on and the “sadness she feels in her whole body,” but there is no one at the facility who
27 speaks her language. I have interviewed other women at Musick Detention Center and
28 they have not reported having access to mental health treatment.

1 10. It is my experience that some families who have been detained, have
2 suffered trauma in their countries of origin, as well as on their journey. Where parents
3 and children are already vulnerable, the practice of separating parents from children
4 causes further harm to both parents and children.

5 11. If left untreated, it is my opinion that the symptoms that J.P. has reported
6 could escalate into a diagnosis of PTSD, Dissociative Disorder, and Major Depressive
7 Disorder. PTSD can further escalate into more severe mental health and social
8 problems. According to the fifth edition of the Diagnostic and Statistical Manual of
9 Mental Disorders (APA, 2013), these problems can include (1) intrusive recollections
10 of the event (sensory, emotional, or physiological behavioral components); (2)
11 dissociative states (from a few seconds to several hours or even days); (3) negative
12 alterations in cognitions or mood (begin or worsen after exposure to the traumatic
13 event). Additionally, individuals with PTSD may be quick tempered, engage in
14 aggressive verbal and/or physical behavior, or may engage in reckless or self-
15 destructive behavior. Some individuals experience persistent dissociative symptoms of
16 detachment from their bodies (depersonalization) or the world around them
17 (derealization). Developmental regression, such as a loss of language in young children,
18 may occur. Auditory pseudo-hallucinations and paranoid ideation can also occur.
19 Following prolonged, repeated, and severe traumatic events, individuals may
20 experience difficulties in regulating emotions or maintaining stable interpersonal
21 relationships, or dissociative symptoms. Further, traumatic events increase a person's
22 risk for suicide. PTSD is associated with suicidal ideation and attempts (APA, 2013).
23 There are also functional consequences of PTSD. PTSD is associated with high levels
24 of social, occupational, and physical disability, as well as considerable economic costs
25 and high levels of medical utilization. Impaired functioning is exhibited across social,
26 interpersonal, developmental, educational, physical health, and occupational domains
27 (APA, 2013).

1 12. It is also my opinion that J.P.'s daughter, who is separated from her mother
2 and currently detained, is at risk of mental health problems as a result of separation. For
3 youth specifically, multiple exposures to stressful conditions puts them at increased risk
4 for developing mental health problems, such as PTSD symptoms (Aisenberg &
5 Herrenkohl, 2008; Lambert, 2010), depression and anxiety (Gopalan, 2010). Similar to
6 other conditions seen in childhood, about 75% of those youth with PTSD have a co-
7 occurring condition such as depression, another anxiety disorder, substance abuse,
8 dissociation, increased suicidal thoughts and behaviors or conduct problems (Aisenberg
9 & Herrenkohl, 2008). Additionally, traumatized children are more likely to be involved
10 in violent relationships, either as victims or perpetrators (Gopalan et al., 2010). Further,
11 ongoing exposure to traumatic events may disrupt cognitive development (Cooley-
12 Strickland et al., 2009), including decreased IQ and be related to decreased academic
13 functioning (Aisenberg & Herrenkohl, 2008) and decreased rates of high school
14 graduation (Stein et al., 2003). Finally, youth need more support than adults because
15 they are less skilled at expressing their trauma-related concerns and have fewer informal
16 and formal sources of support and psychological coping (Cooley-Strickland et al.,
17 2009).

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22 13. As a result, I believe that there is a substantial risk of imminent harm for
23 J.P. and any other detainees who remain untreated. Based on my experience, it is my
24 professional opinion that the trauma of family separation places individuals at a high
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1 risk for PTSD or other trauma-based disorders. It is imperative that all parents and
2 children who are similarly situated to J.P. and her daughter be screened for symptoms
3 of trauma, including but not limited to PTSD, depression, and anxiety. Researchers
4 documented various ways that children expressed reactions to their parents leaving,
5 including anger, distress, feelings of vulnerability, abandonment, and somatic
6 complaints (Shapiro et al, 2013). One study found that children separated from their
7 parents due to immigration were more likely to report depressive symptoms than
8 children who had not been separated (Suarez-Orozco, 2002). Another study examining
9 the impact of trauma exposure and immigrant stressors on psychopathology among
10 urban Latino youth found acculturative stress positively associated with
11 psychopathology, separation from either parent associated with externalizing symptoms
12 and PTSD, and lifetime violence exposure strongly related to all forms of
13 psychopathology (Gudino, Nadeem, Kataoka & Lao, 2011). A large, longitudinal study
14 measured three types of separation (not due to death): maternal, paternal, and from both
15 parents, across the ages of 1–15 years (N=985,058). Each type of separation was
16 positively associated with both schizophrenia and bipolar disorder (Paksarian, Eaton,
17 Mortensen, Merikangas & Pederson, 2015).

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25 11. Following screening, any parents or children displaying symptoms of
26 trauma should be provided with immediate treatment. Any delay in providing screening
27 and/or treatment may risk exacerbating the consequences of trauma, and may cause
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1 permanent harm. Children exposed to trauma can experience a number of short-term
2 and long-term disturbances in self-regulation (e.g., avoidance, withdrawal, sleep
3 disturbance, changes in appetite, difficulties regulating mood, and difficulties
4 concentrating, exaggerated startle response, hyper-vigilance, a need to repeat the event
5 through words and/or play, flashbacks or re-experiencing), somatic complaints (e.g.,
6 headaches, stomachaches, and back pain), as well as increased disturbances in mood,
7 developmental achievements, behavior and risk-taking activities (e.g., using drugs and
8 alcohol, promiscuous sexual activity, skipping school, running away from home). If
9 symptoms do not subside over time on their own or with treatment, individuals may
10 develop depression, anxiety, PTSD, personality changes, substance abuse, and impaired
11 school functioning. Additionally, traumatized children are more likely to be involved
12 in violent relationships, either as victims or perpetrators (Gopalan et al., 2010, p. 189).
13 Mexican and Central Americans may be exposed to stress before, during, and after
14 migration (Torres et al., 2018). A growing body of research on the psychosocial impact
15 of forced migration documents the refugee experience as a chronic process of
16 traumatization. The complex cluster of pre-flight and post-flight stressors of war,
17 violent loss, persecution, ethnic conflict, family separation, cultural uprooting,
18 acculturation stressors and legal insecurity forms a pervasive cumulation of life-
19 threatening events and multiple losses and, thus, identifies the refugee experience as a
20 long-term adverse context (Lustig et al., 2004 in Haene, Grietens & Verschueren, 2010).
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1 There is a significant positive relationship between multiple adverse events and poor
2 outcomes; as the number of adverse events increases – even two or more – health and
3 mental health-related outcomes worsen (CAMHI, 2014). Given the number of stressors
4 that families and children face, access to care becomes even more important.
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6 12. Appropriate treatment for trauma caused by separation should consist of
7 family therapy, which includes all family members and is necessary to address family
8 pain. Treatment should ideally be provided outside of detention as symptom recurrence
9 and intensification may occur in response to reminders of the original trauma, ongoing
10 life stressors, or newly experienced traumatic events (APA, 2013).
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13 13. Attachment theory demonstrates the urgency of providing therapy in the
14 family environment. John Bowlby developed attachment theory by studying the
15 behaviors of normal infants and children who had experienced temporary separations
16 from and reunifications with their parents, in order to make generalizations about their
17 mourning behaviors. Bowlby described attachment as a homeostatic control mechanism
18 that is preferentially responsive to a small number of familial caregivers, maintaining
19 the relationship with the attachment figure within certain limits of distance and
20 accessibility. He asserted that the infant's response to potentially fearful situations was
21 partly dependent on predictions of how available the attachment figures were going to
22 be. He also felt that patterns of attachment became stable over time and could be
23 transmitted intergenerationally. Confusion, helplessness and displaced rage of children
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1 after parent-child separation is a normal reaction (Shapiro et al, 2013). The child must
2 maintain proximity to, contact with, or availability to the significant person because
3 distress will likely be experienced at involuntary separation. To ensure safety and
4 security, close physical proximity to the attachment figure is the set goal of the
5 attachment system for very young children. This attachment behavioral system is
6 important for infants, toddlers, and school-age children in that they are still not
7 competent to make decisions completely on their own regarding their activities,
8 supervision, or protection (Kuehnle & Ellis, 2002).
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12 14. A 2001 study demonstrates that parental attachment is critical to recovery
13 from trauma. In a study with children hospitalized for treatment of severe burns, the
14 development of PTSD could be predicted by how safe they felt with their mothers (Saxe,
15 2001). The security of attachment to their mothers predicted the amount of morphine
16 that was required to control their pain – the more secure the attachment, the less
17 painkiller needed. In another study with New York City children who had directly
18 witnessed the terrorist attacks on 9/11, children whose mothers were diagnosed with
19 PTSD or depression during follow-up were six times more likely to have significant
20 emotional problems and eleven times more likely to be hyper-aggressive in response to
21 their experience (Chemtob et al., 2008). While parents need all the help they can get to
22 help raise secure children, traumatized parents, in particular, need help to be attuned to
23 their children's needs. Parents who are preoccupied with their own trauma, such as
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1 domestic abuse or rape may be too emotionally unstable and inconsistent to offer much
2 comfort and protection, which may lead to disorganized attachment. Children with
3 disorganized attachment are at high risk of developing a range of psychiatric problems
4 and show more physiological stress, as expressed in heart rate, stress hormone
5 responses, and lowered immune factors (Hertsgaard et al., 1995). Children whose
6 parents are reliable sources of comfort and strength have a lifetime advantage – a kind
7 of buffer against the worst that fate can hand them (van der Kolk, 2014). So mental
8 health treatment for parents is important for both generations.
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12 15. Some practitioners and researchers have called the Latino family the ‘great
13 untapped resource since it is a natural support system that promotes health,
14 psychological growth and protection against stressors. This is supported by literature
15 that points out many research-based protective factors that prevent development of
16 PTSD after trauma exposure, including parenting, good parental mental health, and
17 good child somatic health history (Qouta, Punamäki & Sarraj, 2008); highly functioning
18 parents and good family relations (e.g., communication, bonding and warmth) (Cooley-
19 Strickland et al., 2009). There is good reason to believe that parents influence the
20 development of behavior in children that may be involved in moderating the impact of
21 stress’ (Masten, 2001).
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26 16. Two approaches for the treatment of PTSD treatment among children and
27 adolescents have shown substantial evidence of effectiveness - Cognitive Behavioral
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1 Intervention for Trauma in Schools (CBITS) and Trauma-Focused Cognitive
2 Behavioral Therapy (TF-CBT) - have common elements, including: 1)
3 *Psychoeducation* about PTSD, anxiety, and the prevalence and impact of trauma; 2)
4 *Relaxation and Affective Modulation Skills* for managing physiological and emotional
5 stress; 3) *Exposure or Gradual Desensitization* to memories of the traumatic event and
6 to innocuous reminders of the traumatic event, 4) *Cognitive Restructuring* of inaccurate
7 or maladaptive/unhelpful cognitions, and 5) Parenting, parent-child sessions, and parent
8 sessions. In addition to these common clinical elements, CBT treatment approaches to
9 PTSD also include common delivery components, including and assignment of weekly
10 practice of skills in real-world settings (e.g., home, school), to occur in between
11 sessions. Salient themes that may facilitate resilience: 1) individual coping along with
12 adaptive family functioning; 2) prayer, belief in God, and church services can be
13 adaptive sources of coping; 3) a strong sense of ethnic identity (i.e., a sense of pride in
14 or positive feelings about one's ethnicity and culture; 4) familism, reflecting the values
15 of family solidarity, family support, and an enduring commitment to family members,
16 where one often places the needs of one's family above the individual, has been deemed
17 an important Latino/a cultural value and may buffer the impact of migration-related
18 stressors while family cohesion may be a source of support in the face of immigration
19 stress (Dorsey, Briggs & Woods, 2011).
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1 17. The practice of separating parents from children causes harm to both
2 parents and children, who are already vulnerable from traumatic events before, during,
3 and after their immigration to the US. It is well-established that there is a dose-response
4 relationship between traumatic events and negative physical/mental health outcomes,
5 so it is imperative that further harm is not done and that harm done is addressed. Mental
6 health screening and family-based and effective treatment in a community setting must
7 be provided to parents and children who experienced separation in detention.
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10 I declare under penalty of perjury under the laws of the United States that the
11 foregoing is true and correct.

12 Executed on July 10, 2018, at Los Angeles, CA.

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15 Alejandra Acuña
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Exhibit A

Curriculum Vitae
M. ALEJANDRA ACUÑA, Ph.D. MSW, LCSW, PPSC
aacuna@csun.edu

ACADEMIC APPOINTMENTS

2015- **Assistant Professor**, *California State University, Northridge*; Department of Social Work
2014-15 **Lecturer**, *California State University, Northridge*; Department of Social Work
2014-15 **Lecturer**, *California State University, Los Angeles*; Department of Child and Family Studies,
Department of Chicana/o and Latina/o Studies
2001-14 **Lecturer**, *California State University, Los Angeles*; School of Social Work

EDUCATION, LICENSING & CREDENTIALS

2015 **Ph.D., Social Welfare**, *University of California, Los Angeles*
2007 **Licensed Clinical Social Worker (LCSW)**, *California Board of Behavioral Sciences*
1996 **Master of Social Welfare (MSW)**, *University of California, Berkeley*; Concentration:
Children, Youth & Families
1996 **Pupil Personnel Services Credential (PPSC)**, *California Commission on Teacher
Credentialing*; Specialization: School Social Work; Child Welfare and Attendance
1989 **B.A., Biology**, *Vanguard University*

PEER-REVIEWED PUBLICATION

Acuña, A. & Kataoka, S. (2017). Family Communication Styles and Resilience among Adolescents. *Social Work, 62*(3), 261-9.

IN PRESS

Acuña, M.A., & Martinez, J.I. (in press). Pilot Evaluation of Back to Basics Parenting Training in Urban Schools. *School Social Work Journal*.
Kataoka, S., Vona, P., **Acuña, M.A.**, Jaycox, L., Escudero, P., Rojas, C., Ramirez, E., Langley, A., & Stein, B.D. (in press) Applying a Trauma Informed School Systems Approach: Examples from School Community-Academic Partnerships. *Ethnicity & Disease*.

BOOK CHAPTERS

Acuña, A., Martinez, S., & Warren, B. (1994). Youth and HIV Testing. In M. Quackenbush & K. Clark (Ed.), *The AIDS Challenge: Prevention Education for Young People*. Santa Cruz: ETR Associates.
Acuña, A. (1992). The Smokeless Vision Network. In *Live It Up: Supporting a Tobacco-Free Lifestyle*. NorthBay Health Resources Center.

NON-PEER REVIEWED PUBLICATIONS

Acuña, A. & Escudero, P. (2015). Helping those who come here alone. *Phi Delta Kappan, 97*, 42-45.
Acuña, A. (1996, April). The Child Welfare Worker as Advocate, Part 2. *National Association of Social Workers (NASW) California News, 22*(6), 6.
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Acuña, A. (1995, December). Latin American Immigrants. *FOCUS: A Guide to AIDS Research and Counseling, FOCUS Supplement on HIV Antibody Test Counseling, 11*(1), 1-3.
Acuña, A. (1994, Fall). The Importance of Youth Sensitivity. *FYI: For Youth Information, Newsletter of the Los Angeles County AIDS Programs Adolescent HIV Prevention Project, 2*(2), 3.

SELECTED CONFERENCES & PRESENTATIONS

Minority Male Mentoring: A Multi-Tiered Model for College Success, National Symposium on Student Retention (NSSR), Florida, 2017.

Family Communication Styles, Stressful Events, PTSD and Resilience, Latino Social Worker Organization Conference, Berkeley, 2017.

Evidence-Based Support for Culturally Diverse Students Rising above Trauma: Models for Building Multidisciplinary Workforce, Scaling up Implementation, and Incorporating Youth Voices of Resiliency, The 16th Annual Conference on Advancing School Mental Health, South Carolina, 2011.

Cognitive Behavior Intervention for Trauma in Schools (CBITS), Training for 100 Department of Mental Health sub-contractors, Pasadena, 2010.

Connecting School Social Work Practice to Mental Health and Academic Outcomes, California School Social Work Conference, Oakland, 2008.

The South Los Angeles Resiliency Project: Outcome Evaluation Methods and Results, School Social Work Association of America Conference, Denver, 2008.

Back in Control®: How to get your kids to do what they are supposed to do and Lessons Learned from Developing the School Team Enhancement Project, School Social Work Association of America Conference, Boston, 2006.

HONORS & AWARDS

2009	Friends of School Mental Health Marion McCammond Social Work Award
2004	Heart of Social Work Field Instructor Award - North American Field Educators and Directors
2003	Clinical Instructor appointment, UCLA Department of Social Welfare
2003	Field Instructor, Special Recognition Award, CSULA School of Social Work
2000	Outstanding Field Instructor Award, CSULA School of Social Work
1996	Ryan White's Angel Award for innovative peer education and counseling program, Project ABLE - Los Angeles Free Clinic

SOCIAL WORK PRACTICE EXPERIENCE

2014-	Professional Expert , Los Angeles Unified School District (LAUSD)
2014-16	Clinical Consultant , Plaza Community Services
2013-14	Clinical Supervisor , People Assisting the Homeless (PATH)
2013-14	MSW Intern Supervisor , Glendale Unified School District (GUSD)
2012-13	Clinical Director , El Nido Family Centers
1998-2011	Psychiatric Social Worker (PSW) , Los Angeles Unified School District
1997-98	Neighborhood Outreach Coordinator , Pico Rivera City Hall
1996-97	Social Worker , Sonoma County Family & Children's Services
1993-97	HIV Pre/Post-test Counseling Trainer , State Office of AIDS
1995-96	MSW Intern , Bahia Vista Family Center, San Rafael City Schools
1994-95	MSW Intern , San Francisco Department of Social Services
1992-94	Adolescent Outreach and Education Program Administrator , Los Angeles Free Clinic
1990-92	HIV Services Director , Northeast Valley Health Corporation
1989-90	Health Educator , Northeast Valley Health Corporation

SPECIAL SKILLS

Languages: Fluent in Spanish; conversant in French

Exhibit B

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EXPERT DECLARATION OF CHANDRA ALLEN

I, Chandra Allen, hereby declare as follows:

1. I am a Licensed Clinical Social Worker, and currently serve as the Program Director for the Foster and Adoption Placement Program with Kinship Center at Seneca Family of Agencies (“Seneca”), a multi-state mental health, foster care, and education agency, incorporated in California, that serves over 8,000 vulnerable children and families each year. Prior to serving in this role, I was a bilingual social worker for twenty years at Seneca and Monterey County Department of Social Services. In that role, I investigated reports of child abuse and neglect, provided crisis intervention services to children and families, and made recommendations to courts regarding placement based on children’s best interests and safety. I have extensive training in identifying the effects of trauma in children and during childhood and how to effectively treat these children and families. I received a Bachelor of Arts and Masters in Social Work from San Jose State University.

2. My professional focus includes assessing and supporting the needs of children who have been removed from their parents/caregivers and placed in foster care, as well as assessing and supporting the foster parents/resource families from the time of inquiry throughout the placement of a child and beyond. Assessment is ongoing and Needs and Services Plans are conducted on a regular basis. I have maintained an active caseload over the last fifteen years and have provided evaluations and support to hundreds of adults and children in my career.

3. Attached hereto as Exhibit A is my Curriculum Vitae.

4. My declaration is based on a review of scientific literature and the knowledge and experience accumulated during my education and career as described above.

5. On July 3, 2018, I personally met with L.P, the sixteen year old daughter of J.P., who was born in Guatemala and is currently placed in a Department of

1 Homeland Security detention shelter in Phoenix, Arizona. The interview was
2 conducted in Spanish, in which L.P. appeared fluent.

3 6. During my interview of L.P., I conducted a clinical assessment based on
4 the Child and Adolescent Needs and Strengths (“CANS”) tool. CANS is a systematic
5 method of organizing and communicating results of clinical assessments. It is regularly
6 used by agencies in the public behavioral health system. It is intended to support
7 collaboration among providers and clients and to focus and organize intervention on the
8 most critical areas of clients’ lives.

9 7. L.P. stated that she and her mother traveled to the United States in May
10 2018 in order to escape abuse in their home country of Guatemala.

11 8. On or about May 20, L.P. reported that she and her mother arrived at
12 United States/Mexico border after walking through knee-height water and were stopped
13 by men in white vehicles, asked where they were going, and if they knew that they were
14 on United States territory. At this time, they were apprehended and L.P. recalls
15 changing several cars before arriving at “Immigration.” The first night was spent
16 sleeping in chairs in their wet clothes. L.P. recalls being cold and hungry. L.P. stated
17 that she did not like the crackers that “Immigration” gave her or the lukewarm soup
18 later on. L.P. drank the only water available, which was from the same sink used for
19 the bathroom. Eventually, L.P. was provided with what she could only describe as
20 “aluminum” as a blanket.

21 9. L.P. spent approximately four days with her mother until officers
22 separated the mothers from the children, telling the mothers that they were “sending the
23 children somewhere better.” L.P. also recalled the officers stating, “You’re all
24 deported.” L.P. tearfully recalled the children screaming and crying for their mothers
25 and the mothers crying for their children.

26 10. When L.P. realized she was being separated from her mother, she passed
27 out, which indicates extreme dissociation (a physiological response to extreme stress or
28 threat). She cut her lip as she hit the ground. L.P. remembers waking up to blood all

1 around her from the cut and being transported without her mother to the hospital. At
2 the hospital, L.P. recalled that her blood pressure was taken, an IV was placed in her
3 arm, and she was prescribed medication that was given to the adults who had transported
4 her. She was briefly reunified with her mother, and then separated again and transported
5 with approximately twelve other children to the detention shelter in Phoenix, Arizona.
6 She was given no information about what would happen to her mother.

7 11. L.P. reported that the cut was not treated until she arrived at her current
8 facility. On July 3, 2018, L.P. showed me her lip, which still showed a red bump that
9 has not fully healed.

10 12. From the date of separation (around May 20, 2018) until the first phone
11 call with her mother on June 22, 2018, L.P. had no information regarding her mother.
12 L.P. recalled that she had a hard time thinking of anything but her mother and would
13 spend most of the time crying. Facility staff would tell her “not to worry” and to “not
14 be sad.” As a result, L.P. would try not to cry. L.P. explained that trying not to cry
15 caused to her have headaches and bloody noses. L.P. would have dreams that she was
16 with her mother. Besides one trip to what L.P. described as a clinic, L.P. has not been
17 outside the facility since she arrived.

18 13. L.P. reported that she is currently sharing a room with two other girls. She
19 added that there is a group of boys who have been acting out and are kept in a separate
20 part of the building. L.P. reported other children in the facility who are also distressed.
21 At times, L.P. will attempt to reassure the other children and tells that that they are not
22 forgotten. The food that is served is unlike the food to which L.P. is accustomed, but
23 she stated that she eats because if she gets sick, it is her understanding that she would
24 be isolated in her room for one week. She has also observed the same with other
25 children who have fallen ill.

26 14. L.P. tearfully reported that while she has been sleeping better since
27 speaking with her mother, it can sometimes be hard to fall asleep as she can hear the
28 younger children crying for their mothers. She added that some of the children are as

1 young as two and a half years old. L.P. tearfully stated, “Can you imagine being that
2 little and not know what is going on?” L.P. cannot wait for Sundays when a pastor
3 visits the facility and prays with her. She also added that she receives counseling on a
4 weekly basis and that it is helpful except that the counselor tells her she does not want
5 to see her crying anymore and that everything will be fine, when, by contrast, L.P. feels
6 crying helps her cope.

7 15. L.P. stated that her childhood ended when “Immigration” separated her
8 from her mother. L.P. alternates between holding onto her faith that everything will
9 work out and a fear of her uncertain future. She tries to use her faith to talk herself out
10 of feelings of hopelessness. Not knowing when or what the next step might be, L.P.
11 runs through scenarios in her head including growing up without her mother. L.P. is
12 also worried about her mother, especially because she does not speak or understand
13 Spanish or English.

14 16. L.P. has lost her main secure attachment (her mother) at a time when she
15 should be exploring who she is and developing her identity and independence. She has
16 been deprived of in-person human/community interaction with the exception of facility
17 staff, a pastor, and the other detained children. Rather than depending on her mother’s
18 attention and consolation, L.P. fears falling physically ill and being restricted to her
19 room for an extended period of time (as she reports is the practice when a child falls ill
20 in the facility).

21 17. Based on the data collected during my interview of L.P., which I scored
22 using the CANS tool, L.P. presents with multiple areas that fall within the
23 dangerous/disabling realm: namely depression, anxiety, adjustment to trauma,
24 intrusions, traumatic grief, and re-experiencing. Young people with this level of high
25 need items would be promptly prioritized for intervention and support.

26 18. L.P.’s multiple exposures to trauma, including the current and ongoing
27 trauma caused by the separation from her mother and detainment, has already altered
28 L.P.s outlook on life. The constant uncertainty and feelings of danger may lead to

1 ongoing hyper-vigilance, dissociative detachment, and anxiety. This type of chronic
2 and constant stress can manifest itself in long lasting physical and mental health issues.
3 L.P.'s sudden traumatic loss of her main attachment figure (her mother), with no idea
4 of what each day will bring, could affect her ability to securely attach to others in the
5 future. L.P. already meets several of the criteria for Posttraumatic Stress Disorder
6 (PTSD), including intrusive thoughts, dissociation, and problems with concentration,
7 and is at risk for complete PTSD should the current trauma and toxic stress persist.

8 19. Although L.P. presented as an intelligent and somewhat resilient teenager
9 with above average insight, she is experiencing a typical and predictable response to
10 extreme trauma and stress. Even with her coping skills, she is in great distress. L.P. will
11 not be able to start to heal, or even effectively address her trauma, until she is reunited
12 with her mother in a safe setting in which some level of predictability is provided.
13 Without safety and the reassuring proximity of an attachment figure, it will be difficult
14 to for L.P. to access the more developed parts of her brain and begin healing.

15 20. L.P.'s account of consoling other children, and hearing the cries of younger
16 children in the facility, would indicate that other children in the detention shelters are
17 experiencing similar levels of trauma. There is a strong likelihood that the younger
18 children with lesser coping mechanisms would present with more dangerous scores if
19 they were assessed using to the CANS. It is important to note that children who do not
20 outwardly express distress, but rather appear compliant in an abnormal/traumatic
21 situation, are likely experiencing significant trauma because they are so overwhelmed
22 that their reaction is to shut down and withdraw.

23 21. L.P., and similarly situated children, need the attention of clinicians who
24 specialize in trauma, grief, loss, and who have experience in working with children and
25 adolescents in a depressed and anxious state. L.P., and similarly situated children,
26 should be screened and assessed by licensed professional using the CANS or another
27 evidenced-based mental health evaluation tool. Symptoms and behaviors related to
28 complex trauma can look like other diagnosable issues to those not trained in the effects

1 of trauma, grief, and loss, and can be easily misdiagnosed and ineffectively treated by
2 those not trauma-informed.

3 22. It is critical that L.P.'s mom be involved in any therapeutic intervention.
4 The same holds for the parents of children similarly situated to L.P. In healthy
5 attachments, the parents provide the main source of sense of safety, nurturance,
6 guidance, security, regulation, love, and understanding. In cases where children have
7 been separated from their parent/caregiver, reunification would be the first step in
8 treatment and healing. Reunification could reduce the level of present stress and trauma
9 and provide an opportunity to treat the residual effects. The children's parents need to
10 be able to participate in therapeutic services with their children in order to receive
11 professional support in working with and understanding their children's internal
12 working models post-trauma. The interventions should be culturally and linguistically
13 appropriate, and also be provided in an environment that feels safe to both the child and
14 the parent.

15
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18 I declare under penalty of perjury under the laws of the United States that the
19 foregoing is true and correct.

20 Executed on July 9, 2018, at Salinas, California.

21 

22 Chandra Allen
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Exhibit A

Chandra Allen

Summary:

Licensed Clinical Social Worker with over twenty years of child welfare experience.

Experience:

Kinship Center (Seneca Family of Agencies)

Salinas, CA

Program Director of Placement Program

January 2018-Present

- Supervise recruitment, evaluation, selection, training, and support of foster parents
- Hire, train, supervise, and evaluate social work and clerical staff
- Supervise intake, assessment, and development of treatment plan and/or support for clients referred to the program
- Coordinate and collaborate with multiple counties including placement, treatment, and assessment of clients

Kinship Center (Seneca Family of Agencies)

Salinas, CA

Social Worker (bilingual) for Placement Program

November 2002-January 2018

- assessment, education, and support of prospective and current foster and/or adoptive parents
- conduct and write foster and adoption home studies as well as Resource Family Assessments
- therapeutic case management for children placed in foster care
- provide crisis intervention for families and children placed in foster care
- field supervision of undergraduate and graduate students
- birthparent counseling
- mentor children emancipating from foster care
- oversight of the medically fragile program
- contract work conducting assessments for unaccompanied minors and their sponsors

Monterey County Department of Social Services (Family and Children's Services)

Monterey County

June 1998-June 2002

Social Worker V (bilingual) for Emergency Response Unit and Court Family Reunification/Family Maintenance Unit

- screen and investigate reports of child abuse and neglect (including collaboration with law enforcement)
- assess child safety and adult ability to keep children safe
- assess family and child needs and refer as needed
- create case plans for parents attempting to reunify with their children and assess progress on an ongoing basis
- report to the juvenile court and make recommendations regarding the safety of children

Monterey County Department of Social Services (Family and Children's Services Emergency Response Unit)

Seaside, CA

Social Work Intern (bilingual)

August 1997-May 1998

- screen and investigate reports of child abuse and neglect (including collaboration with law enforcement)
- assist in the assessment of child safety and adult ability to keep children safe
- assist in the assessment of family and child needs and refer as needed

Defensa de Mujeres (Domestic Violence Agency)

Social Work Intern (bilingual)

Watsonville, CA

August 1996-May 1997

- conduct intakes for families experiencing domestic violence, including answering the hotline
- Provide crisis intervention, referral, and counseling for families experiencing domestic violence
- Assist with support group for those experiencing domestic violence
- Coordinate with professionals such as attorneys, law enforcement, and child welfare

East Alisal School District, Monterey Peninsula Unified School District, North Monterey, County Unified School District, Carmel Unified School District, Pacific Grove Unified School District

Substitute Teacher (bilingual)

Monterey County

January 1995-July 1996

East Whittier School District

Substitute Teacher (bilingual)

Whittier, CA

January 1993-December 1994

Berryessa School District

Social Work Intern (bilingual)

San Jose, CA

August 1991-May 1992

Additional Languages:

Fluent in Spanish (spoken/written)

Education:

San Jose State University

Masters of Social Work

Concentration: Child Welfare

San Jose, CA

May 1998

San Jose State University

Bachelors of Social Work

San Jose, CA

May 1992

DECLARATION OF LUCERO CHAVEZ

1
2 1. I, Lucero Chavez, make this declaration based on my own personal
3 knowledge, and if called as a witness, I could and would testify to the following matters:

4 2. I am an attorney licensed to practice law in the State of California. I am a
5 senior attorney in the Immigrants' Rights Project at Public Counsel in Los Angeles,
6 California. I have been practicing immigration law for 7.5 years.

7 3. I represent 16-year-old L.P., a minor being held in the custody of the
8 United States government. L.P. was separated from her mother, J.P., after crossing into
9 the United States on or about May 17, 2018. L.P. is detained at Casa Phoenix, a
10 Southwest Key Program facility in Phoenix, Arizona. J.P. is detained at the Musick
11 Facility in Irvine, California.

12 4. On June 24, 2018, I met with L.P. at Casa Phoenix. The facility was
13 approximately ten minutes from the Phoenix International Airport and is a nondescript
14 building next to a walk-in clinic. At a glance, nothing indicates that the facility houses
15 children, let alone young immigrant children. A security guard accompanied me to
16 meet L.P. We came into an area with multiple makeshift meeting rooms along two
17 walls. The makeshift rooms were the size of a restaurant booth. Each fit two chairs
18 and a table and nothing else. I saw L.P. sitting next to a young woman wearing a
19 facility badge. L.P. carried a bag of chips and a water bottle with the shelter name into
20 the meeting room along with what appeared to be a wash towel.

21 5. We entered the meeting room and I began by introducing myself. L.P.
22 was alert but appeared as if she had been crying. I told her I was an attorney and that
23 we had met with her mother in the days prior. At the mention of her mother, L.P.
24 shrunk and tears welled in her eyes. She said she had spoken to her mother on Friday
25 for the first time since their separation, and she had been so sad because she had not
26 been able to speak with her for so long. L.P. used the wash towel she had brought into
27 the room to wipe her tears.
28

1 6. L.P. told me that life was very hard in Guatemala and that her family
2 suffered very much. L.P. said she did not want to go back to Guatemala.

3 7. L.P. could only talk for short periods of time before tears came streaming
4 down her face. At one point, she put her head down on the table and cried. Every time
5 she remembered something from, or I asked about, the day she was taken from her
6 mother and how she felt afterward, she began to cry and used the wash towel to wipe
7 her face. During our meeting, which lasted about two hours, she folded and unfolded
8 the towel repeatedly.

9 8. L.P. said that whatever happens is God's will, she asks him for strength.
10 L.P. explained that she and her family are religious and that she participates in services
11 on Sundays at the shelter. She told me the only person she talks to regularly at the
12 shelter is a counselor who she sees once a week. She said the counselor told her not to
13 worry and gave her a bible.

14 9. L.P. explained that after approximately eleven days of travel from
15 Guatemala to the United States, she and her mother were stopped by officers in green
16 uniforms who took her and her mother to a station and placed them in a very cold
17 room.
18

19 10. L.P. said she was very cold because her pants had gotten wet up to her
20 knees. She remembers being in the room for several days, and she was not given any
21 other clothes to wear.

22 11. During these days, L.P. saw many individuals and families come in and
23 out of the room where she was detained. She estimates that there were upwards of 50
24 people at a time, including children alone and women with their children. L.P. said the
25 children were always crying and that many mothers were separated from their children.
26 She remembered seeing two guards having to hold a mother on either side as her son
27 was forcibly taken from her by another guard. She heard a guard say, "If you're such a
28 good mother why would you bring your child here." She remembers being told by

1 officers “that if no one fights for their children, they stay here” [in the holding facility
2 at the border].”

3 12. L.P. said there were no beds in the room where they were kept. People
4 were given nylon-type gray blankets to cover themselves, and mothers with babies
5 were given small mattresses to sleep on. She said they were given soup to eat but it
6 was lukewarm and L.P. wouldn’t eat it. She also said they had to drink water from the
7 same tap used for the bathrooms. She recalled that the bathrooms, although in stalls,
8 were small and not separate from the rest of the room, giving no privacy. She also said
9 that mothers with babies were given formula but they had to use the tap water from the
10 bathrooms to make the bottles. She noted that there were no showers available. L.P.
11 explained that she and her mother were not allowed to make any phone calls and could
12 not tell if it was day or night at any given time because the room was windowless and
13 the lights were always on. L.P. said she was not told anything about if and when they
14 would be released.

15 13. L.P. told me that she was questioned by officers without her mother
16 present. L.P. explained she was given papers in English to sign but she did not know
17 what they were because she does not speak or read English. An officer told L.P. and
18 others that they would all be deported.

19 14. L.P. began to cry as she told me about the day she was taken from her
20 mother. She told me that when they took her mother away, she fainted and hit her face
21 and mouth. She remembers crying all the way to the shelter and being given medicine
22 at the shelter for her mouth injury. Her mouth was swollen for several days.

23 15. L.P. says she cried every day after she was separated from her mother; she
24 was depressed, hopeless, and confused. She said she had dreams that she saw her
25 mother’s shoes, dreams where she was back in Guatemala with her brothers but her
26 mother wasn’t there. L.P. says she prayed when she went to bed and when she woke
27 up that she may be able to see her mother. L.P. told me that she asked shelter staff
28

1 where her mother was and they told her they did not know and that it was difficult to
2 find out. At one point, someone told her not to worry that her mother was in Yuma,
3 also in Arizona but no one could get a phone call for her. She asked me repeatedly
4 when she will be able to speak with her mom again and when they will be released.
5

6 I declare under penalty of perjury under the laws of the United States that the
7 foregoing is true and correct.
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9 Executed on June 25, 2018, in Los Angeles, California.
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13 Lucero Chavez
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DECLARACIÓN DE C.I.

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3 1. Yo, C.I., hago esta declaración en base a mi propio conocimiento personal,
4 y si soy llamado como testigo, podría y testificaría los siguientes asuntos:

5 2. J.P., la madre de L.P. y L.P. son miembros de mi familia. Vivo y trabajo
6 en Florida, pero conocía a J.P. y L.P. en Guatemala, y estoy en contacto con su familia
7 que vive allá. Hasta que su abogado me llamó alrededor del 21 de junio de 2018, no
8 tenía idea de dónde estaba J.P. y estaba muy preocupado por ella.

9 3. En mayo o junio, recibí una breve llamada telefónica de L.P. Estaba
10 llorando y llorando por el teléfono, y me dijo entre lágrimas que ella y su madre habían
11 sido separadas. Me dijo que estaba sufriendo sin su madre, y que quería salir del centro
12 de detención tan pronto como pudiera. L.P. me preguntó cuándo iba a venir su madre y
13 la iba a sacar de ese lugar, y me pidió ayuda. Tuve que decirle: "Lo siento mucho, pero
14 no puedo hacer nada". Después de dos minutos, la llamada telefónica se cortó, y cuando
15 traté de volver a comunicarme con L.P. llamando al número que apareció en mi
16 teléfono, no se pudo establecer la comunicación. No tenía forma de contactarla u
17 obtener más información acerca de dónde estaba detenida.

18 4. J.P. y L.P. son buenas personas, y son muy apegadas como madre e hija.
19 Es obvio que J.P. y L.P. estarían mejor si estuvieran juntas y no detenidas.

20 5. Me siento muy triste por lo que les ha sucedido a ambas, y solo rezo para
21 que L.P. y J.P. puedan volver a estar juntas de nuevo.

22 6. Yo no puedo leer ni escribir pero esta declaración fue leída en Español en
23 voz alta y estoy de acuerdo con su contenido.

1 Declaro bajo pena de perjurio al amparo de las leyes de los Estados Unidos que
2 lo anterior es verdadero y correcto.

3
4 Declaración realizada el 8 de julio de 2018 en el condado de Hendry, Florida.

5
6 C I Y

7
8 C.I.

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12 Yo, Pedro Rodriguez juro que leí esta declaración a C.I. en Español el 8 de julio de
13 2018 en el condado de Hendry, Florida.
14

15
16 Pedro Rodriguez Yat
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DECLARATION OF C.I.

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3 1. I, C.I., make this declaration based on my own personal knowledge, and if
4 called as a witness, I could and would testify to the following matters:

5 2. J.P., the mother of L.P., and L.P. are my family members. I live and work
6 in Florida, but I knew J.P. and L.P. back in Guatemala, and I am in contact with their
7 family living there. Until their lawyer called me on about June 21, 2018, I had no idea
8 where J.P. was, and I was very worried about her.

9 3. In May or June, I received a short phone call from L.P. She was crying
10 and crying on the phone, and she told me through tears that she and her mother had been
11 separated. She said that she was suffering without her mother, and that she wanted to
12 get out of the detention facility as soon as she could. L.P. asked me when her mother
13 was going to come and get her out of that place, and she asked for my help. I had to tell
14 her, "I'm so sorry, but I can't do anything." After two minutes, the phone call was cut
15 off, and when I tried to reach L.P. again by calling the number that appeared on my
16 phone, the connection couldn't be established. I had no way to reach her or learn more
17 information about where she is being held.

18 4. J.P. and L.P. are good people, and they are very close as mother and
19 daughter. It is obvious that J.P. and L.P. would be better off if they were together and
20 not detained.

21 5. I feel very sad about what has happened to them both, and I just pray that
22 L.P. and J.P. are able to be together again.

23 6. I cannot read nor write, but this statement was read to me in Spanish aloud
24 and I agree with its content.
25
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1
2 I declare under penalty of perjury under the laws of the United States that the
3 foregoing is true and correct.

4
5 Executed on July 8, 2018 in Hendry County, Florida.

6
7
8 *Here a signature of three initials: CIY*

9
10 C.I.

11
12 I, Pedro Rodriguez, swear to have read this statement in Spanish to C.I. on July 8,
13 2018 in Hendry County, Florida.

14
15 *Here a signature: Pedro Rodriguez Yat*



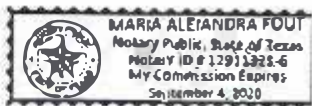
Certificate of Translation

No 009252436

I, Suyapa Marisela Reyes, hereby certify that to the best of my knowledge and belief the foregoing to be a true, accurate and complete translation from Spanish into English of the document(s):

Declaración de C.I.

hereto attached and to which I refer, in Houston, on the 9th day of the month of July 2018.



Subscribed and sworn before me

This 9th day of July, 2018

Notary Public, State of Texas

My commission expires: 09-04-2020

Marisela Reyes
Suyapa Marisela Reyes
Translation Department



DECLARACIÓN DE J.O.

Yo, J.O., declaro lo siguiente:

1. Soy Demandante en la causa a la que se hace referencia. Tengo conocimiento de los siguientes hechos y, si me convocan como testigo, podría testificar y lo haría de manera competente.
2. Soy la madre de mi hija de 16 años, T.B., quien es una buena niña. Es muy inteligente, fuerte y respetuosa. Estoy muy unida a mi hija y, hasta su detención, nunca antes nos habíamos separado. En Honduras, donde T.B. y yo nacimos, pasaba mucho tiempo con T.B. y con mis otros dos hijos. Cuidaba bien de ellos y hacía todo por ellos.
3. En 2015, unas personas muy malas e involucradas con las drogas tuvieron una pelea con mi esposo, y lo asesinaron. Estas personas también golpearon intensamente a mi hijo adolescente. Me sentía aterrorizada de que estas mismas personas me encontraran a mí y a mi hija, y nos mataran. Por lo tanto, decidí abandonar Honduras por temor a la muerte. Fue muy difícil dejar a mis dos hijos adultos y a mi nieto, sobre todo porque sufre una enfermedad grave. T.B. también se sentía muy triste por tener que dejar a sus hermanos. Sin embargo, no tuvimos opción.
4. Al llegar a los Estados Unidos, supuse que estaríamos a salvo y que podríamos vivir con mi hermana. Planeaba trabajar para ayudar a todos mis hijos porque, desde que mi esposo falleció, tuvimos problemas económicos; somos muy pobres. No tenía idea de que, en lugar de eso, nos enviarían a prisión y que me quitarían a mi hija.
5. El 17 de mayo de 2018 o alrededor de esa fecha, T.B. y yo ingresamos en los Estados Unidos en la frontera al sur de Texas. Me dijeron que para entrar correctamente a los Estados Unidos uno debe entregarse por cuenta propia ante las autoridades fronterizas; eso fue lo que hicimos. Una vez en Texas, T.B. y yo esperamos en una calle de tierra hasta que llegara un vehículo de las autoridades. Podríamos haber dejado al grupo y seguir sin entregarnos (una persona lo hizo), pero yo quería entrar al país de acuerdo con las normas. Pensé que era así cómo se suponía que debíamos ingresar a los Estados Unidos y que el proceso sería así de simple.

6. Después de esperar toda la noche, finalmente vimos llegar a un vehículo de la Patrulla aduanera y fronteriza a la mañana siguiente. Le hicimos seña y nos presentamos para entregarnos. Estábamos tranquilas, al igual que los oficiales, y la situación parecía ir de acuerdo a lo planeado. Nos preguntaron nombre, edad y de dónde éramos. Toda la interacción llevó menos de cinco minutos. Entramos en el vehículo, y nos llevaron a la estación.

7. En la estación, a T.B. y yo nos procesaron por separado, lo que creí que era normal. Nos fotografiaron e ingresaron nuestra información en la computadora. En ese momento, pensé que nos volveríamos a encontrar después de haber sido procesadas. Cuando me llevaron a un autobús, pregunté por mi hija, y los oficiales no me dijeron nada. Pensé que la estaba abandonando, y entré en pánico. Durante todo el trayecto, nadie me decía dónde estaba mi hija.

8. Cuando llegué al centro de detención, vi que mi hija ya estaba allí. Había llegado en un autobús anterior. Si bien no pudimos hablar, me sentí aliviada al ver que estaba bien y que estábamos en el mismo lugar.

9. El centro de detención al que nos llevaron se llamaba “La Hielera”. Se llama así porque allí hace mucho frío. Después de un tiempo en La Hielera, me trasladaron a otra parte del centro llamada “La Perrera”. Se llama La Perrera porque las celdas se parecen a las jaulas de alambre de una perrera.

10. De camino a La Perrera, vi cómo le arrebatan un hijo a su madre. Ambos lloraban histéricos. No entendía lo que estaba sucediendo. Estaba en la celda de detención cuando otras madres detenidas me informaron de que los guardias se estaban llevando a los hijos. Todos sentían pánico. Las madres les preguntaban a los guardias por sus hijos. Nos decían que una nueva ley les permitía llevarse a los niños de forma permanente y que a nosotras nos deportarían. Eso solo causaba más histeria.

11. Cuando me di cuenta de que no volvería a reunirme con mi hija, sentí consternación. Me sentí muy mal porque ni siquiera había podido despedirme de mi hija. Lloraba junto con las demás madres. Escuchar sus historias era algo horroroso, y tuve miedo de que lo

mismo me ocurriera a mí y a mi hija. No podía pensar. No sabía qué hacer, así que le rogué a Dios que me permitiera ver a mi hija otra vez.

12. Volví a ver a mi hija una vez más mientras estaba en la instalación. Pasé a su lado cuando iba hacia el baño. Temíamos mostrar afecto por miedo a que los guardias supieran que era mi hija y nos separaran aún más. Cuando nos cruzamos, me advirtió que no firmara ningunos papeles de deportación. Temía que la dejara y volviera a Honduras sin ella. Eso rompió mi corazón.

13. Cuando volví a mi celda, pude ver a T.B. del otro lado en la celda de niños. No había nada para entretener a los niños. Solo deambulaban sin rumbo por la celda. Había niños muy pequeños de hasta 5 años dentro de esa jaula de alambre. No había adultos en la celda, por lo que los niños más grandes tenían que cuidar de los más pequeños. Vi cómo mi hija le hacía una trenza en el cabello a una niña más pequeña y cómo cuidaba de los más pequeños. Me hizo sentir muy mal ver a los niños sin sus padres y a mi hija teniendo que atender a niños pequeños porque no había adultos allí para hacerlo.

14. En una ocasión cuando estaba en el baño, vi a un niño pequeño en pañales. Me preguntó por su mamá y me describió lo que ella vestía cuando la vio por última vez. Estaba desesperado por verla, y yo no podía ayudarlo. Fue una conversación muy dolorosa.

15. Peor aún, la instalación era totalmente horrible. Mi celda de detención estaba atestada con más de 50 mujeres. Nos recostábamos en el suelo hombro a hombro porque no había camas ni almohadas. Hacía mucho frío y solo me habían dado una lámina de papel para mantener el calor. Emitía un chasquido cada vez que me enrollaba con ella. No me daba calor. Sentía frío todo el tiempo. Dejaban las luces prendidas día y noche, lo que hacía imposible dormir. Para comer me dieron un poco de pan y jugo. No había nada para hacer, solo sentarse en el piso y llorar. La celda estaba tan atestada que ni siquiera podíamos caminar. Me pasaron a diferentes celdas de detención, pero todas estaban muy abarrotadas y, en algunas, solo había un baño para compartir entre todas. No nos duchamos por cinco días ni nos brindaron ropa limpia.

16. Estaba tan traumatizada por toda la experiencia que perdí la total percepción del tiempo. Las luces siempre estaban encendidas, por lo que nunca sabía cuándo había culminado el día. Recuerdo que una vez pregunté qué día era porque me había parecido que habían pasado varios días. Cuando me dijeron que era el mismo día, me traumaticé.

17. El 21 de mayo de 2018 o alrededor de esa fecha, me llevaron ante un tribunal para ver a un juez en relación con mi procesamiento penal. Estaba en la sala del tribunal junto con 50 detenidos. Nos organizaron por número y estábamos sentados en fila, en el banquillo con los tobillos aprisionados y las manos esposadas. Nos dieron audífonos para escuchar la traducción al español. A cada detenido le hicieron las mismas preguntas, y cada uno se declaró culpable. Treinta y cinco personas pasaron antes que yo, y respondí las preguntas de la misma manera porque pensé que eso es lo que teníamos que hacer. No entendía lo que era declararse culpable. Nunca me reuní con un abogado antes de los procesamientos penales.

18. Poco después de mi procesamiento penal, me llevaron a Laredo, Texas y, desde allí, a SeaTac, Washington. Ahora estoy detenida en Tacoma, Washington.

19. Durante mi detención, nadie me dijo dónde estaba mi hija o cuándo volvería a verla. De hecho, nadie me dijo nada de nada. Les pedía información sobre mi hija a los oficiales de inmigración. Me decían que lo averiguarían, pero nunca obtenía respuestas.

20. Supe por primera vez dónde estaba mi hija cerca del 30 de mayo de 2018. Supe dónde estaba detenida gracias a mi hermana porque T.B. y yo la llamamos. Entiendo que está detenida en Texas.

21. Con la ayuda de mi hermana, he hablado con mi hija solo tres veces. Cada conversación duró unos cinco minutos. He intentado desesperadamente hacer más llamadas, pero el trabajador social no responde mis llamadas, lo que imposibilita programarlas.

22. Mi hija está desesperada por salir de la detención. No está acostumbrada a estar sentada todo el día y está muy aburrida. No tiene nada para hacer. Nos extrañamos mucho. Me necesita. Lo único que queremos es estar juntas fuera de detención.

23. Desde la detención, no he recibido servicios de salud mental ni asesoramiento para tratar el trauma que he experimentado.

24. Las madres detenidas que he conocido están en situaciones similares. Fueron separadas de sus hijos, algunos de tan solo 4 años. Muchas madres lloran todos los días porque no han visto ni hablado con sus hijos. Algunas no tienen idea de dónde están, si están a salvo o si alguien está cuidando de ellos. Nos preocupa ser deportadas sin nuestros hijos o que nuestros hijos sean deportados sin nosotras. De hecho, una madre descubrió que su hija había sido deportada mientras ella estaba detenida en los Estados Unidos.

25. Mi tiempo en los Estados Unidos ha sido muy doloroso. Siento miedo y estoy confundida. Lo único que puedo hacer es pedirle a Dios que me ayude a reunirme con mi hija.

Declaro bajo pena de perjurio conforme a las leyes de los Estados Unidos que lo anterior es verdadero y correcto.

Declaración realizada el 11 de julio de 2018 en Tacoma, Washington.

J.O.

J.O.

DECLARATION OF J.O.

I, J.O., declare and state:

1. I am a Plaintiff in the above-referenced matter. I have personal knowledge of the following facts and, if called as a witness, I could and would testify competently thereto.

2. I am the mother of a 16-year-old daughter, T.B. T.B. is a good daughter. She is very intelligent, strong, and respectful. I am very close with my daughter, and until being detained, we had never been separated before. In Honduras, where T.B. and I were both born, I spent a lot of time with T.B. and my two other children. I took good care of them and did everything for them.

3. In 2015, very bad people involved with drugs got into a dispute with my husband, and they murdered him. These people also severely beat my teenage son. I was terrified that these same people would find me and my daughter, and kill us both. I, therefore, decided to flee Honduras in fear for our lives. It was extremely difficult to leave my two adult children and grandson, especially because he has a serious medical condition. T.B. was also very sad about leaving her siblings. We, however, had no choice.

4. In coming to the United States, I imagined that we would be safe and able to live with my sister. I planned to work to help all of my children because since my husband died, we struggled financially—we are very poor. I had no idea that instead, we would be put in prison and my daughter would be taken away from me.

5. On or around May 17, 2018, T.B. and I entered the United States at the southern Texas border. I was told that to properly enter the United States, you must turn yourself in to customs officials—and that was what we did. Once in Texas, T.B. and I waited along a dirt road for a patrol car to arrive. We could have left the group and proceeded further into the country without turning ourselves in – indeed, one person did just that – but I wanted to enter the country according to the rules. I thought that this was how we were supposed to come to the United States and that the process would be that simple.

6. After waiting overnight, we finally spotted a Customs and Border Patrol car the following morning. We flagged them down, and presented ourselves to be turned in. We were calm, as were the officers, and the situation seemed as if everything was going according to plan. They asked us our names, ages, and where we were from. The entire interaction took less than five minutes. We got inside the vehicle and we were taken to a station.

7. At the station, T.B. and I were processed separately, which I thought was normal. They took our photographs and entered our information into the computer. At the time, I thought that we would be reunited after we were processed. When they loaded me onto a bus, I asked for my daughter, and the officers told me nothing. I thought that I was leaving her behind, and I to panic. For the entire ride, no one would tell me where my daughter was.

8. When I arrived at the detention facility, I saw that my daughter was already there. She had arrived on an early bus. Although we were not allowed to talk to each other, I was relieved to see that she was ok and that we were at the same location.

9. The detention facility that we were taken to is called "La Hielera" (the icebox). It is called "La Hielera" because it is freezing cold. After some time in "La Hielera", I was moved to a different part of the facility called "La Perrera" (the dog house). It is called "La Perrera" because the holding cells resemble dog kennels; cages enclosed by chain-link fences.

10. On my way to "La Perrera", I saw a young child being ripped away from his mother. They were both crying and hysterical. I was confused as to what was going on. It was inside the holding cell where I first learned from other detained mothers that the guards were taking away the children. Everyone was in a panic. Mothers asked the guards about their children. We were told that a new law allowed them to take our children away permanently, and that we would be deported. This only caused further hysteria.

11. When I realized that I would not be reunited with my daughter, I was distraught. I felt sick that I did not even get to say goodbye to my daughter. I was crying along with all of the other mothers. Listening to their stories was horrifying, and I was afraid that the same would

happen to me and my daughter. I could not think. I did not know what to do, so I prayed to God that he would allow me to see my daughter again.

12. I did see my daughter one last time while I was in the facility. I passed her on the way the bathroom. We were afraid to show affection out of fear that the guards would know that she was my daughter and separate us even further. As we crossed paths, she cautioned me not to sign any deportation papers. She was afraid that I would leave her and return to Honduras without her. This broke my heart.

13. When I returned to my cell, I was able to see T.B. across the way in the children's cell. There was nothing for the children to do. They just roamed aimlessly in the cell. There were children as young as 5 years old inside the chain-link cage. There were no adults in the cell, so the older children had to care for the younger children. I saw my daughter braiding the younger girls' hair and taking care of small children. It made me sick to watch young children without their parents and my daughter having to comfort small children because there was no adult to do it.

14. One time when I was in the bathroom, I saw a toddler in diapers. He asked me where his mother was and described what she was wearing when he had last seen her. He was desperate to see his mother and I could not help him. It was a very painful conversation.

15. To make matters worse, the facility was absolutely horrible. My holding cell was overcrowded with people—over 50 women. We were laying on the floor shoulder to shoulder because there were no beds and no pillows. It was very cold, and to keep warm, I was only given a paper sheet. It made a cracking sound when I wrapped it around myself. It did not keep me warm. I was very cold the entire time. They kept the lights on all day and night, making it nearly impossible to sleep. I was given a piece of bread and a juice box for food. There was nothing for us to do but sit on the ground and cry. The cell was so overcrowded, we could not even walk around. I was moved around to different holding cells, but each was terribly overcrowded and in some, there was only one bathroom for all of us to share. We did not shower for five days, and we were not given clean clothes.

16. I was so traumatized by the whole experience that I lost all sense of time. The lights were always on, so I never knew when a day had passed. I remember that I asked what day it was because it had felt like several days had passed. When I learned that it was still the same day, I was shocked.

17. On or around May 21, 2018, I was taken to court to see a judge about my criminal proceedings. I was in a courtroom with over 50 detainees. We were organized by number and sitting on benches in rows with our ankles shackled and our hands handcuffed together. We were given headphones for Spanish translation. Each detainee was asked the same set of questions, and each detainee pled guilty. There were 35 people that went before me, and I answered the questions in the same way because I thought that was what we had to do. I did not understand what it meant to plead guilty. I never met with an attorney before my criminal proceedings.

18. Shortly after my criminal proceedings, I was taken to Laredo, Texas and from there to SeaTac, Washington. I am now being detained in Tacoma, Washington.

19. During my detention, no one told me where my daughter was being held or when I would see her again. Indeed, no one told me anything at all. I would ask immigration officials for information about my daughter. They told me that they would look into it, but nothing ever happened.

20. I first learned of my daughter's whereabouts on or around May 30, 2018. I only learned of where she was being detained through my sister because both T.B. and I called her. It is my understanding that she is being detained in Texas.

21. With the help of my sister, I have since talked to my daughter just three times. Each conversation lasting under five minutes. I have desperately tried to set up more phone calls, but the social worker does not answer my calls, making it impossible to schedule the calls.

22. My daughter is desperate to get out of detention. She is not used to sitting around all day and she is very bored. She has nothing to do. We miss each other very much. She needs me with her. All we want is to be together outside of detention.

23. Since being detained, I have not received any mental health or counseling services to treat the trauma that I have experienced.

24. The detained mothers that I have met are in similar situations. Their children have been taken away, some as young as 4 years old. Many mothers cry everyday because they have not seen or spoken to their children. Some have no idea where their children are, or if they are safe or if anyone is taking care them. We worry that we will be deported without our children, or our children will be deported without us. Indeed, one mother found out that her child had been deported while she stayed detained in the United States.

25. My time in the United States has been very painful. I am scared and confused. All I can do is ask God to help me in reuniting me with my daughter.

I swear under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Signed on this 11th day of July 2018 in Tacoma, Washington.

J.O.



TRANSPERFECT

CERTIFICATION

TransPerfect is globally certified under the standards ISO 9001:2015 and ISO 17100:2015. This Translation Certificate confirms the included documents has been completed in conformance with the Quality Management System documented in its ISO process maps. The English file "Declaration of J.O._EN" is, to the best knowledge and belief of all TransPerfect employees engaged on the project, an accurate reflection of the Spanish file "Declaration of J.O._ES"

Authorized Signature:

[Handwritten Signature]

Claire Skrabutenas

Executive Project Manager

July 12, 2018

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of San Francisco }

On July 14, 2018 before me, Ewan McCloy, Notary
(Here insert name and title of officer)

personally appeared Claire Skrabutenas
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

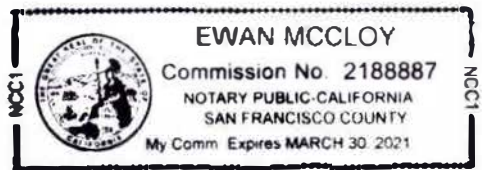
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Handwritten Signature]

Notary Public Signature

(Notary Public Seal)



LANGUAGE AND TECHNOLOGY SOLUTIONS FOR GLOBAL BUSINESS

DECLARATION OF LUCERO CHAVEZ

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3 1. I, Lucero Chavez, make this declaration based on my own personal
4 knowledge, and if called as a witness, I could and would testify to the following
5 matters:

6 2. I am an attorney licensed to practice law in the State of California. I
7 am a senior staff attorney in the Immigrants' Rights Project at Public Counsel in
8 Los Angeles, California. I have been practicing immigration law for 7.5 years.

9 3. I represent 16-year-old T.B., a minor being held in the custody of the
10 United States government. T.B. was separated from her mother, J.O., after
11 crossing into the United States on or about May 17, 2018. T.B. is detained at a
12 Southwest Key Program facility in Texas. J.O. is detained at an immigration
13 detention facility located in the state of Washington.

14 4. On July 2, 2018 I met with T.B. at the Southwest Keys Facility. The
15 facility is fenced in, and you have to request access through an intercom system
16 before being allowed to drive in.

17 5. After signing in, I was escorted by T.B.'s social worker to a room right
18 by the reception area, through a secure door. The room she brought me to was
19 used as a bedroom for three detained children. It had three twin sized beds and
20 sliding panel doors. T.B.'s social worker informed me that all the attorney rooms
21 were taken, so they set up a table with two chairs in the sleeping room. The
22 room had a sink, a bathroom, and a covered window.

23 6. Throughout our meeting, T.B. seemed anxious. When she was
24 uncomfortable talking about something, she tapped her foot and shifted in her
25 seat.

26 7. T.B. told me that before coming to the United States she lived with
27 her mother, older brother and sister, and grandparents in Honduras, along with
28 an aunt and cousins. T.B. told me that her parents separated when she was

1 twelve years old. T.B. also stopped going to school at age twelve. She spent most
2 of her time at home with her mother and grandparents, helping to care for a
3 younger family member. T.B. also talked about going to church with her mother,
4 always being with her, and not being used to being away from her.

5 8. T.B. told me her dad was killed about three years ago.

6 9. T.B. told me she travelled with her mother through Guatemala and
7 Mexico. She said the most difficult part of the journey was traveling inside of a
8 trailer truck for several days. After getting out of the trailer truck, T.B. and her
9 mother continued by walking through the mountains in the middle of the night
10 with a group of people.

11 10. After sleeping in the mountains for a day, T.B. recalls about three
12 border patrol vehicles showing up. Around six to eight officers came out from
13 the vehicles in green uniforms. They spoke English to each other, and she did not
14 understand them. One of the officers spoke to T.B. in Spanish and asked her for
15 her name, age, and birth certificate. T.B.'s mom was questioned separately, but
16 they were transported to a border patrol facility together.

17 11. T.B. and her mom were separated at the border patrol facility. T.B.
18 assumed it was temporary; she was scared but expected to be reunited with her
19 mother soon. T.B., without her mother, was put into a "hielera" (an extremely
20 cold holding cell) with several other girls her age and some as young as five.
21 There were no beds in this room and no clock, so she did not know what time of
22 day it was. T.B. and other young girls cried. They were scared and wanting to be
23 with their families. T.B. saw her mother again when she was taken out of the
24 "hielera" to be fingerprinted. She did not understand what was going on and did
25 not know that she was going to be separated from her mother again. T.B. says
26 she was given small boxes of juice to drink and sandwiches that were
27 "disgusting" and seemed raw.

28 12. After a day in the "hielera," T.B., her mother, and others were
transferred to a "perrera" (like a dog pound, meaning a room divided by chain-

1 link fences into cage-like spaces). T.B. was put in one cage while her mother was
2 put in a cage in a separate area. T.B. says she was not allowed to speak to her
3 mother and she did not understand why, but that again, she assumed she would
4 be allowed to be with her mother soon. T.B. says she was at the “perrera” for two
5 days and slept on a small mattress on the ground with a foil blanket. She
6 mentioned that it was difficult to sleep because there were always people’s
7 names being called and officers coming in and out to take people to be
8 questioned.

9 13. T.B. does not recall being asked if she wanted to go back to Honduras
10 or whether she was afraid of returning. T.B. remembers seeing her mother one
11 day, not seeing her the next day, and then being transferred to the shelter where
12 she is currently detained with five other girls her age the following day. T.B.
13 thought her mother would be at the shelter with her. At no point did anyone
14 explain to T.B. what was happening or tell her when she would be reunited with
15 her mother.

16 14. Once she was taken to the shelter, T.B. cried every day after realizing
17 her mother would not be there. T.B. asked facility staff about her mother but was
18 told that they did not know where she was. T.B. also recalls many girls arriving
19 soon after her at the shelter.

20 15. T.B. says she was very sad during her first few weeks at the facility
21 and that she wanted to be with her mother. Ten days passed before T.B. knew
22 anything of her mother. No one at the facility knew how she could contact her
23 mother, but her mother had made her memorize her aunt’s number, and when
24 she was finally able to call her aunt, her aunt patched in her mom. T.B.’s mother
25 told her not to worry, but T.B. was still very sad. She thought they would be
26 together by now.

27 16. T.B. tells me she has now been in the shelter for 43 days and that she
28 has not seen her mother for 45 days. T.B. mentioned that she has spoken to her
mother about three times. Throughout our meeting T.B. kept repeating, “yo

1 quiero salir de aqui, me hace falta” (I want to leave this place, I need [my mom]).
2 She looked down at her hands when she said this, her voice softening and her
3 shoulders slumping.

4
5 I declare under penalty of perjury under the laws of the United States that the
6 foregoing is true and correct.

7
8 Executed on July 9, 2018, in Santa Ana, California.

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10 A handwritten signature in blue ink, reading "Lucero Chavez", is written over a horizontal line.

11 Lucero Chavez
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DECLARACIÓN DE R.M.

Yo, R.M., declaro lo siguiente:

1. Soy Demandante en la causa a la que se hace referencia. Tengo conocimiento de los siguientes hechos y, si me convocan como testigo, podría testificar y lo haría de manera competente.

2. Soy la madre de una hija de 15 años, S.Q. Estoy muy unida a mi hija y ella y yo siempre habíamos estado juntas antes de venir a los Estados Unidos.

3. S.Q. y yo huimos de El Salvador por miedo a mi ex marido. Mi ex marido, un ex oficial militar con conexiones con la policía local, me amenazó con matarme en varias ocasiones. Temo que si regreso a El Salvador, mi ex marido me encontrará y me matará.

4. También tengo miedo de las pandillas en El Salvador. Un pandillero quería lastimar a mi hija y después de enfrentarlo, me dijeron que la pandilla iba a hacer daño a mi hija. Las pandillas lo resuelven todo matando, y si regresamos a El Salvador, me temo que las pandillas nos matarán a las dos.

5. El 18 de mayo de 2018 o alrededor de esa fecha, S.Q. y yo ingresamos en los Estados Unidos por la frontera al sur de Texas. Tenía entendido que la forma correcta de ingresar al país era presentarse a los oficiales y solicitar asilo. Por lo tanto, S.Q. y yo esperamos debajo de un árbol por aproximadamente 30 minutos hasta que vimos una patrulla. Hicimos señales a la patrulla y pedimos ayuda. El oficial nos preguntó si estábamos bien, y luego nos preguntó por nuestro nombre, edad y el lugar donde nacimos. La conversación se realizó sin problemas, y nos metimos en la parte trasera del vehículo.

6. Nos llevaron a una estación, donde nos separaron de inmediato y a mí me llevaron a una oficina. No me dieron ninguna explicación de adónde se llevaban a mi hija, y tuve un momento de pánico. Estaba distraída mirando alrededor para ver si podía encontrar a mi hija. Los oficiales me hacían preguntas, pero no podía concentrarme porque estaba tratando de ver dónde estaba mi hija. No recuerdo mis respuestas a sus preguntas. Solo asentía con la cabeza mientras con la vista recorría la habitación y miraba por la ventana en busca de mi hija. Por un

momento, pude verla afuera de la ventana. Sonreí y la saludé, y fingí estar bien, para que no tuviera miedo.

7. Después de verla, me volví hacia los oficiales. Comenzaron a gritarme, diciendo que me iban a deportar sin mi hija y que me castigarían por exponer a mi hija a un viaje tan duro. Empecé a llorar. Un oficial dijo: “Puedes agradecérselo a Trump”. Sentí que me estaban presionando para que firmara documentos de deportación gritándome y preguntándome varias veces: “¿Estás lista para firmar tus documentos de deportación?” Me dijeron que iría a la cárcel si no firmaba.

8. No firmé los documentos de deportación porque no iba a dejar a mi hija atrás. Dos de los oficiales se estaban riendo de mí mientras lloraba. Yo estaba asustada y desorientada. Al final del interrogatorio, después de no firmar mis documentos de deportación, un oficial me preguntó si tenía miedo de regresar a mi país. Dije que sí. Esta fue la última pregunta que me hicieron.

9. Después, me llevaron a una parte diferente de la instalación, que llaman “La Hielera” porque está muy fría. Después de haber estado en “La Hielera”, me llevaron a otra parte de la instalación. Esta otra parte se llamaba “La Perrera” porque sus celdas se parecen a las de una perrera; jaulas cerradas por cercas de alambre tejido. Las condiciones eran horribles. Estaba apretada en una jaula con al menos de 40 a 50 mujeres más. Nos sentamos en el piso hombro con hombro. No había camas ni esteras, ni almohadas, ni mantas. Nos dieron hojas de papel y nos tumbamos en el suelo para dormir. No había suficiente espacio en el piso para que todas se acostaran sin tocarse. Cubríamos todo el piso. Cuando alguien necesitaba usar el baño, tenía que caminar sobre las personas y dar un golpecito en el hombro a las personas para hacer un pequeño camino. Había solo un inodoro en la jaula, pero no estaba encerrado. Las mujeres se ponían de pie para crear una pared humana para darle privacidad a la persona cuando usaba el baño.

10. Las luces estaban prendidas día y noche, lo que hacía casi imposible dormir. Perdí la noción del tiempo porque no había reloj ni ventanas. No sabía cuándo había pasado un día.

Cuando una mujer preguntó por la hora, un guardia se burló de ella y le preguntó: “¿Por qué? ¿Tienes una cita o algo?”

11. La comida que nos dieron estaba repugnante. Dos veces al día, nos traían dos trozos de pan empapado y una pieza congelada de lo que parecía jamón, y un cartón de jugo. Todas teníamos mucha hambre. Para humillarnos, los guardias abrían la puerta de la jaula y nos lanzaban galletas saladas. Esto causaba mucho caos. Las mujeres se apresuraban a recoger las galletas del suelo, y los guardias se reían. Estaba sentada cerca de la puerta al lado del oficial, así que tendí la mano por una galleta. El guardia me dijo: “¿Quieres un tratamiento de cinco estrellas?” Entonces arrojó las galletas para que yo las comiera del piso, diciendo: “Aquí está tu servicio de habitaciones”.

12. No se nos permitió ducharnos ni cepillarnos los dientes durante cuatro días. No nos dieron una muda de ropa, y vestíamos la ropa con la que habíamos llegado. Muchas mujeres tenían la ropa mojada porque habían cruzado el río para llegar a los Estados Unidos. Hacía tanto frío que su ropa mojada se puso rígida.

13. Desde mi jaula, pude ver a mi hija en la jaula de los niños. Un día, después de alimentar a los niños, el guardia dejó abierta la jaula de los niños. Cuando el guardia se alejaba, mi hija salió de la jaula y me trajo una botella de agua pequeña. Nuestros dedos se tocaron a través de la cerca de alambre tejido. Le dije que todo iba a salir bien y que la quería mucho. Esta fue la última vez que toqué a mi hija.

14. Alrededor del 21 de mayo de 2018, comparecí ante un juez para mi proceso penal. Estaba en la sala del tribunal junto con otros 50 detenidos. Nos sentamos en filas de bancos frente al juez. Teníamos grilletes y esposas, y nos dieron audífonos para la interpretación. Antes de que comenzara el proceso, un hombre con traje se puso de pie y nos aconsejó a todos que nos declaráramos culpables. Dijo que si nos declaráramos culpables, obtendríamos una sentencia menor. Creo que este hombre podía ser un abogado, pero no estoy segura. A todos los detenidos ante el juez se les hicieron las mismas preguntas, y todos nos declaramos culpables. Había

aproximadamente 25 personas por delante de mí, y respondí lo mismo que ellos porque pensé que era lo que se suponía que debía hacer. No entendí las consecuencias de declararme culpable.

15. Después de mi proceso penal, me subieron a un autobús. No dijeron adónde nos llevaban, pero más tarde supe que nos dirigíamos a Laredo, Texas. Todos estaban preguntando por sus hijos. Un guardia gritó: “¡Dejad de preguntar por vuestros hijos!” Todas las mujeres estaban asustadas. Yo tenía pánico porque mi hija no estaba en el autobús y no quería que me la quitaran. Empecé a llorar desconsoladamente porque me di cuenta de que estaba siendo separada de mi hija y que no nos reuniríamos.

16. Durante los siguientes tres días, estaba inconsolable. Creo que solo dormí una hora por noche. No podía comer. No podía hablar con nadie. Todo lo que podía pensar era en mi hija. Seguía pensando: “No pueden hacer esto”. No podía entender lo que querían con nuestros hijos. Nadie me decía dónde estaba mi hija o si estaba a salvo. Esos tres días fueron los más difíciles porque no sabía nada.

17. Alrededor del 25 de mayo de 2018, durante una llamada telefónica con mi madre, supe que mi hija estaba en San Benito, Texas. Me sentí un poco aliviada de saber que ella estaba a salvo físicamente, pero todavía estaba desesperada por verla.

18. En lugar de acercarme a mi hija, me habían llevado aún más lejos. Ahora estoy detenida en Washington.

19. Alrededor del 22 de junio de 2018, pude hablar con mi hija por primera vez desde que nos separamos, pero solo pude hablar con ella durante aproximadamente un minuto. Ella sollozaba desconsoladamente y no podía hablar. En repetidas ocasiones he llamado a la trabajadora social de mi hija para pedirle que programe las llamadas telefónicas, pero ella nunca contesta el teléfono. Necesito hablar con mi hija con regularidad. Pienso en ella constantemente. Me pregunto si ha hecho amigos, si está comiendo y durmiendo, y si está bien.

20. Desde mi detención, no he recibido ningún asesoramiento o servicios de salud mental para tratar el trauma producido por la separación de mi hija.

21. Por mala que haya sido la detención y la separación para mí, solo puedo imaginar lo malo que ha sido para mi hija. Con base en nuestra llamada telefónica, creo que mi hija ha sufrido mucho debido a nuestra separación y detención, y creo que necesitará mucha ayuda especial para enfrentar el trauma. Ella no tiene ni idea de qué está pasando, por qué nos separaron o por qué estamos detenidas. Está confundida y angustiada, y necesita a su madre.

22. Todo lo que quiero es volver a ver a mi hija. Quiero correr hacia ella y abrazarla. Necesitamos estar juntas fuera de la detención.

Declaro bajo pena de perjurio conforme a las leyes de los Estados Unidos que lo anterior es verdadero y correcto.

Declaración realizada el 11 de julio de 2018 en Tacoma, Washington.



R.M.

DECLARATION OF R.M.

I, R.M., declare and state:

1. I am a Plaintiff in the above-referenced matter. I have personal knowledge of the following facts and, if called as a witness, I could and would testify competently thereto.

2. I am the mother of a 15-year-old daughter, S.Q. I am very close with my daughter, and we have always been together prior to coming to the United States.

3. S.Q. and I fled El Salvador in fear of my ex-husband. My ex-husband, a former military officer with connections to local police, threatened to kill me on several occasions, including once with a gun. He was physically violent towards me, grabbing me by the neck and leaving bruises. He told me that I was his property, and I was not allowed to speak to other people. I am afraid that if I return to El Salvador, my ex-husband will find me and kill me. Since leaving El Salvador, I have received a message from a contact there saying that he is looking for me so that he can kill me.

4. I am also scared of the gangs in El Salvador. One gang member wanted to hurt my daughter and after I confronted him, I was told that the gang would harm my daughter. The gangs resolve everything with killing, and if we return to El Salvador, I am afraid that the gangs will kill us both.

5. On or around May 18, 2018, S.Q. and I entered the United States at the southern Texas border. It was my understanding that the proper way to enter the country was to present yourself to officials and request asylum. S.Q. and I, therefore, waited under a tree for approximately 30 minutes until we saw a patrol car. We flagged down the patrol car, and asked for help. The officer asked if we were ok, and then asked for our name, age, and where we were born. The conversation went smoothly, and we got in the back of the vehicle.

6. We were brought to a station, where we were immediately separated and I was taken to an office room. I was not given any explanation as to where they were taking my daughter, and I was in a moment of panic. I was distracted looking all around to see if I could find my daughter. The officers were asking me questions, but I could not concentrate because I

was trying to see where my daughter was. I do not recall my responses to their questions. I just nodded my head as I scanned the room and looked out the window for my daughter. For a moment, I could see her outside the window. I smile and waved, and pretended to be ok, so that she would not be scared.

7. After I saw her, I turned back to the officers. They started yelling at me, saying that they were going to deport me without my daughter and that I would be punished for exposing my daughter to such a harsh journey. I started crying. One officer said, "You can thank Trump." I felt like they were pressuring me to sign deportation papers by yelling and asking multiple times, "Are you ready to sign your deportation papers?" They said that I would go to jail if I didn't sign.

8. I did not sign the deportation papers because I was not going to leave my daughter behind. Two of the officers were laughing at me as I sobbed. I was afraid and disoriented. At the very end of the interrogation, after I would not sign my deportation papers, one officer asked if I was afraid to return to my country. I said yes. This was the very last question that they asked.

9. Afterwards, they took me to a different part of the facility called "La Hielera" (the icebox). It is called "La Hielera" because it is freezing cold. After some time in La Hielera I was taken to another part of the facility called "La Perrera" (the dog house). It is called "La Perrera" because the holding cells resemble dog kennels; cages enclosed by chain-link fences. The conditions were horrible. I was tightly packed into a cage with at least 40 to 50 other women. We sat on the floor shoulder to shoulder. There were no beds or mats, no pillows, and no blankets. We were given paper sheets and we laid on the floor to sleep. There was not enough room on the floor for everyone to lay down without touching. We covered the entire floor. When someone needed to use the toilet, they had to walk over people and tap people on the shoulder to make a small pathway. There was only one toilet in the cage, but it was not enclosed. Women would stand up to create a human wall to give the person some privacy when they used the toilet.

10. The lights were on all day and night, making it almost impossible to sleep. I lost track of time because there was no clock and no windows. I did not know when a day had passed. When a woman asked for the time, a guard mocked her and said, "Why? Do you have an appointment or something?"

11. The food that they gave us was disgusting. Twice a day, they brought us two pieces of soggy bread and a frozen piece of what looked like ham, and one juice box. We were all very hungry. To humiliate us, the guards would open the cage door and throw crackers at us. This caused a lot of mayhem. The women would scramble to pick up the crackers off the floor, and the guards would laugh. I was sitting near the door next to the officer, so I held out my hand for a cracker. The guard said, "Do you want five-star treatment?" He then threw the crackers for me to eat off the floor, saying, "There is your room service."

12. We were not allowed to shower or brush our teeth for four days. They did not give us a change of clothes, and we wore the clothes that we had arrived in. Many women had wet clothes because they had crossed the river to get to the United States. It was so cold that their wet clothes became stiff.

13. From my cage, I could see my daughter in the children's cage. After feeding the children one day, the guard left the children's cage open. As the guard was walking away, my daughter crawled out of the cage and brought me a small bottle of water. Our fingers touched through the chain-linked fence. I told her that everything was going to be ok and that I loved her very much. This was the last time that I touched my daughter.

14. On or around May 21, 2018, I appeared before a judge for my criminal proceedings. I was in a courtroom with over 50 other detainees. We sat in rows of benches facing the judge. We were in shackles and handcuffs, and they gave us headphones for translation. Before the proceedings started, a man in a suit stood up and advised us all to plead guilty. He said that if we pled guilty, then we would get a lower sentence. I think that this man may have been a lawyer, but I am not sure. Every detainee before the judge was asked the same set of questions, and we all pled guilty. There were approximately 25 people ahead of me, and I

answered the same as they did because I thought that was what I was supposed to do. I did not understand the consequences of pleading guilty.

15. After my criminal proceedings, they boarded me on a bus. They did not say where they were taking us, but I later learned that we were headed to Laredo, Texas. Everyone was asking for their children. One guard yelled, "Stop asking about your kids!" All of the women were worried. I was panicking because my daughter was not on the bus and I did not want to be taken away from her. I began to cry uncontrollably because I realized that I was being separated from my daughter and we would not be reunited.

16. For the next three days, I was inconsolable. I got maybe one hour of sleep per night. I could not eat. I could not talk to anyone. All I could think about was my daughter. I kept thinking, "They can't do this." I could not figure out what they wanted with our children. No one would tell me where my daughter was or if she was safe. Those three days were the hardest because I did not know anything.

17. On or around May 25, 2018, I learned during a phone call with my mother that my daughter was in San Benito, Texas. I was somewhat relieved to know that she was safe physically, but still desperate to see her.

18. Instead of getting closer to my daughter, they have taken me even further away. I am now being detained in Washington.

19. On or around June 22, 2018, I was able to speak to my daughter for the first time since we were separated, but I only got to speak with her for about one minute. She was sobbing uncontrollably and could not speak. I have repeatedly called my daughter's social worker asking to set up phone calls, but she never answers the phone. I need to speak with my daughter on a regular basis. I think about her constantly. I wonder if she has made any friends, if she is eating and sleeping, and if she is ok.

20. Since my detention, I have not received any assessment or mental health services for treatment of trauma resulting from the separation from my daughter.

21. However bad the detention and separation have been for me, I can only imagine how bad it has been for my daughter. Based on our phone call, I think that my daughter has suffered greatly due to our separation and detention, and I believe that she will need a lot of special help to deal with the trauma. She has no idea what is going on, why we were separated, or why we are being detained. She is confused and distraught, and she needs her mother.

22. All I want is to see my daughter again. I want to run to her and hug her. We need to be together outside of detention.

I swear under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Signed on this 11th day of July 2018 in Tacoma, Washington.

R.M.



TRANSPERFECT

CERTIFICATION

TransPerfect is globally certified under the standards ISO 9001:2015 and ISO 17100:2015. This Translation Certificate confirms the included documents has been completed in conformance with the Quality Management System documented in its ISO process maps. The English file "Declaration of R.M._EN" is, to the best knowledge and belief of all TransPerfect employees engaged on the project, an accurate reflection of the Spanish file "Declaration of R.M._ES"

Authorized Signature:

[Handwritten Signature]

Claire Skrabutenas

Executive Project Manager

July 12, 2018

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of San Francisco }

On July 12, 2018 before me, Ewan McCloy, Notary
(Here insert name and title of officer)

personally appeared Claire Skrabutenas
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

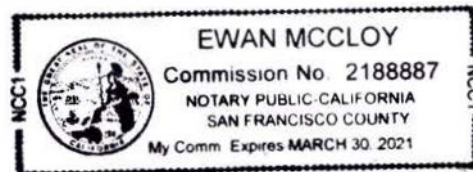
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Handwritten Signature]

Notary Public Signature

(Notary Public Seal)



LANGUAGE AND TECHNOLOGY SOLUTIONS FOR GLOBAL BUSINESS

DECLARATION OF LUCERO CHAVEZ

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3 1. I, Lucero Chavez, make this declaration based on my own personal
4 knowledge, and if called as a witness, I could and would testify to the following
5 matters:

6 2. I am an attorney licensed to practice law in the State of California. I
7 am a senior staff attorney in the Immigrants' Rights Project at Public Counsel in
8 Los Angeles, California. I have been practicing immigration law for 7.5 years.

9 3. I represent 15 year-old S.Q., a minor being held in the custody of the
10 United States government. S.Q. was separated from her mother, R.M., after
11 crossing into the United States on or about May 18, 2018. S.Q. is detained at a
12 Southwest Key Program facility in Texas. R.M. is detained at an immigration
13 facility in the state of Washington.

14 4. On July 3, 2018, I met with S.Q. at the Southwest Key Program facility
15 in Texas. The facility is entirely enclosed with metal fencing. I met S.Q.'s social
16 worker in the lobby and she showed me into a conference room used for staff
17 meetings. S.Q. and I sat next to each other and facing each other throughout our
18 meeting. She was attentive and responsive.

19 5. S.Q. lived in El Salvador with her mother up until the time they made
20 the journey to the United States. S.Q.'s parents separated when she was twelve
21 years old.

22 6. S.Q. was able to attend school up until the ninth grade, when she fled
23 with her mother to the United States. In the mornings before school, S.Q. went to
24 the beauty salon where her mother worked and helped her there. S.Q. said she
25 wanted to be a beautician like her mother. S.Q. told me she spent a lot of time
26 with her mother.

27 7. S.Q. does not remember exactly when she left El Salvador with her
28 mother or how long they travelled. S.Q. and her mother crossed the border into

1 the U.S., and S.Q. remembers walking for about an hour and a half in the early
2 morning before seeing an immigration vehicle. S.Q. said an immigration officer
3 from the vehicle spoke to her and was wearing a green uniform. The officer took
4 S.Q. and her mom to another area where many other migrants were being
5 detained and where there were more officers. S.Q. also mentioned that there was
6 a big dog, who was on a leash, in this area. S.Q. was then transported along with
7 her mother and many others directly to a "hielera."

8 8. Once at the "hielera," S.Q. was put in a room with other girls while
9 her mother was put into a room with other women. S.Q. told me there were
10 many other girls in the "hielera" with her, some as young as ten, and that many of
11 them were crying. S.Q. thinks she was in the "hielera" for about a day, but there
12 was no clock in the room so she did not know what time it was. There were no
13 beds in the room and she and the other girls had to sleep on the floor with
14 aluminum blankets. S.Q. said she was given a ham sandwich, which was very bad,
15 wheat crackers, and a juice box. At the "hielera", S.Q. remembers having her
16 fingerprints taken and being asked whom she was coming to stay with. S.Q. told
17 the officer questioning her that her maternal grandmother lives in the U.S. S.Q.
18 was asked for her grandmother's telephone number but since she did not know
19 it, the officer escorted S.Q. to where her mother was being held so that her
20 mother could provide the telephone number. S.Q. was not allowed to speak with
21 her mother at any other time.

22 9. After being in the "hielera" for about a day, S.Q. and other girls were
23 transferred to a "perrera" ("dog pound"). When I asked her why it was called a
24 "perrera," she said it was because everyone was held in cages. She said women
25 with young children were held in one area, men were held in a different area,
26 girls were held in a different area, and older women were held in another area.
27 S.Q. did not see her mother transferred to the "perrera" until several hours later.
28 S.Q. remembers being at the "perrera" for one or two days. During that time no

1 immigration officials asked her anything or told her anything about what was
2 happening. She was not allowed to speak to or be near her mother.

3 10. The last time S.Q. saw her mother was at the "perrera." When S.Q.
4 knew she was leaving the "perrera," she thought she was going to be released to
5 her grandmother. Even as she left the "perrera" without her mother, S.Q. thought
6 she would be taken to her grandmother and that her mother would be there as
7 well. S.Q. had tears in her eyes while explaining what happened.

8 11. When S.Q. arrived at the shelter, she did not know what to think. She
9 said arriving at the shelter felt partly good and partly bad: good because the
10 conditions at the shelter were better than those at the "perrera," where she slept
11 on a small mattress on the floor, could not go outside, and was given food that
12 tasted bad; bad because she realized she was not going to see her mother and did
13 not know what was going to happen. As S.Q. talked about her mother, she could
14 not hold back her tears and, hanging her head, began to cry. She told me she has
15 only spoken to her mother once since being at the shelter.

16 12. S.Q. said the hardest part of her journey was the separation from her
17 mother.

18 13. S.Q. told me she cried the first night she arrived at the shelter. She
19 was scared and did not know what was going to happen. After the first night, S.Q.
20 told herself that she would see her mother again. As she was telling me this, her
21 eyes began to fill with tears once again.

22 14. S.Q. told me she felt nervous when she found out she was going to
23 have a phone call with her mother. She did not know if she was going to be able
24 to talk to her mother or if she was going to be overcome with emotion. When she
25 heard her mother's voice on the phone, S.Q. burst into tears. She told me the
26 conversation was very short because she could not talk and was sobbing. S.Q.'s
27 mother told her everything would be okay and asked her if she had made friends
28 and if she liked the food. As S.Q. remembered this conversation with her mother,
tears ran down her face.

1 15. Acknowledging her tears, I asked S.Q. if there was anyone that she
2 could talk to about how she felt about being separated from her mother. She said
3 she talks to a counselor weekly but, pointing at her heart, said, "I don't have it in
4 me." S.Q. was wearing a bracelet on her wrist. I asked if she made the bracelet she
5 was wearing; she told me it was a gift from another girl at the shelter. When I
6 asked her what it said, she read "te amo madre" ("I love you mother"). I asked
7 her if other girls at the shelter have similar bracelets and she said "yes."

8
9 I declare under penalty of perjury under the laws of the United States that the
10 foregoing is true and correct.

11
12 Executed on July 9, 2018, in Santa Ana, California.

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15 _____
16 Lucero Chavez

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DECLARACIÓN DE S.T.

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2
3 1. Yo, S.T., hago esta declaración conforme a mi saber, y si me convocan
4 como testigo, podría testificar y lo haría sobre los siguientes asuntos:

5 2. Soy la madre de R.M. y la abuela de S.Q. Tengo 58 años.

6 3. Soy residente permanente de los Estados Unidos y he vivido en este país
7 desde 1989. Trabajo a tiempo completo en una tienda.

8 4. En junio de 2018, mi hija R.M. me llamó para informarme de que había
9 viajado a los Estados Unidos de El Salvador con su hija, pero que el Servicio de
10 Inmigración y Control de Aduanas de los EE. UU. (ICE) las había separado. Entiendo
11 que R.M. corría peligro en El Salvador y no tuvo otra opción que escapar con su hija.

12 5. Cuando R.M me llamó para informarme de que ambas se encontraban en
13 los Estados Unidos, ella y su hija ya habían sido separadas. R.M. me dijo que ya llevaba
14 una semana en los Estados Unidos hasta que pudo llamarme. Durante la llamada, R.M.
15 sonaba muy triste y dijo que la forma en la que el ICE la había separado de su hija había
16 sido muy traumática, y que sentía que el ICE las había maltratado.

17 6. Más tarde, S.Q., mi nieta, me llamó por teléfono. S.Q. estaba llorando. Le
18 recomendé que rezara y que, con suerte, todo se resolvería. También hablé con la
19 trabajadora social que estaba con mi nieta.

20 7. Desde entonces, solo he podido hablar con S.Q. unas dos veces por
21 semana. Cuando llegó, S.Q. estaba muy angustiada y lloraba mucho. Intenté recordarle
22 que rezara y que, con suerte, todo se resolvería. No hablaba mucho.

23 8. Durante una de las llamadas con S.Q., me informó de que la instalación en
24 donde estaba detenida ya no permitía que los niños jugaran afuera debido a la atención
25 de los medios y las cámaras que allí se encontraban.

26 9. Desde que R.M. llegó a los Estados Unidos, solo pude hablar con ella como
27 una vez por semana durante unos cinco minutos por vez. R.M. sonaba triste y no
28

1 entendía por qué estaba detenida en un centro en Washington mientras su hija se
2 encontraba en Texas. Me dice que extraña a su hija.

3 10. Después, pude hablar con R.M. más a menudo, unas dos o tres veces por
4 semana. Pero ahora, solo puedo hablar con ella alrededor de dos minutos. Porque,
5 mientras hablamos, un guardia de la instalación le informa a R.M. que debe dejar el
6 teléfono e ir a su habitación. Cuando escucho eso, siento que están maltratando a mi
7 hija. Deposito dinero en la cuenta de mi hija para que pueda llamarme, pero no hemos
8 podido hablar mucho tiempo por ese motivo.

9 11. R.M. me dijo que no la han tratado bien. Me dijo que algunas veces no
10 recibía comida. También me ha dicho que fue horrible la forma en la que el ICE la
11 separó de su hija y todo lo que siguió.

12 12. Yo misma he escuchado que los guardias de la instalación le hablan
13 irrespetuosamente. No creo que sea justo.

14 13. En el tiempo durante el cual R.M. y S.Q. han estado detenidas, solo han
15 podido hablar la una con la otra una vez.

16 14. Entiendo que S.Q. será liberada para estar conmigo. Ya me he contactado
17 con la trabajadora social y he proporcionado los documentos y los exámenes que me ha
18 requerido para dejar a S.Q. bajo mi cuidado.

19 15. Estoy lista, dispuesta y puedo cuidar y brindar un hogar para R.M. y para
20 S.Q. en cualquier momento, y me comprometo a hacer lo que pueda para que liberen a
21 R.M. y para proveerle sustento mientras está en los Estados Unidos.

22
23 Declaro bajo pena de perjurio conforme a las leyes de los Estados Unidos que lo anterior
24 es verdadero y correcto. Declaración realizada el 7 de julio de 2018 en Laurel,
25 Maryland.

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27 

28 S.T.

DECLARATION OF S.T.

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3 1. I, S.T., make this declaration based on my own personal knowledge, and
4 if called as a witness, I could and would testify to the following matters:

5 2. I am R.M.'s mother and S.Q.'s grandmother. I am 58 years old.

6 3. I am a permanent resident of the United States and have lived in the United
7 States since 1989. I work full-time in a store.

8 4. In June 2018, my daughter, R.M., called me to inform me that she traveled
9 to the United States from El Salvador with her daughter but that ICE had separated them
10 from one another. I understand that R.M. was in danger in El Salvador and had no
11 choice but to flee with her daughter.

12 5. By the time R.M called me to inform me they were in the United States,
13 she and her daughter had already been separated. R.M. informed me that she had been
14 in the United States for about one week before she was able to call me. During this call,
15 R.M. sounded very sad and said that the way that ICE separated her from her daughter
16 was very traumatic and that she felt ICE mistreated her and her daughter.

17 6. Later, S.Q., my granddaughter, gave me a call. S.Q. was crying. I advised
18 her to pray and that everything would hopefully turn out alright. I also spoke to a social
19 worker who was with my granddaughter.

20 7. Since that time, I have only been able to speak to S.Q. around two times
21 per week. When she first arrived, S.Q. was very sad and cried a lot. I tried to remind
22 her to pray and that everything would hopefully turn out okay. She was not very
23 talkative.

24 8. During one of my calls with S.Q., she informed me that the facility where
25 she was detained did not allow children to play outside anymore because of the media
26 attention and cameras that would be present.

27 9. When R.M. first arrived in the United States, I was only able to speak to
28 her around once per week for about five minutes at a time. R.M. sounded sad and did

1 not understand why she was detained in a facility in Washington while her daughter
2 was detained in Texas. She tells me she misses her daughter.

3 10. Afterwards, I was able to speak to R.M. more often, about two or three
4 times per week. But now, I am only able to speak to her for around two minutes. This
5 is because while we are talking, a guard in the facility informs R.M. that she needs to
6 get off the phone and go to her room. When I hear this, I feel like they are mistreating
7 my daughter. I deposit money into my daughter's account so that she is able to call me,
8 but we have been unable to speak for very long because of this.

9 11. R.M. has told me that she has not been treated well. She told me that
10 sometimes she did not receive food. She has also told me that they way ICE separated
11 her from her daughter and the aftermath was horrible.

12 12. I can also hear for myself that the facility's guards speak to her in a
13 disrespectful manner. I do not think this is just.

14 13. Throughout the time that R.M. and S.Q. have been detained, R.M. and S.Q.
15 have only been able to speak to each other once.

16 14. It is my understanding that the S.Q. is going to be released to me. I have
17 already been in contact with the social worker, and have provided documents and
18 examinations that she has requested from me in order to release S.Q. to my care.

19 15. I am ready, willing, and able to take care of, and provide a home for both
20 R.M. and S.Q. at any time, and am committed to doing what I can to have R.M. released
21 and to support her while she is in the United States.

22
23 I declare under penalty of perjury under the laws of the United States that the foregoing
24 is true and correct. Signed on this 7th day of July 2018 in Laurel, Maryland.

25
26
27 _____
S.T.



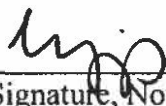
City of New York, State of New York, County of New York

I, Aurora Landman, hereby certify that the English document “Declaration of S.T._EN” is, to the best of my knowledge and belief, a fair and accurate reflection of the Spanish document “Declaration of S.T._ES”



Aurora Landman

Sworn to before me this
July 9, 2018



Signature, Notary Public



Stamp, Notary Public

LANGUAGE AND TECHNOLOGY SOLUTIONS FOR GLOBAL BUSINESS

EXPERT DECLARATION OF DYLAN GEE

I, Dylan G. Gee, hereby declare as follows:

1. I am an Assistant Professor of psychology at Yale University where I have been a faculty member since 2016. I earned my PhD in clinical psychology at the University of California, Los Angeles (UCLA) and completed a post-doctoral fellowship in developmental psychobiology at Weill Cornell Medical College. I earned my Bachelor's degree *summa cum laude* in Psychological & Brain Sciences at Dartmouth College. For over ten years I have conducted research on the developing brain as it relates to the impact of stress and psychiatric disorders in childhood.

2. My research examines the psychological and neurobiological consequences of childhood trauma, with a specific focus on early caregiving adversity, including parental deprivation. I have published over 40 peer-reviewed scientific articles and delivered scientific talks at the field's national and international society meetings, including the American College of Neuropsychopharmacology, American Psychological Association, Anxiety and Depression Association of America, Association for Behavioral and Cognitive Therapies, Association for Psychological Science, International Society for Developmental Psychobiology, Society for Neuroscience, and Society of Biological Psychiatry. My current teaching at Yale University includes a focus on developmental neuroscience and child and adolescent psychopathology.

3. Attached hereto as Exhibit A is my Curriculum Vitae, including a list of my scholarly publications.

4. My declaration is based on a review of the scientific literature and of the plaintiffs' fact summaries (JO, JP, and RM), in addition to the knowledge accumulated during my education and career as described above. I provide this declaration based on my review of the fact summaries and knowledge as a psychologist who specializes in trauma. The full citations for the works cited in my declaration are attached hereto as Exhibit B.

1 5. Forcible separation of children from their parents is known to be a
2 traumatic event that confers risk for both immediate and long-term psychological harm
3 for both children and parents. The immediate psychological consequences of exposure
4 to traumatic events involving caregivers include, but are not limited to, anxiety, distress,
5 despair, and terror for both the child and the parent. Among children, the long-term
6 consequences of forced separation from a parent may include, but are not limited to,
7 psychiatric disorders including posttraumatic stress disorder, anxiety disorders, major
8 depression, attention-deficit/hyperactivity disorder, substance use disorders, and
9 conduct problems (e.g., Zeanah et al., 2009; Bos et al., 2011) and problems with
10 physical growth (e.g., Smyke et al., 2007; Loman, Wiik, Frenn, Pollak, & Gunnar,
11 2009), cognitive functioning (e.g., Loman et al., 2009; Fox, Almas, Degnan, Nelson, &
12 Zeanah, 2011), language development (e.g., Loman et al., 2009), executive functioning
13 (e.g., Bos, Fox, Zeanah, & Nelson, 2009; McDermott, Westerlund, Zeanah, Nelson, &
14 Fox, 2012), attachment (e.g., Lieberman, 2004; Zeanah, Smyke, Koga, Carlson, &
15 Bucharest Early Intervention Project Core Group, 2005), emotion regulation (e.g.,
16 Tottenham et al., 2010; Burkholder, Koss, Hostinar, Johnson, & Gunnar, 2016), and
17 social functioning (e.g., Gleason et al., 2014; Lawler, Hostinar, Mliner, & Gunnar,
18 2014).

19 6. Forcible family separation can also have devastating psychological and
20 neurobiological consequences for parents. The traumatic nature of separation from the
21 child is likely to be exacerbated when parents are not provided with information about
22 their child's location or condition, or when parents do not have access to information in
23 their native language (Kirmayer et al., 2011). In adults, psychological trauma is
24 associated with elevated risk for psychiatric disorders including post-traumatic stress
25 disorder (Breslau et al., 1998) and can induce physiological changes, including but not
26 limited to dysregulated stress responding, amygdala hyperactivity, and deficits in
27 prefrontal cortex control of the amygdala, which are associated with difficulty
28 regulating fear (Rauch, Shin, & Phelps, 2006). Evidence suggests that individuals
seeking asylum are particularly vulnerable to psychological distress, and levels of

1 depression, anxiety, and posttraumatic stress disorder symptomatology are elevated
2 when asylum seekers are detained (Robjant, Robbins, & Senior, 2009).

3 7. Children and parents seeking asylum are likely to be especially vulnerable
4 to the immediate and long-term risks associated with forcible separation (Bronstein &
5 Montgomery, 2011; Fortuna et al., 2016). Individuals exposed to multiple traumas are
6 at heightened risk for psychiatric disorders including posttraumatic stress disorder, and
7 adverse health outcomes (Felitti et al., 1998; Chapman et al., 2004; Cloitre et al., 2009;
8 Kolassa et al., 2010). In cases of children and parents who have already experienced
9 trauma or adversity (e.g., through adverse conditions in their country of origin or en
10 route to the U.S.), forcible family separation further compounds their risk for mental
11 health problems. The risks for psychological consequences may be exacerbated by the
12 stress and uncertainty associated with immigration and when children or parents are
13 placed in institutional settings such as detention centers (MacLean, 2003; Nelson, 2007;
14 Bronstein & Montgomery, 2011; Young & Gordon, 2016).

15 8. Forcible separation of children from their parents also carries risk for
16 physiological and neurobiological changes that predispose individuals to mental and
17 physical health problems. Children who were separated from their caregivers and
18 initially reared in institutionalized care often show long-term physiological
19 consequences of early parental deprivation, including alterations of the hypothalamic-
20 pituitary-adrenal axis system (Fries, Shirtcliff, & Pollak, 2008; Gunnar, Frenn,
21 Wewerka, & Ryzin, 2009; Koss, Mliner, Donzella, & Gunnar, 2016) and alterations in
22 brain structure and function (Sheridan et al., 2012; Gee et al., 2013; McLaughlin et al.,
23 2014; Hodel et al., 2015; Bick et al., 2015). These children exhibit reduced gray matter
24 and white matter volumes in the brain (Bick et al., 2015; McLaughlin et al., 2014).
25 Neural circuitry related to stress and threat responding appears to be especially
26 influenced, with evidence of larger amygdala size and amygdala hyperactivity, which
27 are associated with heightened anxiety (Tottenham et al., 2010, 2011; Gee et al., 2013).
28 Children who experienced early separation from their parents can continue to exhibit

1 psychological and neurobiological consequences years following the trauma (Zeanah et
2 al., 2009; McLaughlin et al., 2014).

3 9. Caregivers serve as a fundamental regulator for children early in life
4 (Hofer, 1994). Caregivers are essential for buffering against stress, as evidenced by
5 studies showing that caregivers regulate the child's hypothalamic-pituitary-adrenal axis
6 (Gunnar & Donzella, 2002) and amygdala reactivity (Gee et al., 2014). Thus, forcible
7 separation of children from their parents also takes away the person who is likely to be
8 the child's most important buffer against stress during a critical time of need, given the
9 stressful conditions in detention centers for children. Particularly when forcible
10 separation occurs early in life, this trauma can reprogram the child's biology in ways
11 that lead to a dysregulated hypothalamic-pituitary-adrenal axis system and difficulty
12 regulating stress and adapting to psychological challenges both immediately and later
13 in life, with these consequences often persisting into adulthood (Pesonen et al., 2010;
14 Koss, Hostinar, Donzella, & Gunnar, 2014; Kumari, Head, Bartley, Stansfeld, &
15 Kivimaki, 2013; Kumsta et al., 2017).

16 10. Despite the potential for long-term psychological and neurobiological
17 consequences of forcible separation, evidence also suggests the potential for
18 intervention to reduce the negative impact of early parental deprivation (Nelson et al.,
19 2007; Fox et al., 2011; Sheridan, Fox, Zeanah, McLaughlin, & Nelson, 2012; Bick et
20 al., 2015). A number of evidence-based treatments for childhood trauma exist, including
21 trauma-focused cognitive behavioral therapy, child parent psychotherapy, parent-child
22 interaction therapy for traumatized children, and cognitive behavioral intervention for
23 trauma in schools, which have been shown to reduce symptoms of PTSD and other
24 psychiatric disorders (e.g., Cohen, Mannarino, Berliner, & Deblinger, 2000; Lieberman,
25 Ippen, & Van Horn, 2006; Lieberman, Van Horn, & Ippen, 2005; Cicchetti, Rogosch,
26 & Toth, 2006; Dozier, Peloso, Lewis, Laurenceau, & Levine, 2008). Evidence suggests
27 that many evidence-based treatments are effective across various cultural backgrounds.
28 Some evidence-based treatments have been specifically adapted for immigrant
populations, and others are effective without significant adaptation beyond language

1 (Kataoka et al., 2003; Ngo et al., 2008; McCabe & Yeh, 2009; Costantino, Primavera,
2 Malgady, & Costantino, 2014). Longer durations of trauma exposure are consistently
3 associated with poorer outcomes (e.g., O'Connor & Rutter, 2000; Loman et al., 2009),
4 highlighting the importance of reunification and treatment at the earliest possible stage.

5 11. Interventions following forcible separation are likely to be maximally
6 effective if they provide treatment in the context of the family or parent/child dyad. The
7 importance of treating parent/child dyads following traumatic exposures involving both
8 parents and children (i.e., forcible separation of immigrant children from their parents)
9 is evidenced by randomized trials demonstrating the value of a relationship-based
10 model for treating children who have experienced caregiver-related trauma (Toth,
11 Maughan, Manly, Spagnola, & Cicchetti, 2002; Lieberman, Van Horn, & Ippen, 2005),
12 as well as children experiencing anxious attachment (Lieberman, Weston, & Pawl,
13 1991). Children look to caregivers for information about safety and danger, particularly
14 in early childhood, and young children are reliant on their caregivers to communicate
15 information about the world (Ainsworth, 1969; Bowlby, 1969). Given the central role
16 that parents play in children's emotional lives, it is imperative that children's responses
17 to traumatic events are treated within the context of this ongoing, central relationship
18 (Fraiberg, 1980).

19 12. Treating the parent and child together allows for a clinician to support both
20 parties involved in the attachment relationship in order to promote the health of the
21 parent and child simultaneously. Broad evidence has shown that children's reactions to
22 trauma are influenced by risk and protective factors that often involve their caregivers
23 (Cicchetti & Lynch, 1993; Sameroff, 1995; Gewirtz, Forgatch, & Wieling, 2008).
24 Directly targeting certain features of parents' behavior in treatment may support
25 children's improvement (e.g., Levendosky, Huth-Bocks, Shapiro, & Semel, 2003). Due
26 to the dyadic nature of trauma exposure in cases of forcible separation, children's
27 behaviors and responses to traumatic reminders may trigger parents' own trauma-
28 related symptoms, which can affect the security of the parent-child attachment
relationship (Main & Hesse, 1990; Scheeringa & Zeanah, 1995; Pynoos, Steinberg, &

1 Piacentini, 1999). Treatment in the family context allows the clinician to address a
2 complex trauma history encompassing both the child's and parent's experiences.

3 13. It is essential that mental health interventions for children and parents who
4 experienced forcible separation be provided in an environment that does not cause
5 further harm and allows for therapeutic efficacy. The deleterious effects of detention on
6 both children (Lorek et al., 2009; Dudley, Steel, Mares, & Newman, 2012; Deans et al.,
7 2013; Kronick, Rousseau, & Cleveland, 2015) and adults (Physicians for Human
8 Rights, 2003; Robjant, Robbins, & Senior, 2009; Deans et al., 2013) have been well-
9 documented (Linton, Griffin, Shapiro, 2017). Reports of mental health problems
10 associated with immigration detention include high rates of posttraumatic stress
11 disorder, anxiety, depression, suicidal ideation, and behavioral problems (Physicians
12 for Human Rights, 2003; Robjant et al., 2009; Coffey, Kaplan, Sampson, & Tucci,
13 2010). Detention can also undermine parents' ability to effectively provide for their
14 children's needs, both instrumentally and emotionally. Treatment provided outside of
15 detention will have a higher likelihood of effectively reducing trauma-related symptoms
16 for both children and parents.

17 14. In the case of JO, JO was forcibly separated from her 15-year-old daughter
18 TB. Given the psychological trauma and risk for ongoing long-term consequences
19 associated with forcible separation, it is my opinion that JO and TB should be reunited
20 immediately, released from detention, and provided with mental health assessment and
21 treatment as needed to remediate any harm sustained and allow for healing to begin. JO
22 and TB should both receive mental health assessment and evidence-based
23 psychotherapy supported by research for its effectiveness in addressing trauma-related
24 symptoms, provided in their native language and a culturally competent context. Given
25 the trauma related to parent/child separation, treatment in the context of the family or
26 parent/child dyad is likely to be particularly effective for JO and TB. TB would likely
27 benefit from trauma-informed treatment, such as trauma-focused cognitive behavioral
28 therapy, provided by a clinician specializing in child and adolescent trauma. It is notable
that both JO and TB have been exposed to prior trauma (e.g., threats from gangs in their

1 country of origin), increasing their likelihood of developing posttraumatic stress
2 disorder or other psychiatric disorders and the need for urgent reunification and
3 psychological services. To the extent that mental health screening suggests that JO and
4 TB are suffering from trauma-related symptoms, treatment should be provided outside
5 of detention in a setting that does not further exacerbate their exposure to trauma.

6 15. In the case of JP, JP was forcibly separated from her 16-year-old daughter
7 LP, including a period of over one month with no contact or knowledge of each other's
8 whereabouts. JP speaks a Mayan dialect and understands very little Spanish and no
9 English. She cannot read or write. JP's trauma was likely further exacerbated by lack
10 of communication, including the experience of guards who did not communicate
11 supportively when she did not understand. Given the psychological trauma and risk for
12 ongoing long-term consequences associated with forcible separation, it is my opinion
13 that JP and LP should be reunited immediately, released from detention, and provided
14 with mental health assessment and treatment as needed to remediate any harm sustained
15 and allow for healing to begin. JP and LP should both receive mental health assessment
16 and evidence-based psychotherapy supported by research for its effectiveness in
17 addressing trauma-related symptoms, provided in their native language and in a
18 culturally competent context. Given the trauma related to parent/child separation,
19 treatment in the context of the family or parent/child dyad is likely to be particularly
20 effective for JP and LP. LP would likely benefit from trauma-informed treatment, such
21 as trauma-focused cognitive behavioral therapy, provided by a clinician specializing in
22 child and adolescent trauma. To the extent that mental health screening suggests that JP
23 and LP are suffering from trauma-related symptoms, treatment should be provided
24 outside of detention in a setting that does not further exacerbate their exposure to
25 trauma.

26 16. In the case of RM, RM and her daughter SQ were forcibly separated and
27 have had no contact since separation. Given the psychological trauma and risk for
28 ongoing long-term consequences associated with forcible separation, it is my opinion
that RM and SQ should be reunited immediately, released from detention, and provided

1 with mental health assessment and treatment as needed to remediate any harm sustained
2 and allow for healing to begin. RM and SQ should both receive mental health
3 assessment and evidence-based psychotherapy supported by research for its
4 effectiveness in addressing trauma-related symptoms, provided in their native language
5 and in a culturally competent context. Given the trauma related to parent/child
6 separation, treatment in the context of the family or parent/child dyad is likely to be
7 particularly effective for RM and SQ. SQ would likely benefit from trauma-informed
8 treatment provided by a clinician specialized in working with children and adolescents.
9 It is notable that RM and SQ expressed fear of returning to their country of origin. The
10 likely experience of additional traumas prior to the forcible separation would increase
11 their likelihood of developing posttraumatic stress disorder or other psychiatric
12 disorders and the need for urgent reunification and psychological services. To the extent
13 that mental health screening suggests that RM and SQ are suffering from trauma-related
14 symptoms, treatment should be provided outside of detention in a setting that does not
15 further exacerbate their exposure to trauma.

16 17. In summary, based on extensive research and my own involvement with
17 research and psychological services for children and their families who have
18 experienced caregiver-related trauma, it is my opinion that children and parents who
19 were forcibly separated should be reunited as quickly as possible, released from
20 detention, and provided with immediate mental health evaluation and opportunities for
21 further treatment in order to mitigate any harm already sustained, prevent further
22 damage, and reduce the risk of long-term psychological and neurobiological
23 impairment to both the children and their parents. The plaintiffs and all similarly
24 situated parents and children should receive mental health assessment to evaluate
25 current mental health status and risk for trauma-related symptoms. Any parent or child
26 found to display current symptoms or risk of trauma-related psychopathology should be
27 offered further treatment. Following reunification, both children and parents require
28 immediate, intensive clinical intervention to support healing following trauma
exposure. If for any reason a parent and child remain separated beyond the proposed

1 timeline, they should each be screened immediately for mental health status and risk of
2 trauma-related symptoms and offered relevant treatment even prior to reunification. If
3 a parent is deported without their child, the child should be immediately screened and
4 provided with appropriate intervention.

5 18. Although forcible family separation and detention can have widespread
6 and devastating long-term consequences for psychological and neurobiological
7 functioning, evidence suggests that appropriately delivered interventions can be
8 effective in mitigating this damage. All mental health assessment and treatment
9 provided to the plaintiffs and all similarly situated parents and children should be
10 delivered in a culturally competent and linguistically sensitive manner and by mental
11 health clinicians trained in evidence-based trauma-informed interventions. It is essential
12 that treatment takes place in a context that does not further exacerbate harm or exposure
13 to trauma; thus, it should be provided outside of detention. Given the nature of the
14 trauma experienced by the plaintiffs and all similarly situated parents and children,
15 therapy that takes place in a family context is likely to be most effective in mitigating
16 harm sustained by children and parents who were forcibly separated.

17 I declare under penalty of perjury under the laws of the United States that the
18 foregoing is true and correct.

19 Executed on July 8, 2018, at New Haven, CT

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22 _____
23 Dylan G. Gee
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Exhibit A

DYLAN GRACE GEE, Ph.D.

ACADEMIC APPOINTMENTS

Yale University , New Haven, CT Assistant Professor, Department of Psychology	July 2016 – present
Weill Cornell Medical College , New York, NY Assistant Professor, Sackler Institute for Developmental Psychobiology, Department of Psychiatry	Sept 2015 – June 2016

EDUCATION

Weill Cornell Medical College , New York, NY Postdoctoral Fellow, Sackler Institute for Developmental Psychobiology	July 2015 – Aug 2015
New York Presbyterian Hospital/Weill Cornell Medical College , New York, NY Clinical Psychology Predoctoral Internship	2014 – 2015
University of California, Los Angeles , Los Angeles, CA Ph.D. in Psychology, June 2015 M.A. in Psychology, December 2010 Major: Clinical Psychology; Minor: Behavioral Neuroscience	2009 – 2015
Dartmouth College , Hanover, NH B.A., Psychological and Brain Sciences, <i>summa cum laude</i>	2003 – 2007

HONORS AND AWARDS

Association for Psychological Science Rising Star Award	2017
World Economic Forum Young Scientist	2016
NIH Director's Early Independence Award	2015
NARSAD Young Investigator Award	2015
Payne Whitney Faculty Council Award for Outstanding Research, Weill Cornell Medical College	2015
Anxiety and Depression Association of America (ADAA) Career Development Leadership Fellow	2015
Samuel W. Perry III, M.D., Distinguished Award in Psychiatric Medicine, Weill Cornell Medical College	2015
APA Graduate Students and Early Career Psychologists Research Award, 1 st Place	2014
Michael J. Goldstein Distinguished Dissertation Award, Honorable Mention	2014
National Psychologist Trainee Register Credentialing Scholarship	2014
UCLA Mautner Graduate Award	2013
Society for a Science of Clinical Psychology Dissertation Award	2012
APA Anne Anastasi Award for outstanding graduate student researcher	2012
Stanley Sue Distinguished Research Award, UCLA	2011
Graduate Research Mentorship Award, UCLA	2010-2011
Graduate Summer Research Mentorship Award, UCLA	2010
Edwin W. Pauley Fellowship, UCLA	2009-2010
University Distinguished Fellowship, UCLA	2009-2010
<i>Specialized Training Fellowships and Travel Awards</i>	
American College of Neuropsychopharmacology (ACNP) Travel Award	2016
Anxiety and Depression Association of America (ADAA) Career Development Travel Award	2015
Society for Neuroscience Chapter Travel Award	2014
Sackler Summer Institute in Developmental Psychobiology (Weill Cornell Medical College)	2013
American Psychological Foundation Ungerleider/Zimbardo Travel Scholarship	2013, 2014

UCLA Brain Research Institute/Semel Institute Travel Award	2011, 2012, 2013
NIMH Summer Institute in Cognitive Neuroscience (UCSB)	2011
NeuroImaging Training Program (NITP) summer fellowship (UCLA)	2010

Undergraduate

Phi Beta Kappa Society	2007
Rufus Choate Scholar (top 5% of undergraduate class)	2005-2007
Benjamin G. Benner Award for Excellence in Research	2007
Highest honors awarded for undergraduate thesis	2007
Green Key Society (honorary service organization for juniors)	2005-2006
Dartmouth College Leadership Discovery Program	2003

RESEARCH FUNDING

NIH Director's Early Independence Award (DP5OD021370) <i>Novel Mechanisms of Fear Reduction Targeting the Biological State of the Developing Brain</i>	2015-2020
NARSAD Young Investigator Award (Brain and Behavior Research Foundation) <i>Novel Mechanisms of Fear Reduction Targeting the Biological State of the Developing Brain</i>	2016-2018
APF Elizabeth Munsterberg Koppitz Child Psychology Graduate Fellowship <i>Amygdala-Prefrontal Brain Connectivity in Typically Developing Children and Adolescents and Following Early-Life Stress</i>	2013-2014
APF/COGDOP Harry and Miriam Levinson Scholarship <i>Amygdala-Prefrontal Brain Connectivity in Typically Developing Children and Adolescents and Following Early-Life Stress</i>	2013-2014
APA Dissertation Research Award Grant <i>Amygdala-Prefrontal Function and Clinical Course among Adolescents and Young Adults at Clinical High Risk for Psychosis</i>	2012-2013
NSF Graduate Research Fellowship Award <i>Development of Emotion Regulation Networks from Adolescence through Young Adulthood</i>	2010-2013
APAGS Basic Psychological Science Research Grant <i>Development of Emotion Regulation Networks from Adolescence through Young Adulthood</i>	2009-2010

PUBLICATIONS

- Lebowitz, E.R., **Gee, D.G.**, Pine, D.S., Silverman, W.K. (In press). Implications of the Research Domain Criteria Project for Childhood Anxiety and its Disorders. *Clinical Psychology Review*.
- Cao, H., McEwen, S.C., Forsyth, J.K., **Gee, D.G.**, Bearden, C.E., Addington, J., Goodyear, B., Cadenhead, K.S., Mirzakhani, H., Cornblatt, B.A., Carrion, R.A., Mathalon, D.H., McGlashan, T.H., Perkins, D.O., Belger, A., Seidman, L.J., Thermenos, H., Tsuang, M.T., van Erp, T.G.M., Walker, E.F., Hamann, S., Anticevic, A., Woods, S.W., Cannon, T.D. (In press). Toward leveraging human connectomic data in large consortia: Generalizability of fMRI-based brain graphs across sites, sessions, and paradigms. *Cerebral Cortex*.
- Tanovic, E., **Gee, D.G.**, Joormann, J. (In press). Intolerance of Uncertainty: Neural and Psychophysiological Correlates of the Perception of Uncertainty as Threatening. *Clinical Psychology Review*.
- Casey, B.J., Heller, A.S., **Gee, D.G.**, & Cohen, A.O. (In press). Development of the Emotional Brain. *Neuroscience Letters*.

- Cannon, T.D., Cao, H., Mathalon, D.H., **Gee, D.G.**, on behalf of the NAPLS consortium. (2018). Multisite reliability of fMRI measures of brain activation during an emotion processing task: Clarification and implications for statistical power. *Human Brain Mapping*, *39*(1), 599-601.
- Meyer, H.C., Lee, F.S., **Gee, D.G.** (2018). The role of genetic variation and the endocannabinoid system in adolescent brain development. *Neuropsychopharmacology*, *43*(1), 21-33.
- Cohodes, E.M., & **Gee, D.G.** (2017). Developmental neurobiology of anxiety and related disorders. *Oxford Research Encyclopedia of Neuroscience*.
- Fareri, D.S., Gabard-Durnam, L., Goff, B., Flannery, J., **Gee, D.G.**, Lumian, D.S., Caldera, C., Tottenham, N. (2017). Altered ventral striatal-medial prefrontal cortex resting-state connectivity mediates adolescent social problems after early institutional care. *Development and Psychopathology*, *29*(5), 1965-1876.
- Flannery, J., Gabard-Durnam, L., Shapiro, M., Goff, B., Caldera, C., Louie, J., **Gee, D.G.**, Telzer, E., Humphreys, K., Lumian, D., Tottenham, N. (2017). Diurnal cortisol and early institutional care – Age matters. *Developmental Cognitive Neuroscience*, *25*, 160-166.
- Silvers, J.A., Goff, B., Gabard-Durnam, L.J., **Gee, D.G.**, Fareri, D.S., Caldera, C., Tottenham, N. (2017). Vigilance, the amygdala, and anxiety in youth with a history of institutional care. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*, *2*(6), 493-501.
- Aldao, A., **Gee, D.G.**, De Los Reyes, A., Seager, I. (2016). Emotion dysregulation as a transdiagnostic vulnerability to psychopathology: Current and future directions. *Development and Psychopathology*, *28*, 927-946.
- Gee, D.G.** (2016). Sensitive periods of emotion regulation: Influences of parental care on frontoamygdala circuitry and plasticity. *New Directions for Child and Adolescent Development*, *153*, 87-110.
- Silvers, J.A., Lumian, D.S., Gabard-Durnam, L., **Gee, D.G.**, Goff, B., Fareri, D.S., Caldera, C., Flannery, J., Telzer, E., Humphreys, K., Tottenham, N. (2016). Early parental deprivation alters development of amygdala-hippocampal-prefrontal circuitry involved in fear learning. *Journal of Neuroscience*, *36*(24), 6420-30.
- Green, S.A., Goff, B., **Gee, D.G.**, Gabard-Durnam, L., Flannery, J., Telzer, E., Humphreys, K., Louie, J., Tottenham, N. (2016). Discrimination of amygdala response predicts future separation anxiety in youth with early deprivation. *Journal of Child Psychology and Psychiatry*, *57*(10), 1135-44.
- Gabard-Durnam*, L., **Gee*, D.G.**, Goff, B., Flannery, J., Telzer, E.H., Humphreys, K.L., Lumian, D.S., Fareri, D.S., Caldera, C.J., Tottenham, N. (2016). Stimulus-elicited connectivity influences resting-state connectivity years later in human development: a prospective study. *Journal of Neuroscience*, *36*(17), 4771-84.
- Gee*, D.G.**, Fetcho*, R., Jing*, D. Li*, A., Glatt, C.E., Drysdale, A.T., Cohen, A.O., Dellarco, D.V., Yang, R., Dale, A.M., Jernigan, T.L., Lee, F.S., Casey, B.J., and the PING Consortium. (2016). Individual differences in frontolimbic circuitry and anxiety emerge with adolescent changes in endocannabinoid signaling across species. *Proceedings of the National Academy of Sciences of the United States of America*, *113*(16), 4500-5.
- Humphreys, K.L., Telzer, E.H., Flannery, J., Goff, B., Gabard-Durnam, L., **Gee, D.G.**, Lee, S.S., Tottenham, N. (2016). Risky decision-making from childhood through adulthood: Contributions of learning and sensitivity to punishment. *Emotion*, *16*, 101-9.
- Fareri, D.S., Gabard-Durnam, L., Goff, B., Flannery, J., **Gee, D.G.**, Lumian, D.S., Caldera, C.J., Tottenham, N. (2015). Normative development of ventral striatal resting-state connectivity in humans. *NeuroImage*, *118*, 422-37.

- Gee, D.G.** & Casey, B.J. (2015). The impact of developmental timing for stress and recovery. *Neurobiology of Stress*, 1, 184-194.
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- Gee*, D.G.**, Gabard-Durnam*, L., Telzer, E.H., Humphreys, K.L., Goff, B., Flannery, J., Shapiro, M., Lumian, D.S., Fareri, D.S., Caldera, C., Tottenham, N. (2014). Maternal buffering of amygdala-prefrontal circuitry during childhood but not during adolescence. *Psychological Science*, 25(11), 2067-78.
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BOOK CHAPTERS

- Cohodes, E.M., & **Gee, D.G.** (In press). Etiological factors: Basic neuroscience. In H. Kristensen, M. Villabo, S. Compton (Eds.), *Pediatric Anxiety Disorders*.
- Gee, D.G.**, & Casey, B.J. (2017). Neuroimaging and the Neuroanatomical Circuits Implicated in Anxiety, Fear, and Stress-related Disorders. In B.J. Sadock, V.A. Sadock, P. Ruiz (Eds.), *Kaplan & Sadock's Comprehensive Textbook of Psychiatry, Tenth Edition*.
- Gee, D.G.**, & Whalen, P.J. (2014). The Amygdala: Relations to Biologically Relevant Learning and Development. In M.S. Gazzaniga (Ed.), *The Cognitive Neurosciences, 5th Edition*.
- Jimenez, A.M., **Gee, D.G.**, Cannon, T.D., Lieberman, M.D. (2013). The Social Cognitive Brain: A Review of Key Individual Difference Parameters with Relevance to Schizophrenia. In D. Roberts and D. Penn (Eds.). *Social Cognition in Schizophrenia: From Evidence to Treatment*.

INVITED TALKS & SYMPOSIA

- Gee, D.G.,** Odriozola, P., Pruessner, L., Cohodes, E., Caballero, C., Spencer, H. (2018, November). *Novel mechanisms of fear reduction targeting the biological state of the developing brain*. Oral presentation at Association for Behavioral and Cognitive Therapies annual meeting, Washington, DC.
- Gee, D.G.,** Cohodes, E.M., Odriozola, P., Mandell, J.D., Smith, M., Caballero, C., Rogers, H., Haberman, J.T., Hartley, C.A. (2018, October). *Mechanisms of stressor controllability following early-life trauma in humans*. Oral presentation at International Society for Developmental Psychobiology annual meeting, San Diego, CA.
- Gee, D.G.** (2018, October). *Sensitive Periods of Frontoamygdala Development and Risk for Anxiety Disorders*. Oral presentation at American Academy of Child and Adolescent Psychiatry annual meeting, Seattle, WA.
- Gee, D.G.** (2018, September). *Childhood anxiety regulation: The Role of parents in buffering frontoamygdala circuitry*. Oral presentation at Society for Research in Psychopathology annual meeting, Indianapolis, IN.
- Gee, D.G.,** Odriozola, P., Pruessner, L., Haberman, J., Cohodes, E., Caballero, C. (2018, May). *Novel mechanisms of fear reduction targeting the biological state of the developing brain*. Oral presentation at Society of Biological Psychiatry annual meeting, New York, NY.
- Gee, D.G.,** Odriozola, P., Pruessner, L., Haberman, J., Cohodes, E. (2018, April). *Dynamic changes in frontolimbic interactions and safety learning across development*. Oral presentation at ADAA annual meeting, Washington, DC.
- Gee, D.G.** (2018, March). *Parental Influences on Frontoamygdala Circuitry and Emotional Development*. Invited talk at the Parenting and Family Dynamics Pre-conference at the SPSP annual convention, Atlanta, GA.
- Gee, D.G.** (2017, December). *Sensitive Periods of Frontoamygdala Development and Risk for Anxiety Disorders*. Invited talk at New York University.
- Gee, D.G.** (2017, December). *Sensitive periods of frontoamygdala development and risk for anxiety disorders*. Oral presentation (panel) at American College of Neuropsychopharmacology, Palm Springs, CA.
- Gee, D.G.** (2017, November). *Sensitive Periods of Neural Development and Risk for Anxiety Disorders*. Invited talk at the University of Massachusetts, Amherst.
- Gee, D.G.,** Goff, B., Gabard-Durnam, L., Caldera, C., Fareri, D.S., Lumian, D.S., Flannery, J., Tottenham, N. (2017, November). *Experimental manipulation of prefrontal cortex differentially affects amygdala reactivity following parental deprivation*. Oral presentation at International Society for Developmental Psychobiology, Washington, D.C.
- Gee, D.G.** (2017, October). *How understanding the development of the emotional brain in social context can lead to targeted intervention strategies and promotion of resilience in the face of adversity*. Invited panel at the Developmental Affective Neuroscience Symposium, University of Pittsburgh.
- Gee, D.G.** (2017, May). *Sensitive Periods of Neural Development and Risk for Anxiety Disorders*. Invited talk at the Association for Psychological Science annual meeting, Boston, MA.
- Gee, D.G.** (2017, May). *Sensitive Periods of Neural Development and Risk for Anxiety Disorders*. Invited talk at Yale Child Study Center Grand Rounds.
- Gee, D.G.** (2017, May). *Sensitive Periods in Frontolimbic Circuitry Development and Risk for Anxiety Disorders*. Invited talk at Dartmouth College.
- Gee, D.G.** (2017, April). *Sensitive Periods in Frontolimbic Circuitry Development and Risk for Anxiety Disorders*. Invited talk at Sackler Institute for Developmental Psychobiology, Weill Cornell Medicine.

- Gee, D.G.** (2017, March). *The Emotional Brain in Children and Adolescents*. Keynote address at Yale University Brain Education Day.
- Gee, D.G.** (2017, March). *Sensitive Periods in Frontolimbic Circuitry Development and Risk for Anxiety*. Invited talk at Brown University.
- Gee, D.G.** (2017, February). *Sensitive Periods in Frontolimbic Circuitry Development and Risk for Anxiety Disorders*. Invited talk at the Yale Magnetic Resonance Research Center.
- Gee, D.G.** (2017, February). *Sensitive Periods in Frontolimbic Circuitry Development and Risk for Anxiety Disorders*. Invited talk at the VA National Center for PTSD, West Haven, CT.
- Gee, D.G.** (2017, January). *Neurobiology of Maternal Attachment*. Invited talk at the American Museum of Natural History.
- Gee, D.G.,** Fareri, D.S., Gabard-Durnam, L., Caldera, C., Goff, B., Monti, M., Jovanovic, T., Casey, B.J., Tottenham, N. (2016, October). *Dynamic changes in safety learning and hippocampal-frontoamygdala interactions to reduce fear during adolescence*. Oral presentation at Association for Behavioral and Cognitive Therapies, New York, NY.
- Gee, D.G.,** Caglar, L.R., Mills-Finnerty, C., Goff, B., Gabard-Durnam, L., Fareri, D., Caldera, C., Lumian, D., Flannery, J., Hanson, C., Hanson, S.J., Tottenham, N. (2016, September). *Novel fMRI Approaches Reveal Developmental Changes in Frontoamygdala Circuitry with Implications for the Emergence of Psychiatric Disorders during Development*. Oral presentation at Society for Research in Psychopathology, Baltimore, MD.
- Gee, D.G.** (2016, April). *Sensitive Periods of Frontolimbic Circuitry Development and Risk for Anxiety*. Invited talk at Yale University Biological Sciences Training Program.
- Gee, D.G.** (2016, March). *Sensitive Periods of Neural Development and Risk for Psychopathology*. Invited talk at the Center for Autism and the Developing Brain, Weill Cornell Medical College.
- Gee, D.G.** (2015, September). *Effects of Parental Buffering on Emotion Regulation Circuitry and Function*. Invited talk at Infant Psychiatry Seminar, Weill Cornell Medical College.
- Gee, D.G.,** Fareri, D., Caldera, C., Goff, B., Gabard-Durnam, L., Monti, M., Jovanovic, T., Casey, B.J., Tottenham, N. (2015, September). *Safety signal learning as a novel mechanism for fear reduction during development*. Oral presentation at New York Social and Affective Neuroscience meeting, New York University, New York, NY.
- Gee, D.G.** (2015, June). *Sensitive Periods in Frontolimbic Circuitry Development and Risk for Psychopathology*. Invited talk at Weill Cornell Medical Center Psychiatry Grand Rounds.
- Gee, D.G.,** Gabard-Durnam, L., Flannery, J., Goff, B., Humphreys, K., Telzer, E.H., Hare, T.A., Bookheimer, S.Y., Tottenham, N. (2015, April). *Influences of Early Environmental Stressors on the Development of Anxiety and Emotion Regulation*. Oral presentation at Anxiety and Depression Association of America, Miami, FL.
- Gee, D.G.,** Goff, B., Gabard-Durnam, L., Flannery, J., Tottenham, N. (2015, April). *Developmental Timing of Normative Changes in Amygdala-Prefrontal Circuitry during Childhood and Adolescence*. Oral presentation at Anxiety and Depression Association of America, Miami, FL.
- Gee*, D.G.,** Gabard-Durnam*, L., Telzer, E.H., Humphreys, K.L., Goff, B., Shapiro, M., Flannery, J., Lumian, D.S., Fareri, D.S., Caldera, C.J., Tottenham, N. (2015, April). *Parental buffering of human amygdala-prefrontal circuitry during childhood but not adolescence*. Invited talk at Social and Affective Neuroscience Society, Boston, MA.

- Gee, D.G.** (2015, March). *Neurodevelopmental Mechanisms of Social Regulation in Parent-Child Relationships*. Invited talk at Social Support TAT: Theory, Applications, and Technology meeting, Leiden, Netherlands.
- Gee, D.G.** (2015, January). *Sensitive Periods of Neural Development and Risk for Anxiety*. Keynote speaker at Advances in Understanding and Treating Neurodevelopmental Disorders Symposium, Mt. Sinai School of Medicine, Department of Psychiatry.
- Gee, D.G.** (2015, January). *Dynamic Pathways to Affective Psychopathology: A Clinical Developmental Neuroscience Approach*. Invited talk at Teachers College, Columbia University.
- Gee, D.G.** (2014, November). *Sensitive Periods of Neural Development and Risk for Anxiety*. Invited talk at Yale University.
- Gee, D.G.** (2014, November). *Amygdala-Prefrontal Circuitry Development and Risk for Stress-Related Disorders*. Invited talk at Weill Cornell Medical College Psychology Grand Rounds.
- Gee, D.G.** (2014, November). *Dynamic Pathways to Affective Psychopathology: A Clinical Developmental Neuroscience Approach*. Invited talk at Northwestern University.
- Gee, D.G.** (2014, August). *Development of Amygdala-Prefrontal Connectivity Following Early Life Stress*. Invited speaker at 1st International Conference on Human Brain Development, Beijing, China.
- Gee, D.G.** (2014, August). *Amygdala-Prefrontal Interactions in the Development of Psychopathology*. Invited speaker at “Rising Stars in Clinical Science” symposium, American Psychological Association, Washington, D.C.
- Gee, D.G., Tottenham, N.** (2014, March). *Amygdala-Prefrontal Connectivity and Normative Anxiety in Typical Development*. Oral presentation at “The Neurobiology of Early-Life Anxiety” symposium, Anxiety and Depression Association of America, Chicago, IL.
- Gee, D.G., Tottenham, N.** (2014, March). *Early Life Stress Accelerates the Development of Adult-Like Amygdala-Prefrontal Connectivity in Young Children*. Oral presentation at “The Effects of Prenatal and Postnatal Environment on Neurobiological Risk Factors during Development” symposium, Anxiety and Depression Association of America, Chicago, IL.
- Gee, D.G., Tottenham, N.** (2012, November). *Early Adversity Alters the Development of Amygdala-mPFC Circuitry and Anxiety*. Oral presentation at “Early-Life Stress and Behavioral Development” symposium, Society for Neuroscience, New Orleans, LA.
- Gee, D.G., Karlsgodt, K.H., Jimenez, A.M., Lesh, T.A., Kushan, L., Xu, A., Torre, J., van Erp, T.G.M., Lieberman, M.D., Bearden, C.E., Cannon, T.D.** (2010, November). *Altered Developmental Trajectories of Amygdala-Prefrontal Circuitry in Adolescents at Risk for Psychosis*. Oral presentation at “Subcortical-Prefrontal Interactions in Health and Disease” symposium, Society for Neuroscience, San Diego, CA.

CONFERENCE PRESENTATIONS (SELECTED)

- Odrizola, P., Pruessner, L., Haberman, J., Cohodes, E.M., Mandell, J.D., **Gee, D.G.** (2018, May). *Safety signal learning as a novel method of fear reduction in adolescents and young adults*. Poster presented at Social Affective Neuroscience Society, Brooklyn, NY.
- Gee, D.G., Fareri, D.S., Gabard-Durnam, L., Caldera, C., Goff, B., Monti, M., Jovanovic, T., Tottenham, N.** (2017, December). *Dynamic changes in safety learning and hippocampal-frontoamygdala interactions to reduce fear during adolescence*. Poster presented at American College of Neuropsychopharmacology, Palm Springs, CA.

- Gee, D.G.**, Goff, B., Gabard-Durnam, L., Caldera, C., Fareri, D.S., Lumian, D.S., Flannery, J., Tottenham, N. (2017, November). *Experimental manipulation of prefrontal cortex differentially affects amygdala reactivity following early-life stress*. Poster presented at Society for Neuroscience, Washington, D.C.
- Pruessner, L., Odriozola, P., Haberman, J., Cohodes, E.M., Silverman, M., Dellarco, D., **Gee, D.G.** (2017, November). *Safety signal learning: A Novel approach of targeting threat uncertainty in anxiety*. Poster presented at ABCT, San Diego, CA.
- Cohodes, E.M., Mandell, J.D., Rogers, E., Haberman, J.T., Odriozola, P., Hartley, C.A., **Gee, D.G.** (2017, October). *Neural mechanisms of stressor controllability across human development: A novel developmentally-informed paradigm*. Poster presented at Developmental Affective Neuroscience Symposium, Pittsburgh, PA.
- Odriozola, P., Pruessner, L., Haberman, J., Cohodes, E.M., **Gee, D.G.** (2017, September). *Safety signal learning as a novel method of fear reduction in adolescents and young adults*. Poster presented at Flux Congress, Portland, OR.
- Cohodes, E.M., Mandell, J.D., Rogers, E., Haberman, J.T., Odriozola, P., Hartley, C.A., **Gee, D.G.** (2017, September). *Mechanisms of stressor controllability: A novel developmentally-informed paradigm*. Poster presented at Flux Congress, Portland, OR.
- Gee, D.G.**, Hanson, C., Caglar, L.R., Fareri, D.S., Gabard-Durnam, L.J., Mills-Finnerty, C., Goff, B., Caldera, C.J., Lumian, D.S., Flannery, J., Hanson, S.J., Tottenham, N. (2017, August). *Experimental evidence for a developmental switch in human amygdala-prefrontal cortex communication*. Poster presented at Gordon Research Conference: Amygdala Function in Emotion, Cognition, & Disease, Stonehill, MA.
- Sodowick, L., Cohodes, E. M., **Gee, D. G.**, & Lieberman, A. F. (2017, May). *Prenatal substance exposure and prenatal violence victimization associated with offspring trauma exposure in early childhood*. Poster presented at Association for Psychological Science (APS), Boston, MA.
- Odriozola, P., Dajani, D.R., Burrows, C.A., Gabard-Durnam, L.J., **Gee, D.G.**, Tottenham, N., Uddin, L.Q. (2017, April). *Atypical development of amygdala functional connectivity in autism: a cross-sectional study*. Poster presented at SRCD, Austin, TX.
- Gee, D.G.**, Caglar, L.R., Mills-Finnerty, C., Goff, B., Gabard-Durnam, L., Fareri, D., Caldera, C., Lumian, D., Flannery, J., Hanson, C., Hanson, S.J., Tottenham, N. (2016, December). *Novel fMRI Approaches Reveal Developmental Changes in Frontoamygdala Circuitry with Implications for the Emergence of Psychiatric Disorders during Development*. Poster presented at American College of Neuropsychopharmacology, Hollywood, FL.
- Gabard-Durnam, L., Fareri, D., Goff, B., Flannery, **Gee, D.G.**, Caldera, C., Telzer, E., Humphreys, K., Shapiro, M., Tottenham, N. (2016, November). *Parental deprivation induced alterations in amygdala-cortical functional connectivity as risk and resilience factors for concurrent and long-term internalizing symptomatology*. Oral presentation at Society for Neuroscience, San Diego, CA.
- Odriozola, P., Dajani, D.R., Burrows, C.A., Gabard-Durnam, L.J., **Gee, D.G.**, Tottenham, N., Uddin, L.Q. (2016, September). *Atypical development of amygdala functional connectivity in autism: a cross-sectional study*. Poster presented at Flux International Congress, St. Louis, MO.
- Gee*, D.G.**, Fetho*, R., Jing*, D. Li*, A., Glatt, C.E., Drysdale, A.T., Cohen, A.O., Dellarco, D.V., Yang, R., Dale, A.M., Jernigan, T.L., Lee, F.S., Casey, B.J., and the PING Consortium. (2016, April). *FAAH genotypic differences in frontolimbic circuitry and anxiety emerge during adolescence in human and mouse*. Poster presented at Social Affective Neuroscience Society, New York, NY.
- Callaghan, B., **Gee, D.G.**, Gabard-Durnam, L., Telzer, E., Humphreys, K., Goff, B., Shapiro, M., Flannery, J., Lumian, D., Tottenham, N. (2016, April). *Parental deprivation prematurely ends a sensitive period for amygdala*

buffering by parents: Long-term anxiety associations. Poster presented at Social Affective Neuroscience Society, New York, NY.

Gee, D.G., Fareri, D., Gabard-Durnam, L., Caldera, C., Goff, B., Monti, M., Jovanovic, T., Casey, B.J., Tottenham, N. (2016, April). *Safety signal learning as a novel mechanism for fear reduction during adolescence.* Poster presented at Cognitive Neuroscience Society, New York, NY.

Gee, D.G., Fareri, D., Gabard-Durnam, L., Caldera, C., Goff, B., Monti, M., Jovanovic, T., Casey, B.J., Tottenham, N. (2015, December). *Safety signal learning as a novel mechanism for fear reduction during adolescence.* Poster presented at the NIH High Risk High Reward Symposium, Bethesda, MD.

Gee, D.G., Goff, B., Gabard-Durnam, L., Caldera, C., Fareri, D., Lumian, D., Flannery, J., Tottenham, N. (2015, October). *Experimental manipulation of prefrontal cortex differentially affects amygdala reactivity following early-life stress.* Poster presented at Society for Neuroscience, Chicago, IL.

Silvers, J.A., Lumian, D.S., Gabard-Durnam, L., **Gee, D.G.,** Goff, B., Fareri, D.S., Caldera, C., Flannery, J., Telzer, E., Humphreys, K., Tottenham, N. (2015, October). *Effects of early life stress on neural mechanisms of fear learning.* Oral presentation at Society for Neuroscience, Chicago, IL.

Gabard-Durnam*, L., **Gee*, D.G.,** Goff, B., Flannery, J., Telzer, E., Humphreys, K., Lumian, D., Fareri, D.S., Caldera, C., Tottenham, N. (2015, October). *Stimulus-elicited connectivity influences future resting-state connectivity in development.* Oral presentation at Annual Brain Imaging Center Symposium, Mt. Sinai Icahn School of Medicine, New York, NY.

Gee, D.G., Fareri, D., Caldera, C., Goff, B., Gabard-Durnam, L., Monti, M., Jovanovic, T., Casey, B.J., Tottenham, N. (2015, September). *Safety signal learning as a novel mechanism for fear reduction during development.* Poster presented at Flux International Congress, Leiden, Netherlands.

Gee, D.G., Goff, B., Gabard-Durnam, L., Caldera, C., Fareri, D., Lumian, D., Flannery, J., Tottenham, N. (2015, May). *Experimental manipulation of prefrontal recruitment has differential effects on amygdala reactivity in children and adolescents.* Poster presented at Association for Psychological Science, New York, NY.

Callaghan, B.L., **Gee, D.G.,** Gabard-Durnam, L., Telzer, E., Humphreys, K., Goff, B., Shapiro, M., Flannery, J., Lumian, D., Fareri, D., Caldera, C., Tottenham, N. (2015, May). *Amygdala buffering following early parental deprivation in human children and adolescents.* Poster presented at Association for Psychological Science, New York, NY.

Tottenham, N., **Gee, D.G.,** Gabard-Durnam, L., Callaghan, B. (2015, May). *Maternal modulation of the human amygdala-mPFC circuit.* Oral presentation at Society for Biological Psychiatry, Toronto, Ontario.

Gee*, D.G., Gabard-Durnam*, L., Telzer, E.H., Humphreys, K.L., Goff, B., Shapiro, M., Flannery, J., Lumian, D.S., Fareri, D.S., Caldera, C.J., Tottenham, N. (2015, April). *Parental buffering of human amygdala-prefrontal circuitry during childhood but not adolescence.* Poster presented at Anxiety and Depression Association of America, Miami, FL.

Gabard-Durnam*, L., **Gee*, D.G.,** Goff, B., Flannery, J., Telzer, E.H., Humphreys, K.L., Lumian, D.S., Fareri, D.S., Caldera, C.J., Tottenham, N. (2014, November). *Hebbian-like mechanism for human amygdala-mPFC network development.* Oral presentation at New York Academy of Sciences, New York, NY.

Gee*, D.G., Gabard-Durnam*, L., Telzer, E.H., Humphreys, K.L., Goff, B., Shapiro, M., Flannery, J., Lumian, D.S., Fareri, D.S., Caldera, C.J., Tottenham, N. (2014, November). *Maternal buffering of human amygdala-prefrontal circuitry specifically during childhood.* Poster presented at Society for Neuroscience, Washington, D.C.

- Gabard-Durnam*, L., **Gee*, D.G.**, Goff, B., Flannery, J., Telzer, E.H., Humphreys, K.L., Lumian, D.S., Fareri, D.S., Caldera, C.J., Tottenham, N. (2014, November). *Hebbian-like mechanism for human amygdala-mPFC network development*. Oral presentation at Society for Neuroscience, Washington, D.C.
- Goff, B., Gabard-Durnam, L., **Gee, D.G.**, Flannery, J., Lumian, D.S., Fareri, D.S., Caldera, C.J., Tottenham, N. (2014, November). *Human chromosomal modification associated with early-life stress induced adolescent depression and nucleus accumbens hyporeactivity*. Oral presentation at Society for Neuroscience, Washington, D.C.
- Gee, D.G.**, Bearden, C.E., McEwen, S.C., Addington, J., Cadenhead, K.S., Cornblatt, B.A., McGlashan, T.H., Perkins, D.O., Seidman, L.J., Walker, E.F., Woods, S.W., Cannon, T.D. (2014, May). *Amygdala-prefrontal circuitry predicts recovery and conversion to psychosis among at-risk adolescents*. Poster presented at Association for Psychological Science, San Francisco, CA.
- Jann, K., **Gee, D.G.**, Kilroy, E., Schwab, S., Cannon, T.D., Wang, D.J. (2014, May). *Reliability of resting brain networks in BOLD and ASL fMRI across time and platforms*. Poster presented at International Society for Magnetic Resonance in Medicine, Milan, Italy.
- Gee, D.G.**, Bearden, C.E., McEwen, S.C., Addington, J., Goodyear, B., Cadenhead, K.S., Mirzakhani, H., Cornblatt, B.A., Olvet, D., McGlashan, T.H., Perkins, D.O., Belger, A., Seidman, L.J., Thermenos, H., Tsuang, M.T., Van Erp, T.G., Walker, E.F., Hamann, S., Woods, S.W., Constable, T., Cannon, T.D. (2014, April). *Amygdala-prefrontal circuitry differentially predicts recovery and conversion to psychosis among adolescents and young adults at clinical high risk for psychosis*. Poster presented at Cognitive Neuroscience Society, Boston, MA.
- Gee, D.G.**, Goff, B., Gabard-Durnam, L., Flannery, J., Tottenham, N. (2013, November). *Experimental manipulation of prefrontal recruitment has differential effects on amygdala reactivity in children and adolescents*. Poster presented at Society for Neuroscience, San Diego, CA.
- Flannery, J., Gabard-Durnam, L., **Gee, D.G.**, Humphreys, K.L., Goff, B., Lumian, D., Tottenham, N. (2013, November). *The impact of early life adversity on diurnal HPA axis function across development*. Poster presented at Society for Neuroscience, San Diego, CA.
- Goff, B., **Gee, D.G.**, Gabard-Durnam, L., Flannery, J., Telzer, E.H., Humphreys, K.L., Louie, J., Tottenham, N. (2013, November). *Developmental changes in amygdala-insula connectivity mediate normative age-related increases in trust appraisals*. Poster presented at Society for Neuroscience, San Diego, CA.
- Jann, K., **Gee, D.G.**, Kilroy, E., Cannon, T.D., Wang, D.J. (2013, September). *Reliability of Resting Brain Networks in BOLD and ASL fMRI across Time and Platforms*. Poster presented at International Conference on Basic and Clinical Multimodal Imaging, Geneva, Switzerland.
- Gee, D.G.**, Gabard-Durnam, L., Flannery, J., Goff, B., Humphreys, K., Telzer, E., Tottenham, N. (2013, July). *Early adversity alters the development of emotion regulation circuitry*. Poster presented at American Psychological Association, Honolulu, HI.
- Tottenham, N., **Gee, D.G.** (2013, May). *Developmental Shift in Amygdala-Medial Prefrontal Cortex Connectivity to Fearful Faces*. Oral presentation at Association for Psychological Science, Washington, D.C.
- Forsyth, J., McEwen, S., **Gee, D.G.**, Addington, J., Cadenhead, K., Cornblatt, B., Mathalon, D., McGlashan, T., Perkins, D., Seidman, L., Tsuang, M., Walker, E., Woods, S., Cannon, T.D. (2013, May). *Neural abnormalities during working memory predict conversion to psychosis in clinical high-risk youth: Preliminary analysis from North American Prodrome Longitudinal Study*. Poster presented at Society of Biological Psychiatry, San Francisco, CA.
- Tottenham, N., **Gee, D.G.** (2013, April). *Developmental Shift in Amygdala-mPFC Response to Fear Faces*. Oral presentation at Society for Research in Child Development, Seattle, WA.

- Gee, D.G.**, Goff, B., Gabard-Durnam, L., Flannery, J., Tottenham, N. (2013, April). *Sustained effects of cognitive load on amygdala reactivity among children and adolescents*. Poster presented at Cognitive Neuroscience Society, San Francisco, CA.
- Goff, B., **Gee, D.G.**, Telzer, E., Humphreys, K., Gabard-Durnam, L., Flannery, J., Tottenham, N. (2013, April). *Reduced nucleus accumbens reactivity and adolescent depression following early-life stress*. Poster presented at Cognitive Neuroscience Society, San Francisco, CA.
- Gabard-Durnam, L., Flannery, J., Goff, B., **Gee, D.G.**, Telzer, E., Humphreys, K., Tottenham, N. (2013, April). *Development of amygdala-cortical functional connectivity at rest*. Poster presented at Cognitive Neuroscience Society annual meeting, San Francisco, CA.
- Tottenham, N., **Gee, D.G.** (2012, November). *Human Amygdala and vmPFC Development Following Maternal Deprivation*. Oral presentation at International Society for Developmental Psychobiology, New Orleans, LA.
- Gee, D.G.**, Jacobson, S., Addington, J., Woods, S.W., Lieberman, M.D., Cannon, T.D. (2012, April). *Amygdala reactivity and its relationship with clinical course in adolescents at clinical high risk for psychosis*. Poster presented at Social and Affective Neuroscience Society, New York, NY.
- Gee, D.G.**, & Tottenham, N. (2011, November). *Developmental changes in functional connectivity of neural circuitry subserving emotion regulation*. Poster presented at Society for Neuroscience, Washington, D.C.
- Gee, D.G.**, Karlsgodt, K.H., Jimenez, A.M., Lesh, T.A., Kushan, L., Xu, A., Torre, J., van Erp, T.G.M., Lieberman, M.D., Bearden, C.E., Cannon, T.D. (2011, April). *Neural substrates of emotion processing in the psychosis prodrome*. Poster presented at International Congress on Schizophrenia Research, Colorado Springs, CO.
- Gee, D.G.**, Karlsgodt, K., Jimenez, A., Lesh, T., Kushan, L., Xu, A., Torre, J., van Erp, T., Lieberman, M., Bearden, C.E., Cannon, T.D. (2011, April). *Altered Age-Related Patterns of Amygdala-Prefrontal Circuitry in Adolescents at Risk for Psychosis*. Poster presented at International Prodromal Research Network, Colorado Springs, CO.
- Kim, M.J., **Gee, D.G.**, Loucks, R.A., Davis, F.C., Whalen, P.J. (2010, November). *Anxiety dissociates dorsal and ventral medial prefrontal cortex functional connectivity with the amygdala at rest*. Oral presentation at “Subcortical-Prefrontal Interactions in Health and Disease” symposium, Society for Neuroscience, San Diego, CA.
- Kim, M.J., **Gee, D.G.**, Loucks, R.A., Whalen, P.J. (2010, April). *Anxiety modulates resting state functional connectivity of the amygdala and the medial prefrontal cortex*. Poster presented at Cognitive Neuroscience Society, Montreal, Canada.
- Gee, D.G.**, Biswal, B.B., Kelly, A.M.C., Shehzad, Z., Uddin, L.Q., Stark, D.E., Margulies, D.S., Klein, D.F., Banich, M.T., Castellanos, F.X., Milham, M.P. (2009, June). *Low frequency fluctuations reveal integrated and segregated cerebral processing*. Poster presented at Advances in Resting-State fMRI (satellite meeting of Human Brain Mapping), Stanford University, Stanford, CA.
- Gee, D.G.**, Stark, D.E., Margulies, D.S., Shehzad, Z., Kelly, A.M.C., Uddin, L.Q., Banich, M.T., Castellanos, F.X., Milham, M.P. (2008, November). *A resting-state functional connectivity approach to interhemispheric interaction*. Poster presented at Society for Neuroscience, Washington, D.C.

TEACHING EXPERIENCE

Course Instructor, Affective Bases of Behavior (PSYC 805) Spring 2018
 Department of Psychology, Yale University

Lecturer, Foundations of Neuroscience: Biological Bases of Human Behavior (PSYC 530) Fall 2017
 Department of Psychology, Yale University

Guest Lecturer , Developmental Neuroscience of Emotion (Undergraduate Level) Department of Psychological & Brain Sciences, Dartmouth College	Spring 2017
Course Instructor , Statistics in Psychological Science (PSYC 200) Department of Psychology, Yale University	Spring 2017, Spring 2018
Course Instructor , Teaching in Psychology (PSYC 699) Department of Psychology, Yale University	Spring 2017, Spring 2018
Faculty Coordinator , Current Works in Clinical Psychology & Neuroscience (PSYC 720) Department of Psychology, Yale University	Fall 2016, Spring 2017
Course Instructor , Research Topics in Clinical Affective Neuroscience & Development (PSYC 754) Department of Psychology, Yale University	Fall 2016 - Present
Lecturer , Developmental Neuroscience Series (Psychiatry fellows) Weill Cornell Medical College	Spring 2016
Lecturer and Lab Instructor , Brain and Mind (Medical students) Weill Cornell Medical College	Fall 2015
Guest Lecturer , Developmental Neurobiology of Fear (Undergraduate Level; 188A) Department of Psychology, UCLA	Spring 2014
Guest Lecturer , Foundations of Clinical Psychology Laboratory Course (Graduate Level; 271B) Department of Psychology, UCLA	Winter 2014

PROFESSIONAL SERVICE (SELECTED)

Ad Hoc Reviewer: *American Journal of Psychiatry*; *Biological Psychiatry*; *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*; *Brain Connectivity*; *Brain and Neuroscience Advances*; *Brain Imaging and Behavior*; *Cerebral Cortex*; *Chronic Stress*; *Clinical Psychological Science*; *Cognitive Therapy and Research*; *Depression and Anxiety*; *Developmental Cognitive Neuroscience*; *Developmental Science*; *Emotion*; *Hormones and Behavior*; *Human Brain Mapping*; *International Journal of Developmental Neuroscience*; *JAMA Pediatrics*; *JAMA Psychiatry*; *Journal of Abnormal Psychology*; *Journal of Adolescence*; *Journal of Affective Disorders*; *Journal of the American Academy of Child and Adolescent Psychiatry*; *Journal of Child and Adolescent Psychopharmacology*; *Journal of Child Psychology and Psychiatry*; *Journal of Clinical Child and Adolescent Psychology*; *Journal of Clinical Psychiatry*; *Journal of Cognitive Neuroscience*; *Journal of Experimental Psychology: General*; *Journal of Neuroscience*; *Journal of Visualized Experiments*; *Molecular Psychiatry*; *Neurobiology of Stress*; *NeuroImage*; *NeuroImage: Clinical*; *Neuropsychopharmacology*; *NeuroReport*; *Perspectives on Psychological Science*; *PLOS ONE*; *Proceedings of the National Academy of Science*; *Psychiatry Research: Neuroimaging, Psychoneuroendocrinology*; *Revista Brasileira de Psiquiatria*; *Schizophrenia Bulletin*; *Schizophrenia Research*; *Social, Cognitive, and Affective Neuroscience*; *Social Neuroscience*; *Translational Psychiatry*

Program Committee, Society for Research in Psychopathology annual meeting (2018)

Program Committee, Social and Affective Neuroscience Society annual meeting (2018)

Graduate Program Advisory Committee, Yale Department of Psychology (2017-2018)

Conference Reviewer: Anxiety and Depression Association of America (2015, 2016), Society for Research in Child Development (2017)

Co-Director, Sackler Summer Institute in Developmental Psychobiology at Weill Cornell Medical College (2015)

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DECLARATION OF DR. JOSE HIDALGO

I, Dr. Jose Hidalgo, M.D., make the following declaration based on my personal knowledge and declare under the penalty of perjury, pursuant to 28 U.S.C. § 1746, that the following is true and correct:

1. I am a Board-Certified Psychiatrist at Massachusetts General Hospital in Boston, Massachusetts, where I specialize in trauma and mental health crisis services, with a particular focus on survivors of trauma and forensic psychiatry. I have over eighteen years of experience providing direct psychiatric services to people suffering a wide range of mental health problems including trauma survivors and detained immigrant children and adults who have experienced trauma and its effects. I am also a psychiatrist at the Suffolk House of Corrections. In addition to my clinical practice, I am an Instructor of Psychiatry at the Harvard Medical School and Massachusetts General Hospital, where I teach psychiatry residents and fellows in training. In previous years, I have held appointments as a Clinical Fellow in Medicine, a Clinical Fellow in Psychiatry. From 2006 to 2014, I was the Medical Director of the Latin American Health Institute (“LHI”). I have also served on trauma-focused professional committees and lectured and presented on trauma, child trauma, collaborative resilience and trauma interventions for migrant children, complex trauma and trauma-informed care, human trafficking and trauma, building self-sustaining programs for children and forensic topics.

2. I received an M.D. from the New York University School of Medicine. I completed a Medical Internship at Massachusetts General Hospital, a General Psychiatry Residency at Boston University Medical Care, a Fellowship in Traumatic Stress Studies at the Trauma Center at the Boston University Medical Center, and a Forensic Psychiatry Fellowship at Massachusetts General Hospital.

3. Attached hereto as Exhibit A is my Curriculum Vitae, including a list of my publications.

4. I have worked extensively on how to provide trauma-informed care to detained unaccompanied immigrant children. From 2008 to 2011, I led a \$1.8 million dollar grant, PATHS to Resilience, that specifically involved detained unaccompanied migrant children, and

1 that aimed to develop a capacity-building program to promote trauma-informed services for
2 these children while in U.S. custody within the Division of Unaccompanied Children Services
3 (“DUCS”), part of the Office of Refugee and Resettlement (“ORR”). The program successfully
4 blended a resilience-based intervention (an intervention that uses play and collaborative games)
5 alongside a conventional clinical intervention, Trauma Systems Therapy, and was disseminated
6 to 16 facilities across the United States. A mixed-method evaluation of the program revealed
7 significant improvement of morale in the staff and reduction of restraints rates and behavioral
8 incidents in the youth. In addition, I led Project REACH, a program funded by the Department
9 of Justice to develop a national technical assistance program to address the mental health needs
10 of victims of human trafficking.

11 5. I have previously served as an expert witness in over 60 civil and criminal matters
12 relating to trauma and its effects, emotional harm, standards of care, aid in sentencing, and
13 criminal responsibility.

14 6. My declaration is based on my expertise in trauma and its effects, as well as my
15 extensive training and experience working with adults and children who have experienced
16 trauma and, in particular, with unaccompanied detained children and trauma survivors. I have
17 met with two of the plaintiffs in this action, J.O., and R.M., both of whom were separated from
18 their children after entering the United States in May 2018 and who are currently being detained
19 in by immigration authorities in Washington State.

20 7. My declaration is based on these meetings as well as on a review of case notes for
21 Plaintiffs and their minor children. I understand that Plaintiffs in this action are the class of
22 parents who have been separated from their children under the administration’s separation
23 policy.

24 **Separating Children from Their Parents Severely Harms Children’s Health**

25 8. Decades of research demonstrates that the most significant protective factor for
26 vulnerable children facing adversity is attachment to a caring adult, and ideally a parent.

27 9. Separating a child from her parent is a traumatic event that can cause severe harm
28 to the child, which may be particularly severe when separation is forcible and sudden.

1 Depending on the parent's reaction as the separation is happening, a child may be further
2 traumatized upon seeing a parent's helplessness, crying, shaking, or futilely pleading with a
3 guard.

4 10. The mental health effects of separating a child from her parents are numerous.

5 11. Many children have also already experienced trauma, including violence from
6 war, gangs, or a caregiver, famine, natural disasters, or economic instability. Research has
7 clearly shown that exposure to multiple traumas increases a child's risk of severe psychological
8 and physical symptoms.

9 12. The longer the parent and child are separated, the greater the harm the child
10 experiences.

11 13. The effects of trauma children are significant, long-lasting, and difficult to
12 mitigate. The sudden and forcible separation of children from their parents rises to the level of
13 traumatic stress. Children's brains are not fully developed and require the support of a caring
14 adult, ideally their parents, to help them cope with overwhelming emotional distress. Separated
15 children are therefore at elevated risks of psychological and physical health problems because
16 their brains are still in the process of developing and they have been separated from the bonds
17 that can help mitigate effects of trauma. Exposure to overwhelming stress can lead to
18 fundamental changes in brain function, for example a diminished ability of cortical areas of the
19 brain to modulate emotional areas of the brain, such as the amygdala and fear circuits. This is
20 manifested as a loss of capacity to regulate intense emotions, to cope with future stress and to
21 regulate fear reactions to reminders of traumatic events. These changes can in turn lead to other
22 effects such as depression, substance abuse, problems forming relationships, and other
23 behavioral problems.

24 **Parents who have been separated from their children are also at risk of traumatic stress**
25 **and other mental health impacts**

26 14. For parents, the sudden and forcible separation from their children could represent
27 a traumatic event leading to acute and severe psychological distress. For example, both J.O. and
28 R.M. cried unconsolably after they realized that their children were being taken away. They also

1 recounted witnessing other parents in a similar state of distress. R.M. stated she saw other
2 parents “wailing and crying until they could cry no more.” Both R.M. and J.O. reported feeling
3 a sense of anguish and fear that they would not see her daughter’s again. This level of stress
4 related to the separation can take a toll on parents and may cause physical and mental health
5 symptoms such as loss of sleep, loss of appetite, headaches, anxiety, depression, and suicidal
6 ideation.

7 15. Many of the parents have previously experienced other traumas and have fled
8 their home countries seeking sanctuary from violence. For example, J.O.’s husband was
9 murdered and feared for her life, and J.O. fled her home country due to threats to her life. As
10 indicated earlier cumulative trauma can lead to more severe and complex physical and mental
11 health impacts. Thus, parents who have a prior history of trauma and losses, the forcible
12 separation from their children can lead to higher rates of posttraumatic stress disorders,
13 depression, anxiety, suicidal behavior, among other impacts.

14 **16. Traumatized children and parents must receive appropriate screening for**
15 **traumatic stress and other mental health impacts**

16 17. Every child has a unique mental health profile and set of personal experiences,
17 background, and needs. All parents and children who have been separated should be screened
18 for medical and mental health impacts. Screenings and evaluations within detention centers may
19 be of limited value as parents and children will likely not feel safe enough to disclose their
20 feelings within a system that caused their traumatic separation. R.O. for example stated that
21 officers at the holding facility mocked her and told her that she was going to lose her child. For
22 separated parents and children, the immigration detention facilities will likely continue to
23 represent an ongoing threat of separation. Ideally, Parents and children should be reunited and
24 released from detention centers in order for them to be properly evaluated and offered treatment
25 if needed.

26 18. Screenings and evaluations should be conducted by culturally and linguistic
27 competent providers. The parents and children who are identified as having concerning
28 symptoms should undergo a thorough psychosocial evaluation and treatment planning by

1 licensed clinicians who have experience in trauma and child trauma and who are capable of
2 providing culturally and linguistic appropriate services.

3 19. Without having access to a facility and the children inside, it is not possible to
4 prescribe a fully appropriate treatment plan that will begin to address the extensive trauma these
5 children have experienced. Trained clinicians need immediate access to observe conditions and
6 assess the children's mental state. The more time that elapses, the harder it will be to effectively
7 mitigate the harm to children.

8 20. Separated children and their parents should be screened for acute mental health
9 symptoms such as anxiety, depression, suicidal ideation, exacerbation of any pre-existing
10 conditions, and any changes of behavior such as social withdrawal or acting out behavior. It is
11 particularly important to conduct screenings after reunification, since many parents and children
12 may feel unsafe during detention to reveal the degree of their suffering. To the extent that some
13 parents or children remain detained, it is also important to conduct screenings as soon as possible
14 in order to identify those that need the most support.

15 **Children and parents showing symptoms of trauma must receive immediate mental health**
16 **services in a therapeutically appropriate environment**

17 21. Separated children need to be reunited with their parents as soon as it is feasible to
18 do so, in order to limit the damage being done by the forced separation. Separated children also
19 need immediate, trauma-informed interventions to begin to mitigate the harms caused by forced
20 separation from their parent(s). Effective treatment programs recognize that both environment
21 and quality of relationships are essential components. There is a general consensus about some
22 of the components that must be included in a program to address trauma, including (1) safety
23 and stabilization, this relates to the provision of a safe environment, e.g., free of ongoing trauma;
24 the provision for basic needs and assistance with skills and resources to mitigate the aftermath of
25 emotional harm; and the (2) development of quality relationships.

26 22. **Safety and Stabilization:** A safe environment is necessary in order to help
27 someone begin to overcome trauma. The first order of business in creating a safe environment is
28 to stop the infliction of trauma, i.e., stop the forced separation of children from their parents, and

1 reunite those that have been separated as soon as possible. Any talk of treatment while
2 separation continues would be meaningless, as it is nearly impossible to heal from trauma while
3 the traumatic experiences continues to be perpetrated.

4 23. Immigrant children separated from their parents and detained separately from their
5 parents are unlikely to benefit from a trauma intervention plan implemented in a DHS detention
6 facility that does not provide a supportive environment and lacks the important features
7 described above. As mentioned above, continued separation from their parents would render
8 any treatment designed to address this harm ineffective as long as the separation continues.

9 24. Furthermore, facilities with a law enforcement orientation do not have the training
10 or expertise to manage the complex needs of trauma survivors. (Prior to initiating my work for
11 the Office of Refugee and Resettlement I visited a number of such facilities. The stress on the
12 part of the staff and residents was quite palpable). The conditions are highly stressful and do not
13 provide children with sufficient opportunities for positive, social-emotional supports. Moreover,
14 having experienced trauma while in detention and having been traumatized by those in control of
15 the detention environment, children and parents would not be likely to feel safe in such facilities
16 and are likely to be re-traumatized by the conditions.

17 25. Parents are necessary partners in their children's therapeutic program, particularly
18 when the trauma is caused by separation from the parent. One of the most heart wrenching
19 impacts of the forced separation of migrant children from their parents is the disruption of the
20 parent child bond. As indicated earlier, the most important factor in mitigating the impact of
21 trauma is a healthy bond between a child and a caring adult, especially a parent. It is common in
22 clinical practice to include parents in the treatment of their children for mental health concerns.
23 In the case of separated children and families, including the parents in any treatment intervention
24 would be a necessary condition, since part of the goal of any therapeutic intervention would be
25 to restore the trust in the parent child bond.

26 26. Safety for separated families would also include providing accurate information
27 about the whereabouts of separated children; the means of keeping consistent contact with
28 separated children; accurate information about process of reunification; and access to

1 appropriate advocacy and social supports. Ongoing separation combined with the uncertainty of
2 not knowing where separated loved ones are is likely to be re-traumatizing for separated children
3 and parents. The process of re-unification should be transparent and implemented as soon as
4 possible, in order to limit the harm caused by the separation.

5 27. As indicated earlier, exposure to repeated and severe trauma can have long lasting
6 effects on children’s brains and development, e.g. loss of a sense of safety, the capacity to
7 regulate emotions, the ability to put words before actions or words to feelings, and loss of trust
8 and ability to form healthy bonds. Specific skills and resources are required to mitigate these
9 emotional and behavioral impacts in order to help those afflicted by trauma restore a sense of
10 internal safety and improve emotional regulation.

11 28. There are specific psychosocial interventions designed to mitigate these impacts,
12 such as Trauma Systems Therapy. These interventions focus on helping the child and those
13 caring for her to create a sense of safety and to improve her capacity to regulate emotions and to
14 cope with stress – restore proper brain function. For this intervention to work, however, a child
15 needs a safe external environment – to be out of a traumatizing environment.

16 29. Trauma recovery for these deeply affected populations, such as the parents and
17 children in this case, requires that mental health services provided to these traumatized children
18 must also be culturally sensitive and responsive to the unique needs of each child.

19 30. Accepted primary care professional standards also reflect a similar safety-based
20 approach to care in which these children are eased into therapeutic empowering relationships
21 with clinicians who understand the profound effects of trauma on behavior. To the extent
22 possible, internal and family medicine specialists caring for these children should actively
23 communicate information and coordinate goals with their patients’ mental health professional. A
24 general familiarity with the stages of trauma recovery and overarching principles (such as safety
25 and stabilization, avoidance of retraumatization, and long-term recovery support) are important.

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31. **Quality of Relationships**: Decades of research demonstrates that the most significant protective factor for vulnerable children facing adversity are bonds to those that love them. Tearing apart those bonds is extremely harmful. There is no doubt that parents play an important role in child’s trauma recovery and having a loving parent present will provide an extremely significant support for a child.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on July 11, 2018, in Suffolk County, Massachusetts.



Dr. Jose Hidalgo

Exhibit A

CURRICULUM VITAE

Date Prepared: January 2016

Name: Jose Hidalgo, MD

Office Address: Massachusetts General Hospital
Law and Psychiatry Service
Department of Psychiatry
One Bowdoin Square, 9th Floor
15 New Chardon Street
Boston, MA 02114-2927

Work Phone: 617-724-8658, cell: 617-413-1552

Work E-Mail: jhidalgo@mgh.harvard.edu

Work Fax: 617-724-2808

Place of Birth: Quito, Ecuador

Education:

09/82 - 06/86 BA
Fordham University, New York, NY

08/86 – 06/90 MD
New York University School of Medicine, New York, NY

Postdoctoral Training:

07/90-06/91 General Medicine Internship
Massachusetts General Hospital, Boston, MA

07/91-08/92 General Psychiatry Residency
Massachusetts General Hospital, Boston, MA

07/97-06/00 General Psychiatry Residency
Boston University Medical Center, Boston, MA

07/99-06/00 Fellowship in Traumatic Stress Studies
Boston University Medical Center, The Trauma Center, Boston, MA

07/12-06/14 Forensic Psychiatry Fellow
Massachusetts General Hospital, Boston, MA

Faculty Academic Appointments:

07/90-06/91 Clinical Fellow in Medicine, Harvard Medical School
07/91-08/92 Clinical Fellow in Psychiatry, Harvard Medical School
07/97-06/00 Instructor in Psychiatry, Boston University School of Medicine
07/12-06/14 Clinical Fellow in Psychiatry, Harvard Medical School
07/14 - Instructor in Psychiatry, part time, Harvard Medical School

Appointments at Hospitals/Affiliated Institutions:

07/90- 06/91 First Year Resident in Medicine, Massachusetts General Hospital, Boston, MA
07/91- 08/92 Resident in Psychiatry, Massachusetts General Hospital, Boston, MA
08/92- 07/94 Staff Psychiatrist, Arbour Hospital, Boston, MA
09/92- 06/03 Staff Psychiatrist, South End Community Health Center, Boston, MA
02/93 -09/04 Medical Director, Boston ASAP, Boston, MA
09/93- 06/03 Doctor-on-Call Psychiatrist, Cambridge Psychiatric Associates, Cambridge, MA
on-call for the following hospitals: Mount Auburn Hospital, Cambridge, MA;
Newton-Wellesley Hospital, Newton, MA; Deaconess Waltham Hospital,
Waltham, MA.
07/97- 06/20 Resident in Psychiatry, Boston University Medical Center, Boston
07/00 -11/06 Staff Psychiatrist, The Trauma Center, Boston, MA
07/00 - Psychiatrist, Private Practice, Watertown, MA
06/06 - 2012 Medical Director, Latin American Health Institute, Boston, MA
10/08 - 10/10 Children's Hospital Medical Staff, Children's Hospital Boston
08/11 - 2012 Teaching Associate Staff, Cambridge Health Alliance, Cambridge, MA
08/11- 07/12 Consultant, Psychological Consulting Services, LLC, Salem MA
07/12 -06/14 Clinical Fellow, Massachusetts General Hospital, Boston, MA
09/13 - Psychiatrist Suffolk County House of Corrections
07/14 – 3/18 Assistant in Psychiatry, Massachusetts General Hospital, Boston, MA
03/18 - Psychiatrist, Massachusetts General Hospital, Boston, MA

Major Administrative Leadership Positions:

2006 - 04/14 Medical Director, Latin American Health Institute, Clinical Services, Boston MA

Committee Service:

2006 - 2007 Children, Trauma and Migration Colloquium, Harvard University Committee on
Human Rights Studies and Carr Center for Human Rights Policy
2007 - 2010 Research-Practice-Policy Consortium, National Center for Victims of Crime and
Georgetown University
2008 - 2012 Center for Refugee Trauma and Resilience Steering Committee, Boston
Children's Hospital

Professional Societies:

2003 - 2013 International Society for Traumatic Stress Studies
2008 - 2012 National Child Traumatic Stress Network
2009 - Massachusetts Medical Society
2012 - American Academy of Psychiatry and the Law

Honors and Prizes:

2000 Excellence in Psychiatry, Boston University Medical Center
2000 Murray Research Award, Boston University Medical Center
2007 Founders Award for Exceptional Service, Refugee Immigration Ministry
2017 Partners in Excellence, Team Award, Massachusetts General Hospital

Report of Funded and Unfunded Projects

2003 -2006 Project REACH
Office of Victims of Crime, #2003-VT-BX-k004
PI (\$428,383)
The goal of the grant was to develop a national technical assistance program to address the mental health needs of victims of human trafficking

2008 -2011 PATHS to Resilience
Administration of Children and Families, Office of Refugee and Resettlement, 90XR0013/02
PI (\$1,826,037)
The goal of the grant was to develop a capacity building program to promote trauma-informed services for unaccompanied migrant children in U.S. custody within the Division of Unaccompanied Children Services

Current Unfunded Projects:

2017 - Co-founded an outpatient mental health program for victims of human trafficking and poly-victimization, Massachusetts General Hospital, Boston MA

Report of Local Teaching and Training

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

2016- Supervisor for a correctional rotation at Nashua Street Jail for PGY3 psychiatry residents. The rotation is designed to introduce psychiatry residents to principles of correctional psychiatry.

2014- Supervision of forensic fellows at the Suffolk County House of Corrections and MGH Law and Psychiatry Service

Lecture topics include: Correctional Psychiatry; Aid in Sentencing; Expert Testimony & Human Trafficking; Violence Risk Assessment; Culture and Forensic Issues.

2000-06 Supervision of residents and fellows, The Trauma Center, Boston, MA

Local Invited Presentations:

2007 Workshop on Human Trafficking and Mental Health, The New England Society for the Treatment of Trauma and Dissociation

2009 Collaborative Resilience and Trauma Interventions for Migrant Children – A Model for Refugee Health for The Massachusetts Medical Society and Harvard School of Public Health Annual Public Health Leadership Forum

2011 Trial Advocacy Workshop: Lead psychiatrist for demonstration trial, Harvard Law School

2014 Human Trafficking: A Hidden Reality, Panel on The Role of Forensic Evaluation in Human Trafficking Cases, The National Association of Women Judges and The Executive Office of the Trial Court Judicial Institute

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

Regional, National, and International Invited Presentations and Courses:

National

2001 Psychopharmacologic Approaches to Acute and Chronic Trauma, The Trauma Center's Annual Conference, Boston MA

2002 Psychopharmacologic Approaches to Acute and Chronic Trauma, The Trauma Center's Annual Conference

2003 Psychopharmacologic Approaches to Acute and Chronic Trauma, The Trauma Center's Annual Conference, Boston MA

2004 Psychopharmacologic Approaches to Acute and Chronic Trauma, The Trauma Center's Annual Conference, Boston MA

2005 Psychopharmacologic Approaches to Acute and Chronic Trauma, The Trauma Center's Annual Conference, Boston MA

2005 Human Trafficking and Trauma, Office of Victims of Crime National Conference

2005 Human Trafficking and Trauma, Freedom Network National conference

2005 Human Trafficking and Trauma, New Jersey anti-trafficking network

2005 Human Trafficking and Trauma, Houston anti-trafficking network

Jose A. Hidalgo, MD

- 2006 Psychopharmacologic Approaches to Acute and Chronic Trauma, The Trauma Center's Annual Conference, Boston MA
- 2007 The Impact of Trauma on Attachment and Development, Division of Unaccompanied Children's Services/ Office of Refugee and Resettlement Annual Conference
- 2008 Child Trauma Initiative, Division of Unaccompanied Children's Services/ Office of Refugee and Resettlement annual conference
- 2009 Vicarious Trauma Workshop for immigration court interpreters, The National Immigration Judge's Conference
- 2011 PATHS to Resilience: Results of implementation of trauma and resilience program, The Division of Unaccompanied Children Services Conference
- 2013 American Bar Association's Litigation Section, Conference on Human Trafficking, Chicago, Expert Testimony Demonstration
- 2013 American Bar Association's Litigation Section, Conference on Human Trafficking, Washington D.C, Expert Testimony Demonstration
- 2013 National Association of Women Judges Leadership Conference, Section on Human Trafficking, Washington D.C., Expert Testimony Demonstration
- 2016 Complex Trauma and Trauma Informed Care workshops for the conference in Human Trafficking: A Multi-Disciplinary Approach for Eastern Iowa and Western Illinois.
- 2017 Tango: Resource for Trauma Therapists. Demonstration and workshop highlighting the importance of relational and attunement capacities for trauma therapists. The Trauma Center's Annual Trauma Conference, Boston MA

International

- 2005 Psychological Coercion in Survivors of Torture and Human Trafficking, The International Society for Traumatic Stress Studies
- 2006 Psychological Trauma and The Law on Human Trafficking, Law Mind and Brain, Interdisciplinary Colloquium at University College of London
- 2006 Chair of Panel discussion: Human Trafficking, Trauma and Resilience in Modern Day Slavery, The International Society for Traumatic Stress Studies
- 2009 Chair ½ Day Pre-meeting Institute: Building Effective Self-Sustaining Programs for Children and Families for the International Society, Traumatic Stress Studies
- 2011 Systemic Resilience: Human Hearts Can Only be Healed by Other Human Hearts, The Society for Research in Child Development, March 2011
- 2012 Innovative Interventions for Gang Related Youth, International Society for Traumatic Stress Studies meeting, November

Report of Clinical Activities and Innovations

Current Licensure and Certification:

1991	Massachusetts Medical License
2002	Board Certification, American Board of Psychiatry and Neurology, re-certified 2014
2015	Board Certification, American Board of Psychiatry and Neurology, Forensic Psychiatry

Clinical Innovations:

Project REACH (2003 – 2007) is a program with national scope to educate providers working with victims of human trafficking on the behavioral consequences of psychological trauma. Project REACH continues to offer training and consultation services.

PATHS to Resilience (2008 – 2011) was a program to foster resilience and trauma healing in unaccompanied migrant children in U.S. Custody. The program successfully blended a resilience-based intervention (an intervention that uses play and collaborative games) along side a conventional clinical intervention, Trauma Systems Therapy. The program was disseminated to 16 facilities across the U.S. A mixed method evaluation of the program revealed significant improvement of moral in the staff and reduction of restraints rates and behavioral incidents in the youth.

CONNECT (2017) is an outpatient mental health clinic for victims of human trafficking. The program addresses the complex needs of this marginalized population by adapting evidence-based trauma treatments to the needs of this population, including forensic advocacy and a coordinated community response.

Report of Scholarship

Publications

Peer Reviewed Publications in print or other media:

Luxenberg T., Spinazzola J., Hidalgo J., Hunt C., Van der Kolk. Complex Trauma and Disorders of Extreme Stress. *Treatment. Directions in Psychiatry* 2001; 21, 395 – 415

Sadruddin H., Walter N., Hidalgo J. Human Trafficking in the United States: Expanding Victim Protection Beyond Prosecution Witnesses. *Stanford Law & Policy Review*, 2005; Volume 16, 379-416.

Hopper E., Hidalgo J. Invisible Chains: Psychological Coercion of Human Trafficking Victims. *Intercultural Human Rights Law Review* 2006; Volume 1, 185

Hidalgo J., Maravic C.M., Milet R., Beck J.: Promoting Collaborative Relationships in

Jose A. Hidalgo, MD

Residential Care of Vulnerable and Traumatized Youth: A Playfulness Approach Integrated with Trauma Systems Therapy. *Journal of Child and Adolescent Trauma* 2016

Judge A., Murphy J., Hidalgo J., Konstantopoulos W: Engaging Survivors of Human Trafficking: Complex Healthcare Needs and Scarce Resources. *Annals of Internal Medicine*, 2018

Reviews, chapters, monographs and editorials

Schouten R, Edersheim JG, Hidalgo JA: Chapter 85 Informed Consent, Competency, Civil Commitment, and Treatment Refusal. In Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, Eds. *Comprehensive Clinical Psychiatry*. Philadelphia: Mosby Elsevier (In Press)

Schouten R, Hidalgo JA: Neuroscience in the judicial system. *McGraw-Hill Yearbook of Science & Technology*. 2014. New York: McGraw-Hill.

EXPERT DECLARATION OF BRUCE D. PERRY

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I. Introduction

I, BRUCE D. PERRY, declare as follows:

1. I am the Senior Fellow of the ChildTrauma Academy, a nonprofit organization based in Houston, Texas, working to improve the lives of maltreated and traumatized children by establishing practices, programs, and policies. I am also adjunct Professor in the Department of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine at Northwestern University in Chicago.

2. I was an undergraduate at Stanford University and Amherst College. I attended medical and graduate school at Northwestern University, receiving M.D. and Ph.D. degrees in 1984. I completed a residency in general psychiatry at Yale University School of Medicine and a fellowship in Child and Adolescent Psychiatry at the University of Chicago. My curriculum vitae is attached as Appendix A hereto.

3. I was on the faculty of the Departments of Pharmacology and Psychiatry at the University of Chicago School of Medicine from 1988 to 1991. From 1992 to 2001, I served as the Trammell Research Professor of Child Psychiatry at Baylor College of Medicine in Houston, Texas. During that time, I was also Chief of Psychiatry for Texas's Children's Hospital and Vice-Chairman for Research within the Department of Psychiatry. From 2001 to 2003, I served as the Medical Director for Provincial Programs in Children's Mental Health for the Alberta Mental Health Board. I continue to consult with the government of Alberta on children's issues and serve as a founding member of the Premier's Council of Alberta's Promise. From 2012 to 2015, I was the inaugural Senior Fellow of the Berry Street Childhood Institute, an organization in Melbourne, Australia dedicated to national-level responses to the impact of child abuse, family violence, and neglect on children's experience.

4. I have conducted neuroscientific, pre-clinical, and clinical research. My research has examined the effects of prenatal drug exposure on brain development,

1 the neurobiology of human neuropsychiatric disorders, the neurophysiology of
2 traumatic life events, and basic mechanisms related to the expression and activity of
3 neurotransmitter receptors in the brain. My clinical research and practice are focused
4 on high-risk and at-risk children and youth. This work has examined the cognitive,
5 behavioral, emotional, social, and physiological effects of neglect and trauma in
6 children, adolescents, and adults. This work has described how childhood
7 experiences, including neglect and traumatic stress, change the biology of the brain—
8 and, thereby, the health of the child.

9 5. My clinical research over the last twenty years has been focused on
10 integrating emerging principles of developmental neuroscience into clinical practice.
11 This work has resulted in the development of innovative clinical practices and
12 programs working with maltreated and traumatized children, most prominently the
13 Neurosequential Model, a developmentally sensitive, neurobiology-informed
14 approach to clinical work, education, and caregiving. This approach to clinical
15 problem solving has been integrated into the programs at dozens of large public and
16 nonprofit organizations and institutions serving at-risk children and their families.
17 The NM is used in more than 20 countries and all 50 states with children in the mental
18 health, child welfare, juvenile justice and educational systems.

19 6. My experience as a clinician and a researcher with traumatized children
20 has led many community and governmental agencies to consult me following high-
21 profile incidents involving traumatized children such as the Branch Davidian siege in
22 Waco in 1993; the Oklahoma City bombing in 1995; the Columbine school shootings
23 in 1999; the September 11, 2001 terrorist attacks; Hurricane Katrina in 2005; the 2008
24 removal of hundreds of FLDS children from the YFZ Ranch (based upon allegations
25 of widespread sexual exploitation and abuse of girls); the 2010 earthquake in Haiti;
26 the 2011 tsunami in Tohoku, Japan; and the Sandy Hook elementary school shootings
27 in 2012.

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1 7. I am the author of over four hundred journal articles, book chapters, and
2 scientific papers. I am also a co-author, with Maia Szalavitz, of *The Boy Who Was*
3 *Raised As A Dog*, a bestselling book based on my work with maltreated children, and
4 the author of *Born For Love: Why Empathy Is Essential And Endangered*. I have
5 received numerous professional awards and honors, including the T. Berry Brazelton
6 Infant Mental Health Advocacy Award, the Award for Leadership in Public Child
7 Welfare, the Alberta Centennial Medal, and the 2014 Kohl Education Prize.

8 8. I have given presentations about child maltreatment, children's mental
9 health, neurodevelopment, and youth violence in a variety of venues including policy-
10 making bodies such as the White House Summit on Violence, the California
11 Assembly, and the U.S. House Committee on Education. I have appeared in multiple
12 media programs including National Public Radio, *The Today Show*, *Good Morning*
13 *America*, *Nightline*, CNN, MSNBC, NBC, ABC, *CBS News*, and the *Oprah Winfrey*
14 *Show*. My work has been featured in documentaries produced by *Dateline NBC*,
15 *20/20*, the BBC, *Nightline*, *60 Minutes*, CBC, and PBS, among others. Many print-
16 media sources have highlighted my clinical and research activities, including a
17 Pulitzer-prize winning series in the *Chicago Tribune* and articles in *US News and*
18 *World Report*, *Time*, *Newsweek*, *Forbes*, the *Washington Post*, the *New York Times*,
19 and *Rolling Stone*.

20 9. I lead a large interdisciplinary group that includes educators and mental
21 health professionals that work in many systems (*e.g.*, mental health, child welfare,
22 juvenile justice).

23 **II. The Effects of Traumatic Stress on Children and Youth**

24 **A. The Malleability of the Brain**

25 10. The human brain is comprised of roughly 86 billion neurons and even
26 more glial cells. Neurons are specialized cells that communicate with other cells
27 (mostly neurons) by releasing chemicals or small proteins (*i.e.*, neurotransmitters and
28 neuromodulators) into the synapse (the space between two neurons) that will bind to

1 receptors on other neurons (or cells) and result in a change in activity that “sends a
2 signal” to this “post-synaptic” neuron. It is through chains of interconnected neurons
3 that functional networks will develop that can mediate the wide range of complex
4 “brain-mediated” functions that allow thinking, feeling, and behaving.

5 11. The brain is malleable (capable of change) throughout life but is most
6 malleable or “plastic” during development. Experiences—good and bad—influence
7 the development, organization, and functioning of the brain.

8 12. The brain develops most rapidly in the first five years after conception
9 but it continues to have important maturational changes through young adult life
10 (primarily increased myelination in pre-existing neural networks).¹ In general,
11 neurodevelopmental organization proceeds from lower, central to higher, outer
12 structures (*i.e.*, brainstem to cortex) and is greatly influenced by experience. A key
13 principle of development and neuroplasticity is “use-dependence”—the architecture
14 (*i.e.*, the number and density of synaptic connections) and functioning of neural
15 networks can change with activation or lack of activation.² While core processes in
16 neurodevelopment are genetically mapped, the final phenotypic expressions of brain-
17 mediated capabilities, therefore, are very experience dependent. When developing
18 neural networks receive patterns of stimulation that are of sufficient nature and
19 intensity during sensitive and critical periods in development, they will organize,
20 modify, and become optimally functional. The actual neural architecture of the
21 brain—and the resulting functional capabilities—mirrors the nature, timing, and
22 pattern of experience. When a child grows up in a family and community enriched in
23 healthy relational interactions that provide cognitive, motor, and social stimulation,
24 he will have a higher probability of expressing his potential to become creative,

25 ¹ See Jay N. Giedd et al., *Brain Development During Childhood and Adolescence: A*
26 *Longitudinal MRI Study*, 2 *Nature Neurosci.* 861 (1999).

27 ² For a more detailed discussion, see Bruce D. Perry, *Childhood experience and the*
28 *expression of genetic potential: what childhood neglect tells us about nature and nurture*, 3 *Brain*
& *Mind* 79 (2002) (hereinafter “Childhood Experience”).

1 productive, and humane. When a child experiences chaos, neglect, threat, violence,
2 and other developmental adversities, his potential is blunted. This disrupted
3 development is often expressed as undeveloped, fragmented, or maladaptive
4 functioning in emotional, cognitive, and behavioral domains.

5 13. The long-term consequences of development chaos, threat,
6 maltreatment, and adversity are complex and heterogeneous.³ In-depth study of the
7 differential effects of the nature, timing, quantity of adversity as well as the impact
8 potential attenuating or resilience-related factors on development has really just
9 begun.⁴ While there is so much more to know, what we do know is that trauma,
10 neglect, and maltreatment during childhood have profound effects on physical, social,
11 emotional, behavioral, and cognitive development.⁵ Some of the most important
12 consequences of developmental adversity are the result of abnormal development and
13 functioning of the brain's stress response systems.

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23 ³ See *Childhood Experience*, supra note 2; Bruce D. Perry, *Examining child maltreatment*
24 *through a neurodevelopmental lens: Clinical applications of the neurosequential model of*
therapeutics, 14 J. Loss Trauma 240 (2009) (hereinafter "Examining Child Maltreatment").

25 ⁴ See Bruce D. Perry, *Fear and learning: Trauma-related factors in the adult learning*
26 *process*, in *The Neuroscience of Adult Learning*, 110 New Dir. Adult Contin. Educ. 21 (Sandra
Johnson & Kathleen Taylor, Eds., 2006); *Examining Child Maltreatment*, supra note 3.

27 ⁵ See, e.g., Robert F. Anda et al., *The enduring effects of abuse and related adverse*
28 *experiences in childhood: A convergence of evidence from neurobiology and epidemiology*, 256
Eur. Arch. Psychiatry Clin. Neurosci. 174 (2006).

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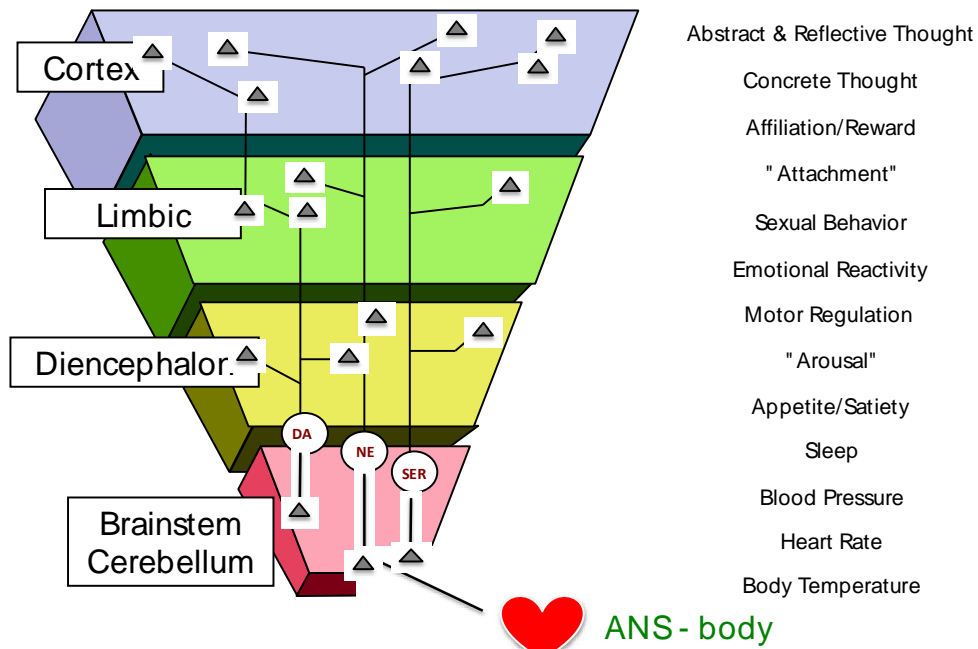


Figure 1. Hierarchy of brain organization and function.

The brain is organized in a hierarchy that develops in a sequential manner. Four developmentally distinct regions (brainstem, diencephalon, limbic, and cortical) are woven together by multiple neural networks. The monoamine (i.e., NE: norepinephrine- and DA: dopamine-containing) and other related (e.g., SER: serotonin-, ACH: acetylcholine-containing) systems originate in lower brain areas and have widespread impact on widely distributed “upstream” systems in the brain and the “downstream” systems of the body. These regulatory networks play a role in integrating, processing, and acting on incoming patterns of neural activity from the primary sensory networks (such as touch, vision, and sound that monitor the external environment), somatic networks (such as motor-vestibular, cardiovascular, and respiratory that monitor the internal environment) and cerebral networks (such as cortical modulating networks that monitor the brain’s internal environment). This ongoing, dynamic input from the brain, body, and world is integrated, processed, and acted on to help regulate the individual.

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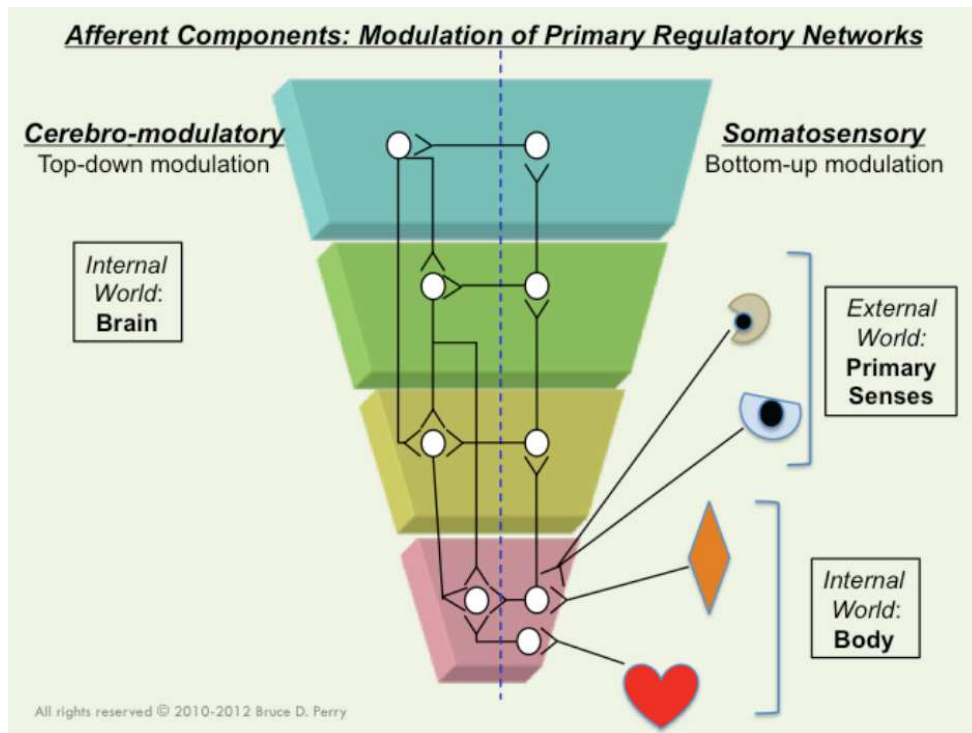


Figure 2: Modulation of regulatory networks

This schematic illustrates the afferent (incoming) neural networks that provide input to the set of regulatory neural networks that are in the lower regions of the brain (e.g., the norepinephrine, dopamine, serotonin, and acetylcholine-containing networks).⁶ The crucial regulatory neural networks involved in the stress response (and multiple other functions) are, themselves, modulated through patterned, repetitive and rhythmic input from both “bottom-up” (i.e., somatosensory) as well as “top-down” (i.e., cerebromodulatory) systems. The brain processes (and acts) on incoming input at multiple levels; while the brain is essentially an open and interactive system, this multilevel process of sensing, processing, and acting on the world/environment basically “begins” at the site of initial input of sensory, somatic or cerebral input to the lower areas of the brain. Incoming modulatory input provides a direct route to these crucial regulatory neural networks and can influence the organization, re-organization, and functional status of these key systems. These regulatory networks (NE, DA, SER) can be altered and sensitized by prolonged or chaotic patterns of activation.⁷

⁶ See Figure 1.

⁷ See Figures 4, 5.

B. The Heterogeneity and Malleability of the Stress Responses

14. Some of the primary neural systems impacted by developmental trauma are those involved in the stress response.⁸ The brain and body have a set of widely distributed systems that mediate the stress response; this involves the neuroendocrine, neuroimmune, central, and autonomic nervous systems.⁹ Several important monoamine (adrenergic, noradrenergic and dopaminergic), cholinergic and serotonergic neural networks originate in lower areas of the brain (brainstem and diencephalon) and send projections “upstream” to essentially all other regions of the brain, and “downstream” to the neuroendocrine and autonomic nervous systems which communicate with and influence the regulation of the rest of the body.¹⁰

15. This complex and diverse distribution gives these centrally located networks a unique role in the stress responses; rapid activations and deactivations of various neural and physiological functions can be coordinated and regulated by these networks. Further, all incoming sensory input from the body and from the outside world directly communicates with these neural networks that are key components of the “reticular activation system” (RAS).¹¹ The RAS is essential for regulation of multiple arousal related functions including sleep, attention, vigilance, reward

⁸ See Bruce D. Perry & Ronnie Pollard, *Homeostasis, Stress, Trauma, and Adaptation—A Neurodevelopmental View of Childhood Trauma*, 7 *Child Adolesc. Psychiatr. Clin. N. Am.* 1 (1998) (hereinafter “Homeostasis”).

⁹ See Figure 1.

¹⁰ See, e.g., Hao Huang et al., *Prefrontal cortex-projecting glutamatergic thalamic paraventricular nucleus-excited by hypocretin: a feedforward circuit that may enhance cognitive arousal*, 95 *J. Neurophysiol.* 1656 (2006); Nicholas D. Schiff et al., *Gating of attentional effort through the central thalamus*, 109 *J. Neurophysiol.* 1152 (2013); Susan J. Sara & Sebastian Bouret, *Orienting and reorienting: the locus coeruleus mediates cognition through arousal*, 76 *Neuron* 130 (2012); Daniel Dautan et al., *A major external source of cholinergic innervation of the striatum and nucleus accumbens originates in the brainstem*, 34 *J. Neurosci.* 4509 (2014).

¹¹ See Mircea Steriade, *Arousal: revisiting the reticular activating system*, 272 *Science* 225 (1996).

1 anticipation, reward, and interpretation of threat.¹² Through these and related
2 mechanisms, the development and regulation of the monoamine, serotonergic and
3 cholinergic networks of the lower brain are essential to hundreds of important brain-
4 mediated functions—including all of the functions required for success in school (*e.g.*,
5 capacity to attend, exhibit ‘delayed gratification,’ smooth integration of complex
6 cognitive functions require for planning, reading, and mathematics). When these
7 systems develop normally, there can be smooth integrated regulation of cognition,
8 emotional regulation, social interactions, motor movements, and dozens of other
9 functions essential to healthy human development and functioning. When the
10 development or regulation of these systems is altered from chaos, threat, and various
11 forms of adversity and trauma, a cascade of functional deficits can result.

12 16. As mentioned above, neural networks are “plastic”—they are malleable;
13 neural number, physical structure of the neuron including dendritic and synaptic
14 density and structure all change with various patterns of activation. One determinant
15 of “how” the neural networks change is the pattern of activation;¹³ the variable impact
16 of different patterns of activation on the monoamine and serotonergic networks that
17 are crucial to the stress response has been a focus of research in animal models since
18 the 1980s¹⁴ and in humans over the last twenty years.¹⁵

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21 ¹² See Shigeo Kinomura et al., *Activation by attention of the human reticular formation and*
thalamic intralaminar nuclei, 271 *Science* 512 (1996).

22 ¹³ See Figures 3, 4.

23 ¹⁴ See, *e.g.*, Peter W. Kalivas & Jane Stewart, *Dopamine transmission in the initiation and*
expression of drug- and stress-induced sensitization of motor activity, 16 *Brain Res. Brain Res. Rev.*
24 223 (1991); Mark S. Kleven et al., *Effects of repeated injections of cocaine on D1 and D2 dopamine*
receptors in rat brain, 532 *Brain Res.* 265 (1990); Gail M. Farfel et al., *Effects of repeated injections*
25 *of cocaine on catecholamine receptor binding sites, dopamine transporter binding sites and*
behavior in rhesus monkey, 578 *Brain Res.* 235 (1992).

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27 ¹⁵ See *Homeostasis*, *supra* note 8; Jeffery D. Steketee & Peter W. Kalivas, *Drug wanting:*
behavioral sensitization and relapse to drug-seeking behavior, 63 *Pharmacol. Rev.* 348 (2011)
28 (hereinafter “Behavioral Sensitization”).

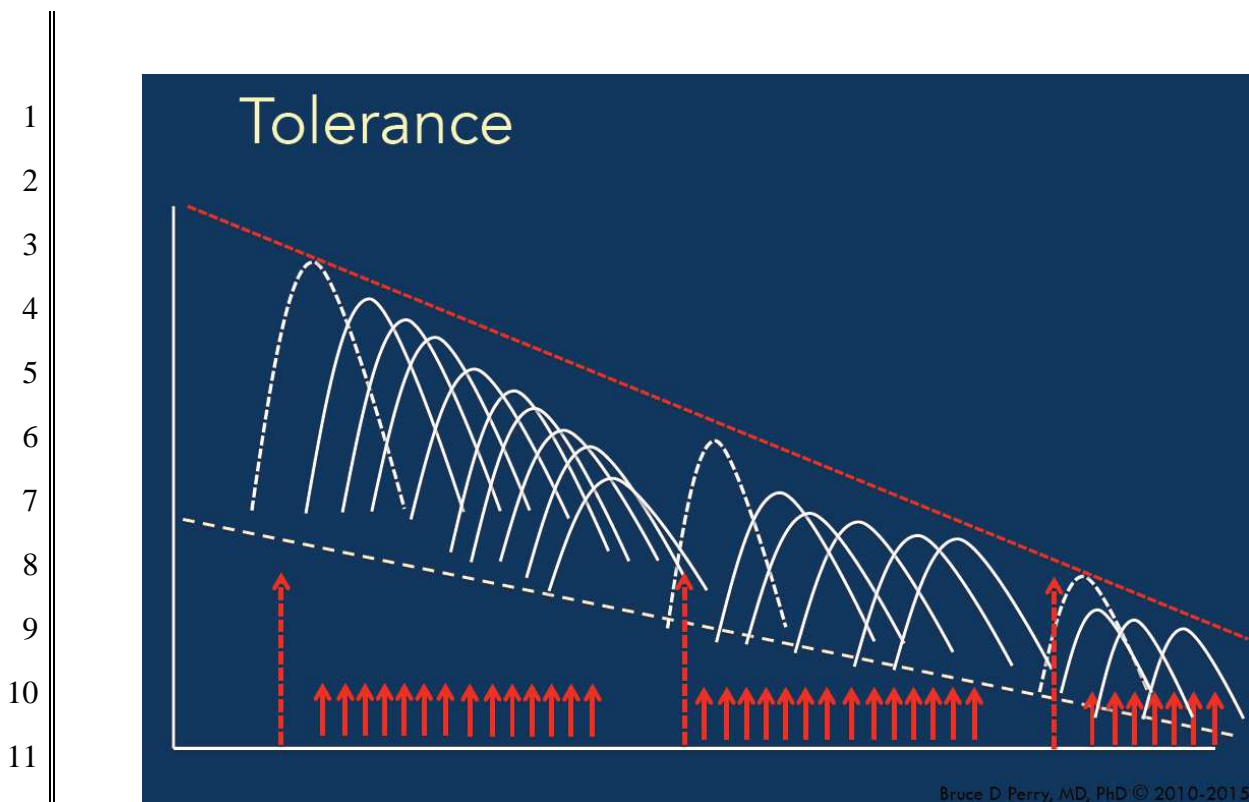


Figure 3: Effect of Moderate, Predictable Activations of the Stress Response

Systems

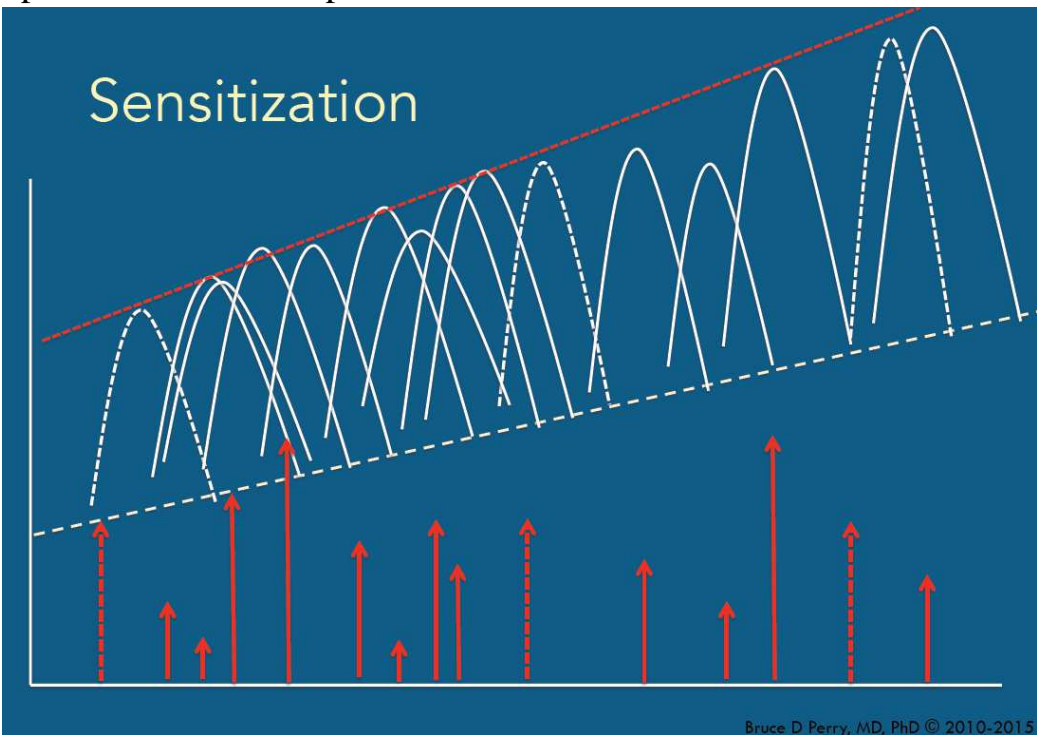
This graphic illustrates the decrease in the baseline level of activity (white dashed line) and the peak response following a stimulus (stressor) when the stress response systems are activated with moderate, predictable, and controllable “doses” of challenge, novelty, and other stressors. In a neurotypically-organized person growing up in a safe, predictable and resource sufficient environment, the normal developmental and educational experiences of life can provide this kind of “resilience” building pattern of stress activation.

17. One clinically relevant feature of the stress response systems is their malleability: how “reactive” and responsive they are to stimulus (stressor) can be modified by activation.¹⁶ By activating the stress response systems in moderate, controllable and predictable “doses” the sensitivity of these systems decreased; the individual is more capable of “tolerating” a dose of stressor.¹⁷ This capability is related to the ability to demonstrate resilience in the face of significant or extreme

¹⁶ See Behavioral Sensitization, *supra* note 15.

¹⁷ See Figures 3, 5, 6.

1 stress.¹⁸ In turn, the activation of these systems in variable, unpredictable or extreme
2 patterns will lead to a host of molecular and physiological changes that make these
3 systems “sensitized”; the baseline level of activity is increased and for any given
4 stimulus (stressor) there will be a more extreme (and disproportional) response.¹⁹
5 This has profound clinical implications.²⁰



17 **Figure 4: Sensitization in response to repeated, prolonged stress**

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19 *This figure illustrates how the baseline “homeostat” of the stress response system*
20 *(white dashed line) can become sensitized when the pattern of activation is chaotic,*
21 *unpredictable or extreme (such as can be seen with many children growing up with*
22 *the unpredictability and permeating sense of anxiety related to food and housing*
23 *insecurity, community and or intra-family violence). The sensitized stress responses*
24 *then result in a host of emotional, behavioral, cognitive, and physical problems.*

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26 ¹⁸ Michael Ungar & Bruce D. Perry, *Violence, trauma and resilience, in Cruel but not*
unusual 119 (Cathy Vine & Ramona Allaggia, eds., 2012).

27 ¹⁹ See Figures 3, 5, 6.

28 ²⁰ See Figure 3; Table 1.

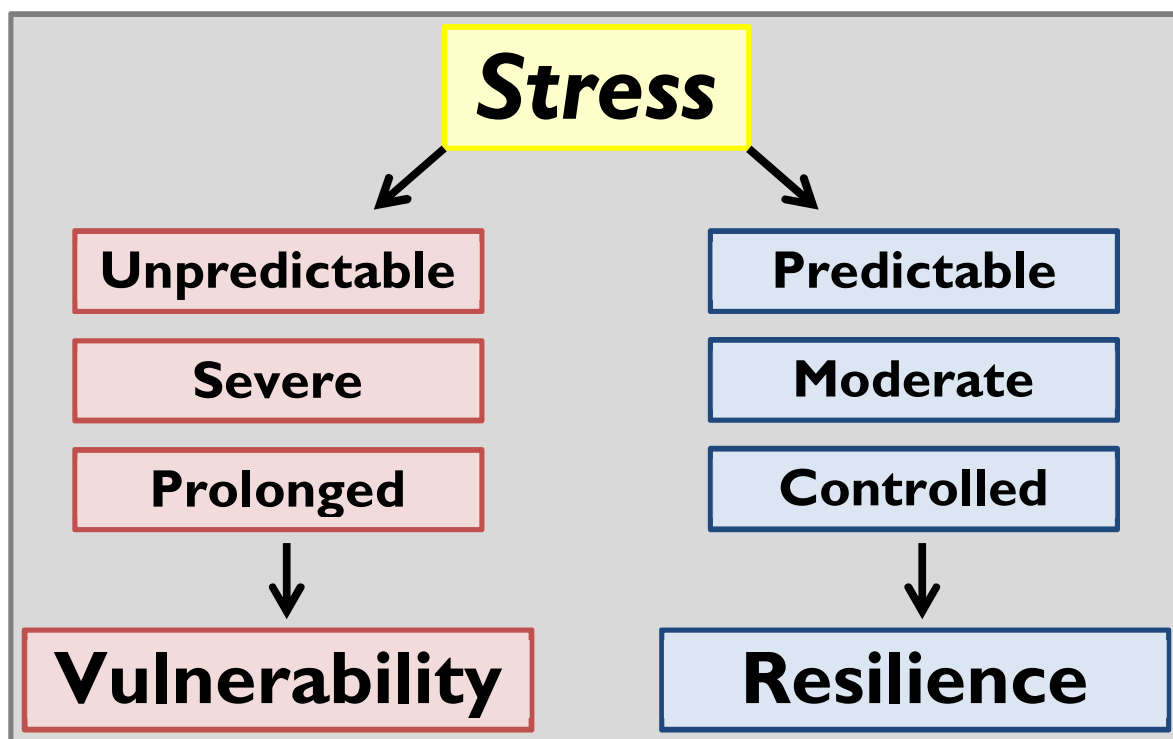


Figure 5: The Pattern of Stress has a Role in Determining Risk or Resilience

18. When the stress-response systems are activated in moderate, predictable, and controllable ways, the child's stress-response capabilities grow stronger and more flexible, allowing resilience in the face of future stressors. However, when a developing child's stress-response systems are activated in unpredictable, extreme, or uncontrollable ways, the child's stress-response systems may become overactive, overly reactive, and sensitized, resulting in a host of problems.

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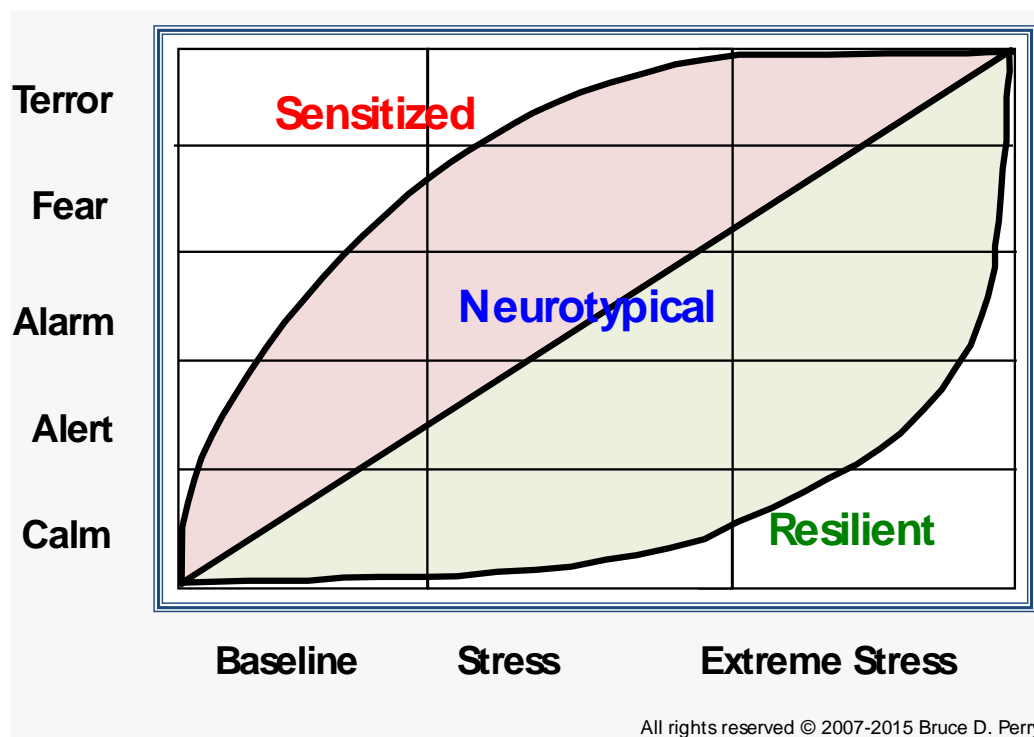


Figure 6. Differential Stress-Reactivity

This figure illustrates three stress-reactivity curves; the middle straight line indicates a neurotypical relationship between the level of external challenge, stress or threat and the appropriate proportional shift in internal state required to adapt, adjust, and cope with the level of stress; with minor stressors, there are minor shifts in the internal state and with major stressors a larger shift in internal state is required. The upper (Sensitized) curve illustrates the distorted, sensitized stress-reactivity curve that results from patterns of extreme, unpredictable or prolonged stress activation such as is seen in many youth and adults in the juvenile and criminal justice systems. In this case, there is a significant over-activity at baseline and an over-reaction even in the face of relatively minor challenges. All learning—social, emotional, behavioral, or cognitive—requires exposure to novelty; in turn, novelty will activate the stress response systems. In an individual with neurotypical reactivity this will create a moderate, but manageable, dose of “stress.” Repetition with novelty (such as in an academic setting—or certain therapeutic situations) will ultimately lead to a tolerance pattern²¹ and the capacity to demonstrate resilience (lower curve). In contrast, a sensitized individual will find the introduction to simple challenges such as transitions, new academic concepts, complex or unpredictable social situations overwhelming—even fear-inducing, thereby inhibiting opportunities for normal social, emotional and cognitive development. This sensitization is hypothesized to be one of the primary mechanisms underlying many of the emotional, behavioral, and learning problems seen in children and youth struggling in school.

²¹ See Figure 3 and accompanying text.

1 19. The individual's response to any significant stressor will vary depending
2 upon many factors including pre-existing stress response sensitivity, the presence of
3 relational "buffers" and the nature of the stressor.²² Whether the threat is
4 immobilizing, painful, prolonged, avoidable, interpersonal, a natural disaster,
5 unexpected or anticipated are among the many features that will determine the
6 specific "recruitment" of the body's heterogeneous stress response capabilities. There
7 are two major and interactive adaptive response patterns to significant threat: the
8 arousal response and dissociation. The arousal response activates the individual and
9 prepares them to flee or fight.²³ Dissociation is less well characterized and is engaged
10 when there is a perception that fighting is futile or fleeing impossible; the dissociative
11 response is more internalizing and is hypothesized to help the individual prepare to
12 survive injury. Peripheral blood flow decreases, heart rate goes down, and the release
13 of endogenous opioids and dissociation at the cognitive and emotional level occurs.
14 In many cases both of these adaptive responses will be activated during the same
15 complex traumatic experience.

16 20. Both response patterns can become 'sensitized' such that future stressors
17 or challenges will activate the most common adaptive pattern used in a similar
18 situation in the individual's past and, in combination with 'state-dependent' shifts in
19 cognition and behavior can lead to impulsive, aggressive and maladaptive, anti-social
20 behaviors (*e.g.*, a young boy growing up in a domestic violence situation who used a
21 "fight or flight" response during those traumatic experiences may respond to
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24 ²² See Bruce D. Perry, *Child maltreatment: the role of abuse and neglect in developmental*
25 *psychopathology*, in *Textbook of Child and Adolescent Psychopathology* (Theodore P. Beauchaine
& Stephen P. Hinshaw, eds., 2008) (hereinafter "The Role of Abuse and Neglect").

26 ²³ See Bruce D. Perry et al., *Childhood Trauma, the Neurobiology of Adaptation and "Use-*
27 *dependent" Development of the Brain: How "States" Become "Traits,"* 16 *Infant Ment. Health J.*
28 271 (1995) (hereinafter "How 'States' Become 'Traits'"); *The Role of Abuse and Neglect*, *supra*
note 22.

1 authoritarian males—even when they are not being threatening—with hostility and
2 aggression).

3 **III. Without Immediate Trauma Intervention, Children Forcibly Separated** 4 **From Their Parents Will Be Harmed**

5 21. The major buffers of present stress, distress and trauma are an
6 individual’s relational connections. The major regulating and protective factor for a
7 child is a parent. Forcibly removing a child from his parents both produces traumatic
8 stress and removes the major protective buffer that can help a child endure stressors.
9 This doubly destructive experience can adversely impact the development of the
10 child’s neural systems. As discussed above, such traumatic stress alters the
11 developing brain. It can increase risk for a host of emotional and behavioral problems,
12 including antisocial behavior, attention problems, acting out, aggressive or violent
13 behaviors, lack of trust, and other counterproductive coping mechanisms. It
14 negatively impacts the areas of the brain responsible for processing and storing new
15 information and creates an over-focus on aspects of an experience that may be
16 challenging or stressful. It can further cause hypersensitivity to what would otherwise
17 be perceived as benign stimuli.²⁴ It can also impair children’s ability to succeed by
18 diminishing their ability to set goals, plan and learn.²⁵ Exposure to traumatic stressors
19 such as these have been shown to have negative effects on educational outcomes.

20
21 ²⁴ See Bruce D. Perry, *Memories of Fear: How the Brain Stores and Retrieves Physiologic*
22 *States, Feelings, Behaviors and Thoughts from Traumatic Events*, The Child Trauma Academy,
23 *available at* http://www.juconicomparte.org/recursos/Memories_of_Fear_Wkh9.pdf (internal
24 citations omitted).

25 ²⁵ See Bruce D. Perry, *Maltreatment and the Developing Child: How Early Childhood*
26 *Experience Shapes Child and Culture* at 3, The Margaret McCain Lecture Series (2005), *available*
27 *at* <http://www.lfcc.on.ca/mccain/perry.pdf> (hereinafter “Maltreatment and the developing child”)
28 (“Children in a state of fear retrieve information from the world differently than children who feel
calm. In a state of calm, we use the higher, more complex parts of our brain to process and act on
information. In a state of fear, we use the lower, more primitive parts of our brain.... The
traumatized child lives in an aroused state, ill-prepared to learn from social, emotional, and other
life experiences. She is living in the minute and may not fully appreciate the consequences of her
actions.”).

1 22. In my opinion, trauma-aware, trauma-sensitive and trauma-specific
2 interventions are necessary to mitigate the adverse effects on the children
3 experiencing the severe stressors of the separation from their parents. The longer such
4 interventions are delayed, the greater the negative cumulative effect the acute
5 neurophysiological, neuroendocrine, and neuropsychological response will have on
6 these children and their parents.

7 23. In my opinion, the adult caregivers must be a part of the trauma
8 intervention provided to these children. This is especially true for the parents or other
9 adult loved ones who are familiar with the child; in cases where children have been
10 separated, reunion is essential for effective therapeutic work. Caregivers (including,
11 for example, staff and personnel at various detention sites) are critical to
12 reestablishing a child's ability to effectively regulate himself. These caregivers will
13 need to develop an understanding of how to engage and interact with these children
14 in ways that will be respectful, developmentally and culturally sensitive in order to
15 provide the regulating experiences that can reduce the fears these children feel. These
16 interactions will be important if the children can be capable of engaging in typical
17 childhood activities necessary to development, such as play and education. Further,
18 therapeutic work while in a setting or circumstance where there is continuing distress,
19 threat, uncertainty and unpredictability can undermine, or even make impossible,
20 meaningful therapeutic progress.

21 24. It is also critical for any adult caregivers (including parents) themselves
22 to be regulated in order to effectively interact with a traumatized child. When the
23 caregivers themselves have been exposed to traumatic stress—such as the stress of
24 detention and of having their children forcibly removed from their care with no or
25 little communication—they also need trauma-specific services, both to treat their own
26 primary trauma and to effectively support their traumatized child.

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I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on June 24, 2018, at Maui, Hawaii.

Handwritten signature of Bruce Perry in black ink.

Dr. Bruce Perry

Exhibit A

CURRICULUM VITAE

Bruce Duncan Perry, M.D., Ph.D.

Senior Fellow

The ChildTrauma Academy
800 Gessner, Suite 230
Houston, TX 77024

Mailing Address

5161 San Felipe
Suite 320
Houston, TX 77056
USA

Phone: (832) 472-9951
FAX: (713) 513-5465
Email: BDPerry@ChildTrauma.org

Websites

www.ChildTrauma.org
www.ChildTraumaAcademy.com

Birth date

May 6, 1955

Birthplace

Bismarck, North Dakota

Present Position

Senior Fellow: The ChildTrauma Academy, Houston, TX (1996-present)

Professor (Adjunct): Department of Psychiatry and Behavioral Sciences, Feinberg School of Medicine, Northwestern University, Chicago, IL (2009-present)

Previous Positions

Senior Fellow: The Berry Street Childhood Institute, Melbourne, Victoria, Australia (2012-2015)

Senior Consultant: Ministry of Children's Services; Alberta, Canada (2003-2009)

Medical Director: Provincial Programs in Children's Mental Health, Alberta Mental Health Board, Calgary, Alberta, CANADA (2001-2003)

Chief of Psychiatry: Texas Children's Hospital, Baylor College of Medicine, (1992-2001)

Thomas S Trammell Research Professor of Child Psychiatry: Baylor College of Medicine, (1993-2001)

Associate Professor: Departments of Psychiatry and Behavioral Sciences, (1992-2001), Pediatrics, (1993-2001), Pharmacology, (1993-2001) and Neuroscience Program, (1994-2001), Baylor College of Medicine, Houston, Texas

Vice Chairman for Research: Department of Psychiatry and Behavioral Sciences, (1992-1999), Baylor College of Medicine

Assistant Professor: Departments of Psychiatry (1989-1992), Pediatrics (1990-1992), and Section of Pharmacology, (1991-1992): The University of Chicago

Director: Laboratory of Developmental Neurosciences (1987-1992), Section of Child and Adolescent Psychiatry, The University of Chicago

Co-Director: Human Brain Tissue Bank (1989-1992), Department of Psychiatry, The University of Chicago

Director: Center for the Study of Childhood Trauma, (1990-1993), St. Joseph's Carondelet Child Center

Instructor: Department of Psychiatry, The University of Chicago, (1987-1989)

Fellow: Harris Center for Developmental Studies, The University of Chicago, (1987-1989)

Education

Fellowship in Child and Adolescent Psychiatry: Section of Child and Adolescent Psychiatry, Department of Psychiatry, The University of Chicago, Chicago, IL (1987-1989)

Post-Doctoral Fellowship (Psychiatry): Department of Psychiatry, Yale University, New Haven, CT (1984-1987)

Internship (Flexible): St. Raphael's Hospital, Yale University School of Medicine, New Haven, CT (1984-1985)

Medical School: Northwestern University School of Medicine, Chicago, IL (1977-1984) MD awarded 1984

Graduate School (Pharmacology): Department of Pharmacology, The Graduate School, Northwestern University, Chicago, IL (1979-1984) PhD awarded 1984

Undergraduate School: Amherst College, Amherst, MA, Neuroscience Program (1975-1977)

Undergraduate School: Stanford University, Stanford, CA, Biology and Psychology (1973-1975)

High School: Bismarck Public High School, Bismarck, ND (1970-1973)

Professional Activities

Teaching

Baylor College of Medicine: (1992-2001) CNS Pharmacology; Developmental Neurobiology; Research Issues in Psychiatry, Pediatric Psychopharmacology; Trauma-related Disorders and related subjects to medical students, psychiatry, pediatric and child psychiatry residents, graduate students in

psychology, pharmacology, social work, and the neurosciences (see later sections)

The University of Chicago: (1987-1992) Introductory Neurosciences; Advanced Clinical Neurosciences; Developmental Neurobiology; Research Issues in Child Psychiatry, Psychopharmacology, Psychopathology

Yale University: (1985-1987) Psychopharmacology

Northwestern University: (1980-1983) CNS and ANS Pharmacology

Illinois College of Optometry: (1981-1983) CNS and ANS Pharmacology

University of North Dakota: (1980) Hypnosis, Acupuncture and Placebo

Amherst College: (1978-1979) Laboratory Techniques in Physiological Psychology

Stanford University: (1974) Mathematics without Anxiety

Accreditation

- Diplomat, National Board of Medical Examiners, Certificate # 248587; Oct1,1985
- Connecticut State Medical License #027784 – Inactive (Certificate, Nov 14, 1986)
- Illinois State Medical License #036-075366 - Inactive
- North Dakota Medical License #6328 - Inactive
- Texas State Medical License # J3573 – Active
- Alberta Medical License # S09869 – Inactive, Courtesy (# C11697)
- Tennessee Medical License – Active #MD0000054347
- Board Certified in Psychiatry: American Board of Psychiatry and Neurology (ABPN) Certificate #33888, January 1991
- Board Certified in Child and Adolescent Psychiatry: American Board of Psychiatry and Neurology Certificate # 2837, September 1991

Committees (current)

National & International

- *Advisory Board, WAVE (Worldwide Alternatives to Violence), London, 1999-present*
- *Advisory Board, Childhaven, Seattle, WA, 1999 – present*
- *Advisory Board, KERA's First Impressions Early Childhood Public Awareness Campaign, Dallas, 2000*
- *Board of Scientific Advisors, Foundation Against Interpersonal Trauma, 2001-*
- *Advisory Board, Attachment Parenting Inc., 2001-*
- *Advisory Board, Protect Inc., 2002-*
- *Board of Directors, Alberta's Promise, 2003 –*
- *Board of Scientific Advisors, SAIV: Spiritual Alliance to End Violence, 2004 –*
- *Advisory Board, Roots of Empathy, Toronto, ON, Canada, 2004 –*
- *Advisory Board, KidZone, America, 2006-*
- *Advisory Board, Great Kids, Inc, 2007-*
- *Advisory Board, Multiplying Connections: A Positive Development for all Children, The Health*

Federation of Philadelphia, 2007-

- *Advisory Board, Flawless Foundation, Portland, Oregon, 2012-*
- *Advisory Board, PsychDrugs Action Campaign's Medical & Scientific Advisory Board, National Center for Youth Law, Oakland CA, 2012-*
- *Advisory Board, National Quality Improvement Center for Adoption/Guardianship Support and Preservation, (Lead Agencies: Spaulding for Children, University of North Carolina and University of Texas, Austin, Schools of Social Work) 2015 – 2020*
- *Advisory Board, Northern Ireland "Care Pathways and Outcomes Study" (funded by UK Economic and Social Research Council) 2016-*
- *Board of Directors, Prevent Child Abuse America (PCAA), Chicago, IL 2016-*
- *Board of Directors, Ana Grace Project, (AnaGraceProject.org), Newtown, CT 2017-*
- *Advisor, The Center for the Collaborative Study of Trauma, Health Equity and Neurobiology (THEN), Chicago, IL 2017 -*
- *Advisory Board, Campaign for Trauma-Informed Policy and Practice, Philadelphia, PA 2017 –*
- *Board Chairman, Ana Grace Project, Newtown, CT 2018-*

Committees (past)

Institutional

- *Member, Brain Research Foundation and Brain Research Institute, 1989-1991 (Chicago)*
- *Chair, Chicago Consortium for Psychiatric Research, PTSD Research Subcommittee, 1991-1993*
- *Steering Committee, Neurobiology of Disease Program, Neurosensory Institute, BCM*
- *Search Committee, Chief, Developmental Pediatrics, Texas Children's Hospital*
- *Research Committee, Department of Psychiatry, Baylor College of Medicine*
- *Advisory Board, High School for Health Professionals, Baylor College of Medicine*
- *Executive Committee, Department of Psychiatry, Baylor College of Medicine*
- *Advancements and Promotions Committee, Department of Psychiatry, Baylor College of Medicine*
- *Therapeutic Abortions and Sterilization Committee, Texas Children's Hospital*
- *Member, Advisory Panel, National Center for Child Trauma (UCLA), 2001-2010*
- *Member, Advisory Work Group on Children and Terrorism, US Surgeon General's Office, Washington, DC., 2001-2004*
- *Board of Directors, The Reiner Foundation, Los Angeles, CA, 1998 - 1999*
- *Board of Directors, I Am Your Child Foundation, Los Angeles, CA 1998-2004*

Local

- *Project Advisory Board, Alliance for the Mentally Ill: Greater Chicago (AMI-GC)*
- *Illinois State Psychiatric Institute, Drug Evaluation Committee, 1990-1992*
- *Advisory Board, Alliance for the Mentally Ill of Greater Chicago*
- *Children's Crisis Care Center Task Force (CPS Fund Board), 1993-1997 (Houston)*
- *Board of Advisors, Mark Roberts Foundation for the Prevention of Child Abuse, 1995-1997*

- State of Texas Child Fatality Review Team, 1995-1997
- *Board of Directors*, Texas Professional Society on the Abuse of Children, 1994-1999
- *Board of Advisors*, Houston Advocates for Mentally Ill Children, 1993- 2001
- *Board of Directors*, The Grief Center (Bo's Place), 1995-2001
- *Chairman*, Advisory Board, Healthy Steps, Houston, 1998-2001
- *Advisory Board*, Hogg Foundation for Mental Health's Healthy Steps Project, Austin, 1998-2001
- *Advisory Board*, Success by Six, United Way of Greater Gulf Coast, 2000-2001
- *Advisory Board*, Early Connections: An Early Childhood Education Institute: Episcopal Health Charities and the Greater Houston Collaborative for Children, 2000-2001
- *Committee member*, Step Through External Partnerships (STEP) Project; Texas Department of Protective and Regulatory Services, Austin, 2000-2001
- *Member*, Technical Advisory Committee, Population-based Mental Health/Illness Surveillance in Alberta, Ministry of Health and Wellness, Alberta, CANADA, 2002-2010
- *Member*, Ministerial Advisory Committee for the Alberta Centre for Child, Family and Community Research, Ministry of Children's Services, Alberta, CANADA, 2003-2010
- *Member*, Residential Review Committee, Ministry of Children's Services, Alberta, CANADA, 2004-2010

National

- *Ad Hoc Member*, Special Study Group, MacArthur Early Childhood Transitions Network 1994
- Academy of Child and Adolescent Psychiatry Scientific Issues Work Group, 1988-1990
- *Board of Counselors*, Loyola University Chicago School of Law, CIVITAS ChildLaw Center, 1993-1997
- *Board of Counselors*, The CIVITAS Initiative, 1993-1997
- *Research Committee*, American Professional Society on the Abuse of Children, 1995-1997
- *Advisory Board*, BMC Group, Inc, Children and Violence Initiative, Washington, DC, 1994-1997
- *Board of Advisors*, I Am Your Child, National Public Engagement Campaign, 1997-1999
- *Board of Directors*, CIVITAS Initiative, 1997- 1999 (Chicago)
- *Member*, Child Health and Financing Committee, National Association of Children's Hospitals and Related Institutions (NACHRI), Alexandria VA, 1999-2001
- *Conduct Disorders Committee*, American Academy of Child and Adolescent Psychiatry, 1994-2000
- National Board of Medical Examiners, Test Material Development Committee, 1996-2000
- *Board of Directors*, I am Your Child Foundation, Los Angeles, CA 1998-2000
- *Advisory Board*, White House Summit on Youth Violence, Department of Justice, Washington, DC, 1999-2000
- *Member*, American Academy of Pediatrics, Early Brain and Child Development Project, Chicago, 1999-2002
- *Member*, United States Pharmacopoeia (USP) Drug Advisory Panel, 2000-2006
- *Advisory Committee*, Alberta Centre for Child, Family and Community Research, 2003-2010
- *Member*, *Expert Panel on Neuroscience and Maltreatment*, Administration on Children, Youth & Families, US Department of Health & Human Services 2012

International

- Work Group on "Children, Violence and War" (Spunk Fund and Harris Foundation) 1991-1993
- Work Group on Bosnia (Dept of Defense, Menninger Clinic, World Health Organization, United Nations Consortium) 1996

Other Activities

- *Coordinator*, Grand Rounds, Department of Psychiatry, University of Chicago, 1990-1992
- *Program Consultant*, St. Joseph's Carondelet Child Center, 1989-1995
- *Consultant*, Princess Sophie Foundation of Romania (neglect, adoption, orphans) 1995
- *Trainer*, Federal Bureau of Investigation, FBI Academy and National Center for the Analysis of Violent Crime (critical incident protocols, juvenile violence, interviewing child victims) 1993- 2010
- *Consultant*, Federal Bureau of Investigation (Critical Incident Response Group: CIRG and Child Abduction and Serial Killer Unit: CASKU) 1995-2010
- *Consultant*, Scholastic Inc., 2000-2010

Honors and Awards

- Northwestern University **Graduate Fellow**, 1979-1980
- National Institute of Health Training Grant **Predoctoral Fellow (GM 07263)**, 1980-1982
- National Institute of Mental Health **Predoctoral Fellow (ADAMHA: MH-08834)**, 1982-1984
- Recipient, American Society of Pharmacology and Experimental Therapeutics **Robert F Furchgott Travel Award**, 1983
- Nominee, **Donald B Lindsley Prize in Behavioral Neuroscience**, 1984
- **Invited Faculty Netherlands Institute for Brain Research**, Royal Academy of Science, 15th International Summer School of Brain Research, 1987
- Recipient, **Presidential Scholar Award, American Academy of Child and Adolescent Psychiatry**, 1988
- Recipient, **American College of Neuropsychopharmacology, Travel Award**, 1988
- Recipient, **Director's Clinical Service Leadership Award**, Houston VAMC, 1993
- Recipient, **Department of Veteran's Affairs, National Service Director's Award** (Mental Health and Behavioral Sciences), Washington, DC, 1993
- **Lawrence Breslow Memorial Lecturer**, Lutheran General Hospital, Chicago, 1993
- **19th Annual Ester S Zetland Lecturer**, Chicago Psychoanalytic Association and Association of Child Psychotherapists, Chicago, IL 1993.
- **The Thirty-third Gertrude Victorson Ratner Lecturer**, Evanston Hospital, Northwestern University, Chicago, IL 1994
- Recipient, **Mental Health Association Research Award**, Houston, TX, 1995
- **Warren Wright Lecturer**, Northwestern University School of Medicine, Chicago, IL, 1995
- Recipient, **Carondelet Child Center's Public Service Award**, Chicago, IL 1995
- Recipient, **The Children's Hospital Department of Psychiatry and Behavioral Sciences, Rosenberry Award**, The University of Colorado, Denver, CO 1995
- **The First Annual Holt W. Webster Lecturer**, Children's Hospital and Medical Center, University of

Washington School of Medicine, Seattle WA 1996

- Recipient, **The Children's Hospital Department of Psychiatry and Behavioral Sciences, Rosenberry Award**, The University of Colorado, Denver, CO 1996
- Selected to -- **The Best Doctors in America: Central Region** 1996-2001
- **Angela and William Barrett Lecturer**, Department of Pediatrics University of Texas Medical Center, Southwest, Dallas TX 1997
- Invited Participant, **White House Conference on Early Childhood and the Brain**, 1997
- Invited Plenary Speaker, **President's Summit on America's Future**, Philadelphia, 1997
- Invited Speaker, **National Governor's Association**, Brain Development and Early Childhood Initiatives, Washington, DC, 1997
- Invited Testimony, **United States Senate, Appropriations Committee**, Recent Findings on Early Childhood Development, Washington, DC, 1997
- Recipient, **Distinguished Service Award**, National Association of Homes and Services for Children, Houston, TX 1997
- **2nd Annual Lynn Harris Memorial Lecturer and Visiting Professor** Department of Pediatrics, University of Arkansas for Medical Sciences and the Arkansas Children's Hospital Foundation, Little Rock, AK 1998
- Invited Speaker, **White House Dinner on Early Brain Development, 1998**
- **Visiting Professor in Neuroscience**, Amherst College, Amherst, MA 1999
- Keynote Speaker, **White House Summit on Youth Violence, Safe from the Start**, Washington, DC, 1999
- Recipient, **T. Berry Brazelton Award for Service, Research and Advocacy**, Texas Infant Mental Health Association, 1999
- Recipient, **Prevent Child Abuse America VOICE Award**, Annual Prevent Child Abuse Gold & Silver Ball, Chicago, IL, 1999
- **18th Dr. McIver Furman Del Mar Lecturer in the Health Sciences**, Corpus Christi, TX, 2000
- Inductee, **Texas Mental Health Association's Ring of Honor**, Founding Class, 2000
- **2nd Narkewicz Visiting Professor in Child Advocacy and Community Health**, Department of Pediatrics, University of Vermont School of Medicine, Burlington, VT 2000
- Recipient, **National Leadership Award in Public Child Welfare**, National Association of Public Child Welfare Administrators (NAPCWA), Washington DC, 2001
- Finalist, **Distinguished Achievement Award for Excellence in Educational Publishing**, The Association of Education Publishers, 2001
- **Littman Research Day Lecturer**, University of Calgary Department of Psychiatry, Calgary, AB, 2002
- **23rd Ira S. Stevens Lecturer**, Mental Health Association of Westchester, New York, Understanding and Working with Traumatized Children, Elmsford, NY, 2003
- Honorary Member, **Texas Association for Infant Mental Health**, 2004 -
- Honoree, Canisius College, Early Childhood Education program distinguished graduate student award named **"The Dr. Bruce Perry Early Childhood Award"** Canisius College, Buffalo, NY, 2004
- Selected, **America's Top Psychiatrists**, Consumer Research Council of America, 2004-2006
- Selected, **Best Doctors in America**, 2000-present
- Inaugural Lecturer, **Annual Margaret McCain Lecture**, Centre for Children and Families in the Justice System, London Ontario, 2004

- Recipient, **Alberta Centennial Medal**, from Premier of Alberta and Lieutenant Governor of Canada, 2005
- Recipient, **Circle of Courage Award**, Reclaiming Youth International, San Antonio, TX, 2006
- Inductee, **Hall of Fame, Bismarck High School**, Bismarck, North Dakota, 2006
- Honoree, "Dr. Bruce Perry Day" Lawton, OK, February 21, 2006
- Recipient, **Honorary Mayor-President**, City of Baton Rouge, Parish of East Baton Rouge, LA, 2006
- Recipient. **Ambassador of Peace**, Violence Prevention Coalition of Orange County, California, 2006
- Recipient, **Harvey R. Houck, Jr. Award**, Justice for Children, Washington, D.C. and Houston, TX, 2006
- Recipient, **Spirit of Crazy Horse Award**, Circle of Courage, South Dakota
- Recipient, **Presidential Citation**, American Psychological Association, Division 41/37, Psychology-Law Society, San Francisco, 2007
- Inductee, **North Dakota Sports Hall of Fame** (Track and Field), 2009
- Recipient, **Robin Bush Award**, Bo's Place, Houston, TX, 2013
- Recipient, **Dolores Kohl Prize in Education**, Chicago, IL 2014
- Visiting Professor, **12th Edna Reiss-Sophie Greenberg Chair**, Reiss-Davis Child Study Center and Institute, Los Angeles CA, 2016
- Recipient, **18th Annual Francine C. Rosenberg Lecture**, Francis Parker School, Chicago IL, 2016
- Recipient, **Herman T. & Phenie R. Pott Child Advocacy Award**, Family Forward, St. Louis, MO, 2018

Editorial Review

Grants

- Clinical Research Planning Panel, **Intramural Research Program of the National Institute of Mental Health (NIMH IRP)**, 1998
- Ad Hoc Reviewer, **Research Advisory Group for Mental Health (National Veterans Administration Study Section)**, 1986-1987
- Ad Hoc Reviewer, **March of Dimes Basic Science Study Section**, 1988
- Ad Hoc Reviewer, **Merit Review Board for Mental Health and Behavioral Sciences**, Department of Veterans Affairs, 1994-1995
- Ad Hoc Member, National Institute of Mental Health (NIMH) Board of Scientific Counselors Meeting, **Investigating the Behavioral and Biological Consequences of Child Abuse**, Bethesda, Maryland, 1997
- Ad Hoc Member, PHS: NIH/NIMH, **Violence and Traumatic Stress Review Committee**, 1995-1998
- Member, **Merit Review Board of Mental Health and Behavioral Sciences**, Department of Veterans Affairs, 1998-1999

Journals

- Ad Hoc referee: **Brain Research; Developmental Brain Research; Molecular Brain Research; Life Sciences; Biological Psychiatry; Archives of General Psychiatry; Journal of Neuropsychiatry and Clinical Neurosciences; Neuroscience Letters; Journal of Interpersonal Violence; Journal of**

Pharmacological and Experimental Therapeutics; Pharmacology, Biochemistry and Behavior; Annals of Neurology; Pediatrics; Archives of Pediatric and Adolescent Medicine; Journal of the Academy of Child and Adolescent Psychiatry; International Journal of Neuropsychiatry

- Ad Hoc book reviews: ***Yale Journal of Biology and Medicine; Journal of Neuropsychiatry and Clinical Neurosciences; Journal of Interpersonal Violence; New England Journal of Medicine***
- Review Panel: ***Journal of the American Academy of Child and Adolescent Psychiatry***, 1994-
- Advisory Editorial Board, ***Healthy Child Alerts***, Chicago, IL, 1999- 2005
- Editorial Board: ***Cultic Studies Journal***, 1994-2007
- Editorial Board: Consulting Editor, ***Child Maltreatment, the Journal of the American Professional Society on the Abuse of Children***, 1995- 1999
- Editorial Board: ***Journal of Child and Adolescent Trauma***, 2007-2012
- Guest Editor, Special Issue: "Education and Learning in the Context of Childhood Abuse, Neglect, and Related Stressors". ***Child Abuse & Neglect***, 2016

Other

- Reviewer: American Medical Association's ***Diagnostic and Treatment Guidelines on Mental Health Effects of Family Violence*** AMA, Chicago, 1995
- Reviewer: NIMH ***National Plan for Child and Adolescent Mental Disorders***, 1995
- Reviewer: State of Texas' Sunset Commission's ***Review of the Texas Department of Protective and Regulatory Services***, 1995
- Reviewer: ***Clinical Practice Guidelines for Children & Adolescents in the Emergency Department***, Emergency Medical Services for Children, National Association of Social Workers, 1998

Research and Program Project Support: Grants and Contracts (not updated)

Active

Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) 2015-2020 *Permanency Continuum Framework: Segment (Intensive Services: Tennessee) Neurosequential Model of Therapeutics (Harmony Family Services)*. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant # 90CO1122-01-00

Foster/Adoptive Parent Preparation, Training and Development Initiative - CORE-A (2015-2020) Partner Agencies: *Spaulding for Children (PI), The ChildTrauma Academy, The Center for Adoption Support and Education, The North American Council on Adoptable Children, Wayne State University*. Department of Health and Human Services, Administration for Children and Families, Children's Bureau

National Training and Development Initiative for Foster/Adoptive Parents (2017-2022) Partner Agencies: *Spaulding for Children (PI), The ChildTrauma Academy, The Center for Adoption Support and Education, The North American Council on Adoptable Children, The University of Washington*. Department of Health and Human Services, Administration for Children and Families, Children's Bureau

The Neurosequential Model in Caregiving: The Arizona NMC Training Project (2016 – 2020) Arizona Council of Human Service Providers (\$228,000)

Multiple Ongoing Training and Neurosequential Model (NMT, NME, NMC) Certification Projects (see

www.ChildTrauma.org for updated list of participating organizations)

Selected Previous Grants & Program Project Funding

Neurosequential Model of Therapeutics: Introducing a Trauma- and Developmentally-informed Approach to Clinical Work with At-Risk Children and Youth in the mental health, juvenile justice and early childhood systems

Sponsor: HHS New Mexico
 PI: Bruce D. Perry, M.D., Ph.D.
 Start date: 2009
 End date: 2016
 Annual budget: \$ 85,000

Neurosequential Model of Therapeutics: Introducing a Trauma- and Developmentally-informed Approach to Clinical Work with At-Risk Children and Youth in the mental health system

Sponsor: State of Oregon, Addictions and Mental Health Division
 PI: Bruce D. Perry, M.D., Ph.D.
 Start date: 2009
 End date: 2013
 Annual budget: \$ 85,000

CQI Trauma-informed services: Case-based training and introduction of the Neurosequential Model of Therapeutics (sub-contract with Northwestern University; John Lyons, Ph.D P.I.)

Sponsor: Illinois Department of Child and Family Services
 PI: B.D. Perry, MD, PhD
 Start date: 2006
 End date: 2008
 Total: \$ 250,000 (CTA component)
 2006 budget: \$86,000

Critical Incident Response Team Secondary Trauma Prevention Project

Sponsor: Texas Department of Protective and Regulatory Services
 PI: B.D. Perry, MD, PhD
 Start date: 1985
 End date: 2010
 Total: \$ 450,000
 2006 budget: \$60,000

Safe from the Start: Decreasing the Impact of Exposure to Violence in Young Children

Sponsor: Attorney General's Office, State of California
 PI: B.D. Perry, MD, PhD
 Start date: 2003
 End date: 2010
 Total: \$ 250,000
 2006 budget: \$ 70,000

Train the Trainer: Understanding Traumatized and Maltreated Children

Sponsor: Klamath County Collaborative, Klamath OR
 PI: B.D. Perry, MD, PhD

Start date: 2005
 End date: 2007
 Total: \$ 75,000
 2007 budget: \$ 28,000

Developing Trauma-informed Public Systems: Focus on Philadelphia

Sponsor: Foundations, Inc; Casey Family Foundation
 PI: B.D. Perry, MD, PhD
 Start date: 2004
 End date: 2005
 Total: \$ 50,000
 2005 budget: \$ 50,000

Kidzone: Facilitating the Creation of a Developmentally-informed, Family-sensitive Community

Sponsor: Foundations, Inc; Philadelphia Collaborative
 PI: B.D. Perry, MD, PhD
 Start date: 2005
 End date: 2007
 Total: undetermined
 2007 budget: \$65,000

Translational Neuroscience: Applications for Traumatized Children in the Education System

Sponsor: Northern Illinois University and DCFS of Illinois
 PI: Bruce D. Perry, M.D., Ph.D. and Ned Kalin, M.D.
 Start date: 2007
 End date: 2008
 2006-7 budget: \$ 50,000

Neurosequential Model of Therapeutics: Applications for Traumatized Children in the Mental System

Sponsor: State of Kansas
 PI: Bruce D. Perry, M.D., Ph.D.
 Start date: 2007
 End date: 2008
 2006-7 budget: \$ 85,000

Children's Crisis Care Center Program Project

Sponsor: Harris County Child and Protective Services
 PI: B.D. Perry, MD, PhD
 Start date: 1996
 End date: annual renewable
 Total: \$ 350,000* to date
 2000 budget: \$ 75,000

ChildTrauma Academy's Core Child and Family Assessment Model

Sponsor: Texas Department of Protective and Regulatory Services
 PI: B.D. Perry, MD, PhD
 Start date: 2000
 End date: 2001, renewable X 3yrs
 Total: \$ 800,000
 2000 budget: \$ 400,000

Early Childhood and Brain Development Curriculum: Train the Trainers Project

Sponsor: Brown Family Foundation
 PI: B.D. Perry, MD, PhD

Start date: 2000
 End date: 2002
 Total: \$ 166,000
 2000 budget: \$ 83,000

ChildTrauma Core Family and Child Assessment Project

Sponsor: Pritzker Cousins Foundation
 PI: B.D. Perry, MD, PhD
 Start date: 2000
 End date: 2002
 Total: \$ 100,000
 2000 budget: \$ 50,000

Juvenile and Family Court Curriculum Project: Early Childhood Development

Sponsor: Court Improvement Act/Children's Justice Act (TDPRS)
 PI: B.D. Perry, MD, PhD
 Start date: 2000
 End date: 2002
 Total: \$ 160,000
 2000 budget: \$ 80,000

Texas Children's Hospital Satellite Clinic Telemedicine Demonstration Project

Sponsor: Texas Information Infrastructure Board
 PI: L. Jefferson, MD
 Co-Investigator: B.D. Perry, MD, PhD
 Start date: 2000
 End date: 2002
 Total: \$ 200,000 (estimate)
 2000 budget: \$ 80,000

Consultant

- PHS NIMH Research Career Award (K-08) **Traumatized Young Children: Risk for Maladaptation:** (*Principal Investigator: Michael S. Scheeringa*) Tulane Department of Psychiatry and Neurology, Active 7-96 to 7-00
- PHS NIMH Scientist Development Award for Clinicians (K-20) **PTSD in Maltreated Adolescents: Psychobiology** (*Principal Investigator: Michael DeBellis*) Western Psychiatric Institute, University of Pittsburgh, Active 3-96 to 7-99
- PHS NIMH Research: Victor Carrion, M.D. (K-20) **Neuroimaging in Children with PTSD**, Stanford University, Active 2001-2006

Other Past Research Support (Selected)

Principal Investigator

- PHS NIDA DA-00250:7 **Effects of Cocaine in Reaggregating Neuronal Cultures.** (*Principal Investigator: B D Perry*) Active: 1990 - 1993. Total direct costs \$ 396,066 (30 % effort)
- PHS ADAHMA Pre-doctoral Fellowship for Mark Wainwright (*Sponsor/Principal Investigator: B D*

- Perry*): **Dopamine Receptor Regulation in Hybrid Striatal Cells.** Active: 1992 to 1994
- Scottish Rite Schizophrenia Research Program: **Developmental Determinants of Dopamine Receptors in Tissue Culture** (*Principal Investigator: B.D. Perry*) Active: 1992 to 1994: Total direct costs \$ 65,000
 - PHS ADAHMA Pre-doctoral Fellowship (MH-08834) (*Sponsor: David U' Prichard*) **Adrenergic Receptor Regulation in Mammalian Brain.** Active 1982-1984.
 - Pfizer, Inc: **Double-Blind Comparison of Sertraline and Placebo in Outpatients with Post-traumatic Stress Disorder** (93-CE21-0640, 0641), Active 7-94 to 7-96, (*Principal Investigator: B.D. Perry*), Annual Budget, \$ 123,875
 - CIVITAS Initiative: **Development of Emotional, Behavioral and Neurophysiological Symptoms in Children Following Traumatic Abuse or Neglect: An Integrated Service, Training and Research Program** (*Principal Investigator: B.D. Perry*) 7-94 to 7-99: Annual Budget \$250,000 (Total \$1,250,000)
 - Texas Department of Protective and Regulatory Services: **A Longitudinal Clinical Case Management Model for Severely Traumatized Children in the CPS System: A Pilot Study** (*Principal Investigator: B.D. Perry*) Active 4-94 to 9-98, Total Budget \$ 600,000
 - Child Protective Services Fund Board: **Children's Crisis Care Center: Development of a Proactive Assessment and Service Model for Children at Risk** (*Principal Investigator: B.D. Perry*) 3-96 to 7-98: Annual Budget \$ 160,000
 - Hogg Foundation for Mental Health: **Critical Incident Stress Debriefing Models for Traumatized Children** (*Principal Investigator: B.D. Perry*) 9-96 to 9-99, Total Budget \$ 109,000
 - M.B. O'Connor: **Development of a Broad-based Assessment Process for Adolescents in the Juvenile Justice System: The Burnett Bayland Project** (*Principal Investigator: B.D. Perry*) 3-97 to 3-99, Total Budget \$ 112,000

Co-Investigator

- National Institute of Mental Health Grant PHS MH-28942-07 **Development of Dopamine-containing Neurons in Primary Reaggregate Cell Cultures** (*Principal Investigator: A Heller*) Active: 1988-1991. (10 % effort)
- National Institute on Drug Abuse PHS DA-00085 **The Effects of Chronic Methamphetamine Administration** (*Principal Investigator: L Seiden*) Active: 1990-1995. (15 % effort)
- Shaw Foundation Grant: **Research in Child and Adolescent Mental Health** (*Principal Investigators: B Leventhal and C Roth*) Active: 1990-1991, Total direct costs: \$ 100,000
- National Institute on Drug Abuse, Research Training Grant: **Research Training in Drug Abuse** (*Principal Investigator: L Seiden*): Core Faculty and Trainer: 1992-1997.
- Department of Education, **Early Childhood Violence Prevention Collaborative of Houston: A Training Program.** (CFDA No. 84.266) (*Principal Investigator: R McLaughlin*) Active 1993-1995, Total Project Budget: \$ 1,000,000 (10 % effort).
- Azzam Foundation **Comparison of Medical and Psychosocial Outcomes of Injured Children with Multidisciplinary vs Conventional Medical Follow-up.** (*Principal Investigator: MJ Hanfling*) Active 10-94 to 10-96: Total Project Budget \$ 310,000 (10 % effort)
- HRSA Ryan White (Title IV) **Case Management and Psychotherapy Services for HIV-Infected Children/Families followed at Texas Children's Hospital** (*Principal Investigator: WT Shearer, Sub-project Director: B.D. Perry*) Annual Sub-project Budget \$ 10,000, 1995-1996

- NIH/NICDH: **Rett Syndrome Research Program Project** (*Principal Investigator: DG Glaze*)
Neuropathological Abnormalities in Rett Syndrome (SubProject PI: D Armstrong), (10 % effort)

Consultant/Collaborator

- Stoff, D (Hershey Medical College, Pennsylvania) NIMH, RO-1: **Serotonergic Mechanisms in Childhood Aggressive Disorders.**
- Giller, E (The University of Connecticut) PHS, NIMH RO-1: **Neuroendocrine Mechanisms in Post-traumatic Stress Disorders**
- Van Kammen, D (The University of Pittsburgh) VAMC Merit Award: **Neurochemical Mechanisms in Schizophrenia**
- Perlman, R and Fox, A (The University of Chicago) PHS, RO-1: **Calcium Channel Mechanisms in Cultured Adrenal Chromaffin Cells**
- Murberg, M (The University of Washington) VAMC Merit Award: **Sympathetic Nervous System and Opioid Functioning in Combat Veterans with PTSD**
- Todd, RD and O'Malley, KL (Washington University) NIMH RO-1: **Molecular Cloning of Dopamine Receptors**
- Mukherjee, J (The University of Chicago) NIMH RO-1: **Development of Dopaminergic Radiopharmaceuticals**

Publications

Books

Perry, Bruce D. and Maia Szalavitz *The Boy Who Was Raised As A Dog: And Other Stories from a Child Psychiatrist's Notebook: What Traumatized Children Can Teach Us About Life, Loss and Healing* Basic Books, New York, 2007

Perry, Bruce D. and Szalavitz, M. *Born for Love: Why Empathy is Essential and Endangered*, Harper Collins, New York, 2010

Perry, Bruce D. *Brief: Reflections on Childhood, Trauma and Society* The ChildTrauma Academy Press, Houston, 2013

K. Brandt, B.D. Perry, S. Seligman & E. Tronick, Eds., *Infant & Early Childhood Mental Health*, American Psychiatric Press, 2014

Perry, Bruce D. and Maia Szalavitz *The Boy Who Was Raised As A Dog: And Other Stories from a Child Psychiatrist's Notebook: What Traumatized Children Can Teach Us About Life, Loss and Healing: Revised and Updated.* Basic Books, New York, 2017

K. Brandt, B.D. Perry, S. Seligman & E. Tronick, Eds., *Infant & Early Childhood Mental Health*, Revised Edition American Psychiatric Press, 2018

Journals (peer-reviewed)

1. Perry, B.D. & U'Prichard, D.C. **3H-Rauwolscine (alpha-yohimbine): A specific antagonist radioligand for brain alpha2-adrenergic receptors.** Eur J Pharmacol, 76, 461-464, 1981
2. Mellow, A.M., Perry, B.D., & Silinsky, E.M. **Effects of calcium and strontium in the process of acetylcholine release from motor nerve endings.** J Physiol (Lond), 328, 547-562, 1982
3. Perry, B.D., Stolk, J.M., Vantini, G., Guchhait, R.B. & U'Prichard, D.C. **Strain differences in rat brain epinephrine synthesis and alpha-adrenergic receptor number: Apparent in vivo regulation of brain alpha-adrenergic receptors by epinephrine.** Science, 221, 1297-1299, 1983
4. Perry, B.D., Vantini, G., Stolk, J.M. & U'Prichard, D.C. **Apparent regulation of brainstem and hypothalamic adrenergic receptors by PNMT and epinephrine: A comparison in inbred rat strains.** Psychopharmacology Bulletin, 19(4), 612-616, 1983
5. Vantini, G., Perry, B.D., Hurst, J.H., Guchhait, R., Elston, R.C., U'Prichard, D.C. & Stolk, J.M. **Genetic differences in phenylethanolamine N-methyltransferase activity in rats.** Psychopharmacology Bulletin, 19(4), 616-619, 1983
6. Perry, B.D., Simon, P. & U'Prichard, D.C. **Interactions of neuroleptic compounds at alpha2-adrenergic receptor affinity states in bovine caudate nucleus.** Eur J Pharmacol, 95, 315-318, 1983
7. Vantini, G., Perry, B.D., Guchhait, R.B., U'Prichard, D.C. & Stolk, J.M. **Brain epinephrine systems: Detailed comparison of adrenergic and noradrenergic metabolism, receptor number and in vivo regulation, in two inbred rat strains.** Brain Research, 296, 49-65, 1984
8. Stolk, J.M., Vantini, G., Guchhait, R.B., Hurst, J.M., Perry, B.D., U'Prichard, D.C. & Elston, R.C. **Inheritance of adrenal phenylethanolamine N-methyltransferase activity in the rat.** Genetics, 108, 633-649, 1984
9. Stolk, J.M., Vantini, G., Perry, B.D., Guchhait, R.B. & U'Prichard, D.C. **Assessment of the functional role of brain adrenergic neurons: Chronic effects of phenylethanolamine N-methyltransferase inhibitors and alpha-adrenergic receptor antagonists on brain norepinephrine metabolism.** J Pharmacol Exp Ther, 230(3), 577-586, 1984
10. Perry, B.D., Pesavento, D.J., Kussie, P.H., U'Prichard, D.C. & Schnoll, S.H. **Prenatal exposure to drugs of abuse in humans: Effects on placental neurotransmitter receptors.** Neurobehavioral Toxicology and Teratology, 6, 295-301, 1984
11. Stolk, J.M., Vantini, G., Guchhait, R.B., Perry, B.D. & U'Prichard, D.C. **A model for evaluating the functional role of brain adrenaline-containing neurons.** Clinical Neuropharmacology, 7, Suppl. 1, 5372- 5373, 1984
12. Perry, B.D. **Alpha2-adrenergic receptor binding sites in mammalian brain: Characterization, localization, regulation and relation to central adrenergic systems.** University Microfilms, Ann Arbor, Michigan, 1984
13. Wang, C., Pasulka, P., Perry, B.D., Pizzi, W.J. & Schnoll, S.H. **Effect of perinatal exposure to methadone on brain opioid and alpha-adrenergic receptors.** Neurobehavioral Toxicology and Teratology, 8:399-402, 1986

14. Perry, B.D., Giller, E.L. & Southwick, S. **Altered platelet alpha2-adrenergic binding sites in post-traumatic stress disorder.** Am J Psychiatry, 144(11): 1511-1512, 1987
15. Krystal, J.H., Kosten, T., Perry, B.D., Southwick, S.M., Mason, J. & Giller, E.L. **Neurobiological aspects of post-traumatic stress disorder: review of clinical and preclinical studies.** Behav Ther, 20: 177-198, 1989
16. Mukherjee, J., Perry, B.D. & Cooper, M. **Fluorinated benzamide neuroleptics. 1. Radiosynthesis of (S)-N- [(1-Ethyl-2-pyrrolidinyl)methyl]-5-(2[F-18]fluoroethyl)-2-methoxybenzamide: a potential fluorine-18 labeled PET radiotracer for dopamine D2 receptors.** J of Labeled Compounds and Radiopharmaceuticals, 28: 609-616, 1990
17. Southwick, S.M., Yehuda, R., Giller, E.L. & Perry, B.D. **Platelet alpha2-adrenergic receptors in borderline personality disorder.** Am J Psychiatry, 147: 1014-1017, 1990
18. Southwick, S.M., Yehuda, R., Giller, E.L. & Perry, B.D. **Platelet alpha2-adrenergic receptor binding sites in major depressive disorder and borderline personality disorder.** Psychiatry Res, 34: 193-203, 1990
19. Mukherjee, J., Luh, K.E., Yasillo, N., Perry, B.D., Levy, D., Chen, T., Ortega, C., Beck, R.N. & Cooper, M. **Dopamine D2 receptors imaged by PET in Cebus Apella using [F-18]benzamide neuroleptic.** Eur J Pharmacology, 175: 363-364, 1990
20. Kleven, M., Perry, B.D., Woolverton, W. & Seiden, L. **Effects of repeated injections of cocaine on D1 and D2 dopamine receptors in rat brain.** Brain Research, 532: 265-270, 1990
21. Perry, B.D., Cook, E., Leventhal, B., Wainwright, M. & Freedman, D.X. **Platelet 5-HT2-serotonin receptor binding sites in autistic children and their first degree relatives.** Biol Psychiatry, 29: 1-10, 1991
22. Mukherjee, J., Perry, B.D. & Cooper, M. **(S)-N-[(1-Ethyl-2-pyrrolidinyl)methyl]-5-(3[18F]-fluoropropyl)-2,3- dimethoxybenzamide: a high affinity [18F]-fluorinated radioligand for imaging dopamine D2 receptors by PET.** J Medicinal Chemistry, accepted, in revision.
23. Giller, E.L., Kosten, R.T., Yehuda, R., Perry, B.D., Southwick, S. & Mason, J.W. **Psychoendocrinology and pharmacotherapy of PTSD.** Clinical Neuropharmacology, 13: 329- 331, 1991
24. Gui-Hua, C., Perry, B.D. & Woolverton, W. **Effects of chronic SCH 23390 or acute EEDQ on the discriminative stimulus effects of SKF 38393.** Pharmacol Biochem Behavior 41: 321-327, 1992
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27. Cook, E., Perry, B.D., Dawson, G., Wainwright, M. & Leventhal, B.L. **Receptor inhibition by immunoglobulin fraction: specific inhibition by autistic children, their relatives, and control subjects.** J Autism and Developmental Disorders, 23: 67-78, 1993
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- norepinephrine containing chromaffin cells.** J Neurochemistry, 61:2, 541-549, 1993
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 32. Tsai, L.L., Bergmann, B.M., Perry, B.D. & Rechtschaffen, A. **Effects of chronic sleep deprivation on central cholinergic receptors in rat brain** Brain Research, 642: 95-103, 1994
 33. Schwarz, E. & Perry, B.D. **The post-traumatic response in children and adolescents.** Psychiatric Clinics of North America, 17 (2): 311-326, 1994
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 39. Perry, B.D. & Pollard, R. **Homeostasis, stress, trauma, and adaptation: a neurodevelopmental view of childhood trauma.** Child and Adolescent Psychiatric Clinics of North America, 7; 1: 33-51, 1998.
 40. Miranda, L., Arthur, A., Milan, T., Mahoney, O., & Perry, B.D. **The art of healing: The Healing Arts Project** Early Childhood Connections, Journal of Music- and Movement-Based Learning, 4:4, 35-40, 1998
 41. Perry, B.D., Czyzewski, D., Lopez, M., Spiller, L., Treadwell-Deering, D., **Neuropsychologic impact of facial deformities in children.** Clinics in Plastic Surgery, 25:4, 587-597, 1998.
 42. Perry, B.D. and Azad, I. **Post-traumatic stress disorders in children.** Current Opinions in Pediatrics, 11:4 1999
 43. Read, J., Perry, B.D., Moskowitz, A. & Connolly, J. **The contribution of early traumatic events to schizophrenia in some patients: a traumagenic neurodevelopmental model.** Psychiatry 64 (4) 319-345, 2001
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 45. Anda, R.F., Felitti, R.F., Walker, J., Whitfield, C., Bremner, D.J., Perry, B.D., Dube, S.R., Giles, W.G. (2006) **The enduring effects of childhood abuse and related experiences: a convergence of evidence from neurobiology and epidemiology,** European Archives of Psychiatric and Clinical Neuroscience, 256 (3) 174 - 186
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 47. Perry, B.D. and Dobson, C.D. **Surviving childhood trauma: the role of relationships in prevention of, and recovery from, trauma-related problems.** Counselling Children and Young People: Journal of CCYP, a division of British Association for Counseling and Psychotherapy, March, 2009 28-31

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51. Perry, B.D. & Jackson, A. (2014) **Long and winding road: from neuroscience to policy, program and practice** *Insight: Victorian Council of Social Services Journal* 9: 4-8
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55. Hambrick, E., Brawner, T., Perry, B.D., Wang, E., Griffin, G., DeMarco, T., Capparelli, C., Grove, T., Maikoetter, M., O'Malley, D., Paxton, D., Freedle, L., Friedman, J., Mackenzie, J. Perry, K.M., Cudney, P., Hartman, J., Kuh, E., Morris, J., Polales, C. & Strother, M. (2018) **Restraint and critical incident reduction following introduction of the Neurosequential Model of Therapeutics (NMT)**. *Residential Treatment for Children & Youth*, <http://www.tandfonline.com/doi/full/10.1080/0886571X.2018.1425651>
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57. Hambrick, E., Brawner, T., & Perry, B. (2018). Examining developmental adversity and connectedness in child welfare-involved children. *Children Australia*, 43(2), 105-115. doi:10.1017/cha.2018.21
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Book Chapters

1. U'Prichard, D.C., Mitrius, J.C., Kahn, D.J. & Perry, B.D. **The alpha2-adrenergic receptor: Multiple affinity states and regulation of a receptor inversely coupled to adenylate cyclase**. In: The Molecular Pharmacology of Neurotransmitter Receptor Systems. (T Segawa, HL, Yamamura and K Kuriyama, Eds.). In: *Advances in Biochemical Psychopharmacology*, Vol. 36, pp. 53-57, 1983.
2. U'Prichard, D.C., Perry, B.D., Wang, C.H., Mitrius, J.C. & Kahn, D.J. **Molecular aspects of regulation**

- of alpha2-adrenergic receptors.** In: Frontiers in Neuropsychiatric Research. (E Usdin et al., Eds.). MacMillan Press, London, pp. 65-82, 1985
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 6. Yehuda, R., Southwick, S.M., Perry, B.D., Mason, J.W. & Giller, E.L. **Interactions of the hypothalamic-pituitary-adrenal axis and the catecholaminergic system in PTSD.** In: Advances in Psychiatry: Biological Assessment and Treatment of Post Traumatic Stress Disorder (EL Giller , Ed.). American Psychiatric Press, Washington, DC, pp 115-135, 1990.
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 9. Perry, B.D. **Neurobiological sequelae of childhood trauma: Post traumatic stress disorders in children.** In Catecholamine Function in Post Traumatic Stress Disorder: Emerging Concepts (M Murburg, Ed.) American Psychiatric Press, Washington, DC, 253-276, 1994
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 14. Perry, B.D. **Children's reactions to stress.** Section 21 in Teaching Resource for Instructors in Prehospital Pediatrics (Eds., G.L. Foltin, M.G. Tunik, A.Cooper, D. Markenson, M.Treiber, R. Phillips,

- T. Karpeles) Center for Pediatric Emergency Medicine, Mt. Sinai New York, NY; 1998
15. Perry, B.D., **Memories of fear: How the brain stores and retrieves physiologic states, feelings, behaviors and thoughts from traumatic events:** In: Images of the Body in Trauma (JM Goodwin and R. Attias, Ed.). Basic Books. New York, pp 26-47 1999
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 21. Perry, B.D. **The neuroarcheology of childhood maltreatment: the neurodevelopmental costs of adverse childhood events.** In: The Cost of Maltreatment: Who Pays? We All Do. (Eds., K. Franey, R. Geffner & R. Falconer), Family Violence and Sexual Assault Institute, San Diego, pp. 15-37, 2001
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 24. Perry, B.D. **The Neurosequential Model of Therapeutics: Applying principles of neuroscience to clinical work with traumatized and maltreated children** In: Working with Traumatized Youth in Child Welfare (Ed. Nancy Boyd Webb), The Guilford Press, New York, NY, pp. 27-52, 2006
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15. Perry, B.D., Vantini, G, Guchhait, RB, Stolk, JM and U'Prichard, DC **Characterization of between- strains differences in brain adrenergic neurons and associated adrenergic receptors in F344 and BUF rats.** The

Pharmacologist, 25, 162, 1983.

16. Guchhait, RB, Vantini, G, Perry, B.D., U'Prichard, DC and Stolk, JM **Evidence for structural differences in adrenal PNMTs from inbred rat strains.** The Pharmacologist, 25, 162,1983.
17. Kussie, P, Perry, B.D., Pesavento, D, Schnoll, S and U'Prichard, DC **Prenatal exposure to drugs of abuse in humans: Effects on neurotransmitter receptors.** Neurosci Soc Abstr, 9, Part 1, 520, 1983.
18. Vantini, G, Perry, B.D., Guchhait, RB, French, E, U'Prichard, DC and Stolk, JM **Brain epinephrine- containing neurons: Functional role in regulating medulla-pons noradrenergic neurons.** Neurosci Soc Abstr, 9, Part 2, 989, 1983.
19. Perry, B.D., Vantini, G, Stolk, JM and U'Prichard, DC **Specific up-regulation of medullary/pontine and hypothalamic alpha-adrenergic receptors after PNMT inhibition.** Neurosci Soc Abstr, 9, Part 2, 989, 1983.
20. Stolk, JM, Guchhait, RB, Vantini, G, Perry, B.D., U'Prichard, DC and Elston, RC **PNMT activity in the rat: Co-inheritance of adrenomedullary and regional brain enzyme.** Neurosci Soc Abstr, 9, Part 2, 834, 1983.
21. Schnoll, SH, Perry, B.D., Kussie, PH, Pesavento, DJ and U'Prichard, DC **Prenatal exposure to drugs of abuse in humans: Effects on placental neurotransmitter receptors.** Symposium on "Developmental Effects of Drug Dependence Satellite of 3rd Meeting of the Committee on Problems of Drug Dependence, Louisville, KY, 1983.
22. Perry, B.D. **Alpha2-adrenergic receptor binding sites in mammalian brain: Characterization, localization, regulation and relation to central adrenergic neurons.** Diss Abstr, 1984.
23. Vantini, G, Gelpi, J, Perry, B.D., Guchhait, RB, U'Prichard, DC and Stolk, JM **Chronic treatment with the PNMT inhibitor 2,3, -dichloro-x-methyl benzylamine (DCMB): Altered drug metabolism superimposed upon adaptive changes in brain adrenergic function.** J Neurochem. P-713, 1984.
24. Wang, C, Pasulka, P, Perry, B.D. and Schnoll, SH **Effect of perinatal exposure to methadone on brain opioid and alpha2-adrenergic receptors.** Symposium of 4th Meeting of Committee on Problems of Drug Dependence. Baltimore, MD, 1985.
25. Giller, EL, Southwick, SM and Perry, B.D. **Blood element adrenergic receptors in affective psychiatric disorders.** Neurosci Soc Abstr, Vol. 12, Part 2, 1247, 1986.
26. Perry, B.D. **Homeostasis and dysregulation of blood element adrenergic receptors. A model for examining parameters of membrane receptor functioning in human psychiatric populations.** Neurosci Soc Abstr, Vol. 12, Part 1, 414, 1986.
27. Giller, EL, Southwick, SM and Perry, B.D. **Blood element adrenergic receptor parameters in post-traumatic stress disorder and related affective disorders.** Society for Biological Psychiatry Annual Meeting, Chicago, IL, 1987
28. Perry, B.D., Southwick, SM and Giller, EL **Dysregulation of platelet alpha2 and lymphocyte beta-receptors in psychiatric populations: Application of a new paradigm for examining membrane receptor regulation in clinical populations.** Soc. for Biol. Psychiatry Annual Meeting, Chicago, IL 1987
29. Perry, B.D., Southwick, SM and Giller, EL **In vitro dysregulation of blood element adrenergic receptors: Application of a new paradigm for examining parameters of membrane receptor regulation in humans.** American Psychiatric Association Annual Meeting, Chicago, IL 1987
30. Southwick, S, Giller, EL and Perry, B.D. **Altered adrenergic receptors in borderlines.** Proceedings of the Annual Meeting of the American Psychiatric Association, 1987
31. Perry, B.D. **Altered placental and blood element neurotransmitter receptor regulation following substance abuse in humans: Models for mechanisms of neurochemical teratogenesis.** 15th International Summer School of Brain Research, Neurochemistry of Functional Neuroteratology, Amsterdam, The Netherlands, 1987
32. Perry, B.D., Southwick, SM and Giller, EL **Adrenergic receptor regulation in post-traumatic stress disorder.** Symposium on "Biological Aspects of Post- Traumatic Stress Disorder" at Third Annual Meeting of Society for Traumatic Stress Studies, Baltimore, MD 1987.
33. Southwick, SM, Giller, EL, and Perry, B.D. **A comparison of blood element adrenergic receptor binding sites in**

- borderline personality disorder and major depression.** Neurosci Soc Abstr, Vol. 13, 1474, 1987
34. Perry, B.D., Southwick, SM and Giller, Jr., EL **A re-examination of blood element adrenergic receptor regulation in psychiatric disorders.** Neurosci Soc Abstr, Vol. 13, 1474, 1987
 35. Perry, B, Southwick, S and Giller, EL **Receptor dysregulation in psychiatric disorders.** Proceedings of the Annual Meeting of the American Psychiatric Association, 1987
 36. Southwick, S, Giller, EL, and Perry, B.D. **Altered adrenergic receptors in borderline personality disorder.** Proceedings of the Annual Meeting of the American Psychiatric Association, 1987
 37. Perry, B.D., Southwick, SM, and Giller, EL **Adrenergic receptor regulation in post-traumatic stress disorder.** Symposium on "Biological Aspects of Post-traumatic Stress Disorders" at Annual Meeting of American Psychiatric Association, Montreal, 1988
 38. Yehuda, R, Perry, B.D., Southwick, SM and Giller, E L **Platelet alpha2-adrenergic receptors borderline personality disorder: regulation related to 'anxiety'.** Soc Neurosci. Abstr., Vol. 14, 413, 1988
 39. Perry, B.D. **Perinatal determinants of neuronal differentiation.** Proceedings of the 4th International Congress of Pre- and Perinatal Psychology, 1989
 40. Kleven, M, Perry, B.D., Woolverton, W and Seiden, L **Repeated administration of cocaine alters striatal and frontal cortex D1 dopamine receptors.** Proceedings of the 8th Meeting of Committee on Problems in Drug Dependence (CPDD), Annual Meeting, 1989
 41. Giller, EL, Yehuda, R, Perry, B.D., Southwick, S and Mason, J **Biological assessment and treatment of post-traumatic stress disorder.** Proceedings of the World Federation of Societies of Biological Psychiatry, Jerusalem, 1989
 42. Yehuda, R, Edell, R, Giller, EL, Perry, B.D. and Southwick, SM **Platelet alpha-2 and MAO activity in hospitalized adolescents.** Proceedings of the Society for Biological Psychiatry, Biol. Psychiatry, 232, 1989
 43. Wainwright, M, Perry, B.D., Choi, Y, Heller, A and Hoffmann, P **Characterization of dopamine receptors in immortalized dopamine-containing neurons.** Soc Neurosci Abstr, Vol 15, 431, 1989
 44. Perry, B.D., Wainwright, M, Won, L, Heller, A and Hoffmann, P **Ontogeny of dopamine receptors in murine CNS tissues.** Soc Neurosci Abstr Vol. 15, 293, 1989
 45. Perry, B.D., Cook, E, Leventhal, BL, Wainwright, M and Freedman, DX **Platelet 5-HT2-serotonergic receptor binding sites in autistic children and their family members.** Proceedings of Annual Meeting of the Academy of Child and Adolescent Psychiatry Vol. V, 67, 1989
 46. Cook, E, Perry, B.D., Leventhal, BL, Wainwright, M, Dawson, G and Freedman, DX **Inhibition of specific binding to neurotransmitter receptor binding sites by the plasma IGG fraction from autistic children and their family members.** Proceedings of Annual Meeting of the Academy of Child and Adolescent Psychiatry Vol. 15, 67, 1989
 47. Yehuda, R, Perry, B.D., Edell, W, Giller, E L and Southwick, SM **Relationship between premorbid functioning and platelet alpha2-adrenergic receptor binding sites and MAO activity in hospitalized adolescents.** Proceedings of Annual Meeting of the Academy of Child and Adolescent Psychiatry Vol. 15, 68, 1989
 48. Giller EL, Perry, B.D., Rohrbaugh, R and Yehuda, R **Platelet alpha2 receptor binding sites in alcoholism.** Proceedings of 28th Meeting of the American College of Neuropsychopharmacology pp. 156, 1989
 49. Perry, B.D., Wainwright, M, Won, L, Heller, A and Hoffmann, P **Enhanced expression of corpus striatal D1-dopamine receptor binding sites in the presence of dopamine-containing cells in reaggregate tissue culture.** Proceedings of 28th Meeting of the American College of Neuropsychopharmacology pp. 129, 1989
 50. Mukherjee, J, Luh, KE, Yasillo, N, Perry, B.D., Levy, D and Cooper, M **(S)-N-[1-ethyl-2-pyrolidiny]methyl]- 5-(3[F-18]fluoropropyl)-2,3-dimethoxybenzamide: a new PET radiotracer for dopamine D2 receptors.** Annual Meeting of NMB Congress, 1990
 51. Mukherjee, J, Luh, KE, Yasillo, N, Perry, B.D., Levy, D, Chen, T, Chou, S, Ortega C and Cooper, M **Dopamine D2 receptors imaged by PET in Cebus Apella with (S)-N-[1-ethyl-2-pyrolidiny]methyl]-5-(3[F-18]fluoropropyl)-**

- 2,3-dimethoxybenzamide.** Annual Meeting of Society of Nuclear Medicine, 1990
52. Mukherjee, J, Perry, B.D. and Cooper, M **Development of (S)-N-[1-ethyl-2-pyrrolidinyl)methyl]-5-([F-18]fluoroalkyl)-3-substituted-2-methoxybenzamides as potential dopamine D2 radiotracers for PET.** Annual Meeting of Society of Radiopharmaceutical Chemistry, 1990
 53. Yehuda, R, Perry, B.D., Southwick, S and Giller, EJ **Alpha 2 adrenergic receptors in anxiety disorders, MDD and PTSD.** Proceedings of Annual Meeting of the American Psychiatric Association, 1990
 54. Southwick, S, Krystal, J, Charney, D, Yehuda, R and Perry, B.D. **Pathophysiological aspects of PTSD.** Proceedings of Annual Meeting of the American Psychiatric Association, 1990
 55. Perry, B.D. **Adrenergic receptors in child and adolescent PTSD in Symposium on Catecholamine Function in PTSD.** Proceedings of Annual Meeting of the American Psychiatric Association, 1990
 56. Kleven, M, Perry B.D., Woolverton, W and Seiden, L **Long term effects of cocaine on D1 and D2 receptors in rat brain.** European Biological Psychiatry Society, 1990
 57. Farfel, GM, Kleven, MS, Perry, B.D., Woolverton, WL and Seiden, LS **Effects of repeated cocaine injections on D1 and D2 binding sites and dopamine reuptake sites in rhesus monkey caudate.** Soc Neurosci Abstr, Vol 16, 12, 1990
 58. Wainwright, MS, Perry, B.D., Kontur, P and Heller, A **Expression of D1-dopamine receptor binding sites in an immortalized murine corpus striatum cell line.** Soc Neurosci Abstr, Vol. 16, 646, 1990
 59. Perry, B.D., Wainwright, MS, Won, L, Heller, A and Hoffmann, P **The influence of dopamine neurons on D1-dopamine receptor binding site development in three dimensional reaggregate tissue culture.** Soc Neurosci Abstr, Vol. 16, 646, 1990
 60. Perry, B.D., Cuenco, TC, Murphy, SG, Hoff, S and Wainwright, MS **Altered dopamine receptors following prenatal cocaine exposure.** Proceedings of 29th Meeting of the American College of Neuropsychopharmacology, 1990
 61. Stoff, DM, Cook, E, Perry, B.D., Pasatiempo, A, Bridger, WH, Friedman, E and Yeung, J **Blood Serotonin (5-HT) indices in children.** Proceedings of 5th World Congress of Biological Psychiatry, Biol. Psych. 29: 523S, 1991
 62. Farfel, G, Wainwright, M, Salti, H, Kleven, M, Woolverton, W, Seiden, LS and Perry, B.D. **Neurotransmitter receptor/effector alterations in Rhesus monkey brain following repeated cocaine. injections.** Annual Meeting of Committee for Problems in Drug Dependence, 1991
 63. Perry, B.D., Cuenco, JT, Murphy, S, Wainwright, M, Vigilante, D, Repogle, E and Choi, A **Altered monoamine receptors following prenatal cocaine exposure.** Annual Meeting of Committee for Problems in Drug Dependence, 1991
 64. Perry, B.D., Cuenco, JT, Murphy, S, Wainwright, M, Vigilante, D, Salti, M, Repogle, E and Choi, A **Alterations in monoamine receptor-effector systems following prenatal cocaine exposure.** Neurobehavioral Teratology Society, 1991
 65. Perry, B.D. **Childhood Trauma and Neurophysiological Development.** International Society for Traumatic Stress Studies Annual Meeting, Washington, DC 1991
 66. Gui-Hua, C, Perry, B.D. and Woolverton, WL **Effects of chronic SCH 23390 or acute EEDQ on the discriminative stimulus effects of SKF 38393.** Soc Neurosci Abstr, 21:98, 1991
 67. Perry, B.D., Wainwright, M, Salti, H, Cuenco, JT and Farfel, G **D-1 Dopamine receptors differentially coupled to phospholipase C (PLC) and adenylate cyclase (AC) in CNS.** Soc Neurosci Abstr, 21:86. 1991
 68. Wainwright, M, Salti, H, Heller, A and Perry, B.D. **D-1 Dopamine Receptor-mediated phospholipase C (PLC) activity in immortalized murine corpus striatum cells.** Soc Neurosci Abstr, 21: 86, 1991
 69. Mukherjee, J, Yang, ZY, Perry, B.D. and Cooper, M **High affinity and selective [F-18]fluorinated derivatives of SCH 38548 as potential PET radiotracers for dopamine D-1 receptors.** Proceedings for 39th Annual Meeting of the Society for Nuclear Medicine, 1992

70. Perry, B.D. **Post-traumatic stress disorders in children: Implications for the child witness.** Proceedings of NATO Advanced Studies Institute "The Child Witness in Context: Cognitive, Social and Legal Perspectives". Tuscany ITALY, 1992
71. Perry, B.D. **Development of catecholamines and post-traumatic stress disorders in children exposed to violence.** Institute on "Violence: Current Data and Implications for the Practice of Child and Adolescent Psychiatry" in Proceedings of 39th Annual Meeting of the American Academy of Child and Adolescent Psychiatry. 1992
72. Tsai, LL, Bergmann, B, Perry, B.D. and Rechtshaffen, A **Effects of chronic sleep deprivation on central adrenoceptors in rat brain.** Soc Neurosci Abstr, 22, 1992
73. Perry, B.D. **Catecholamine sensitization and pharmacotherapy in PTSD.** in Symposium on Pharmacological Interventions in PTSD. Proceedings of Annual Meeting of the American Psychiatric Association. 1993
74. Unis, A.S, Cook, E, Vincent, J, Gjerde, D, Perry, B.D., Mitchell, J **Peripheral serotonergic measures correlate with violence and impulsivity in juvenile offenders.** Proceedings of the American Academy of Child and Adolescent Psychiatry. 1993
75. Perry, B.D., Dunn, NJ, Denney, L, Baker, B, Rector, L, Sparks, J, Hibbert, K, Patterson, B, Guardiola, J, Daniels, J, Trevino, D, Locklin et al. **Multi-agency rapid response for traumatized children: Lessons from the Koreshian children in Waco, Texas.** Proceedings of the Annual Meeting of the International Society for Traumatic Stress Studies. 1993
76. Garcia, J, Dunn, NJ, Denney, L, Blackburn, A, and Perry, B.D. **Over-representation of medical problems in veterans at a PTSD specialty clinic.** Proceedings of the Annual Meeting of the International Society for Traumatic Stress Studies. 1993
77. Denney, L, Rector, L, Dunn, NJ, Pate, J and Perry, B.D. **Critical incident debriefing protocols for traumatized children.** Proceedings of the Annual Meeting of the International Society for Traumatic Stress Studies. 1993
78. Dunn, NJ, Denney, L, Blackburn, A, Garcia, J, Wurth, M, Baker, B, Stulb, V and Perry, B.D. **Stereotypes of the Vietnam vet: Experiences of the Houston VAMC PTSD specialty clinic.** Proceedings of the Annual Meeting of the International Society for Traumatic Stress Studies. 1993
79. Perry, B.D. **Childhood trauma, catecholamine sensitization and the development of neuropsychiatric symptoms.** Proceedings of the Annual Meeting of the International Society for Traumatic Stress Studies. 1993
80. Perry, B.D. **Evolution of emotional, behavioral, and physiological responses in children acutely exposed to violence.** Symposium on Children and Violence at the annual meeting of the American Academy of Child and Adolescent Psychiatry, New York, NY 1994
81. Perry, B.D. **Evolution of physiological responses in acutely traumatized children.** Symposium on Childhood Trauma, at the annual meeting for the International Society for Traumatic Stress Studies. Chicago, IL 1994
82. Perry, B.D. **Dissociation and physiological hyper-reactivity as persisting adaptations in response to childhood trauma.** 11th International Conference on Multiple Personality and Dissociative States. Chicago, IL 1994
83. Perry, B.D. **Neurodevelopmental adaptations to severe maltreatment: dissociation and hyperarousal.** Third National Colloquium of the American Professional Society on the Abuse of Children. Tuscon, AZ 1995
84. Perry, B.D. **Evolution of symptoms following traumatic events in children.** Symposium on Post-traumatic stress disorder: Annual Meeting of the American Psychiatric Association. Miami, FL 1995
85. Vigilante, D and Perry, B.D. **Development of computerized charting in an academic child psychiatry service,** New Research Presentation at the Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New Orleans, LA 1995.
86. Perry, B.D., Pollard, R and Blakley, T **Prophylactic pharmacotherapies to prevent the abnormal persistence of post-traumatic neuropsychiatric symptoms.** Annual Meeting of the International Society for Traumatic Stress Studies, Boston, MA 1995
87. Perry, B.D., Baker, W, Pollard, R, Denney, L and Conrad, D **Critical incident response models for traumatized**

- children* Annual Meeting of the International Society for Traumatic Stress Studies, Boston, MA 1995
88. Perry, B.D., Pollard, R, Vigilante, D, Blakley, T, Baker, B, Withers, A and Sturges, C **Continuous heart rate monitoring in maltreated children** New Research Presentation at the Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New Orleans, LA 1995
 89. Perry, B.D., Pollard, R, Blakley, T, Brazeau, N, Austin, N **An innovative approach to the interdisciplinary training of medical and legal experts in the field of child maltreatment: the CIVITAS model** Research presentation APSAC Fourth Annual Colloquium, Chicago, 1996
 90. Pollard,R, Perry, B.D., Gomez, GM, Blakley, T **Early environmental chaos and emotional neglect in children produces abnormal brain development** Research presentation APSAC Fourth Annual Colloquium, Chicago, 1996
 91. Perry, B.D., Pollard, R, Conrad, D **Various adaptations to childhood trauma: dissociation and hyperarousal** Research presentation APSAC Fourth Annual Colloquium, Chicago, 1996
 93. Hanfling, M, Gill, A, Jaksic,T, Perry,B.D. and PIC Injury Group **Factors predictive of poor outcome one year post childhood injury.** American Pediatric Society/Society for Pediatric Research Annual Meeting, 1996
 94. Perry, B.D. **Trauma in childhood: the memory of states** in Symposium on Body Symptoms and Trauma at 149th Annual Meeting of the American Psychiatric Association, New York, 1996
 95. Perry, B.D. **The Branch Davidian children: lessons from Waco** in Symposium on The Role of Psychiatrists in the Branch Davidian Crisis at Waco at 149th Annual Meeting of the American Psychiatric Association, New York, 1996
 96. Perry, B.D., Vigilante, D. and Armstrong, D. **Altered dopaminergic receptor binding sites in the caudate nucleus of subjects with Rett Syndrome.** Proceedings of the World Congress on Rett Syndrome, Goteborg, Sweden, 1996
 97. Perry, B.D. **Integrated assessment and outcome in the child protective system.** Int. Soc Traumatic Stress Studies, 1997
 98. Perry, B.D. and Pollard, D. **Altered brain development following global neglect in early childhood.** Soc. For Neuroscience, Annual Meeting, New Orleans, 1997
 99. Hanfling, M., Perry, B.D., Kozinetz, C., Gill, A., Tilbor, A., Brams, M., Levin, H. **Improved medical and psychosocial outcomes of injured children with multidisciplinary versus conventional medical follow-up.** Fourth World Conference on Injury Prevention and Control, Amsterdam, 1998.
 100. Perry, B.D., Pfeiffer, D., Runyan, D., Webb, J., Conrad, D., Dobson, C., **Developmental delays in neglected and abused children.** Head Start's Fourth National Research Conference, Washington, DC, 1998
 101. Perry, B.D., Dobson, C., Conrad, D., Runyan, D., Schick, S., **The Children's Crisis Center: A Successful Public/Private Partnership Serving Children in Children's Protective Service,** Twelfth National Conference on Child Abuse and Neglect, Cincinnati, OH 1998
 102. Perry, B.D., Runyan, D., Arthur, A., Mahoney, O., Pfeiffer, D., Milan, T., **The Child and Family Enrichment Program: A School Based Healing Arts Program to Promote Healthy Child Development,** Twelfth National Conference on Child Abuse and Neglect, Cincinnati, OH 1998
 103. Perry, B.D., Marcellus, J., Blakley-Harris, T., Runyan, D., Pollard, R., Hanley., **The Physical Impact of Child Abuse and Neglect on the Developing Brain: Physiological Measurements in the Assessment and Treatment of Maltreated Children,** Twelfth National Conference on Child Abuse and Neglect, Cincinnati, OH 1998
 104. Perry,B.D., Pfeiffer, D., Mahoney, O., Milan, T., Matorin, A., Schick, S., Runyan, D., Dobson, C., **The CIVITAS/4C Core Assessment Process: Proactive Multidimensional Evaluation of Children Entering Children's Protective Service,** Twelfth National Conference on Child Abuse and Neglect, Cincinnati, OH 1998
 105. Perry, B.D., Muchin, S., Welch, L., Rubenstein, J., Jensen, B., **CIVITAS Initiative: Effecting Systemic Change by Catalyzing Multi-disciplinary, Public Private Partnerships,** Twelfth National Conference on Child Abuse and Neglect, Cincinnati, OH 1998

106. Perry, B.D., Muchin, S., Cook, W., Rubenstein, J., Welch., L., **The CIVITAS Cybrary™ of Child Development and Maltreatment: An Interactive Electronic Library to Document and Distribute Knowledge about Child Abuse and Neglect**, Twelfth National Conference on Child Abuse and Neglect, Cincinnati, OH 1998

Since 2017

Hambrick, E. P., Brawner, T. W., & Perry, B. D. (2017, August). *Does the timing of exposure to trauma matter in terms of children's developmental outcomes? The relative contribution of trauma exposure and relational poverty perinatally, during infancy, and during early childhood to preadolescent functioning*. Presented at 2017 American Psychological Association Annual Meeting, Division 53, Washington, DC

Brawner, T. W., & Perry, B. D., & Hambrick, E. P. (2017, August). *Analytical challenges in making generalizable statistical inferences using datasets comprising children multiply exposed to trauma*. Presented at 2017 American Psychological Association Annual Meeting, Division 56, Washington, DC

MULTIMEDIA MATERIALS (Selected through 2006)

Videotapes (to be updated)

Videotapes and DVDs

1. Perry, B.D. **Innovations in Treatment of Children Impacted by Violence**. (60 minutes) From Second Conference on Children and Violence. Produced by University of Houston and Houston Department of Health and Human Services, in association with The Municipal Channel, 1995
2. Perry, B.D. **Hope as Protective Factor in Maltreated Children** (60 minutes) From Conference on Psychotherapy and Religion: Produced by The Institute of Religion, Texas Medical Center, 1995
3. Perry, B.D. **Dr. Bruce Perry Video Presentation**. (58 minutes) From Safe from the Start Symposium. Produced by Safe from the Start: Attorney General's Office, State of California, 2000.
4. Perry, B.D. (70 minutes) Produced by Safe from the Start : Attorney General's Office, State of California, 2001
5. Perry, B.D. and Rob Reiner. **Windows of Opportunity**. (13 minutes) Produced by Safe from the Start: Attorney General's Office, State of California, ?.
6. Perry, B.D. **Early Exposure to Violence and its Effects on Learning and School Readiness**. (1 hour, 58 minutes) From the Orange County Symposium. Produced by Safe from the Start: Attorney General's Office, State of California and the Orange County Department of Education Media Department, 2002.
7. Perry, B.D. **Challenging Our Beliefs**. Produced by The ChildTrauma Academy and Linkletter Media, 2004.
8. Perry, B.D. **The Amazing Human Brain**. Produced by The ChildTrauma Academy and Linkletter Media, 2004.
9. Perry, B.D. **How the Brain Develops: The Importance of Early Childhood**. Produced by The ChildTrauma Academy and Linkletter Media, 2004.
10. Perry, B.D. **Neglect: How Poverty of Experience Disrupts Development**. Produced by The

ChildTrauma Academy and Linkletter Media, 2004.

11. Perry, B.D. **The Fear Response: The Impact of Childhood Trauma.** Produced by The ChildTrauma Academy and Linkletter Media, 2004.
12. Perry, B.D. **Living and Working with Traumatized Children.** Produced by The ChildTrauma Academy and Linkletter Media, 2004.
13. Perry, B.D. **Violence and Childhood.** Produced by The ChildTrauma Academy and Linkletter Media, 2004.
14. Perry, B.D. **Developing Potential.** Produced by The ChildTrauma Academy and Linkletter Media, 2004.
15. Perry, B.D. **Attachment.** Produced by The ChildTrauma Academy and Linkletter Media, 2004.
16. Perry, B.D. **Self-Regulation.** Produced by The ChildTrauma Academy and Linkletter Media, 2004.
17. Perry, B.D. **Affiliation.** Produced by The ChildTrauma Academy and Linkletter Media, 2004.
18. Perry, B.D. **Attunement.** Produced by The ChildTrauma Academy and Linkletter Media, 2004.
19. Perry, B.D. **Tolerance.** Produced by The ChildTrauma Academy and Linkletter Media, 2004.
20. Perry, B.D. **Respect.** Produced by The ChildTrauma Academy and Linkletter Media, 2004.
21. Perry, B.D. **What We Have Always Known.** Produced by The ChildTrauma Academy and Linkletter Media, 2004.

CD-ROM

1. Perry, B.D. **Safe Schools: A New Approach to Create a Non-Violent Campus** CD Rom Package. Produced by Safe from the Start: Attorney General's Office, State of California, 2005.
2. Perry, B.D. **The Brain Game.** Produced by The ChildTrauma Academy, 2004.

Audiotapes (to be updated)

1. Perry, B.D. **Children's Response to Trauma: Psychological, Physiological and Neurological** Making Connections. Produced by InfoEdge, Willowbrook, IL. 1996
2. Perry, B.D. **Interventions with Traumatized Children** Making Connections. Produced by InfoEdge, Willowbrook, IL. 1996
3. Perry, B.D. **Body Symptoms of Trauma (parts 1 and 2) American** Psychiatric Association. Produced by Mobiltape Co., Valencia, CA. 1996

Slides

1. Perry, B.D. **Brain Organization and Function: A Brief Overview**, ChildTrauma Academy Presentations; Series1: Number 1 1999
2. Perry, B.D. **Principles of Neurodevelopment: An Overview**, ChildTrauma Academy Presentations; Series1: Number 2 1999
3. Perry, B.D. **Impact of Childhood Neglect: Focus on Attachment**, ChildTrauma Academy

Presentations; Series1: Number 3 1999

4. Perry, B.D. **Neurodevelopmental Impact of Childhood Trauma**, ChildTrauma Academy Presentations; Series1: Number 4 2000
5. Perry, B.D. **Neurodevelopmental Aspects of Violence: Effects of Violence on the Developing Child**, ChildTrauma Academy Presentations; Series 2 (Special Topics): Number 1 2000
6. Perry, B.D. **Clinical Work with Maltreated Children: The Interview** ChildTrauma Academy Presentations; Series 3 (Clinical Topics): Number 1 2000
7. Perry, B.D. **Clinical Work with Traumatized Children: Pharmacotherapy** ChildTrauma Academy Presentations; Series 3 (Clinical Topics): Number 4 2000
7. Perry, B.D. **Neurodevelopmental Impact Childhood Violence: Safe from the Start (California)** ChildTrauma Academy Presentation: Series 4 (Conference Training Materials): Number 1 2000

Web-based

1. The ChildTrauma Academy Website
<http://www.ChildTrauma.org>
2. Scholastic's Dr. Perry Website and BBS: Sponsored by Scholastic
<http://scholastic.com/bruceperry>
3. The ChildTrauma Academy's Online Courses
<http://ChildTraumaAcademy.com>

CURRICULUM VITAE (addendum)

Selected Educational Activities and Presentations

(*Updated through 2000)

SELECTED PRESENTATIONS

1981-1990

Research Presentations

- *Invited Speaker*, Symposium on Neuroactive Drugs and Biomembrane Interaction, Ninth International Society of Neurochemistry Meeting, Vancouver, BC 1983
- *Invited Panelist*, Society for Traumatic Stress Studies Third Annual Meeting Symposium, **Biological Aspects of Post Traumatic Stress Disorder**, Baltimore, MD 1987
- *Invited Panelist*, American Psychiatric Association Annual Meeting Symposium, **Biological Assessment and Treatment of Post Traumatic Stress Disorder**, Montreal, Canada 1988

- *Invited Chair and Symposium Organizer*, 4th International Congress, Pre- and Perinatal Psychology Plenary Symposium, **Perinatal Determinants of Neuronal Differentiation**, Amherst, MA 1989
- *Invited Panelist and Symposium Speaker*, Society for Traumatic Stress Studies, Annual Meeting, Symposium, **Biological Aspects of Post-traumatic Stress Disorder**, San Francisco, CA 1989
- *Invited Panelist*, American Psychiatric Association Annual Meeting, Symposium, **Catecholamines in Post-traumatic Stress Disorder**, New York, NY 1990

Training/Education (local)

- *Invited Speaker*, Northwestern University Department of Pharmacology, 1981-1983; 1988
- *Invited Speaker*, University of Chicago, Pediatric Grand Rounds, Chicago, IL 1988
- *Invited Speaker*, Department of Psychiatry Grand Rounds, The University of Chicago, IL 1990
- *Invited Speaker*, Annual Meeting Illinois Council of Adolescent Psychiatry, Chicago, IL 1990

Training/Educational (national/international)

- *Invited Speaker*, Mount Sinai Department of Psychiatry, **Homeostasis and Dysregulation of Blood Element Adrenergic Receptors**, New York, NY 1987
- *Invited Speaker*, Cornell Department of Psychiatry, **Use of Peripheral Adrenergic Receptors as Markers in Psychiatry**, 1987
- *Invited Speaker*, Loyola University, Department of Psychiatry Grand Rounds, Chicago, IL 1988
- *Keynote Speaker*, Michigan Mental Health Association Annual Meeting, 1989

Honorary Lectureships

- *Invited Faculty*, Netherlands Institute for Brain Research, Royal Academy of Science, 15th International Summer School of Brain Research, **Neurochemistry of Functional Neuroteratology: Permanent Effects of Chemicals on the Developing Brain**, Amsterdam, The Netherlands 1987

1991

Research Presentations

- *Invited Speaker*, Eleventh National Conference on Anxiety Disorders, Symposium on **Neurobiological Aspects of Anxiety**, Chicago, IL 1991
- *Invited Speaker*, National Symposium, Schwab Rehabilitation Center, **Prenatal Cocaine:**

Neurobiological Effects Exposed Prenatally to Drugs, Chicago, IL 1991

- *Invited Speaker*, International Society for Traumatic Stress Studies, Symposium, ***Early Life Experiences and the Development of PTSD***, Washington, DC 1991
- *Invited Speaker*, Eighth International Conference on Multiple Personality / Dissociative States Symposium Chair, ***Recent Advances in the Etiology, Phenomenology, and Treatment of Post-traumatic Stress Disorder***, 1991
- *Invited Speaker*, Anxiety Disorders Association of America, Chicago Consortium for Psychiatric Research, ***The Development of the Noradrenergic and Gabaergic Systems: Early Life Experience and Anxiety Disorders***, 1991
- *Invited Speaker*, International Society for Traumatic Stress Studies, Symposium, ***Trauma, Psychopathology and the Development of Psychiatric Disorders***, Washington, DC 1991

Training/Education (local)

- *Invited Speaker*, Harris Foundation, Chicago, IL 1991
- *Invited Speaker*, The University of Chicago, Department of Pediatrics Grand Rounds, Chicago, IL 1991

Training/Educational (national/international)

- *Invited Speaker*, American Medical Television (The Discovery Channel), ***Recent Advances in the Treatment of Schizophrenia***, 1991
- *Invited Speaker*, University of Wisconsin, Special Grand Rounds, ***Traumatic Life Experiences During Development: Implications for Childhood Mental Disorders***, Madison, WI 1991
- *Invited Speaker*, Midwest Meeting of Speech and Language Disorders Society, 1991

1992

Research Presentations

- *Invited Participant/Speaker*, American Academy of Child and Adolescent Psychiatry, Annual Meeting, ***Institute on Violence: Current Data and Implications for the Practice of Child and Adolescent Psychiatry***, Washington, DC 1992

Training/Education (local)

- *Invited Speaker*, Baylor College of Medicine, Department of Psychiatry, Grand Rounds, Houston, TX

1992

Training/Educational (national/international)

- *Invited Speaker*, University of Illinois, Michael Reese Hospital Grand Rounds, **Neurobiological Sequelae of Perinatal Cocaine Exposure**, Chicago, IL 1992
- *Invited Speaker*, Northwestern University, Evanston Hospital Grand Rounds, **The Development of Catecholamines: Early Life Experience and Anxiety Disorders**, Chicago, IL 1992

Honorary Lectureships

- *Invited Participant/Speaker*, MacArthur Foundation Study Group, **Post-traumatic Stress Disorders in Children**, 1992

1993

Training/Education (local)

- *Invited Speaker*, Baylor College of Medicine, Department of Pediatrics, Grand Rounds, Houston, TX 1993
- *Invited Speaker*, Institute of Religion, Conference on Psychotherapy and Faith, **Healing Maltreated Children**, Houston, TX 1993
- *Invited Speaker*, Veteran's Administration, Inspector General's Office, **Training Program on Post-Traumatic Stress Disorder**, 1993
- *Invited Speaker*, University of Texas Medical Branch, Department of Pharmacology and Toxicology, **Developmental Determinants of CNS Dopamine Receptor Expression**, Galveston, TX 1993
- *Invited Speaker*, The University of Texas, Department of Psychiatry and Behavioral Sciences, Grand Rounds, **The Traumatized Child: The Neurobiological Sequelae of Growing Up In An Abusive Environment**, Houston, TX 1993

Training/Educational (national/international)

- *Invited Speaker*, Forest Hospital, Psychiatric Grand Rounds, **Recent Advances in PTSD**, Chicago, IL 1993
- *Invited Speaker*, Advanced Clinical Training Conference, University of North Dakota, West Central Human Services, **Severely Emotionally Disturbed Children and Families**, Bismarck, ND 1993
- *Invited Speaker*, Children's Memorial Hospital Symposium: Controversies in Child Abuse and

Neglect, **Post-traumatic Stress and Behavioral Problems after Child Abuse**, Chicago, IL 1993

- *Invited Speaker*, Office of the Cook County Public Guardian, **Effects of Trauma on Abused Children**, Chicago, IL 1993
- *Invited Speaker*, Organized Crime Drug Enforcement Task Force (FBI, DEA, BATF), Lake Geneva, WI 1993
- *Invited Speaker*, Dupage County Special Education Institute, **Post-traumatic Stress Disorders in Children and Adolescents**, Wheaton, IL 1993

Honorary Lectureships

- *Invited Speaker*, Lutheran General Children's Medical Center, Lawrence Breslow Memorial Lecture, **Violence in the 1990's**, Park Ridge, IL 1993
- *19th Annual Ester S Zetland Lecturer*, Chicago Psychoanalytic Association and Association of Child Psychotherapists, **The Traumatized Child: The Neurobiological Sequelae of Growing Up In An Abusive Environment**, Chicago, IL 1993.

1994

Research Presentations

- *Invited Speaker*, Kempe Center for the Prevention of Child Abuse, **Developing Multi-Agency Trauma Teams: Lessons from Waco**, Keystone, CO 1994
- *Invited Speaker*, Partners in Prevention and Treatment of Youth Violence: Maternal and Child Health, Mental Health and Substance Abuse, Region VI State Leadership Meeting, **The Role of Mental Health in Preventing and Treating Youth Violence**, Dallas, TX 1994
- *Invited Speaker*, American Academy of Child and Adolescent Psychiatry Annual Meeting, **Evolution of Emotional, Behavioral and Physiological Responses in Children Acutely Exposed to Violence**, New York, NY 1994
- *Invited Speaker*, International Society for Traumatic Stress Studies, **Psychophysiological Effects of Childhood Trauma and Their Influence on Development**, Chicago, IL 1994

Training/Education (local)

- *Invited Speaker*, Child Victimization Seminar, Tarrant County Junior College/CPS Child Abuse Intervention Training Project, **The Neurodevelopment and the Neurophysiology of Trauma**, Arlington, TX 1994
- *Invited Speaker*, Harris County Child Abuse Task Force, Junior League, **The Traumatized Child**, Houston, TX 1994

- *Invited Speaker*, Houston Group Psychotherapy Society Annual Institute, **The Breakdown of Group Defenses: Examples from the Surviving Branch Davidian Children**, Houston, TX 1994
- *Invited Speaker*, Houston Bar Association Juvenile Law Section, **Waco, Revisited**, Houston, TX 1994
- *Invited Speaker*, Cook-Fort Worth Children's Medical Center, Grand Rounds, Fort Worth, TX 1994
- *Invited Speaker*, Baptist Children's Home Ministries, **What We Learned from the Branch Davidian Incident**, San Antonio, TX 1994
- *Keynote Speaker*, National Conference on Children and Violence: Intervention and Prevention Programs for Youth, School and Media, Houston, TX 1994
- *Invited Speaker*, Advocates for Incest Survival, **Childhood Trauma and Neurophysiological Development**, Houston, TX 1994
- *Invited Speaker*, University of Texas Medical Branch, Department of Psychiatry and Behavioral Sciences, Grand Rounds, **Longitudinal Follow-up of Severely Abused Children**, Galveston, TX 1994

Training/Educational (national/international)

- *Invited Speaker*, LSU School of Medicine Grand Rounds, **Developmental Sequelae of Trauma in Children**, New Orleans, LA 1994
- *Invited Speaker*, Arkansas Society for Neuroscience, **The Neurodevelopmental Sequelae in Childhood Trauma**, Little Rock, AK 1994
- *Invited Speaker*, University of Arkansas Department of Psychiatry Grand Rounds, **Post-traumatic Stress in Children**, Little Rock, AK 1994
- *Invited Speaker*, Kempe Center for the Prevention of Child Abuse, **Salt in the Wound: Re-traumatization of Maltreated Children by the Law Enforcement, Juvenile Justice, Child Welfare and Mental Health Systems**, Keystone, CO 1994
- *Plenary Speaker*, Illinois Council of Child and Adolescent Psychiatry, Lake Geneva, WI 1994
- *Invited Plenary Speaker*, Children's Memorial Hospital, Symposium, **Controversies in Child Abuse and Neglect**, Chicago, IL 1994
- *Keynote Speaker*, Abused Adult Resource Center, **After the Crisis Children's Issues, Behavioral Cues, Treatment Modalities beyond reporting for Parents, Educators, Law Enforcement, Social Service Providers**, Bismarck, ND 1994
- *Invited Speaker*, Crimes Against Children National Conference, **Neurological Development of Children Raised in Psychologically Destructive Environments**, Washington, DC 1994
- *Invited Speaker*, Finch University of Health Sciences/ Chicago Medical School, Department of Psychiatry and Behavioral Sciences, Grand Rounds, **Developmental Neurobiology of Trauma**, Chicago, IL 1994
- *Invited Speaker*, Youth Services Network of Southwest Ohio: Violence, Our Kids and Healing Post-traumatic Stress Disorder, **Brain Development and Trauma**, Dayton, OH 1994
- *Invited Speaker*, Youth Services Network of Southwest Ohio: Violence, Our Kids and Healing Post-traumatic Stress Disorder, **Clinic Work with Traumatized Children**, Dayton, OH 1994

- *Invited Speaker*, National Association of Counsel for Children, 17th National Children's Law Conference, **Presenting Expert Witness Testimony in Child Abuse Cases: A Collaborative Simulation Involving Victims with Post-traumatic Stress Disorder**, San Francisco, CA 1994
- *Keynote Speaker*, Cult Awareness Network National Conference, **Understanding Children Raised in Psychologically Destructive Settings**, Cleveland, OH 1994
- *Keynote Speaker*, International Conference on Multiple Personality and Dissociative States, **Dissociation and Physiological Hyper-reactivity as Persisting Adaptations in Response to Childhood Trauma**, Chicago, IL 1994
- *Invited Speaker*, Wayne State University, Department of Psychiatry, Biological and Clinical Psychiatry of Anxiety and Depression Across the Life Cycle, **Developmental Sequelae of PTSD in Children**, Dearborn, MI 1994

Honorary Lectureships

- *Invited Plenary Speaker*, Kempe Center for the Prevention of Child Abuse, **Impact of Traumatic Life Experiences on the Development of the Brain**, Keystone, CO 1994
- *Invited Speaker*, Evanston and Glenbrook Hospitals, Department of Psychiatry, Gertrude Victorson Ratner Lecture, **Malignant Memories: Trauma and Abuse in Children and Adolescents**, Evanston, IL 1994

1995

Research Presentations

- *Invited Speaker*, American Psychiatric Association Annual Meeting, Symposium on Post-traumatic Stress Disorders: **The Evolution of Symptoms Following Traumatic Events in Children**, Miami, FL 1995
- *Invited Speaker*, Harvard University, Department of Psychiatry Special Symposium of Trauma, **Neurodevelopment following Child Maltreatment**, Cambridge, MA 1995
- *Invited Faculty*, American Professional Society on the Abuse of Children Third Annual Symposium, **Dissociative Disorders and Other Severe Reactions to Child Abuse**, Tucson, AZ 1995

Training/Education (local)

- *Invited Speaker*, Child Abuse Prevention Network, **What Happens to Abused Children?** Houston, TX 1995
- *Invited Speaker*, School Based Interventions for Children of Addicted Parents, **Dealing with Traumatized Children**, Houston, TX 1995

- *Invited Speaker*, Houston Bar Association Juvenile Law Section, **Juvenile Justice Programs in Harris County**, Houston, TX 1995
- *Invited Speaker*, Main Academic Seminar, Houston Child Guidance Center, **Research in Child and Adolescent Psychiatry**, Houston, TX 1995
- *Keynote Speaker*, Council of Agencies Serving Youths, **Community Youth Services**, Houston, TX 1995
- *Invited Speaker*, St. Martin's Episcopal Church, **Trauma and Children**, Houston, TX 1995
- *Invited Speaker*, Texas Youth Commission, **The Violent Child**, Hunt, TX 1995
- *Invited Speaker*, Health Services Department, **The Impact of Violence on Children**, Houston, TX 1995
- *Invited Speaker*, Psychopharmacology Update, BCM Office of Continuing Education, **Pharmacotherapy of Post-traumatic Stress Disorders**, Houston, TX 1995
- *Invited Speaker*, Baylor College of Medicine, Department of Psychiatry, Grand Rounds, **Memory and Trauma**, Houston, TX 1995

Training/Educational (national/international)

- *Invited Speaker*, Loyola Law School, **PTSD and Court Testimony**, Chicago, IL 1995
- *Keynote Speaker*, Arkansas APSAC, **Neurodevelopmental Sequelae of Childhood Trauma**, Little Rock, AK 1995
- *Invited Speaker*, World Association for Infant Mental Health Annual Meeting, **The Impact of Trauma on the Developing Infant**, Arlington, TX 1995
- *Keynote Speaker*, North Dakota Educational Association, **Children and Violence**, Fargo, ND 1995
- *Invited Speaker*, Federal Bureau of Investigation, **Investigating Abuse and Neglect on Federal Reservations**, Sioux Falls, SD, 1995
- *Invited Speaker*, Grand Rounds, Department of Psychiatry, University of North Dakota School of Medicine, **Neurodevelopmental Sequelae of Childhood Maltreatment**, Fargo, ND 1995
- *Invited Speaker*, Third Annual Children's Justice Conference: An Advanced Training in Child Sexual Abuse, **Neurodevelopment and Maltreatment of Children**, Bellevue, WA 1995
- *Invited Keynote*, Annual Meeting of Public Health, **Violence and the Developing Brain**, San Diego, 1995
- *Keynote Speaker*, National Institute of Mental Health, **The Role of Mental Health in Preventing and Treating Youth Violence**, Dallas, TX 1995
- *Invited Speaker*, Grand Rounds, Rush Presbyterian Medical School, **Trauma and Development**, Chicago, IL 1995
- *Invited Speaker*, Second Annual Resident Education Symposium, Chicago Consortium for Psychiatric Research, **Anxiety Disorders in Maltreated Children**. Chicago, IL 1995
- *Keynote Speaker*, American Public Health Association's Annual meeting (sponsored by CMHS, NCCAN and APHA), **The Impact of Violence on the Developing Child**, San Diego, 1995

- *Keynote Speaker*, Oklahoma State Department of Health, Conference on Youth and Family Violence, **The Impact of Violence on the Developing Child**, Oklahoma City, OK, 1995
- *Keynote Speaker*, The Second National Conference on Children and Violence, **The Neurobiological Impact of Violence**, Clear Lake, TX 1995
- *Keynote Speaker*, National Family Advocacy Conference (United States Air Force), **Neurodevelopmental Sequelae of Childhood Trauma**, San Antonio, 1995
- *Keynote Speaker*, Third Annual Children's Justice Conference: An Advanced Training in Child Sexual Abuse, **Experience, Development of the Brain and Trauma: Working with Maltreated Children**, Bellevue, WA 1995
- *Keynote Speaker*, Research Symposium on Violence and Childhood Trauma, **The Impact of Violence on the Developing Child**, Urban Child Research Center, Cleveland State University, Cleveland, OH 1995

Honorary Lectureships

- *The Rosenberry Lecturer*, Denver Children's Hospital, University of Colorado Department of Pediatrics, **Neurodevelopment and the Neurophysiology of Trauma**, Denver, CO 1995
- *Invited Keynote*, (Maternal and Child Health) Emergency Medical Services for Children Annual Investigators Meeting, **The Neurobiological Impact of Pediatric Trauma**, Washington, DC 1995
- *Warren Wright Lecturer*, Northwestern University School of Medicine, Neurodevelopmental Sequelae of Childhood Trauma, Chicago, IL 1995

1996

Research Presentations

- *Invited Speaker*, Symposium on Traumatized Children The American Psychiatric Association in New York, NY, 1996.
- *Invited Speaker*, Brain Development in Young Children: New Frontiers for Research, Policy, and Practice Conference **Early experience and the developing brain, specifically social and physical deprivation**, Chicago, IL 1996
- *Invited Speaker*, International Society for Traumatic Stress Studies, 12th Annual Meeting: Trauma & Controversy, San Francisco, CA, 1996
- *Keynote Speaker and Panel Member*, Scholarship and Guidance Association Sixth Biennial Symposium **Trauma and It's Impact on "Adolescents"**, Chicago, IL 1996
- *Invited Speaker*, Houston Psychological Association, **Maltreated Children and Groups**_Houston, TX 1996
- *Invited Speaker*, National Association of Counsel for Children, (NACC) 19th National Children's Law Conference, **How Law Changes the Developing Brain: The Biological Nature of Cultural Structures**,

Chicago, IL, 1996

- *Invited Speaker*, Youth Services Network of Southwest Ohio, Inc., **Violence, Our Kids and Healing Post Traumatic Stress Disorder**, Dayton, OH 1996
- *Keynote Speaker*, American Psychiatric Association (APA) 11 National Conference on Child Abuse, **Critical Incident Response Team Modules For Maltreated Children**, Washington, DC 1996
- *Keynote Speaker*, Texas Families: Today & Tomorrow Conference, **A Cross-Disciplinary Approach to Working with Maltreated Children**, Austin, TX 1996
- *Invited Speaker*, 149th 1996 APA Annual Meeting, **Traumatic Disruption of Bodily Experience and Memory**, New York, NY 1996

Training/Education (local)

- *Keynote Paper*, the "Child Abuse: A Multidisciplinary Approach to the Problem" Conference sponsored by the University of Texas Health Science Center, **The Impact of Violence on Child Development**, San Antonio, TX, 1996
- *Invited Speaker* The Tarrant County Children's Protective Service **Working with Maltreated Children** Tarrant County, TX, 1996.
- *Co-Presenter* The Texas Families Conference **A Cross Disciplinary Approach to Working with Maltreated Children**, Austin, TX, 1996
- *Invited Speaker* Dallas Police Department and Dallas Children's Advocacy Center **Violence, Our Kids and Healing Post-traumatic Stress Disorder**, Dallas, TX, 1996
- *Guest Speaker*, Houston Division of the Federal Bureau of Investigation (FBI) Management Retreat, **The Impact of Trauma on Children: Implications for Investigation of Crimes Against Children** West Columbia, TX 1996
- *Invited Speaker*, Brazos County Courthouse, **The Impact of Trauma on Brain Development, Child Development and Behavior**, College Station, TX 1996
- *Invited Speaker*, Baylor College of Medicine Acute Care Pediatrics Conference, **Attention Deficit Disorder: The Psychiatrist's View, The Neurobiology of the Acute Stress Responses and Recognizing the Depressed Child**, Hilton Head Island, South Carolina 1996
- *Invited Speaker*, University of Texas at Arlington, School of Social Work, **Working With Maltreated Children** Dallas, TX 1996
- *Invited Speaker*, Georgetown University Medical Center & Kairos Ventures II, Ltd., Second Annual Conference on Trauma, Loss & Dissociation: Foundations of 21st Century Traumatology, **Trauma & Dissociation: Developmental Deficits & Experience-Induced Neuroplasticity/ Plenary**, Alexandria, VA 1996

Training/Educational (national/international)

- *Invited Speaker* The 2nd Annual CIVITAS Expert Witness Training Program **Forensic Interviewing of Children** Chicago, IL, 1996

- *Invited Speaker* Trauma, Loss, and Dissociation: The Foundation of 21st Century Traumatology Conference **Trauma, Dissociation and Developmental Losses**, Alexandria, VA, 1996
- *Invited Speaker* The 12th Annual Mental Health Conference, Making Connections: Addressing The Interface of Medical and Mental Health, **Interventions for Traumatized Children** Chicago, IL, 1996
- *Invited Speaker* Family Preservation Meeting. Albuquerque, NM, 1996
- *Invited Speaker* American Professional Society on the Abuse of Children **Critical incident response team models for maltreated children**, Chicago, IL, 1996
- *Invited Speaker* American Professional Society on the Abuse of Children **Neurodevelopmental Adaptations to Severe Maltreatment: Clinical Implications in Work with Children and Adult Survivors** Chicago, IL, 1996
- *Keynote Speaker* Violence and Childhood Trauma: Understanding and Responding to the Effects of Violence on Young Children, Regional Conference **The Neurobiology of Child Maltreatment** Belton, TX, 1996
- *Guest Speaker* The Violence in America Program, University of California, Santa Barbara, **Violence Against Children: Effects on Brain Development**, Santa Barbara, CA, 1996.
- *Invited Speaker*, Democratic Governor's Association National Policy Forum, Democratic National Convention, Our Children Our Future, **How Children Respond to Violence and How to Help Children Who Have Been Traumatized by Violence**, Chicago, IL 1996
- *Invited Speaker*, Hardiman Task Force, **Training for Missing and Exploited Children**, Quantico, VA 1996
- *Keynote Speaker*, The Centech Group, Inc., **NIMH Conference for Advancing Research on Developmental Plasticity**, Chantilly, VA 1996
- *Invited Speaker*, University of California, Santa Barbara, **Violence Against Children: Effects on Brain Development**, Santa Barbara, CA 1996
- *Invited Speaker*, McGill University Divisional Conference on The Assessment and Treatment of Traumatic Stress in Children and Adolescents, **Trauma and Children** Montreal, Quebec, Canada

Honorary Lectureships

- *Invited Keynote*, Smithsonian Lecture Series on "Messianic Heroes and Heroines and Their Followers" Sponsored by Smithsonian Institution, **Children Raised in Cult Settings**, Washington, DC, 1996
- *The Rosenberry Lecturer*, Denver Children's Hospital, University of Colorado Department of Pediatrics, **Neurodevelopment and the Neurophysiology of Trauma**, Denver, CO 1996
- *The First Annual Holt W. Webster Lecturer*, Children's Hospital and Medical Center, University of Washington School of Medicine, **Neurodevelopmental Sequelae of Childhood Trauma**, Seattle, WA, 1996

1997

Research Presentations

- *Invited Speaker*, 17th Annual Division 39 Spring Meeting, Symposium on **Neurobiology of Personality I & II: Implications for Psychoanalytic Development Theory and Childhood Trauma, The Neurobiology of Adaptation and the "Use-dependent" Development of the Brain: How "States" become "Traits."** Denver, CO 1997
- *Invited Speaker*, Child Advocates, PanEnergy Corp Auditorium, Symposium on **The Impact of Volunteers in the Lives of Abused Children**, Houston, TX 1997
- *Invited Speaker*, 4th Annual Update in Adolescent Psychiatry, Northwestern Memorial Hospital, Symposium on **Neurodevelopment Sequelae of Childhood Trauma; Violence in Children Exposed to Chronic Abuse; Healing the Traumatized Child: Cognitive Behavior and Psychoeducational Approaches; Psychopharmacology of Acute and Chronic Trauma**, Chicago, IL 1997

Training/Education (local)

- *Invited Speaker*, Justice for Children Speaker's Forum, Houston, TX 1997
- *Invited Speaker*, The 1997 Mental Health Association Annual Meeting, Symposium on **The Advances in Brain Development: The Biology of "Hope" is Wonderful**, Houston, TX 1997

Training/Educational (national/international)

- *Invited Speaker*, Institute for Mental Health Education and Training Seminars; University of Oklahoma Center for Continuing Education Forum, Symposium on **Childhood Trauma and Neurophysiological Development**, Norman, OK 1997
- *Invited Speaker*, Ohio State University, Risky Behaviors of Adolescents: Integrating Research, Practice and Policy Early Symposium on **Childhood Trauma and the Effects upon Brain Development: Effects During Adolescence**, Columbus, OH 1997
- *Invited Speaker*, Institute for Mental Health Education and Training Seminars, Symposium on **Childhood Trauma and Neurophysiological Development**, Norman, OK 1997
- *Guest Faculty*; *University of California, Los Angeles*; RAND Child and Adolescent Health Policy Seminar, Grand Rounds, **Early Childhood Development**, Los Angeles, CA 1997
- *Invited Speaker*, "BrainChild" Professional Conference, Summit for Children Luncheon, Denver, CO 1997
- *Invited Speaker*, Wisconsin Council on Children and Families, Great Beginnings: The First Years Last Forever, **Principles of Working with Traumatized Children**, Madison, WI 1997

Honorary Lectureships

- *Invited Speaker*, National Governor's Association, Symposium on **Children: Focus on The First Three Years**, Washington, DC 1997
- *Invited Speaker*, National Committee to Prevent Child Abuse: Healthy Families America Conference, **Prenatal and Early Childhood Brain Development: Implications for HFA**, Chicago, IL 1997
- *Invited Speaker*, University of Texas Medical Center, Department of Pediatrics, Angela and William Barrett Lectureship, **Promoting The Optimal Development of Children**, Dallas, TX 1997
- *Invited Speaker*, I Am Your Child Campaign, Symposium on **Brain Development in Infants, Traces the 0-3 Timeline "Rethinking the Brain"**, Washington, DC 1997
- *Invited Speaker*, President's Summit for America's Future, Plenary Panel, **The New Way of Doing Business for America**, Philadelphia, PA 1997
- *Invited Speaker*, Senate Office Building, Senate Majority Caucus, Symposium on **Early Childhood Trauma and the Effects upon Brain Development: Effects During Adolescence**, Columbus, OH 1997
- *Invited Speaker*, The Heinz Endowments and Starting Points, University of Pittsburgh Medical Center, Symposium on **Nurturing Neurons: The Early Childhood Connection**, Pittsburgh, PA 1997
- *Plenary and Keynote Speaker*, Child's Agenda, Symposium on **Assessment and Treatment of Maltreated Children: A Neurodevelopmental Approach**, Auckland, NZ; Wellington, NZ; Christchurch, NZ 1997
- *Keynote Speaker*, Children's Advocacy Services of Greater St. Louis- Kathy J. Weinman Children's Advocacy Centre, **Neurobiological Sequelae of Abuse Principles for Working with Traumatized Children**, St. Louis, MO 1997

1998

Research Presentations

- *Invited Speaker*, American Academy of Pediatrics and the Committee on Scientific Meetings (COSM) 1998 Spring Session, **Early Brain Development: Current Thinking**, Atlanta, GA 1998
- *Invited Speaker*, Baylor College of Medicine, Psychiatry and Behavioral Sciences Grands Rounds, **Recent Advances in Trauma and Development**, Houston, TX 1998
- *Invited Speaker*, Emory University Charter Peachford Child and Adolescent Psychiatry Grand Rounds, **The Impact of Traumatic Experiences on the Developing Brain**, Atlanta, GA 1998
- *Invited Speaker*, 1998 American Psychiatric Association (APA) Annual Meeting, **The Neuro-Archeology of Child Abuse and Neglect: Use and Disuse of Dependent Neurodevelopment**, Toronto, Canada 1998
- *Keynote Speaker*, Woodruff Foundation Community Issues Forum, **Brain Development and It's Effect on Violent Behavior**, Cleveland, OH 1998
- *Keynote Speaker*, Twelfth National Conference on Child Abuse and Neglect: Engaging America's Communities, **The Impact of Abuse and Neglect on the Developing Brain**, Cincinnati, OH 1998

Training/Education (local)

- *Invited Speaker*, Baylor College of Medicine, Department of Psychiatry, **Human Development Course-Neurodevelopment Case Study for 1998**, Houston, TX
- *Keynote Speaker*, Children's Museum of Houston, CIVITAS Academy Public Lecture Series, **Brain Development and Your Child: What Every Parent Should Know**, Houston, TX 1998
- *Invited Speaker*, Fifteenth Annual Children's Mental Health Seminar at Austin Child Guidance Center, **Effects of Child Maltreatment: Assessment and Treatment Strategies from a Neurobiological Perspective**,
Austin, TX, 1998
- *Invited Speaker*, Texas Center for the Judiciary, Inc., 1998 Child Protective Services Cases in the Courtroom Conference, **Permanency: A Child's Sense of Time**, Dallas, TX 1998
- *Keynote Speaker*, Twelfth Annual Governor's Conference on The Prevention of Child Abuse, Texas Committee to Prevent Child Abuse, Austin, TX 1998
- *Invited Speaker*, The Child and Adolescent Community Management Team of Life Management Center for MHMR Services, **The Effects of Child Maltreatment and Trauma on the Developing Brain- A Current Understanding of the Cognitive, Emotional, Behavioral, Social and Physiological Effects of Traumatic Experiences During Childhood**, El Paso, TX 1998
- *Keynote Speaker*, Touch, Outreach, Protect, Serve Infant Mental Health Advocacy Conference, **Impact of Violence on Brain Development**, Houston, TX 1998
- *Invited Speaker*, Texas Children's Hospital, Adolescent Medicine and Sports Medicine Section, MCH Training Grant and Core Lectures, **Post Traumatic Stress Disorder and the Disordered Eating Behaviors that may Ensnare**, Houston, TX 1998
- *Invited Speaker*, The University of Texas Houston, School of Public Health, **Violence and Injury Prevention**, Houston, TX 1998
- *Invited Speaker*, Teach for America Institute, University of Houston, **Role of the Child's Environment on His/Her Development**, Houston, TX 1998
- *Plenary Speaker*, 17th National Conference, A Gathering of Wisdom: Working Together for Children, **Child Trauma: Exploring Issues from a Neurobiological and Psychological Perspective (2). Childhood Trauma and Neurophysiological Development**, Houston, TX 1998
- *Invited Speaker*, 1998 Judicial Section Annual Conference, **Integrating Principles of Neurodevelopment into Judicial Practice**, Houston, TX 1998
- *Plenary Speaker*, **Child Development and Experience: AVANCE and Department of Education's Conference on Excelencia en Educacion: The Role of Parents in the Education of Their Children**, , San Antonio, TX 1998
- *Keynote Speaker*, Texas Association for the Education of Young Children (TAEYC) and I Am Your

Child Texas Network, Infant Brain Development: Community Leadership Conference, **Latest Brain Research and Development of Children 0 to 3 years**, Ft. Worth, TX 1998

- *Keynote Speaker*, University of Houston-Clear Lake, Professional and Continuing Education, Fifth National Conference. **Children and Violence**, Houston, TX 1998
- *Keynote Speaker*, Houston Annenberg Challenge, Beacon School Professional Development, **Neurodevelopmental Adaptations to Violence: How Children Survive the Intragenerational Vortex of Violence**, Houston, TX 1998

Training/Educational (National/International)

- *Invited Speaker*, Seely Conference Center, **Diagnosis and Treatment of Childhood Trauma: New Developments - Understanding Child Maltreatment**, Topeka, KS 1998
- *Invited Speaker*, Wisconsin Council on Children and Families, Great Beginnings: The First Years Last Forever, **Neuroscientific Research and Its Implications for Wisconsin Children**, Milwaukee, WI 1998
- *Invited Speaker*, U.S. Department of Justice, FBI Academy, Training for Police Fellows and National Center for the Analysis of Violent Crime Coordinators on **Interviewing Techniques of Child Victims and Witnesses**, Quantico, VI 1998
- *Invited Speaker*, Scholastic National Early Childhood Advisory Board 13th Annual Meeting, **The Impact of Experience on Brain Development and the Emotional Cognitive, Social, and Physical Health of Young Children**, New York 1998
- *Invited Speaker*, The National Council of Juvenile and Family Court Judges 61st Annual Conference, **Child Development: Impact of Abuse on Children**, Key Largo, FL 1998

Honorary or Plenary Lectureships

- *Invited Speaker*, The United State Conference of Mayors Winter Meeting, **Early Brain Development and I Am Your Child Campaign**, Washington, DC 1998
- *Invited Speaker*, Safe Start: Children Exposed to Violence Summit Planning Meeting, **To Reduce Effects on Children of Exposure to Violence**, Washington, DC 1998
- *Invited Speaker*, Eastern Virginia Medical School and Children's Hospital of the King's Daughters, Pediatric Grand Rounds, (1). **Neurodevelopmental Impact of Childhood Maltreatment**, (2). **Early Brain Development: Our Window of Opportunity**, Norfolk, VI, 1998
- *Keynote Speaker*, National Association of Children's Hospital's and Related Institutions (NACHRI), Creating Linkages-Expanding The Universe of Care, **The Importance of Child Advocacy for Health Care Professionals and Critical Linkages with Other Advocacy Partners**, Houston, TX 1998
- *Invited Speaker*, Department of Pediatrics, University of Arkansas for Medical Sciences and the Arkansas Children's Hospital Foundation. Lynn Harris Memorial Lecture, **Experience, Brain**

Development, and the Next Generation, Little Rock, AR 1998

- *Keynote Speaker*, International Society for Prevention of Child Abuse & Neglect (ISPCAN), Twelfth International Congress on Child Abuse and Neglect, **(1) The Impact of Abuse and Neglect in the Early Years of Life: Implications for Policy and Child Advocacy (2) The Challenge and Opportunities of the First Three Years of Life (3) Physiological Measurements in the Assessment of Maltreated children: The Physical Impact on the Developing Brain**, Auckland, New Zealand 1998
- *Invited Panelist*, National Institutes of Mental Health (NIMH), Department of Health and Human Services, participated in **Clinical Research Planning Panel for the Intramural Research Program of the National Institute of Mental Health** (NIMH IRP), Bethesda, Maryland 1998
- *Plenary Speaker*, 12th National Conference on Child Abuse and Neglect: Engaging America's Communities, **(1) The Impact of Abuse and Neglect on the Developing Brain (2) The CIVITAS Cybrary of Child Development and Maltreatment**, Cincinnati, OH 1998

1999

Training/Education (local)

- *Invited Speaker*, **Systemic Change and Public Policy: The Role of Child Psychiatry in Public Policy**, Grand Rounds, Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston, TX 1999.
- *Invited Speaker*, Bunker Hill Elementary, **Social Skills**, Houston, TX 1999.
- *Invited Speaker*, Elementary Teachers' Staff Development for Spring Branch ISD, **How Brain Research Applies to Learning in School**, Houston, TX 1999.
- *Keynote Speaker*, The Parenting Center at St. Luke's United Methodist Church, **Experience, Brain Development and the Next Generation**, Houston, TX 1999.
- *Invited Speaker*, Brown Family Fund, **Childhood and the Development of the Brain**, Houston, TX 1999
- *Keynote Speaker*, **Child Development and Community Policy**, Ambassadors for Children Task Force (City of Austin: Child Care Council) Austin, TX 1999
- *Guest Speaker*, **Social Issues in Pediatrics: What Every Physician Should Know**, Baylor Pediatric Society, Houston, TX 1999
- *Keynote Speaker*, **Impact of Violence on School Age Children: Helping kids cope; Research on the impact of trauma on the brain**, Symposium on Violence Among Youth, Houston, TX 1999
- *Invited Speaker*, **Building Emotional Security in Your Adolescent** Memorial Middle School Community Network, Houston, TX, 1999
- *Invited Speaker*, **The Crucial Role of Early Childhood Experiences in Shaping the Health of A Society**, Episcopal Health Charities Board, Houston, TX 1999
- *Invited Speaker*, **Abused Children**, Students AMA (co-sponsored by Baylor Pediatric Section), Houston, TX, 1999
- *Invited Speaker*, **Experience and Early Childhood** 4th Annual Greater Texas Community Partners

Conference, Texas Board of Protective & Regulatory Services, Austin, TX, 1999

- *Keynote Speaker, Abuse and Neglect of Children: Implications for Family and Juvenile Court Judges*, Annual Judicial Training, San Antonio, TX, 1999
- *Invited Speaker, CASA Graduate Training, Origins of Trauma—Long-term Effects*, Houston, TX, 1999
- *Plenary Speaker, Early Brain and Child Development, from Science to Practice: A Workshop on Creating Presentations for Physician Leaders, American Academy of Pediatrics, Overview of Early Brain and Child Development: Articulation of Key Principles*, Houston, TX, 1999

Training/Educational (National/International)

- *Keynote and additional session, 10th Annual Preventing Child Abuse Conference, Impact of Abuse on Child Development*, Mesa, AZ 1999.
- *Keynote Speaker (and noon conference for physicians), LaCrosse Child Maltreatment Conference, The Impact of Abuse and Neglect on the Developing Brain and Neurodevelopment and Attachment: Understanding Violent Behavior*, La Crosse, WI 1999
- *Visiting Faculty, FBI Academy and National Center for the Analysis of Violent Crime, Maltreated and Traumatized Children*. Quantico, VA 1999
- *Special Lecturer, Brain Development and the At-Risk Child* City College of San Francisco, National Forum: "Imagine a Brighter Future—Solutions for Children in Crisis," San Francisco, CA, 1999
- *Invited Speaker, How Early Childhood Experiences Influence Brain Development* 14th Annual meeting of Scholastic's National Early Childhood Advisory Board, *Meeting the Needs of Young Children in the New Century*, New York, NY, 1999
- *Invited Speaker, The Impact of abuse & Neglect on the Developing Brain* Abandoned Infants Assistance (AIA), National Abandoned Infants Assistance Resource Center (Teleseminar), , Berkeley, CA, 1999
- *Invited Faculty, How Nurture Becomes Nature: Early Intervention on Brain Development and Origins of Violence in Childhood Trauma*, The Arc in Jefferson, Arvada, CO, 1999
- *Invited Faculty, Child Care Connections Conference, Recent Advances in Brain Development: Implications for Working with Maltreated Children*, Colorado Springs, CO, 1999
- *Invited Speaker, Children & Violent Crime: Strategies for Effective Interviewing and Interaction* 1999 Crimes Against Children Conference sponsored by the FBI, Dallas Children's Advocacy Center & the Dallas Police Department, Dallas, TX, 1999
- *Invited Speaker, The Policy Implications of Research on Early Brain Development and Youth Violence* Early Brain Development Public Policy Workshop, Colorado Children's Campaign, Denver, CO, 1999
- *Special Lecturer: National Association of Educators of Young Children (NAEYC) National Meeting, A neurodevelopmental view of child development: theoretical, clinical, and policy perspectives*, New Orleans, LA, 1999
- *Keynote Speaker, Joint Conference of the National Committee for the Prevention of Child Abuse and the Children's Trust Funds, Matching Opportunity with Investment: Developing Effective Policy and Programs for Young Children and Families*, New Orleans, LA, 1999
- *Keynote Speaker, The Relationship Between Nurture and Brain Development* SoonerKids Parenting Program, "Together for Children", , Norman, OK, 1999

- *Special Lecturer: Interviewing Children: Victims and Witnesses* National Center for the Analysis of Violent Crime and the Child Abduction & Serial Killers Units, FBI Academy Quantico, VA, 1999

Honorary or Plenary Lectureships

- *Keynote Speaker, Investment without Invasion: A Role for Government in the Lives of Young Children* for 13th Annual Governor's Conference on Prevention of Child Abuse *From Helplessness to Hope: Balancing Leadership and Collaboration and Neurodevelopment and Early Childhood: Implications for Public Policy*, Austin, TX 1999.
- *Visiting Professor in Neuroscience, The Nature & Nurture of Brain Development: How Early Experience Shapes Child and Culture* Amherst College, Amherst, MA 1999
- *Plenary Speaker and special presentation, American Academy of Pediatrics, Spring Session, Early Brain Development: Translating the New Information into Pediatric Practice and Enhancing Early Brain Development: Practical Applications*, Chicago, IL, 1999
- *Plenary Speaker, National Council of Juvenile and Family Courts; 3rd Annual "Children Can't Wait Conference," Introduction to Brain Development and Learning: Impact of Environment on Learning* Chicago, IL, 1999
- *Keynote Speaker, Origins of Violence in Childhood Trauma* Children's Institute International, *Imagine a Brighter Future: Providing Solutions for Children in Crisis*, Los Angeles, CA, 1999
- *Keynote Speaker and primary trainer, American Academy of Pediatrics, Train the Trainers Meeting: Meeting of the Early Brain & Child Development Project, Your Child's Early Brain Development: The first three years and beyond*, Chicago, IL, 1999
- *Plenary Speaker and visiting faculty, A Neurodevelopmental View of Child Development: Theoretical, Clinical, and Policy Perspectives and The neurobiology of trauma, abuse, neglect and Treatment of PTSD, abuse, & neglect Kids in Care Conference* sponsored by Alberta Children's Hospital: Calgary Rockyview Child and Family Services; Foster Care Association, Calgary, Alberta, Canada, 1999
- *Plenary Speaker, A Look into the Future: How Courts & Science Can Work Together* 62nd Annual National Council of Juvenile and Family Courts, Chicago, IL, 1999
- *Keynote Speaker, Experience, Brain Development and the Next Generation and Abuse and Neglect and its Influence on Brain Development* San Antonio Congress for Children, "*Precious Minds, New Connections*," San Antonio, TX, 1999
- *Keynote Speaker, How the experiences of early childhood shape the developing brain and, thereby, the potential of the child "Healthy Families America," Prevent Child Abuse, America's Annual Dinner*, New York, NY, 1999
- *Plenary Speaker, The Impact of Violence on the Developing Child: Focus on School-based Violence:* American Academy of Pediatrics, Symposium on School Violence; AAP Annual Meeting, Washington, DC, 1999
- *Keynote Speaker, From Principles to Practice: Why Understanding Child Development is Necessary for Effective Policy* White House Summit, *Safe From the Start: The National Summit on Children Exposed to Violence*, Washington, DC, 1999

2000

Research Presentations

- *Invited Speaker, The Impact of Traumatic Experiences on the Developing Child*, Juvenile Defender Leadership Summit sponsored by The American Bar Association, The Juvenile Justice Center, Youth Law Center, and The Juvenile Law Center, Houston, TX, 2000
- *Invited Speaker, Neurodevelopment and Dissociation: Trauma and Adaptive Responses to Fear*, Developmental Foundations of Dissociation: Biological, Psychological and Social, International Society for the Study of Dissociation, San Antonio, TX 2000
- *Invited Speaker, A Neurodevelopmental Perspective on Trauma: Clinical Implications*, The Minnesota Society for Clinical Social Work, Minneapolis, MN, 2000
- *Invited Speaker, How We Influence Brain Development in Our Children: The Relationship between Early Life Experiences and Emotional, Cognitive, Social and Physical Health*, NAEYC 2000 Annual Conference sponsored by The National Association for the Education of Young Children, Atlanta, GA

Training/Education (local)

- *Symposium Speaker, Early Childhood Experiences and Brain Development* St. John's School, Continuing Studies, Houston, TX, 2000
- *Keynote Speaker, Infant Brain Development and Public Policy "The 21st Century Child: Putting the First Years First!"* State Senator Mike Moncrief Office, Ft. Worth, TX, 2000
- *Invited Speaker*, Mental Health Advisory Council, Brown Foundation, Houston, TX, 2000
- *Keynote Speaker, The Impact of Early Childhood Experience on Brain Development: Implications for Childcare Professionals and Experience, Brain Development and the Next Generation, and Neurodevelopment and Early Childhood Experiences*, Presbytery of New Covenant Conference, Houston, TX, 2000
- *Invited Speaker*, Grand Rounds (CGR) Series, **Neurophysiology of Stress: Clinical Implications** Baylor College of Medicine, Houston, TX, 2000
- *Invited Speaker, Children and Violent Crime: Strategies for Effective Interviewing and Interaction*, 12th Annual Federal Bureau of Investigation "Crimes Against Children Conference" sponsored by The Children's Advocacy Centers of Texas, The Office of Juvenile Justice and Delinquency, and The Dallas Police Department, Dallas, TX, 2000
- *Invited Speaker*, Network Texas, Texas Workforce Commission, Houston, TX, 2000
- *Invited Speaker*, Judicial Training, TDPRS: Court Improvement Act, Austin, TX, 2000
- *Invited Speaker, Trauma: Symptoms and Treatment*, The Fragile Brain, Jensen Learning Corporation, Houston, TX, 2000
- *Guest Lecturer, The Impact of Abuse and Neglect on Neurodevelopment*, Class Lecture at The University of Houston Graduate School of Social Work, Houston, TX, 2000
- *Guest Presenter*, Children's Museum of Houston sponsored by The Brown Foundation's Core Curriculum on Child Development Series, Houston, TX, 2000

- *Invited Speaker, A Neurodevelopmental View on Early Childhood Development: Recent Advances*, Professional Medical Education sponsored by For the Children, Abilene, TX 2000
- *Invited Speaker, Public Health Perspectives on Trauma Treatment and Research*, Pre-Meeting Seminar, International Society for Traumatic Stress Studies, San Antonio, TX, 2000
- *Invited Speaker, Bunker Hill Elementary, Fostering Creativity in Children*, Houston, TX, 2000
- *Keynote speaker, A Neurodevelopmental View of Child Development: Theoretical, Clinical, and Policy Perspectives* at *Building a Continuum of Juvenile Crime Prevention: Theory, Research, and Practice in the New Millennium* sponsored by Texas Juvenile Crime Prevention Center, Houston, TX, 2000

Training/Educational (National/International)

- *Invited Speaker, One Day Seminar Traumatized Children, Brain Development; The neurodevelopmental impact on the first few years of life; Outcome for traumatized children—PTSD; Treatment aspects*, Melbourne, Australia, 2000
- *Invited Speaker, South Australian Branch of Academy of Pediatrics & Australian Association of Infant Mental Health, A neurodevelopmental perspective of child development: Theory and research and A neurodevelopmental perspective of child development: Clinical and policy implications* Adelaide, South Australia, 2000
- *Symposium speaker, The Mental Health of Women and Children, American Psychiatric Association, Family Violence In the United States*, Chicago, IL, 2000
- *Invited Speaker, Early Brain Development in Children At-Risk due to Abuse and Neglect*, California Child Development Policy Advisory Committee (CDPAC), **Understanding and Responding to the Traumatized Child**, Los Angeles, CA, 2000
- *Invited Speaker, Special presentation: NSW Government Ministers and officials, Commission for Children and Young People, Community Child and Family Health, University of Newcastle, Focusing on the Early Years with Dr. Bruce Perry (The Impact of Abuse on Brain Development; Responding hopefully to children who have been abused)*, Sydney, Australia, 2000
- *Invited Speaker, Phoenix Children's Hospital 22nd Annual Pediatric Update, Brain Development and Violence: Policy Implications*, Phoenix, AZ, 2000
- *Keynote speaker, Attorney General's School Violence Prevention Task Force*, Irving, TX, 2000
- *Invited Speaker, Nature & Nurture of Brain Development: How Early Experiences Shape Our Children*, Napa County Health & Human Services and The Parenting Project of the Napa Valley, **Early Infant Brain Development**, Napa, CA, 2000
- *Invited Speaker, Coconino Coalition for Children, The Impact of Neglect and Abuse on the Developing Child*, Flagstaff, AZ, 2000
- *Invited speaker, The Developing Brain and Literacy* National Advisory Council Annual Meeting, Scholastic, Inc. *Closing the Achievement Gap*, New York, NY, 2000
- *Special presentation, Science of Early Brain Development* Governor's Task Force on Early Childhood Education (via satellite), Oklahoma City, OK, 2000

Honorary or Plenary Lectureships

- *Keynote speaker, The Neuroarcheological Impact of Early Life Events* The Royal Australasian College of Physicians, Annual Scientific Meeting, "Moving Forward Together," Adelaide, South Australia, 2000
- *Special Invited Presentation: Premier and Cabinet of New South Wales, The Role of Government in Supporting Healthy Development of Children*, Sydney, Australia, 2000
- *Invited Speaker, The Impact of Experience on the Developing Child*, The Governor's Conference on Child Abuse and Neglect sponsored by The Kansas Children's Service League, Topeka, KS, 2000
- *Keynote speaker, Prevent Child Abuse, 11th Annual Conference, The Assessment & Treatment of Children Exposed to Violence*, Mesa, AZ, 2000
- *18th Recipient of the Dr. Mclver Furman Del Mar College Lectureship in the Health Sciences*, Driscoll Foundation, **Applying Brain Research to Early Childhood Development, Nature and Nurture of Brain Development: How Early Experience Shapes Child and Culture**, Corpus Christi, TX, 2000
- *2nd Narkewicz Visiting Professor in Child Advocacy and Community Health, The Impact of Traumatic Life Events on the Developing Child* Department of Pediatrics, University of Vermont School of Medicine, Burlington, VT 2000

2001

Research Presentations

- *Invited Speaker, Experience, Brain Development and the Next Generation: Why Early Childhood is So Important*, 2001 Fall Conference sponsored by the Houston Area Association for the Education of Young Children, Houston, TX
- *Invited Speaker, The Impact of Abuse and Neglect on the Developing Child*, presented at "The Power of Prevention" Child Abuse Prevention Symposium sponsored by the New Jersey Task Force on Child Abuse and Neglect, Trenton, NJ, 2001
- *Invited Speaker, How Childhood Experiences Influence the Developing Brain: Clinical Work with Maltreated Children*, Early Intervention: A Journey of Exploration and Discovery sponsored by the Infant Development Association, Los Angeles, CA, 2001
- *Invited Speaker, How We Influence Brain Development in Our Children*, City College of San Francisco, San Francisco, CA, 2001
- *Invited Speaker, Brain Development, Experience Dependency and Child Neglect*, Child Neglect: Promising Approaches to Achieve Safety, Permanency, and Well-Being sponsored by the National Resource Center on Child Maltreatment, Baltimore, MD, 2001
- *Invited Speaker, The Neurodevelopmental Impact of Child Maltreatment*, Grand Rounds, University of Alberta; Division of Child Psychiatry, Alberta, Canada, 2001
- *Invited Speaker, Neurodevelopmental Impact of Child Maltreatment*, Winter Conference of the National Association of Attorneys General and the California Attorney General, Newport Beach, CA, 2001

Training/Educational (local)

- *Invited Speaker*, Judicial Training, TDPRS: Court Improvement Act, Galveston, TX, 2001
- *Invited Speaker*, **The Impact of Neglect and Abuse on the Developing Child**, 15th Annual Conference on the Prevention of Child Abuse, San Antonio, TX, 2001
- *Invited Speaker*, 2001: A Reading Odyssey sponsored by Houston Public Television, Conroe Independent School District, and Montgomery County, TX, Houston, TX, 2001
- *Invited Speaker*, **The Impact of Abuse and Neglect on the Developing Child**, Judicial Training, Texas Center for the Judiciary, Austin, TX, 2001
- *Invited Speaker*, LEAH Training Program, Baylor College of Medicine Maternal and Child Health Bureau, Houston, TX, 2001
- *Special Presenter*, **The Impact of Abuse and Neglect on Language Development**, Houston Association of Communication Disorders, Houston, TX, 2001
- *Invited Speaker*, Child Abuse Prevention Conference sponsored by the Amarillo College Center for Continuing Healthcare Education, Amarillo, TX, 2001
- *Invited Speaker*, 1st Biennial Symposium sponsored by Texas Children's Hospital Auxiliary, Houston, TX, 2001

Training/Educational (national/international)

- *Invited Speaker*, Judicial Training, Child Abuse Coalition, Colorado Springs, CO, 2001
- *Invited Speaker*, **The Impact of Traumatic Experiences on the Developing Child and Effective Intervention**, Fostering Creativity in Children sponsored by MESA County Early Childhood Initiative/Partnership, Grand Junction, CO, 2001
- *Invited Speaker*, **The Impact of Violence on the Developing Child**, Safe from the Start: Reducing Children's Exposure to Violence sponsored by the California Attorney General's Office, I Am Your Child, and Health and Human Services Legislative Committee, Sacramento, CA, 2001
- *Special Presenter*, **A Neurodevelopmental Approach to Children: Implications for Child Policy and Practices: Part I of Four Part Series** sponsored by the Child Care Association – Early Head Start, Wichita, KS, 2001
- *Special Presenter*, **A Neurodevelopmental Approach to Children: Implications for Child Policy and Practices: Part II of Four Part Series** sponsored by the Child Care Association – Early Head Start, Wichita, KS, 2001
- *Special Presenter*, **A Neurodevelopmental Approach to Children: Implications for Child Policy and Practices: Part III of Four Part Series** sponsored by the Child Care Association – Early Head Start, Wichita, KS, 2001
- *Invited Speaker*, **Early Life Experiences and Brain Development: How Can We Help Our Children Reach Their Potential**, Child Summit sponsored by The United Way of Weld County and the North Colorado Medical Center, Greeley, CO, 2001
- *Invited Speaker*, **The Impact of Abuse and Neglect on the Developing Child**, The Children's Network, Vallejo, CA, 2001

- *Invited Speaker*, Second Annual KID's BRAINS: Healthy Connections for the Future sponsored by the Metropolitan State College of Denver and the Denver Mayor's Office, Denver, CO, 2001
- *Invited Speaker*, Beyond the Basis 2001 sponsored by the Alberta Children's Services, Alberta, Canada
- *Invited Speaker*, **The Impact of Trauma on Brain Development**, Department of Developmental and Mental Health Services, Burlington, VT, 2001
- *Special Presenter*, **The Impact of Child Maltreatment on the Developing Brain: Implications for Practice, Programs and Policy**, sponsored by the Bergen County Department of Human Services, Teaneck, NJ, 2001
- *Invited Speaker*, **The Impact of Stress and Trauma on the Developing Child**, sponsored by the Heart of America Family Services, Kansas City, KS, 2001
- *Invited Speaker*, Idaho Early Years Conference sponsored by Idaho Early Years and the Office of the Governor, Boise, ID, 2001

Honorary Lectureships

- *Visiting Professor*, **The Impact of Trauma on Brain Development**, Oregon Health Science University: Department of Pediatrics, Portland, OR, 2001
- *Special Consultant*, **A Neurodevelopmental View on Early Childhood: Recent Advances and Implications for Research and Practice**, UN's Special Session on Children – The Consultant Group on Early Childhood Care and Development partnered, UNICEF, New York, NY, 2001
- *Invited Speaker*, 43rd Biennial Convocation, Kappa Delta Pi, Orlando, FL, 2001

2002

Research Presentations

- *Plenary Speaker*, **Neurodevelopment and Dissociation: Trauma and Adaptive Response to Fear**, Ontario Psychiatric Association Annual Conference, Toronto, Ontario, Canada 2002
- *Invited Speaker*, **The Impact of Early Life Experience on the Developing Child: Lessons from Child Maltreatment**, Young Minds/ Our Future: A Symposium on Early Childhood Brain Development sponsored by Region 9 "Brain Team", Hastings, NE, 2002
- *Keynote Speaker*, **Neurodevelopment and Adaptation to a Violent World**, 21st Annual UC Davis Conference on Child Abuse and Neglect at the University of California, Davis, Sacramento, CA, 2002
- *Keynote Speaker*, **The Impact of Maltreatment on the Developing Child: A Neurodevelopmental Perspective**, Grand Rounds, Children's Hospital & Regional Medical Center, Seattle, WA, 2002
- *Keynote Speaker*, **Why Brains and Babies are Important to the Health of Communities and Why Communities are Important to the Health of Brains and Babies**, Third Annual KID's BRAINS:

Healthy Connections for Our Future sponsored by Metropolitan State College of Denver, Denver, CO, 2002

- *Invited Speaker, Development of a Core Child and Family Assessment Process*, California Stakeholder's Summit sponsored by the California Department of Social Services, CA, 2002
- *Plenary Speaker, Childhood Trauma/Neurodevelopment*, 2002 EMDR International Association Conference, San Diego, CA, 2002
- *Invited Speaker, Early Childhood and Brain Development*, The American Academy of Pediatrics/ Proposition 10 Luncheon sponsored by The American Academy of Pediatrics, Costa Mesa, CA, 2002

Training/Education (local)

- *Invited Speaker, Over-scheduling Children*, Parent Education, Bunker Hill Elementary, Houston, TX, 2002
- *Invited Speaker, 9th Annual Title IV-E Placement Conference* sponsored by the Texas Juvenile Probation Commission, South Padre Island, TX, 2002
- *Invited Speaker, The Impact of Trauma and Abuse on the Developing Child: Implications for the Classroom*, Staff In-Service at Spring Branch Independent School District, Houston, TX, 2002
- *Keynote Speaker, The Children's Initiative, Partners in Ministry: The Leadership Foundation of the Texas Hill Country*, Kerrville, TX, 2002
- *Invited Speaker, Impact of Experience on the Developing Child: A Neurodevelopmental Perspective*, University of the Incarnate Word Seminar Series sponsored by Family Services Association, San Antonio, TX, 2002
- *Keynote Speaker, Helping Abused and Neglected Children*, The Greater Texas Community Partners 2002 Conference sponsored by Greater Texas Community Partners and PRS, Austin, TX
- *Keynote Speaker, 1) The Impact of Violence on the Developing Child: Experience, Early Childhood and Neurodevelopment 2) The Response to Threat: Clinical Work with Children and Families Following Exposure to Violence 3) Practice, Program and Policy Implications of a Neurodevelopmental Approach to the Trauma and Violence*, Domestic Violence Conference sponsored by Jewish Family Service & Southwest Medical Center, Dallas, TX, 2002

Training/Education (national/international)

- *Special Presenter, A Neurodevelopmental Approach to Children: Implications for Child Policy and Practices: Part IV of Four Part Series* sponsored by the Child Care Association – Early Head Start, Wichita, KS, 2002
- *Keynote Speaker, Brain Smart Strategies and Disciplines*, The Importance of Early Brain Development: Building Community Support sponsored by the Mesa United Way, Mesa, AZ, 2002
- *Keynote Speaker, How We Influence Brain Development in Children: Implications for the Classroom*, Calgary Meeting of the Alberta Teachers Association, Calgary, Canada, 2002

- *Keynote Speaker, Working with High Risk Youth: Implications for the Classroom*, Edmonton Meeting of the Alberta Teachers Association, Edmonton, Canada, 2002
- *Invited Speaker, Core Assessment Process*, California DDS Stakeholder Consultation sponsored by the California DDS, Sacramento, CA, 2002
- *Invited Speaker, Understanding and Working with Traumatized Children*, Southern Ute County Special Training sponsored by the Southern Ute Community Actions Program, Durango, CO, 2002
- *Keynote Speaker, Overview of Early Brain Development: Key Principles*, Early Childhood Training sponsored by the Nebraska Consortium, Calgary, Alberta, Canada, 2002
- *Keynote Speaker, The Impact of Stress and Trauma on the Developing Child*, Commission on Children and Families Early Childhood Training, Department of Health and Human Services, Beaverton, OR, 2002
- *Keynote Speaker, Experience, Brain Development, and the Next Generation: Why Early Childhood Development is So Important*, 5th Annual Infant and Toddler Conference sponsored by the Riverside County Office of Education, Children's Services Unit, the Riverside County Department of Mental Health, and the Barbara Sinatra Children's Center, Palm Springs, CA, 2002
- *Keynote Speaker, Working with Victims of Child Trauma*, Dealing with Child Trauma Victims sponsored by the Delaware Judicial Education Committee and the Ruth Chasanov Family Court of the State of Delaware, Dover, DE, 2002
- *Keynote Speaker, Early Brain Development and the Benefits of Therapeutic Childcare Settings: Lessons from Child Maltreatment*, Social-Emotional Development in Early Childhood sponsored by the San Diego County Commission on Children, Youth and Families, San Diego, CA, 2002
- *Keynote Speaker, Neurodevelopment: Practical Implications for Working with Maltreated Children*, Safe and Stable Families Conference sponsored by the South Carolina Department of Social Services, Columbia, SC, 2002
- *Keynote Speaker, The Impact of Experience on the Developing Brain*, Tulare County Quality Summit sponsored by the Tulare County Office of Education/ Child Care Planning Council, Tulare County, CA, 2002
- *Keynote and Plenary Speaker, Early Brain Development*, Success by Six – Community Mobilization Conference sponsored by the Oklahoma Institute for Child Advocacy, the United Way of Oklahoma, and the Oklahoma Department of Human Services, Oklahoma City, OK, 2002
- *Plenary Speaker, The Impact of Experience on the Developing Child: A Neurodevelopmental Perspective*, North Dakota Early Childhood Regulatory Conference sponsored by the North Dakota Department of Human Services, Bismark, ND, 2002
- *Keynote Speaker*, Fall Conference of The Michigan Association of School Administrators, Traverse City, MI, 2002
- *Keynote Speaker, A Neurodevelopmental Perspective on Early Childhood*, The Alberta Early Years Conference sponsored by Children's Services and AMHB, Edmonton, Alberta, Canada, 2002
- *Keynote Speaker, Nature and Nurture of Brain Development: How Early Experience Shapes Child and Culture*, AEYC of WNY Conference sponsored by The Association for the Education of Young Children of Western New York, Buffalo, NY, 2002
- *Invited Speaker, The Impact of Experience on the Developing Child: Focus on Maltreatment*, Human Services Education Council, Springfield, IL, 2002

- *Keynote Speaker*, **1) The Power of Community: How Healthy Communities Create Healthy Children 2) The Impact of Experience on the Developing Brain: How Early Childhood Shapes a Child's Future**, Common Ground Conference sponsored by The Child Development Departments of Santa Rosa Junior College & California State University, Santa Rosa, CA, 2002
- *Invited Speaker*, **Experience, Brain Development and Child Outcomes**, Nevada Head Start Cluster Training, Nevada Head Start Association, Las Vegas, NV, 2002
- *Invited Speaker*, Portland State University Child Welfare Partnerships, Portland, OR, 2002
- *Invited Speaker*, **Child Abuse and the Brain**, Western Regional Symposium on Child Abuse and Sexual Assault, SCAR/ Jasper Mountain, Eugene, OR, 2002
- *Invited Speaker*, **School Readiness and Brain Research**, School Readiness sponsored by the Orange County Department of Education, The Violence Prevention Coalition of Orange, Co., Proposition 10 Commission, et al., Costa Mesa, CA, 2002
- *Keynote Speaker*, Family Forum, Child Care Coordinating Council of San Mateo County, San Mateo, CA, 2002
- *Keynote Speaker*, Sixth Annual Network Partner's Summit sponsored by Family Policy Council, Olympia, WA, 2002
- *Keynote Speaker*, **The Amazing Human Brain and Human Development**, Nooksack Valley Center for Children and Families Celebration sponsored by the Nooksack Valley School District and the Foundation for Early Learning, Nooksack, WA, 2002
- *Plenary Speaker*, **Brain Development and Child Welfare Policy**, Beyond the Bench: Riding the Waves of Change sponsored by the California Administrative Office of the Courts, Center for Families, Children & the Courts, et al., Pasadena, CA, 2002

Honorary Lectureships

- *Plenary Speaker*, **The Impact of Violence on the Developing Child**, Safe Schools, Safe Youth: Building Character and Creating Enduring Peace sponsored by Hunter College and Scholastic, Inc., New York, NY, 2002
- *Invited Presenter*, **Neurodevelopmental Effects of Maltreatment**, The Littman Research Day sponsored by the Department of Psychiatry at the University of Calgary, School of Medicine, Calgary, Canada, 2002
- *Special Presenter*, **Early Childhood Experience and Brain Development**, Special Colloquium held by Laramie County College, Cheyenne, WY, 2002
- *Keynote Speaker*, **Brain Development and Child Neglect: The Importance of Prevention**, Washington State 2002 Governor's Child Abuse Prevention Awards sponsored by the Washington Council for Prevention of Child Abuse and Neglect, Tacoma, WA
- *Keynote Speaker*, **The Critical Value of Infant Brain Stimulation**, Spring 2002 Bank of Oklahoma Lecture sponsored by The Oklahoma Leadership Enrichment Program at the University of Oklahoma, Oklahoma City, OK
- *Invited Speaker*, **Understanding and Working with Traumatized Children: The Impact on Practitioners Working with Traumatized Children**, Ira Stevens Conference sponsored by the Mental Health Association of Westchester, Inc., Westchester County, NY, 2002

2003

Research Presentations

- *Invited Speaker, The Impact on the Brain of Abuse and Neglect*, Multicultural Family Centered Training Project Conference sponsored by New Mexico State University, Albuquerque, NM, 2003
- *Invited Speaker, The Impact of Trauma on Development*, Research to Practice: Impact of Trauma on Child Development, Northern California Children and Family Services Training Academy, Davis/Redding, CA, 2003
- *Keynote Speaker, The Impact of Violence on the Developing Child*, AEYC of WNY Conference, The Association for the Education of Young Children of Western New York, Buffalo, NY, 2003
- *Invited Speaker, Grand Rounds: How Trauma Effects the Brain*, 7th Bi-Annual Conference on Child Maltreatment, Child Protection of DeVos Children's Hospital, Grand Rapids, MI, 2003
- *Keynote Speaker, The Effects of Trauma on Brain Development and Learning*, From Neurons to Neighborhoods: New Ways to Help Children and Adults Prevent and Heal Emotional Trauma sponsored by the Santa Barbara Graduate Institute, Los Angeles, CA, 2003
- *Invited Speaker, The Southwest Conference on Learning 2003* sponsored by the Charles J. Hughes Foundation and the Archuleta County School District, Pecos Springs, CO
- *Plenary Speaker, Supporting Brain Development*, Southwest Regional Leadership Forum sponsored by BoardSource and Sarkeys Foundation, Norman, OK, 2003

Training/Educational (local)

- *Invited Speaker, Statewide Evaluation Conference, Decentralized Evaluation Function – Education Service Center Region 12*, Corpus Christi, TX, 2003
- *Invited Speaker, Children's Quality of Life in Texas*, The Texas Lyceum Children's Issues Public Conference, Austin, TX, 2003
- *Keynote Speaker, The Power of Community: How Early Life Experiences Shape Child and Culture*, Association of Children's Museums Annual Inter Activity Conference sponsored by The Children's Museum of Houston, Houston, TX, 2003
- *Invited Speaker, Annual Conference of the Jewish Family Service*, Dallas, TX, 2003

Training/Educational (national/international)

- *Plenary Speaker, The Effects of Violence on Brain Development in Children*, The Global Nature of Abuse: The Interdisciplinary Approach to Understanding & Prevention Violence, California Chief Probation Officers Association, Concord, CA, 2003

- *Invited Speaker, Consultation and Training on the Core Assessment Process*, Consultation and Training for the Child Assessment and Referral Team (CARE), Tulsa, OK, 2003
- *Invited Speaker, Brains and Babies: Building Healthy Connections and Communities*, Third Annual Ready to Learn Conference sponsored by the Mesa United Way, Mesa, AZ, 2003
- *Keynote Speaker, How Early Experience Shapes Child and Culture: The Power of Community*, Spring Program at the Berrien/Cass School Boards Association, Benton Harbor, MI, 2003
- *Keynote Speaker, Experience, Brain Development and the Next Generation: Why Early Childhood Development is So Important*, 5th Annual Arkansas Conference for Parent Educators sponsored by the Arkansas Children's Trust Fund, Center for Effective Parenting, and the Arkansas Department of Education, Little Rock/Hot Springs, AR, 2003
- *Invited Speaker*, Private Luncheon following Bold Changes: A Shared Responsibility for Children and Families sponsored by the Foundation Consortium for California's Children and Youth, San Francisco, CA, 2003
- *Keynote Speaker, Early Childhood and the Rationale for the DSS Stakeholder's Reorganization*, California DSS Presents sponsored by the California Department of Social Services, Sacramento, CA, 2003
- *Keynote Speaker, Early Childhood and Neurodevelopment*, Early Years sponsored by the Rocky View Child and Family Services, Calgary, Alberta, Canada, 2003
- *Keynote Speaker, The Impact of Violence on the Developing Brain Implications for Practice*, Safe from the Start, California Office of the Attorney General, Sacramento, CA, 2003
- *Keynote Speaker, The Impact of Trauma and Abuse on the Developing Child: A Neurodevelopmental Perspective*, Peel District School Board 15th Annual Psychology Conference, Peel District School Board Psychology Department, Mississauga, Ontario, Canada, 2003
- *Invited Speaker, Child Trauma in Infants and Children*, The Training Institute of Early Head Start, Community Services for Children, Inc., Allentown, PA, 2003
- *Keynote Speaker, The Impact of Violence on the Developing Child*, Power of Prevention: Child Abuse Prevention Awareness Month Conference sponsored by the Bellflower Center for the Prevention of Child Abuse, Cleveland, OH, 2003
- *Invited Speaker, The Impact of Adverse Experiences on the Developing Child: Implications for Practice and Policy*, DCAC Annual Professional Meeting, Denver Children's Advocacy Center, Denver, CO, 2003
- *Invited Speaker, The Impact of Violence/Abuse on Brain Development*, 2nd Annual Conference of Prevent Child Abuse Nebraska, Lincoln, NE, 2003
- *Plenary Speaker, The Crucial Role of Experience in Shaping Children and Society*, Supporting Statewide Policies for Families with Young Children: Michigan at a Crossroad sponsored by ARCAN, The Michigan's Children's Trust Fund and the Children's Charter of the Courts of Michigan, Lansing, MI, 2003
- *Invited Speaker, Early Investment, Long Term Gains: Championing Children for Our Future* sponsored by the Kalamazoo Guidance Clinic, Van Buren Intermediate School District, Kalamazoo Regional Education Services Agency, et al., Kalamazoo, MI, 2003
- *Invited Speaker*, Hudelson Baptist Family Services, Collinsville, IL, 2003
- *Invited Speaker*, IMPACT Preschool, Vineland, NJ, 2003
- *Invited Speaker, Understanding and Working with Traumatized Children: A Neurodevelopmental Perspective*, Dr. James M. Bell Training Institute (A Division of Berkshire Farm Center and Services for Youth), Burlington, VT, 2003

- *Keynote and Plenary Speaker, A Strong Community Begins with Early Childhood*, Early Childhood and the Health of Communities sponsored by the Lucas County Alliance for Early Education and Child Care, Toledo, OH, 2003
- *Invited Speaker*, Los Angeles County Department of Mental Health and Infant-Early Childhood and Family Health Services, Los Angeles, CA, 2003
- *Invited Speaker*, Uniting for Children sponsored by Alberta Children's Services, Edmonton, Canada, 2003
- *Keynote Speaker, Building Healthy Brains*, Ontario Early Years Centres Annual Provincial Conference sponsored by OEYC Niagara, Niagara Falls, Ontario, Canada, 2003
- *Invited Speaker*, The Nurturing Center, Kalispell, MT, 2003
- *Plenary Speaker, Early Brain Development; Training with Mental Health Providers Working with Children 0-5 Years, Their Families, and Their Providers*, Birth to Five Mental Health Conference sponsored by the Santa Barbara County Early Mental Health Collaborative Partners, Santa Barbara County Alcohol, Drug, and Mental Services, and Child and Families Commission of Santa Barbara County, Solvang, CA, 2003
- *Invited Speaker, Early Brain Development and School Readiness*, Early Experiences, Brain Development: Readiness for Learning and for Life, Madera County Office of Education, Madera, CA, 2003
- *Invited Speaker, Bonding/Attachment as It Relates to Early Brain Development and Its Impact on Social/Emotional Development and School Readiness*, 6th Annual Infant/Toddler "In Our Hands" Conference sponsored by the Riverside County Office of Education, the County of Riverside Department of Mental Health, and The Riverside Children and Families Commission, Palm Springs, CA, 2003
- *Invited Speaker, Early Brain Development*, sponsored by Health Services Agency, San Mateo, CA, 2003
- *Invited Speaker*, sponsored by the First 5 Commission of San Diego, the County of San Diego Commission on Children, Youth, and Families, and the County of San Diego Children's Mental Health Services, San Diego, CA, 2003
- *Invited Speaker, The Power of Early Childhood Relationships in Shaping a Lifetime of Health and Resilience*, Infant-Parent Mental Health Training Series sponsored by the Napa County Health & Human Services, Napa, CA, 2003
- *Keynote Speaker, 1) Early Childhood Brain Development 2) Clinical Work with Maltreated Children: A Neurodevelopmental Approach*, Early Childhood Summer Conference sponsored by the Ashland Early Childhood Regional Improvement Center, Louisville, KY, 2003
- *Invited Speaker, Supporting Brain Development*, Community Development Institute and Region VIII Head Start Quality Improvement Center, Denver, CO, 2003
- *Plenary Speaker, The Impact of Abuse and Neglect on the Developing Child*, 2003 Louisiana Joining Hands and Hearths Domestic Conference sponsored by the Louisiana Coalition Against Domestic Violence, Baton Rouge, LA
- *Invited Speaker, The Impact of Trauma on Children*, Child Welfare Redesign in Stanislaus County, Stanislaus County Community Services Agency, Modesto, CA, 2003
- *Invited Speaker*, Annual Edmonton Children's Services Staff Conference sponsored by the City of Edmonton and surrounding area (Region 6 Children's Services), Edmonton, Alberta, Canada, 2003
- *Keynote Speaker, Family Violence*, Family Violence Conference sponsored by Alternatives to Domestic Violence and Prevent Child Abuse, Temecula, CA, 2003

- *Plenary Speaker, The Impact of Violence on the Child's Developing Brain*, 27th Annual California State Foster Parent Conference sponsored by the California Foster Parent Association, The California Department of Social Services, The Ventura and Los Angeles County Children and Family Services, et al., Los Angeles, CA, 2003
- *Invited Speaker, The Impact of Trauma on Brain Development*, Stark Family Court, Sisters of Charity Foundation, and The Stark County Children's Services Advisory & Advocacy Council, Canton, OH, 2003
- *Keynote Speaker, Brain Development*, CHILD Conference sponsored by the Leadership & Literacy Foundation, Haverhill, MA, 2003
- *Keynote Speaker, Infant and Toddler Attachment*, Infant and Toddler Symposium, Florida Partnership for School Readiness Quality Initiative, Orlando, FL, 2003
- *Invited Speaker, Childhood Exposure to Violence*, 7th Annual Count to Ten Seminar sponsored by the Fresno County Department of Community Mental Health, Fresno, CA, 2003
- *Keynote Speaker, Joint Meeting of Alberta Children's Services*, Alberta Children's Services, Alberta, Canada, 2003
- *Plenary Speaker, The Impact of Violence on a Child's Developing Brain – Implications for Policy and Spending*, Annual C Meeting sponsored by the California State Association of Counties, Monterey, CA, 2003
- *Invited Speaker, The Impact of Violence on Brain Development*, Reducing Children's Exposure to Violence, Tuolumne County YES Partnership, Sonora, CA, 2003
- *Plenary Speaker, 1) The Power of Community: How Healthy Communities Create Healthy Children 2) Nature and Nurture of Brain Development: How Childhood Experiences Shape Child and Culture*, Creating Healthy Children Conference sponsored by the Cochrane Family & Community Support Services, Cochrane, Alberta, Canada, 2003
- *Invited Speaker, 1) The Role of the Community in Ensuring Healthy Children 2) The Importance of Early Experiences in the Development of the Child*, Brain Development & Healthy Development & Learning, Medicine Hat College, Medicine Hat, Alberta, Canada, 2003

Honorary Lectureships

- *Invited Speaker, Early Childhood Experience and Development*, Early Childhood Trauma and Training sponsored by Madame Vanier Children's Services, London, Ontario, Canada, 2003
- *Invited Speaker, CEO Event* sponsored by Success by Six, Buffalo, NY, 2003
- *Keynote Speaker, Trauma in Developing Children: Clinical Practice and Policy Implications*, Experiences of Trauma in Childhood and The Goodman Child & Adolescent Institute of Jewish Children's Bureau, Chicago, IL, 2003
- *Invited Speaker, Understanding and Working with Traumatized Children*, Investing in Wyoming's Most Precious Resource – It's Children sponsored by the Laramie County Community College Foundation, Cheyenne, WY, 2003

Research Presentations

- *Invited Speaker, The Impact of Traumatic Experience on Attachment*, Early Years Conference sponsored by The University of British Columbia, Vancouver, British Columbia, Canada, 2004
- *Invited Speaker, Nurturing Each Child's Niche*, PBS Ready to Learn Annual Seminar sponsored by PBS Ready to Learn, Baltimore, MD, 2004
- *Keynote Speaker, 11th Annual Child Abuse Prevention Recognition Awards Conference* sponsored by the First Coast Family Center, Jacksonville, FL, 2004
- *Keynote Speaker, Research on Trauma*, Annual Research Symposium in Psychiatry, Psychology and Behavioral Science sponsored by the Medical College of Ohio and Bowling Green State University, Toledo, OH, 2004
- *Keynote Speaker, Trauma and the Brain: Can We Help and How?*, Traumatized Youth in Child Welfare: The Interface of Mental Health & Children's Services, Fordham University Graduate School of Social Services, Tarrytown, NY, 2004
- *Invited Speaker, Maternal Loss, Early Deprivation, Inconsistent Care-giving, and Institutionalism*, Joint Council of International Children's Services Medical Institute and Conference sponsored by the Joint Council of International Children's Services, Washington, D.C., 2004
- *Keynote Speaker, Governor's 11th Annual Abuse and Neglect Conference: Securing the Safety Net for Maryland's Children* sponsored by The Governor's Office for Children, Youth, and Families, and The State Council on Child Abuse and Neglect, Baltimore, MD, 2004
- *Invited Speaker, Case-Based Introduction to a Neuroarcheological Approach to Traumatized Children*, Drexel University College of Medicine and Behavioral Healthcare Education, Plymouth, PA, 2004
- *Keynote Speaker, Early Childhood Development as It Relates to Divorce Issues*, Annual Gathering of the 60 Annie E. Casey Foundation Children and Family Fellows sponsored by the Anne Casey Foundation, Baltimore, MD, 2004
- *Plenary Speaker, Brain Development and Early Childhood: How Experience Shapes Child and Culture*, Annual Fall Conference of the Colgate University Division of Natural Sciences & Mathematics Science Colloquium Series, Hamilton, NY, 2004
- *Invited Speaker, Defining Trauma, the Developmental Impact of Trauma, and Principles of Working with Traumatized Children*, Research to Practice: The Impact of Trauma on Our Children sponsored by Penn State University, City of York, and Family Service Partners, York, PA, 2004
- *Invited Speaker, Neurobiological Perspectives on Analytic Approaches*, Meeting of The Psychoanalytic Center of Philadelphia, Philadelphia, PA, 2004

Training/ Education (local)

- *Plenary Speaker, 2004: The Year of the Child in Texas Family Therapy*, The Texas Association for Marriage and Family Therapy, Houston, TX
- *Keynote Speaker, Brain Development in Early Childhood: The Importance of Pre-school Daycare*, Women's Breakfast Club at the River Oaks Country Club, Houston, TX, 2004

- *Keynote Speaker, Early Childhood Development as It Relates to Divorce Issues*, Monthly Dinner Meeting of the Gulf Coast Family Law Specialists, Houston, TX, 2004
 - *Invited Speaker, The Impact of Trauma Neglect on Children*, Part I of Three-Part ChildTrauma Academy Training Series on Working with Maltreated & Traumatized Children in the Legal System sponsored by Lone Star Legal Aid and the Southwest Regional Juvenile Defender Center, Houston, TX, 2004
- *Invited Speaker, Special Training* sponsored by Kansas Children's Services, Wichita, KS, 2004
- *Plenary Speaker, Community*, Orange County: Every Orange County Child Is My Concern sponsored by Orange County Safe from the Start, Costa Mesa, CA, 2004

Training/ Education (national/international)

- *Keynote Speaker, The Impact of Domestic Violence on the Developing Child*, Domestic Violence Course sponsored by the United States Army, San Antonio, TX, 2004
- *Invited Speaker, How Early Life Experience Shapes Child and Culture: The Role of Relationships in Shaping a Healthy Community*, A Day with Bruce Perry sponsored by the Stanislaus County Community Services Agency, Modesto, CA, 2004
- *Keynote Speaker, The Role of Community & Relationships in Supporting Young Children's Development*, Bringing Children and Seniors Together for School Readiness, First 5 Commission of San Diego, San Diego, CA, 2004
- *Invited Speaker, Brain Development: What Every Parent Should Know*, Speaker Series for Parents sponsored by the Canmore Public Schools' Initiative, Canmore, Alberta, Canada, 2004
- *Invited Speaker, The Impact of Violence on Brain Development*, Tehama Safe from the Start Forum sponsored by the California Attorney General's Office and the Tehama County Child Abuse Council, Red Bluff, CA, 2004
- *Plenary Speaker, The Impact of Violence on Children*, California Attorney General's Annual All Zones Meeting sponsored by the California Attorney General's Office, Sacramento, CA, 2004
- *Keynote Speaker, Skills and Service*, Wyoming 2nd Annual Children's Mental Health Conference sponsored by the Federation of Families for Children's Mental Health and the Wyoming Department of Health, Casper, WY, 2004
- *Invited Speaker, 1) The Impact of Violence on Brain Development 2) Approaches to Working with Traumatized Children*, Understanding and Working with Children Exposed to Violence, Tuolumne County YES Partnership, Sonora, CA, 2004
- *Keynote Speaker, The Impact of Violence and Abuse on Young Children*, Safe from the Start sponsored by the SCAEYC and the Attorney General's Office Safe from the Start Program, Whittier, CA, 2004
- *Invited Speaker, Theory and Practice in Child Development*, Annual Child Abuse Prevention Conference sponsored by the Child Abuse Prevention Council, Salinas, CA, 2004
- *Keynote Speaker, Abuse Across the Lifespan*, Ventura County Partnership for Safe Families, Ventura, CA, 2004
- *Keynote Speaker, 2nd Las Vegas Conference on Adolescents and Family*, U.S. Journal Training, Las Vegas, NV, 2004
- *Keynote Speaker, Annual Meeting of The New York Association for the Education of Young Children*, New York, NY, 2004

- *Keynote Speaker*, **Working in Conjunction with UPLIFT**, Part of the Promise: Family-centered and Individual Recovery Services sponsored by the Wyoming Department of Health – Division of Mental Health and Substance Abuse and the Wyoming Assessment of Mental Health and Substance Abuse Centers, Lander, WY, 2004
- *Invited Speaker*, **1) The Impact of Community on the Developing Brain: How Healthy Communities Create Healthy Children 2)The Neurodevelopmental Impact of Childhood Trauma: The Relationships between Adverse Childhood Experiences and Risk for Physical Health Problems**, Lake County Leadership Network, Lakeport, CA, 2004
- *Invited Speaker*, **How Family Court Decisions Need to Be Made with the Child in Mind**, Erie County Family Court Improvement Project, Success by Six and the Erie County Family Court, Buffalo, NY, 2004
- *Keynote Speaker*, **KIDS' BRAINS: Healthy Connections for Our Future**, Metropolitan State College of Denver, Denver, CO, 2004
- *Keynote Speaker*, **The Impact of Trauma on Brain Development**, Ohio Juvenile Court Judges Association Annual Education Seminar, Ohio Juvenile Court Judges, Cincinnati, OH, and Closed Meetings with the Supreme Court of Ohio Judicial College, Columbus, OH, 2004
- *Invited Speaker*, **Brain Development**, North Eastern Ontario Early Childhood Development Symposium sponsored by the District of Nipissing Social Services Administration Board and the Ontario Early Years Center, Ontario, Canada, 2004
- *Invited Speaker*, **The Impact of Violence on Brain Development**, Montana Behavioral Initiative Summer Institute, State of Montana Office of Public Instruction, Bozeman, MT, 2004
- *Invited Speaker*, **Effects of Trauma on Children: Treatment Implications**, Intermountain Children's Home and Service, Helena, MT, 2004
- *Keynote Speaker*, **Brain Development**, Summer Conference on Early Childhood Education sponsored by the Michigan Association of School Boards, Traverse City, MI, 2004
- *Invited Speaker*, **The Affect of Neglect on the Developing Child and Community Based Best Practice Interventions**, Using an Integrated Community Response to Neglecting Families sponsored by the Department of Human Services, Children, Adults and Families and Liberty House Child Abuse Assessment Center, Salem, OR, 2004
- *Invited Speaker*, **Working with Families at Risk of Child Abuse and Neglect** sponsored by Community Safety Net, Salem, OR, 2004
- *Invited Speaker*, **Children Exposed to Violence**, Training Event of YES Partnership, Sonora, CA, 2004
- *Invited Speaker*, **One Day Seminar** sponsored by the Cherokee Nation Child Care Resource Center, Tahlequah, OK, 2004
- *Invited Speaker*, **Clinical Management of Behavioral Problems: Post-Traumatic Stress Disorder**, Managing Child Behavioral Health Problems: Practical Solutions for the Busy Primary Care sponsored by the New Mexico Department of Health, Albuquerque, NM, 2004
- *Invited Speaker*, **Better Responding to Children in Domestic Violence Calls: Training Session for Police**, sponsored by the Center for Children and Families in the Justice System, London, Ontario, Canada, 2004
- *Invited Speaker*, **Neuroarcheological Staffing and Intervention** sponsored by the Kansas Department of Mental Health, Wichita, KS, 2004
- *Invited Speaker*, **The Effects of Trauma on Children & Adolescents: Treatment Implications**, Annual Treatment Conference sponsored by the Ohio Teaching Family Association, Wood County Court, and The Cullen Center of Toledo Children's Hospital, Toledo, OH, 2004

- *Keynote Speaker, The Effects of Violence and Neglect on Early Brain Development and Its Implications for Child Welfare Practice*, Annual Conference of the Lutheran Social Services of the Virgin Islands, St. Croix, U.S. Virgin Islands, 2004
- *Invited Speaker, Mariposa Safe Families*, Mariposa, CA, 2004
- *Invited Speaker, A Day with Bruce Perry* sponsored by Stanislaus County Community Service, Modesta, CA, 2004
- *Invited Speaker, The Impact of Domestic Violence: How Early Life Experience Shapes Child and Culture*, Stanislaus County Domestic Violence Conference, Stanislaus County, Modesta, CA, 2004
- *Keynote Speaker, The Role of Community in Ensuring Health Children*, Follow the Adventure – Children as Early Explorers, North Dakota Association for the Education of Young Children and Region 8 Head Start Association, Bismark, ND, 2004
- *Keynote Speaker, The Effects of Neglect on the Developing Child & Community-Based Best Practice Intervention*, Making a Difference 2004 sponsored by the Plumas County Child Abuse Prevention Council and California Attorney General's Safe from the Start, Blairsden, CA
- *Keynote Speaker, Nature and Nurture of Brain Development*, 2004 Annual Conference of Southwest Foundations sponsored by the Conference of Southwest Foundations, Lake Tahoe, NV, 2004
- *Keynote and Plenary Speaker, Violence within the Home and Its Effects on Children*, Violence Within the Home sponsored by ICAN (Inter Agency Council on Child Abuse and Neglect – Los Angeles) and the California Attorney General's Safe from the Start Program, Universal City, CA, 2004
- *Invited Speaker, Early Trauma and Neurodevelopment via teleconference*, Symposia on Trauma in Infancy and Early Childhood sponsored by The University of Alaska, Sitka, 2004
- *Invited Speaker, Early Childhood Development*, Nonprofit Toolbox Series, Sarkeys Foundation, Norman, OK, 2004
- *Invited Speaker, Brain Development/ Early Learning*, Annual Fall Conference of the Child Care Council of Onondaga County, Syracuse, NY, 2004
- *Keynote Speaker, Effects of Child Trauma*, Training Event sponsored by the Jeanette Prandi Center, the California Attorney General's Safe from the Start Program, and the Greater Bay Area CAPC Coalition, San Rafael, CA, 2004
- *Invited Speaker, Children*, Training Session sponsored by Northwest Alberta FCSS and Northwest Alberta CFSA, Region 8, Grande Prairies, Alberta, Canada, 2004
- *Keynote Speaker, Early Intervention with High-Risk Young Children*, Early Head Start – Safe Start Training, Community Services for Children – Early Head Start, Allentown, PA, 2004
- *Invited Speaker, How Healthy Communities Create Healthy Children*, Ontario Early Years Centers – Niagara: Psychoanalytic Approaches, Niagara Falls, Ontario, Canada, 2004
- *Plenary Speaker, Community, Early Childhood, and Health*, California State Association of Counties Annual Meeting, California Office of the Attorney General's Safe from the Start, San Diego, CA, 2004
- *Invited Speaker, Systematic Change, Community Engagement, and Early Childhood*, Casey Child and Family Fellows Executive Seminar sponsored by the Annie Casey Foundation, Philadelphia, PA, 2004

Honorary Lectureships

- *Keynote Speaker, Trauma and the Brain: Can We Help and How?*, Traumatized Youth in Child Welfare: The Interface of Mental Health and Children's Services sponsored by Fordham University Graduate School of Social Services. James R. Dumpson Colloquium, Baltimore, MD, 2004
- *Keynote Lecturer, The Impact of Stress and Trauma on the Developing Brain*, Faculty Development Project on the Brain: Lecture Series, Cuyahoga Community College, Cleveland, OH, 2004
- *Invited Speaker, The Impact of CAN on Development*, CAN – State of Art sponsored by the Catholic University of Leuven, Belgium, 2004
- *Plenary Speaker, The Impact of Abuse and Neglect on the Developing Young Child*, Leo M. Croghan Conference on Developmental Disabilities sponsored by the Leo M. Croghan Memorial Foundation and the North Carolina Division of Public Health, Early Intervention Branch, Raleigh, NC, 2004

2005

Research Presentations

- *Invited Speaker, Early Childhood, Trauma, and Brain Development*, New Zealand, Brainwave Trust, Auckland, New Zealand, 2005
- *Keynote Speaker, How Healthy Communities Raise Healthy Children*, 3rd Annual Baltimore City Children's Emotional Wellness Conference sponsored by the Baltimore City Child Care Resource Center, Baltimore City DSS, and the Mayor's Office for Children, Youth, and Families, Baltimore, MD, 2005
- *Invited Speaker, UCSF Graduate Training Grant on Childhood Trauma*, University of California San Francisco, San Francisco, CA, 2005
- *Keynote Speaker, Meeting of the Profession: The Annual Conference* sponsored by the National Association of Social Workers – New Jersey, Atlantic City, NJ, 2005
- *Invited Speaker, Infant Mental Health, Parenting Skills, and Parenting Curriculums*, National Health Care for the Homeless Conference sponsored by Clinicians' Network, National Health Care for the Homeless Council and Bureau of Primary Health Care, and HRSA, Washington, D.C., 2005
- *Invited Speaker, The Cumulative Effects of Abuse on Children*, Rutgers – State University of New Jersey, Piscataway, NJ, 2005
- *Keynote Speaker, The Impact of Trauma on Children*, Worldwide Family Advocacy Conference sponsored by the United States Army, Charlotte, NC, 2005
- *Keynote Speaker, An Overview of Child Trauma*, Building a Trauma-Informed Child Welfare System in Illinois sponsored by the Domestic Violence and Mental Health Policy Initiative in conjunction with the Illinois Department of Children and Family Services and Northwestern University, Peoria, IL, 2005

- *Invited Speaker*, University of California, San Francisco School of Nursing and Childhood Trauma, UCSF, San Francisco, CA, 2005
- *Invited Speaker*, Canadian Congress on Criminal Justice, Office of the Children's Advocate, Calgary, Alberta, Canada, 2005
- *Plenary Speaker*, **Childhood Mental Health Needs at Early Ages**, 2005 NACo Health, Human Services, and Workforce Conference sponsored by the National Association of Counties, San Francisco, CA, 2005

Teaching/Education (local)

- *Keynote Speaker*, HAP/CTA Conference sponsored by Houston Achievement Place, Houston, TX, 2005

Teaching/Education (national/international)

- *Keynote Speaker*, **The Impact of Trauma on Children**, Physician's Course on Domestic Violence and Sexual Assault sponsored by the United States Army, San Antonio, TX, 2005
- *Invited Speaker*, **Brain Development**, Delaware Tribe Child Development and Success by Six, Dallas, TX, 2005
- *Invited Speaker*, Calgary Area Child and Family Services Authority, Region 3, Calgary, Alberta, Canada, 2005
- *Invited Speaker*, Metis Settlement Child and Family Services, Children's Services Alberta, Edmonton, Alberta, Canada, 2005
- *Invited Speaker*, Family Literacy Project, Children's Services Alberta, Calgary, Alberta, Canada, 2005
- *Invited Speaker*, **Mobilizing Our Community: The Importance of Brain Development**, Department of Human Services and the Klamath County Commission on Children and Families, Klamath County, OR, 2005
- *Keynote Speaker*, Green Country Behavioral Health Services, Inc., Muskogee, OK, 2005
- *Invited Speaker*, Training, Understanding the Early Years Project and the Abbotsford Early Childhood Committee, Abbotsford, British Columbia, Canada, 2005
- *Keynote Speaker*, Central Alberta CFSA (Red Deer), Children's Services, Alberta, Red Deer, Alberta, Canada, 2005
- *Keynote Speaker*, Alberta Association of Services to Children and Families Membership Meeting, Children's Services Alberta, Red Deer, Alberta, Canada, 2005
- *Invited Speaker*, **The Impact of Trauma & Maltreatment on Brain Development: Implications for Work in Child Welfare**, Child Welfare Stipend Program Symposium sponsored by the Child Welfare Stipend Program at Virginia Commonwealth University, School of Social Work, Richmond, VA, 2005
- *Invited Speaker*, **The Power of Community: How Healthy Communities Create Healthy Children**, Placer County Department of Health and Human Services, Placer County, CA, 2005

- *Invited Speaker*, The Effects of Abuse, Neglect and Trauma on the Child's Brain sponsored by the Family Support Council of Douglas County, Minden, NV, 2005
- *Keynote Speaker*, **Prevention**, Children's Summit Conference sponsored by the Merced County Human Services Agency and First 5, Merced, CA, 2005
- *Keynote Speaker*, **Brain Development and Early Learning**, "Read Now, Read for Life" Conference sponsored by Read for Life, Visalia, CA, 2005
- *Keynote Speaker*, Children's Mental Health Conference sponsored by UPLIFT, Casper, WY, 2005
- *Invited Speaker*, **How Experiences in Early Childhood Create a Healthy Society**, Celebrating a Week of the Young Child sponsored by a community partnership of the Department of Family Services, LCCC Child Discovery Center, Prevent Child Abuse, et al., Cheyenne, WY, 2005
- *Invited Speaker*, Denver Children's Assessment Center, Denver, CO, 2005
- *Invited Speaker*, The San Luis Obispo County DDS-STAP OFR Community College – Children's Services Network, San Luis Obispo, CA, 2005
- *Keynote and Plenary Speaker*, **Trauma**, University of Illinois at Chicago and the Illinois Department of Children and Family Services, Chicago, IL, 2005
- *Invited Speaker*, **Relationship-Based Literacy**, Loving Literacy: The Gift of Lifelong Learning sponsored by Rudolph Steiner College, The Alliance for Childhood & California State University at Sacramento, and The Richards Institute of Education, Sacramento, CA, 2005
- *Invited Speaker*, **The Effect of Trauma on Early Brain Development**, Breaking the Cycle sponsored by Prevent Child Abuse Indiana, Indianapolis, IN, 2005
- *Plenary Speaker*, **The Importance of Early Brain Development: Mobilizing the Community**, Great Valley Center Conference: "Growing a Community" sponsored by The California Department of Justice: Safe from the Start and The Great Valley Non-Profit Center, Sacramento, CA, 2005
- *Keynote Speaker*, **How the Brain Develops: The Importance of Early Childhood**, Safe from the Start, Eureka, CA, 2005
- *Invited Speaker*, How Early Life Experience Shapes the Child: The Role of Relationships in Shaping a Healthy Community, The Nurturing Center, Inc., Kalispell, MT, 2005
- *Invited Speaker*, **Brain Research: Child Development and Early Childcare Issues**, Oklahoma Division of Child Care – Licensing Staff Training, sponsored by the University of Oklahoma: Center for Early Childhood Professional Development and the Department of Human Services – Division of Childcare, Oklahoma City, OK, 2005
- *Keynote Speaker*, Complex Psychological Trauma in Children, Adolescents and Adults: A Clinical Perspective sponsored by Drexel University College of Medicine and Behavioral Healthcare Education, Philadelphia, PA, 2005
- *Plenary Speaker*, Coming Together for Canada's Children, The Alberta Government and a partnership of several child welfare associations, Calgary, Alberta, Canada, 2005
- *Plenary Speaker*, Annual National Conference of State Child Care Administrators sponsored by the Child Care Bureau of the Administration for Children and Families and the U.S. Department of Health and Human Services, Arlington, VA, 2005
- *Invited Speaker*, **The Effects of Trauma on the Developing Brain**, Brain Development: Coming Together to Make a Difference sponsored by Communities Collaborative Committee, Mahanomen, MN, 2005
- *Plenary Speaker*, **Brain Development and Early Childhood**, 37th Annual Southwestern School for Behavioral Health Studies sponsored by EMPACT – SPC, Tuscon, AZ, 2005
- *Invited Speaker*, **Brain Development**, National Indian Child Care Association National Conference, Tulsa, OK, 2005

- *Keynote Speaker*, Montana State Foster/Adoptive Parent Association in conjunction with Intermountain, Helena, MT, 2005
- *Invited Speaker*, **How Healthy Communities Create Healthy Families**, Success by 6 Community Seminar sponsored by Enid Success by 6, Bartlesville, OK, 2005
- *Invited Speaker*, The Association and the Department of Social Rehabilitation, Wichita, KS, 2005
- *Keynote Speaker*, **An Overview of Child Trauma**, Building a Trauma-Informed Child Welfare System in Illinois sponsored by the Domestic Violence and Mental Health Policy Initiative in conjunction with the Illinois Department of Children and Family Services and Northwestern University, Mt. Vernon, IL, 2005
- *Keynote Speaker*, **Early Brain Development in Foster Care/Adoptive Children: Positive and Negative Effects**, Mesa United Way's Ready to Learn: Stage 2 sponsored by the Mesa United Way, Mesa, AZ, 2005
- *Invited Speaker*, **Understanding Childhood Trauma and Neglect: Practical Approaches to Working with Children and Youth**, Medford, OR, 2005
- *Keynote Speaker*, **The Effects of Abuse and Neglect on Children**, KIDS sponsored by the Office of the Children's Advocate, Calgary, Alberta, Canada, 2005
- *Invited Speaker*, Train-the-Trainer, Klamath County Collaborative, Klamath Falls, OR, 2005
- *Invited Speaker*, Consultation and Training with Dr. Perry sponsored by Foundations, Inc., Philadelphia, PA, 2005
- *Keynote Speaker*, **An Overview of Child Trauma**, Building a Trauma-Informed Child Welfare System in Illinois sponsored by the Domestic Violence and Mental Health Policy Initiative in conjunction with the Illinois Department of Children and Family Services and Northwestern University, Chicago, IL, 2005
- *Invited Speaker and Special Consultant*, **Childhood Trauma and Vulnerability to Substance Abuse**, Conference on Addiction, Treatment, and Prevention sponsored by the Norlien Foundation, Calgary, Alberta, Canada, 2005
- *Invited Speaker*, Train-the-Trainer: Early Childhood and Exposure to Violence sponsored by the California Attorney General's Safe from the Start, Sacramento, CA, 2005

Honorary Lectureships

- *Keynote Speaker*, **The Impact of Maltreatment and Exposure to Violence on Brain Development for Young Children and Youth: Recommendations for After-school Programs**, Foundations, Inc., Atlanta, GA, 2005
- *Keynote Speaker*, **Impacts of Child Trauma in Adulthood: How It Works**, In Support of Children – Lecture Series sponsored by In Support of Children and Old Dominion University, Norfolk, VA, 2005
- *Invited Speaker*, Clinical Scholars Program sponsored by First 5 Tulare County, Visalia, CA, 2005
- *Keynote Speaker*, **Child Maltreatment and Early Childhood Interventions**, Master Lecture Series sponsored by the Vincent J. Fontana Center for Child Protection, Fordham University Graduate School of Social Service, and Children FIRST, New York, NY, 2005
- *Plenary Speaker*, **What We Need to Know About Early Childhood Development**, Leadership Institute, Kansas Health Foundation, Wichita, KS, 2005

- *Invited Lecturer, Child Trauma Effects – Treatment*, 2nd Annual Patricia Myers Child Abuse Lecture sponsored by the Mayerson Center for Safe and Healthy Children and The Bremer Foundation, Cincinnati, OH, 2005
- *Keynote Speaker, Family Violence*, Family Violence Conference sponsored by the UN: World Health Organization, Pan-American Health Organization, Government of Alberta, et al., Banff, Alberta, Canada, 2005
- *Keynote Speaker, The Impact of Abuse and Neglect*, ABC Luncheon sponsored by Childhaven, Seattle, WA, 2005
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2006

Research Presentations

- *Keynote Speaker, Trauma and Neglect: Neurodevelopmental and Psychoanalytical Approaches*, St. Louis Psychoanalytic Society Symposium on Trauma and Neglect sponsored by the St. Louis Psychoanalytic Society, St. Louis, MO, 2006
- *Plenary Speaker, World Forum: Future Directions on Child Welfare* sponsored by the Ministry of British Columbia, Vancouver, British Columbia, Canada, 2006
- *Plenary Speaker, Relational Health and Vulnerability to Substance Abuse and Dependence*, Strengthening Families and Empowering Communities sponsored by the Administration for Children's Services, The City of New York, and the New York State Association of Substance Abuse Providers (ASAP), New York, NY, 2006
- *Keynote Speaker, The Implications of Early Childhood Trauma for the Mental Health and Well-Being of Children and Young Adults*, Child Welfare and Mental Health – Addressing Parental and Child Mental Health Needs in the Context of Child Abuse and Neglect Cases sponsored by the Governor's Task Force on Children's Justice, The State Court Administrative Office, The Michigan Ombudsman's Office, et al., East Lansing, MI, 2006
- *Plenary Speaker, 48th Annual Meeting of the American Society of Clinical Hypnosis*, Orlando, FL, 2006
- *Keynote Speaker, The Impact of the Exposure to Violence on a Child's Developing Brain*, CAEYC 2006 Annual Conference sponsored by the California Association for the Education of Young Children (CAEYC) and the California Attorney General's Safe from the Start Program, Anaheim, CA, 2006

Training/Education (local)

- *Plenary Speaker, Texas Hill Country Seminar* sponsored by the Methodist Home and Reclaim Youth International, San Antonio, TX, 2006
- *Keynote Speaker, Twentieth Annual Conference on the Prevention of Child Abuse* sponsored by Prevent Child Abuse Texas, Dallas, TX, 2006

- *Plenary Speaker, The Making of a Juvenile Delinquent from an Abusive and Neglectful Home*, State Bar of Texas Annual Juvenile Conference sponsored by the State Bar of Texas Juvenile Section, Dallas, TX, 2006
- *Keynote Speaker, The Effects of Trauma on Children*, 2006 Harris County Annual Youth and Family Services Conference: "Growth Through Adversity" sponsored by the Harris County Youth and Family Services Division, Houston, TX
- *Keynote Speaker, Together We're Better* sponsored by the Texas Association for the Education of Young Children, Galveston, TX, 2006
- *Keynote Speaker, Partners in Prevention* Conference sponsored by the Texas Health and Human Services Commission, Austin, TX, 2006

Training/Education (national/international)

- *Invited Speaker, Observations on Children, Neurodevelopment, and Early Childhood*, The Richards Institute: Education through Music sponsored by the Richards Institute, Houston, TX, 2006
- *Keynote Speaker, The Impact of Trauma on Brain Development*, Physician's Course on Domestic Violence and Sexual Assault sponsored by the United States Army, Army Medical Department and School, San Antonio, TX, 2006
- *Plenary Speaker, 17th Statewide Child Abuse Prevention Conference* sponsored by Prevent Child Abuse Arizona, Mesa, AZ, 2006
- *Invited Speaker, Intermountain Training Conference* sponsored by the Intermountain Children's Home, Helena, MT, 2006
- *Invited Speaker, Health Families Create Healthy Communities – A Bruce Perry Event* sponsored by Success by Six Lawton, A Smart Start Oklahoma Community, Lawton, OK, 2006
- *Invited Speaker, Trauma and Children: The Impact of Katrina*, National Association of Social Workers – Louisiana Chapter, Louisiana Department of Education, Baton Rouge, LA, 2006
- *Keynote Speaker, Appropriate Pre-school Education*, Protecting the Spirit of Childhood – AGAIN sponsored by Rudolf Steiner College, UC Davis, and CSUS, Davis, CA, 2006
- *Invited Speaker, Klamath Falls Collaborative TTT Project* sponsored by the Klamath Falls Collaborative, Klamath Falls, OR, 2006
- *Invited Speaker, The Effects of Trauma on the Developing Brain the Long-Term Physical Health*, Kings County Child Abuse Prevention Conference sponsored by the California Attorney General's Safe from the Start Program, Central California CARES, and the Kings County Child Abuse Prevention Council, Hanford, CA, 2006
- *Invited Speaker, The Nevada Early Childhood Conference* sponsored by the Nevada Association for the Education of Young Children, Las Vegas, NV, 2006
- *Keynote Speaker, The Six Core Strengths for Healthy Childhood Development*, Through the Eyes of a Child: Meeting the Challenges of Healthy Childhood Development sponsored by Carson-Tahoe Hospital, Reno, NV, 2006
- *Invited Speaker, Child Trauma*, Child Abuse Prevention: The Effects of Trauma in Early Childhood and on the Developing Brain sponsored by Douglas County Child Abuse Prevention, Roseburg, OR, 2006

- *Invited Speaker*, Early Childhood and Brain Development sponsored by Crook, Deschutes, and Jefferson Counties Commission on Children, Redmond, OR, 2006
- *Invited Speaker*, **The Impact of Violence on Children**, "Why the Violence Needs to Stop" sponsored by the San Benito County Child Abuse Prevention Council and the California Attorney General's Safe from the Start Program, Hollister, CA, 2006
- *Invited Speaker*, Sixth Annual San Diego International Family Justice Center Conference sponsored by the California Attorney General's Safe from the Start Program, San Diego, CA, 2006
- *Invited Speaker*, Infant-Parent Mental Health Fellowship sponsored by the Napa Children and Families Commission and Napa Health and Human Services, Napa, CA, 2006
- *Invited Speaker*, **1) Trauma and Interventions with Children and Adolescents: What Works and 2)Trauma and Intervention with Children and Families: What Works**, Title IV – E Service Providers Training sponsored by City College of San Francisco Contract Educators and Title IV – E Service Providers Program and the Edgewood Center for Children and Families, San Francisco, CA, 2006
- *Keynote Speaker*, **Trauma, Post-Traumatic Stress Disorder, and Threat**, California School Resource Officers Association Conference sponsored by the California School Resource Officers Association and the California Attorney General's Safe from the Start Program, San Diego, CA, 2006
- *Invited Speaker*, **Traumatic Stress as It Relates to Young Children**, Head Start/Early Head Start Orientation sponsored by Family and Children's Services, Tulsa, OK, 2006
- *Keynote Speaker*, **Shadows of Childhood Trauma: Lighting Pathways for Change**, 12th Annual PCA Illinois Statewide Conference sponsored by Prevent Child Abuse Illinois, Springfield, IL, 2006
- *Invited Speaker*, Merced County 3rd Annual Responding to Family Violence Conference sponsored by the California Attorney General's Safe from the Start Program, the Merced County Health Department, Child Abuse Coordination Council, et al., Merced, CA, 2006
- *Keynote Speaker*, **Exposure to Violence and the Impact on a Child**, Community Forum sponsored by Imperial Valley College and the California Attorney General's Safe from the Start Program, El Centro, CA, 2006
- *Invited Speaker*, **Exposure to Violence in Early Childhood**, Safe from the Start sponsored by the California Attorney General's Office, Shasta, CA, 2006
- *Keynote Speaker*, **Child Trauma**, Decisions on Court and Child Trauma, El Refugio, Inc. and the Child Development Center, Silver City, NM, 2006

Honorary Lectureships

- *Houck Award*, Justice for Children Annual Gala sponsored by Justice for Children, Houston, TX, 2006
- *Keynote Speaker*, **Brain Development and Challenges to Older Youth, Ages, 16-23**, Fresno City College Speakers Forum sponsored by Fresno City College and the State Center Community College Foundations, Fresno, CA, 2006
- *Plenary Speaker*, **What We Need to Know About Early Childhood Development**, Leadership Institute sponsored by the Kansas Health Foundations, Wichita, KS, 2006

- *Invited Speaker, Therapeutic Work with High-Risk Children: Innovative and Alternative Approaches*, 30th Year ENVIROS Celebration sponsored by ENVIROS, Calgary, Alberta, Canada, 2006
- *Invited Speaker, Brain Development*, AVANCE 10th Anniversary Luncheon sponsored by AVANCE – Dallas, Dallas, TX, 2006
- *Invited Speaker, Sarkeys Spring Speakers Series* sponsored by the Sarkeys Foundation, Norman, OK, 2006
- *Invited Speaker, Violence and What to Do about It* sponsored by WAVE, London, England, 2006

2007

Research Presentations

- *Plenary Speaker, Sequelae of Abuse* with Dr. Ira Chasnoff, Second National Conference on Substance Abuse, Child Welfare, and the Courts sponsored by Child and Family Futures and the Children's Research Triangle, Anaheim, CA, 2007

Training/Education (local)

- *Keynote Speaker, Twenty First Annual Conference on the Prevention of Child Abuse* sponsored by Prevent Child Abuse Texas, Austin, TX, 2007

Training/Education (national/international)

- *Invited Speaker, Lake County Training*, Lake County, Clearlake, CA, 2007
- *Keynote Speaker, Early Brain Development and Early Relationships*, Common Threads in Early Intervention: Innovations and Realities sponsored by the Infant Development Association of California, Sacramento, CA, 2007
- *Invited Speaker, Neglect: Identifying, Documenting, and Stopping the Impact on Children* for the Counseling Services of Bellville and the Surrounding District, Bellville, Ontario, Canada, 2007

Honorary Lectureships

- *Invited Speaker, AMI/USA Centenary Celebration* sponsored by the Association of Montessori International, USA, San Francisco, CA, 2007

Students Supervised



Yale University

Medical School Thesis Advisor:

Andrew Bazos, MD Yale University School of Medicine "Adrenergic Receptor Regulation in Congestive Heart Failure"



University of Chicago

Richter Undergraduate Research Award Sponsor (The University of Chicago)

Erik Kupperman (1989) "Heterologous Regulation of Platelet Adrenergic and Serotonergic Receptors"

Hani Salti (1990) "Neurotransmitter Receptor-linked Phosphatidylinositol Turnover in Neuronally-Derived Clonal Cell Lines"

Joseph T Cuenca (1990) "The Effects of Prenatal Exposure to Cocaine on the Development of Dopamine Receptors in Rat Brain"

Chicago Area Westinghouse Science Award Winner (Sponsor)

Edith Repogle (1991) "Effects of Prenatal Exposure to Cocaine on the Development of Serotonin Receptors in Rat Brain"

Howard Hughes Undergraduate Research Fellow (Sponsor)

Anaa Zakarija (1992) "Effects of Chronic Cocaine Exposure on the Expression of Dopamine Receptor mRNA in Rat Brain"

Medical Student Merit Research Sponsor (The University of Chicago)

Heather McPhillips (1991), "Effects of Prenatal Cocaine on Monoamine Receptor Development"

University of Chicago Honors Student (Sponsor)

Hani Salti (1992), "Differential Second Messenger Transduction in D-1 Dopamine Receptors Across Various Brain Regions in the Rat"

Doctoral Students (The University of Chicago)

Mark Wainwright (1988-1993), Pharmacological and Physiological Sciences, Co-Advisor: A Heller

Alice Choi (1990-1991), Biopsychology Committee

Gail Farfel (1990-1993), Pharmacological and Physiological Sciences, Primary Advisor: LS Seiden

Ling Ling Tsai (1990-1993), Biopsychology Committee, Primary Advisor: A Rechtshaffen

Robert Dunn (1989-1990), Pharmacological and Physiological Sciences, Primary Advisor: LS Seiden

Post-doctoral Fellow (University of Chicago)

Robert Lew, PhD (1991-1992), Neurotoxicity of Psychostimulants: Co-sponsor with LS Seiden

Visiting Scientist

Sun-Hee Lee, PhD (1992), Senior Researcher, National Institute of Safety Research, Ministry of Health and Social Affairs, Korea



Baylor College of Medicine

Doctoral Students (Baylor College of Medicine)

Patrick Cox (1995-1997), Neuroscience Program, M.D., Ph.D. Program, Primary Advisor: B.D. Perry

Post-doctoral Fellow (Baylor College of Medicine)

Duane Runyan, Ph.D (1996-1997), Neuropsychiatric Impact of Childhood Trauma: (Baylor College of Medicine)

David Mann, Ph.D. (2000-2001)

ChildTrauma Fellows in Child Psychiatry

Toi Blakely, MD (1994-1996)

Ronnie Pollard, MD (1994-1995)

Michael Gomez, MD (1995-1996)

John Marcellus, MD (1996-1998)

American Medical Association's Policy and Promotion Award (Sponsor: B.D. Perry)

Toi Blakely, MD (1995)

APA Research Colloquium for Young Investigators (Sponsor: B.D. Perry)

Ronnie Pollard, MD (1995)

ChildTrauma Undergraduate Summer Intern

Michael Hendershot, (1994)

Jennifer Hepps, Harvard University (2000)

ChildTrauma Programs Visiting Scholar

Robin Fancourt, MRCP (UK) FRACP 1995, Chairperson, Child Protection Trust, Advocacy Committee, Auckland, New Zealand

Michael De Bellis, MD (US) 1997, NIMH KO-8, University of Pittsburgh School of Medicine



The ChildTrauma Academy Fellows

Toi Blakely, MD, Clinical Assistant Professor, Baylor College of Medicine; member of the Texana MHMR Medical Executive Committee, Houston, TX (2001-2005)

Alan Hague, M.S., Information Technology Consultant, Houston, TX (2001-2005)

Sarah Webster, ACSW-LMSW-AP, Child Welfare Consultant, Houston, TX

Richard L. Gaskill, Ed.D., Clinical Director, Sumner Mental Health Center, Wellington, KS

Gizane Indart, Psy.D., Executive Director, Denver Children's Advocacy Center, Denver, CO

Robin Fancourt, M.R.C.P., F.R.A.C.P., Pediatrician; Founding Member of Brainwave Trust, Auckland, New Zealand

Jeanne Morris, M.Ed., Director, Special Education Programs, Berrien Independent School District, Michigan (retired)

Donald J. Smith, Ph.D., Board President / Executive Director, Generations Center, Dallas, TX

Louise Lee, J.D., Family Law Attorney, Houston, TX

Mary Beth Arcidiacono, B.S., Social Work Master's Candidate, Houston, TX

Annette Jackson, BSW, MSW, Research Manager, Take Two at La Trobe University, Melbourne, Australia

Jerry Yager, Psy.D., Executive Director, Denver Children's Home, Denver, CO

Tamar Jacobson, Ph.D., Assistant Professor, Department of Teacher Education, Rider University, Lawrenceville, New Jersey

Stewart Gordon M.D., FAAP, Associate Professor of Clinical Pediatrics, Louisiana State University School of Medicine, New Orleans, LA

(Please see www.ChildTrauma.org for updates on current and past CTA Fellows)

EXPERT DECLARATION OF MARLEEN WONG

I, MARLEEN WONG, declare as follows:

1. I am Senior Vice Dean, the David Stein/Violet Goldberg Sachs Endowed Professor of Mental Health, Director of Field Education, Executive Director of the USC Telehealth Clinic, Clinical Advisor, Family Nurse Practitioner Program and former Clinical Advisor to the Cohen Military Clinic.

2. As an endowed Professor at the Suzanne Dworak Peck School of Social Work at the University of Southern California, I have extensive experience in studying and developing programs that treat the effects of trauma in children. Many of the programs I have studied and developed have been applied in schools to significantly improve the educations obtained by traumatized children.

3. I received my Master of Social Work degree from the University of Southern California in 1971 and my doctorate from The Sanville Institute in 2005.

4. Earlier in my career, I served as Director of Mental Health, Crisis Intervention and Suicide Prevention at the Los Angeles Unified School District (LAUSD). I also served as Director of School Crisis and Intervention at the National Center for Child Traumatic Stress at the University of California Los Angeles (“UCLA”) David Geffen Medical Center.

5. During my time at LAUSD I directly participated in the conception and development of the Cognitive Behavioral Intervention for Trauma in Schools program, typically referred to as “CBITS.” CBITS is an evidence-based program using cognitive behavioral therapy techniques and skill-based group intervention to relieve symptoms of post-traumatic stress disorder, depression, and general anxiety among children traumatized by violence, bullying, abuse, poverty, and other common sources of trauma, such as homelessness and foster living. I am also one of the original developers of Psychological First Aid/Listen, Protect, Connect (“PFA/LPC”), which is a school-based universal prevention intervention program for teachers and school staff to use to support, rehabilitate, and educate children who have experienced

1 trauma. CBITS and PFA/LPC are two examples of evidence based and evidence
2 informed training, intervention, and treatment programs being successfully
3 implemented across the United States to remedy the debilitating effects of childhood
4 trauma.

5 6. Over the course of my career I have been repeatedly consulted by
6 government agencies to develop programs to treat trauma in children. For example, I
7 have been frequently consulted by the United States Department of Education to assist
8 schools impacted by violence, shootings, terrorism, and natural disasters. I have also
9 served on the Educational Directorate of the United States Department of Defense to
10 develop materials to support children of parents deployed to war zones such as Iraq
11 and Afghanistan. I also authored the United States Department of Justice's *COPS in*
12 *Schools* curriculum on mental health intervention and crisis recovery in schools. I
13 have advised teachers and school and government officials on the effects of
14 psychological trauma on children throughout the United States as well as Europe,
15 Asia, and Latin America.

16 7. I have also served on the Institute of Medicine's Board on Neuroscience
17 and Behavioral Health to develop approaches to remedying public health crises,
18 including childhood trauma. I continue to serve as Director and Principle Investigator
19 for the USC/LAUSD/RAND/UCLA Trauma Services Adaptation Center for
20 Resilience, Hope and Wellness in Schools, a community-based research partnership
21 and member of the National Child Traumatic Stress Network. In 2011, I was
22 appointed to the Substance Abuse and Mental Health Services Administration
23 (SAMHSA) National Advisory Council. I have previously served on the American
24 Psychological Association's Presidential Task Force on Post-Traumatic Stress
25 Disorder and Trauma in Children and Adolescents.

26 8. Over the past 30 years I have spoken and testified about issues relating to
27 childhood trauma across the country. For example, I spoke at the White House and in
28 national town hall meetings during the administrations of presidents Bill Clinton,

1 George W. Bush, and Barack Obama. Following the recent Newtown school shooting
2 tragedy, I was invited to White House meetings addressing ways to prepare schools to
3 better deal with traumatic emergencies.

4 9. I have received many honors and distinctions for my work on reducing
5 the negative impact of trauma on children. For example, I received the first Los
6 Angeles County Mental Health Commission's Personal Legacy Award; the Johnson &
7 Johnson and Rosalynn Carter Institute for Human Development Caregiver's Program
8 Award; the Los Angeles City Council and International Soroptomists Woman of
9 Distinction Award; the Los Angeles County Board of Supervisors and the Interagency
10 Council on Child Abuse and Neglect Special Service Award; and the George D.
11 Nickel Award for Outstanding Professional Services by a Social Worker from the
12 California Social Welfare Archives.

13 10. I have authored or co-authored over 50 publications relating to the mental
14 health and educational impacts of trauma, including those listed in my curriculum
15 vitae. Attached as Exhibit B to this Declaration is a list of publications I relied on in
16 preparing this Declaration. In addition to these publications, I relied on my extensive
17 personal knowledge acquired through over forty years of research and experience.

18 11. I was asked by Public Counsel and Sidley Austin to explain how trauma
19 affects children's development, the long-term consequences of trauma on children,
20 and the dangers of failing to provide high-quality, family-based interventions for
21 traumas such as those suffered by the children of the Plaintiffs in this case.

22 **Trauma Explained**

23 12. Trauma is the neurobiological stress response that occurs when a person
24 experiences or witnesses an event involving life-threatening circumstances or the
25 threat of serious injury that causes him or her to feel intense fear, helplessness, or
26 horror. Complex trauma occurs when an individual experiences multiple, repeated or
27 prolonged exposure to trauma such that the body's stress response more permanently
28 impacts the development of the brain.

1 13. Common sources of trauma include: community violence; domestic
2 violence; physical, psychological, or sexual abuse; parental neglect; poverty, including
3 homelessness; racism and discrimination, and foster care or other transient living
4 situations. For example, the majority of children exposed to violence display
5 symptoms of psychological trauma.

6 **Unaddressed Trauma Has Debilitating Effects on Children’s Development**

7 14. Studies have extensively documented the broad range of negative
8 sequelae of trauma exposure for youth, including post-traumatic stress disorder
9 (Berman et al. 1996; Fitzpatrick & Boldizar 1993), anxiety problems (Finkelhor 1995;
10 Osofsky et al. 1993), depressive symptoms (Jaycox et al. 2002; Kliewer et al. 1998;
11 Overstreet 2000), dissociation (Putnam 1997), substance abuse, and aggressive and
12 delinquent behavior.

13 15. The majority of children exposed to violence display symptoms of PTSD
14 (Cuffe et al. 1998; Horowitz et al. 1995) and a substantial minority develop clinically
15 significant PTSD (Jaycox et al. 2002).

16 16. Following exposure to a traumatic event, some children are more likely to
17 develop PTSD than others. Youth who are at greater risk for developing PTSD
18 include youth who have experienced multiple traumatic events (Fitzpatrick & Boldizar
19 1993; Jaycox et al. 2002; Martinez & Richters 1993; Saigh & Bremner 1999; Singer et
20 al. 1995; Stein et al. 2003c; Stein et al. 2001), and youth who experience more severe
21 trauma or are more proximate to the event (Kataoka et al. 2012).

22 17. Exposure to chronic traumatic stressors in the developing years can cause
23 brain changes that affect memory and cognition, such as reducing a child's ability to
24 focus, organize, and process information (Van der Kolk 2003), or decreased IQ and
25 impaired school performance. (Delaney-Black et al. 2002; Grogger 1997; Hurt et al.
26 2001). Exposure to violence is also associated with behavioral changes, (Fitzpatrick
27 1993; Martinez & Richters 1993; Farrell & Bruce 1997; Ruchkin et al. 2007. Children
28

1 experiencing the symptoms of trauma often suffer from an inability to concentrate,
2 flashbacks or preoccupation with trauma.

3 18. Children and youth experiencing symptoms of traumatic stress exhibit
4 clusters of behaviors including (1) re-experiencing— flashbacks or preoccupation
5 with trauma or, for children, repetitive play or re-enacting the trauma in play, as well
6 as recurring distressing thoughts, feelings, or nightmares; (2) numbing and
7 avoidance—including avoidance of traumatic reminders or talking about trauma and
8 refraining from participating in activities previously enjoyed; and (3) hyperarousal—
9 such as irritability, anger, inability to concentrate, social agitation, and difficulty
10 sleeping (Kataoka et al. 2012). Likewise, chronic anxiety can disrupt children’s
11 ability to regulate emotional states, leading to hypervigilance, emotional numbing, and
12 inattentiveness.

13 19. The National Academies of Science, Engineering and Medicine report
14 that young children who are separated from their primary caregivers may potentially
15 suffer mental health disorders and other adverse outcomes over the course of their
16 lives (NASEM, 2016, p. 21-22)...most mental, emotional, and behavioral disorders
17 have their roots in childhood and adolescence (NRC and IOM, 2009, p. 1), and
18 childhood trauma has emerged as a strong risk factor for later suicidal behavior (IOM,
19 2002, p. 3).

20 20. The children who have been separated from parents may also have trauma
21 histories which add to the complexity of risk factors. They may have witnessed
22 domestic abuse or been subjected to the terror of civil unrest, war or crime in their
23 countries of origin. In the perilous journey across borders, physical abuse and sexual
24 assault of women and children have often been reported. In the process of arrest or in
25 the detention centers, young children may be witness to violence between adults and
26 other youths. Assessment for trauma and early intervention are indicated with health
27 education support for parents, teachers and others on how to support the healing
28 process once reunification has occurred.

1 21. It has been documented that children who are separated from parents and
2 detained in a low-support environment with insufficient supervision places them at
3 increased risk of PTSD, depressive disorders, physical and emotional abuse by
4 untrained adults and other detainees. (Matthew Hodes, “Psychopathology in refugee
5 and asylum seeking children,” in Michael Rutter et al. (eds.), Rutter’s Child and
6 Adolescent Psychiatry (Wiley-Blackwell, 2009).

7 22. The increasing number of adverse childhood experiences - sudden
8 parental separation of indeterminate length in conditions of inadequate attention to
9 safety, health care, supervision, clothing, nutrition, and movement to unknown
10 locations -are a potent list for disruption in normal development, childhood
11 depression, psychological and physical regression, anger, aggression, constant fear
12 and anxiety. The negative impact of parental separation on the cognitive and
13 emotional functioning of children can have lasting effects through childhood and
14 adolescence as well as into adulthood, and contribute to lower academic achievement,
15 attachment difficulties, and poor mental health. (Israel Bronstein and Paul
16 Montgomery, “Psychological distress in refugee children: a systematic review,”
17 Clinical Child and Family Psychology Review 14, no. 1 (2010)

18 **Forcible separation of families inflicts severe trauma**

19 23. Forcible separation of families inflicts severe trauma on children and
20 parents. The bond between caregiver and child is critical for the child’s sense of
21 safety and well-being. When that bond is interrupted through a violent or forcible
22 separation, the child experiences severe neurobiological stress causing the child to feel
23 intense fear, helplessness, or horror. Such stress is particularly acute for children who
24 have experienced other traumas, such as witnessing violence, sexual abuse, or forced
25 detention, which are common experiences for migrant children fleeing violence and
26 persecution.

27 24. Prolonged exposure to such stress has a debilitating effect on children
28 even after the particular traumatic event is over. Children separated from their parents

1 exhibit the behaviors detailed above typical of children experiencing the symptoms of
2 traumatic stress. They can suffer anxiety, sleep disturbances, emotional changes such
3 as aggression, withdrawal, and fear. They also suffer difficulties in reasoning,
4 thinking, learning, and communication, and a decline in educational achievement.

5 25. Reunification with caregivers is the first necessary step in mitigating the
6 trauma these children experienced. However, reunification with caregivers is not
7 enough to mitigate the effects of the forced separation. It is essential to intervene and
8 treat the trauma as early as possible so that the child can function adaptively and feel
9 less consumed by the traumatic event. Effective psychosocial interventions can
10 mitigate the long-term effects of trauma exposures. Early intervention is effective in
11 reducing the negative effects of trauma on children’s development. Without such
12 trauma treatment programs, the effect of the forcible separation on these children will
13 be debilitating and will cause them life-long harm.

14 26. Therapy needed to begin the healing process should ideally take place
15 outside the detention centers. Addressing and ameliorating the neglectful and
16 potentially harmful effects of separation can only take place when children have been
17 reunited with parents, not in the environment in which the harm, threat, fear and
18 failure of reunion continues to cause traumatic experiences.

19 27. I am experienced in designing trauma treatment programs and offer my
20 services to the court to ensure that these children receive the treatment they need.

21 28. I agree with Dean Luis H. Zayas that without appropriate treatment, “The
22 harm our government is now causing will take a lifetime to undo.”

23
24 I declare under penalty of perjury under the laws of the United States of
25 America that the foregoing is true and correct.

26
27 Executed on July 10, 2018, in Los Angeles, California.
28

Marleen Wong, Ph.D.

Marleen Wong

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Exhibit A

Curriculum Vitae: Marleen Wong, Ph.D.**March 2018**

NAME Wong, Marleen, Ph.D., LCSW	POSITION TITLE: Senior Associate Dean, Stein/Sachs Endowed Professor of Mental Health/Director of Field Education/Executive Director USC Telehealth Clinic, Clinical Advisor, Nurse Practitioner Program, USC - University of Southern California, Suzanne Dworak Peck School of Social Work; PI and Director, USC Trauma Services Adaptation Center for Resilience in Schools communities, National Child Traumatic Stress Network/SAMHSA/US Dept. of HHS
University of Southern California 669 W. 34 th Street, MRF 224 Los Angeles, California 90089 213.740.0840 marleenw@usc.edu	

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE	YEAR	FIELD OF STUDY
California State University at Fresno, Fresno, CA	BA	1969	Social Welfare
University of Southern California, Los Angeles,	MSW	1971	Social Work
California Institute for Clinical Social Work/Sanville Institute, Berkeley, CA	PhD	2005	Clinical Social Work

LICENSURE:

California Board of Behavioral Sciences

1974 – Present Licensed Clinical Social Worker
LCSW #4604**CREDENTIALS:**

University of Southern California

California Commission on Teacher Credentialing
1980 Pupil Personnel Services Credential
1980 Health Services Credential

" " "

California Lutheran University

1998 Tier I, Preliminary Administrative Credential
2001 Completed

LAUSD Administrative Academy

California State University at Dominguez Hills

2004 Tier II Professional Administrative Credential

Positions and Employment

1971-1974	Outpatient Psychotherapist, Dept. of Adult Psychiatry, St. John's Hospital, Santa Monica, CA
1974-1994	Practitioner, Private Practice, Beverly Hills, CA
1979-1993	Psychiatric Social Worker, School Mental Health Programs, Los Angeles Unified School District (LAUSD)
1993-2001	Director of Mental Health, District Crisis Teams, and Suicide Prevention Programs, LAUSD
1999-2005	Trainer, Community Oriented Policing in Schools Program, US Dept of Justice
2001-2005	Director, School Crisis/Disaster Recovery, National Center for Child Traumatic Stress, UCLA Geffen Medical School and Duke University
2001-2008	Director, Crisis Counseling & Intervention Services and District Crisis Teams, LAUSD
2005-present	Director and PI, LAUSD Trauma Services Adaptation Center for Schools and Communities, National Child Traumatic Stress Initiative, SAMHSA
2008-2012	Assistant Dean, Clinical Professor and Director of Field Education, University of Southern California (USC), School of Social Work
2012-2015	Senior Associate Dean, Clinical Professor and Director of Field Education, University of Southern California (USC), School of Social Work
2016-present	Senior Vice Dean and Director of Field Education
2016-2017	Clinical Advisor, Cohen Military Clinic
2017-present	Executive Director, USC Telehealth Clinic
2017-present	David Stein/Violet Goldberg Sachs Endowed Professor of Mental Health

2017 present Clinical Advisor, Family Nurse Practitioner Program

Current Professional, Academic, Community-related, and Scientific Member Affiliations

National Association of Social Workers -
 Council for Social Work Education, National Council on Field Education
 North American Network of Field Educators (NANFED)
 California and Southern California Consortia of Field Directors
 Society of Social Work Research
 California Association of School Social Workers
 National Center for School Crisis and Bereavement, Advisory Board
 The Melissa Foundation, Scientific Board

Other Experience and National Activities

1994-2008 Member, US Dept. of Education, National Assessment and Crisis Response
 Response to multiple school shootings, including Thurston High School, Columbine High
 School, Red Lake, MN., Dover, TN, etc.,
 1998 US Dept. of Education, Washington, D.C., Consultation with Secretary of Education Dr.
 Richard Riley to recommend changes in national school safety policy and programs
 1998 National Town Hall Meetings convened by the Vice-President, San Francisco and Los
 Angeles, Invited Speaker on School Safety
 1998 White House Conference on School Safety and Violence Prevention, Speaker
 1999 White House Conference on Mental Health, Invited Participant
 1999 Executive Office of the President, Office of National Drug Control Policy, Bi-National Drug
 Demand Reduction Conference, Tijuana, Mexico, Speaker
 1999-2005 US Department of Justice, COPS in Schools Initiative - Author, Mental Health Curriculum;
 MH Trainer for 9,000 law enforcement officers across the United States and US Territories
 2000 American Academy of Pediatrics National Expert Panel, Injury Prevention
 2000 U.S. Surgeon General's Conference on Children's Mental Health, Washington, D.C., Invited
 Participant
 2000 US Surgeon General's Work Group on Eliminating Stigma, Invited Member
 2001 Consultant- U.S. Dept. of Education, NY Board of Education Schools – Developing School
 District Recovery Post 9/11
 2001 Friends of Los Angeles School Mental Health Organization – Annual Crisis Team Award
 Established in Honor of Marleen Wong
 2002 Homeland Security/Dept of Justice – Development of School Safety and Anti-Terrorism
 Preparedness – “National Expert” Speaker on DVD Production “What If?”
 2002 Webcast/Weblink: Conference Sponsored by the US Dept of Education, the Harvard School of
 Public Health, The Prevention Institute, Inc., and the Education Development Center, Inc.
 “Integrating MH into School Crisis and Disaster Recovery Plans: The 3Rs to Dealing with
 Trauma in Schools: Readiness, Response and Recovery”
 2002-2003 Consultant – Educational Opportunities Directorate, Dept. of Defense/Pentagon
 Development of DoD website materials and Educator Guides for children of deployed military
 personnel
 2002-2005 Member, Institute of Medicine, Board on Neuroscience and Behavioral Health
 2002-2003 Member, Institute of Medicine, Work Committee on the development of the publication:
 “Responding to the Psychological Consequences of Terrorism” (2003)
 2003-2007 Robert Wood Johnson Clinical Scholars Program, UCLA Geffen School of Medicine
 Co-Chair, Program Policy Advisory Committee
 Co-Chair, Community Advisory Committee
 Member, Research Advisory Committee

- 2004-2008 Consultant/Trainer – U.S. Dept. of Education, Development of the Curriculum and National Training Program - Emergency Response and Crisis Management Initiative/Readiness and Emergency Management in Schools
- 2005 US Dept. of Education Webcast/Weblink: The Process of Recovery in Schools after Crises and Disasters
- 2005 White House Conference on Helping America's Youth, Washington, DC, Invited Participant
- 2005 Columbia University, Member, Working Group on Children as Intended Targets of Terrorism, National Center for Disaster Preparedness, New York, New York
- 2005 Consultant to state superintendents of education and affected schools, US Dept. of Education, Travel through Texas, MS, Alabama and Louisiana Schools
- Enrolling Students Evacuated from Hurricane Katrina
- 2005 SAMHSA Webcast – Effects of Disasters on Children in Schools
- 2005 Consultant, State of Louisiana Department of Education, Crisis Response and Recovery Post-Hurricanes Katrina and Rita
- 2005 UCLA/RAND NIMH Quality Forum, Member of the Planning Council for Intermediate and Long-Term MH Outreach and Support Services for Victims of Hurricane Katrina
- 2005 White House Conference on Helping America's Youth, Washington, DC Howard University
- 2005 NIMH Outreach Partnership Program, Annual Meeting, Invited Presentation: Evidenced based School Practices for Children and Trauma
- 2006 Consultant, Bailey Colorado, School Shooting
- 2006 Invited Speaker, SAMHSA Spirit of Recovery Conference, New Orleans – “Children and Trauma”
- 2006 SAMHSA webcast/weblink – “Children and Trauma: Helping Schools Recovery from Disaster”
- 2006 Invited Speaker - National Center for Children in Poverty – Forum, Columbia University, New York - Strengthening Federal, Tribal, State and Local Policies to Support Children, Youth and Families Who Experience Trauma, “Evidence Based Trauma Treatments in Schools”
- 2006 White House Conference on School Safety Speaker on Panel with President George W. Bush: Working Together To Make Our Schools Safe/Lessons Learned and Speaker on Panel with US Secretary of Education Dr. Margaret Spellings and Attorney General Alberto Gonzalez: The Short- And Long-Term Needs Of Schools and Communities Following Traumatic Events
- 2006 Center for School Mental Health Analysis and Action, Baltimore, MD – Presentation “Cognitive Behavioral Intervention for Trauma in Schools - CBITS in Baltimore and Los Angeles: An Evidence Based Trauma Intervention for Culturally and Linguistically Diverse Students”
- 2006 Consultant, Murder of Student, School in the Golan Heights, Israel; Meeting with National School Officials, Ministry of Education, Jerusalem
- 2007 Outstanding Alumna, “Top Dog” Madden Library Nominee, California State University at Fresno
- 2008 White House Conference on Helping America's Youth, Portland, Oregon
- 2008 Trained over 100 School Psychologists from Dept. of Defense Dependents Schools (DoDDS) from around the world, Washington, DC
- 2008 Consultation - Threat Assessment and Crisis Recovery, DoDDS Europe - Executive Leadership, Wiesbaden, Germany
- 2008 Moderator on Mental Health and Education Policy Research Panel – Issues and Future Directions, MacArthur Foundation “Fundamental Policy” Conference, Spotlight on Mental Health Washington, DC
- 2008 Member, Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents, American Psychological Association's (APA)
- 2008 Trained 100 Elementary and Middle School Counselors from DoDDESS schools across the US Atlanta Georgia
- 2008 Provided response and training to medical, psychiatric and volunteer workers in Sichuan Province, China after the Great Sichuan Earthquake
- 2008 Co-Author of Psychological First Aid: Listen, Protect, Connect – a population based strategy for disaster response and recovery – Guidance materials added to 3 websites: US Dept of Homeland Security, US Dept of Education and the California Department of Mental Health, Disasters Response and Recovery

- 2009 Traveled around the world to meet with administrators in DoDEA Schools in Asia, Europe, and the US – Trained principals, counselors, school psychologists in trauma prevention and early interventions and school threat assessment protocols
- 2009 Returned to Sichuan Province to continue training to medical, psychiatric and volunteer workers after the Great Sichuan Earthquake
- 2009 Provided consultation to Chinese researchers at South China Normal University in Guangzhou, China in the development of their studies on the psychological trauma of child and adult survivors of the Sichuan EQ
- 2009 Appointed to the Education Subcommittee of the National Commission on Children and Disasters
- 2009 Appointed as a Subject Matter Expert (SME) in the area of at-risk populations by the Disaster Mental Health (DMH) Subcommittee of the National Biodefense Science Board (NBSB), a federal advisory committee mandated by the Pandemic and All-Hazards Preparedness Act (Section 402, P.L. 109-417) and tasked with providing expert advice and guidance to the Secretary of the U.S. Department of Health and Human Services on scientific, technical, and other matters of special interest to the Department regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate
- 2010 Invited speaker at the 15th Anniversary of the Great Hanshin Earthquake – International Symposium, Kobe, Japan
- 2010 Appointed to workgroup to establish criteria for Military Social Work practice for the Council on Social Work Education
- 2010 US Department of Education, Trainer for the Readiness and Emergency Management Grant on Child Bereavement and Trauma in Schools
- 2010 Consultant, US Department of Education, on BP Oil Spill – Meeting with state education leaders from Alabama, Florida, Louisiana and Mississippi to assess student and faculty needs and assist with creating a mental health recovery program in schools
- 2010 Panelist in SAMHSA sponsored Women and Health event at CBS Television City in Los Angeles with over 17 screenwriters and studio executives. Focus on women’s health and child trauma issues to inform accurate depictions in screenwriting, television and film production
- 2010 Expanded USC School of Social Work Responsibilities as Assistant Dean for Field Education in 4 Academic Centers located at the University Park Campus, San Diego, Orange County, West Los Angeles and the first top 10 “Virtual Academic Center” – distance education MSW program now available in over 40 states in the US and Canada.
- 2010 CSWE Presentation on Integrating Trauma in the Curriculum with Virginia Strand, Ph.D., Professor at Fordham University School of Social Service, Robert Abramovitz, M.D., Professor at Hunter College School of Social Work and Christopher Layne, Ph.D., Program Director of Treatment and Intervention Development, UCLA/Duke National Center for Child Traumatic Stress
- 2011 Consultant, US Department of Education on Deep Water Horizon Spill - Meeting with state education leaders from Alabama, Florida, Louisiana and Mississippi to assist with creating a mental health recovery program on Caregiver/Compassion Fatigue in schools
- 2011 USAid/US State Department Conference – International Disaster Response and Recovery In China and Japan”
- 2011 Webinar, National Child Traumatic Stress Network, Developing a School Based Recovery Program in the Aftermath of 9/11”
- 2011 Invited Panelist, Psychological First Aid for Schools, USC Global Conference, Hong Kong PRC
- 2011 Invited Speaker, Vancouver School District “Impact of Violence Exposure and Psychological Trauma in Schools”, Vancouver, Canada
- 2011 Keynote Speaker – “Trauma Leaves Children Behind”, National School Mental Health Conference, Charleston, South Carolina
- 2011 Appointed Member, National Advisory Council, Substance Abuse and Mental Health Services Administration, US Dept. of Health and Human Services
- 2012 Consultant/Invited Speaker - National Mental Support Center for School Crisis, Osaka Kyoiku (Education) University, Osaka Japan

2012 Roundtable on Social Work and Science, National Academy of Social Work
2012 Keynote Speaker – A Brief History of Childhood Traumatic Stress/Workshops on Secondary Trauma and Psychological first Aid, Kentucky Behavioral Conference
2012 US Dept. of Justice, Defending Childhood Initiative/Expert Work Group
2012 US Dept. of Justice, Defending Childhood Initiative/Speaker on Children Exposed to Violence Webinar
2012 US Dept. of Education, Consultant, Curriculum Developer and Trainer on Secondary Trauma Among K-12 educators
2012 US Dept. of Education, Webinar Trainer on Secondary Trauma
2012 Beijing, Chengdu, Chongqing, Hong Kong, People's Republic of China/Taipei, Kaoshung, Taiwan
Multiple dates/consultation on the development of social work MSW programs at various Chinese and Taiwanese universities
2012-13 Multiple on ground consultations on Recovery Process, Sandy Hook Elementary School, Newton CT
2013 Speaker at Confidential CT State Security Summit on Newtown CT
2013 Invited testimony/CT Governor Malloy's Commission on Sandy Hook, Hartford CT.
2013 Invited testimony/White House Meeting on Emergency Management, Washington, DC
2013/16 Appointed Member, University of Montana, Native American Trauma Healing Council
2013/16 Scientific Advisory Board Member, The Melissa Institute for Violence Prevention, Miami Florida
2013-16 Advisory Board Member, The National Center for School Crisis and Bereavement, USC
2013 Speaker at Confidential CT State Security Summit on Newtown CT massacre
2013/14 Invited testimony/Governor Malloy's Commission on Sandy Hook, Hartford CT.
Child Trauma After Violent School Attacks/Long Term Strategies for School Recovery After Violent School Attacks
2013 Invited Speaker/White House Summit on Emergency Management after the Sandy Hook Tragedy, Washington, DC
2013 Invited Commentary- Archives of the Oklahoma City Memorial – Disaster Response and Recovery after the Bombing of the Murrah Federal Building, Oklahoma City, Oklahoma
2014 Invited Testimony as a scheduled subject matter expert witness to the US Attorney General's Advisory Committee on Indian/Alaska Native Children Exposed to Violence.
2015 Invited Speaker, White House Summit on Rethinking Discipline, Washington, DC
2016 Invited Testimony to The Assistant Secretary for Planning and Evaluation (ASPE), the principal advisor to the Secretary of the U.S. Department of Health and Human Services on policy development/responsible for major activities in policy coordination, legislation development, strategic planning, policy research, evaluation, and economic analysis.
Invited recommendations for funding formulas and policy development for behavioral health in K-12 schools.
2016 Consultation with survivors of San Bernardino Terrorist Attack
2017 Consultation with the Clark County School District on behalf of the survivors of the Las Vegas Concert Massacre
2018 Kaiser Grand Rounds – Santa Rosa California, Response and Recovery after Wildfires
2018 SAMHSA Subject Matter Expert Meeting – Developing Trauma Informed Schools
2018 Planning Committee of the National Center for Child Traumatic Stress (NCCTS) to serve as an Expert Panelist in preparation for the [National Child Traumatic Stress Network \(NCTSN\) Supporting Trauma-Informed Schools to Keep Students in the Classroom](#) Breakthrough Series Collaborative Duke University, Durham, North Carolina.
2018 Training for the South Korean National School Mental Health Center on Developing Trauma Informed Schools
2018 Subject Matter Expert Panel on Creating, Supporting and Sustaining Trauma-Informed Schools: A Systems Framework/Integrating SEL with Trauma Informed Approaches

Honors

1998 The Jules Levine Outstanding Field Instructor Award, Amigos de la Humanidad, University of Southern California

1998	Southern California Psychiatric Society, Outstanding Individual Contribution to the Field of Mental Health
1998	County of Los Angeles, Commendation for Outstanding Service to the People of the County of Los Angeles
1999	Asian Pacific Coastal (APAC) Mental Health Service Outstanding Contributions to the Asian Pacific Community
1999	Superintendent's Commendation for Special Contributions to the Students of the Los Angeles Unified School District
2000	Los Angeles County Mental Health Commission, Year 2000 Inaugural Personal Legacy Award For Accomplishments in the Fields of Education and Mental Health
2001	National Education Association, National Delegate Assembly "The Power of Community Heroes"
2001	Rosalynn Carter Caregiver's Program Award
2003	Woman of Distinction Award, County of Los Angeles
2003	International Soroptomists Award for Women of Distinction
2007	Los Angeles County Board of Supervisors Commendation
2007	InterAgency Council on Child Abuse and Neglect Commendation
2008	Distinguished Visiting Professor, University of Iowa, College of Public Health
2010	Evis Coda Award for Outstanding Contributions to the Field of Child Mental Health, Los Angeles Child Guidance Clinic
2012	Jean Sanville Award
2012	Asian Pacific Islander Social Work Caucus, Service Visionary Award
2012	USC School of Social Work, Dean's Award for Creativity and Leadership
2013	George W. Nickel Award for Outstanding Contributions to Social Welfare, Social Welfare Archives
2017	David Stein/Violet Goldberg Sachs Endowed Professor of Mental Health
2018	Blue Ribbon Panel on School Safety, City Attorney of Los Angeles

Selected peer-reviewed publications (in chronological order).

1. Wong M. Earthquake and Safe Schools Training. Federal Emergency Management Agency (FEMA) Compendium of Exemplary Programs.
2. Wong M. Mental Health Interventions. In Cops in Schools Curriculum. US Department of Justice. 1999.
3. Wong M. Critical Incident Stress Debriefing in Schools, the Sanford Model. National School Safety Center Update. 2000.
4. Wong M. When the Unthinkable Happens. American School Board Journal. 2001
5. Wong M. Jane's School Safety Handbook. London: Jane's Information Group. 2002.
6. Wong M. Jane's Safe School's Planning Guide. London: Jane's Information Group. 2004
7. Wong M. Jane's Teacher's Safety Guide. London: Jane's Information Group. 2004
8. Stein BD, Kataoka S, Jaycox L, Wong M, Fink Arlene, Escudero P, Zaragoza C. Theoretical Basis and Program Design of a School Based Mental Health Intervention for Traumatized Immigrant Children: A Collaborative Research Model. *J Behav Health Serv Research*. 2002;29:318-326.
9. Jaycox L, Stein BD, Kataoka S, Wong M, Fink A, Escudero P, Zaragoza C. Violence exposure, PTSD, and depressive symptoms among recent immigrant school children. *J Am Acad Child Adolesc Psychiatry*, 2002;41:1104-1110.
10. Kataoka S, Stein BD, Jaycox L, Wong M, Escudero P, Tu W, Zaragoza C, Fink A. A School-Based Mental Health Program for Traumatized Latino Immigrant Children. *J Am Acad Child Adolesc Psychiatry*, 2003;423:11-318.
11. Stein BD, Jaycox L, Kataoka S, Wong M, Tu W, Elliott M, Fink A. A Mental Health Intervention for Schoolchildren Exposed to Violence: A Randomized Controlled Trial. *JAMA*, 2003;290:603-611.
12. Kataoka S, Stein BD, Lieberman R, Wong M. Suicide Prevention in Schools: Are We Reaching Minority Youths? *Psychiatric Services*, 2003;54:1444.
13. Stein BD, Kataoka S, Jaycox L, Steiger EM, Wong M, Fink A, Escudero P, Zaragoza C.

- The Mental Health for Immigrants Project: Program Design and Participatory Research in the Real World," In M.D. Weist, S. W. Evans, N.A. Lever (Eds.), *Handbook of School Mental Health Advancing Practice and Research*. Kluwer Academic/Plenum Publishers, New York, New York. 2003; 179-190.
14. Wong M, Stein BD, Kataoka S, Steiger EM, Fink A. A Guide for Intermediate and Long-Term Mental Health Services after School-Related Violent Events. SAMHSA Website.
 15. Dean KL, Stein BD, Jaycox L, Kataoka SH, Wong M. Acceptability of Asking Parents About Their Children's Traumatic Symptoms, *Psychiatr Ser*. 2004;55:866.
 16. Wong M. Commentary: Building Partnerships Between Schools and Academic Partners to Achieve a Health Research Agenda. *Ethnicity and Disease*. 2005;16:89-97.
 17. Jaycox LH, Kataoka SH, Stein BD, Wong M, Langley A. Responding to the Needs of the Community: A Stepped Care Approach to Implementing Trauma-Focused Interventions in Schools. *Emotional and Behavioral Disorders in Youth*. 2005;5:85-88.
 18. Wong, M. Commentary: Building partnerships between schools and academic partners to achieve a health-related research agenda. *Ethn Dis*. 2006;16:S149-153.
 19. Wong M, Rosemond M, Stein BD, Langley AK, Kataoka S, Nadeem E. School-based intervention for adolescents exposed to violence. *The Prevention Researcher*. 2007;14:17-20.
 20. Young BH, Ruzek JI, Wong M, Salzer M, Naturale A. Disaster mental health training: Guidelines, considerations, and recommendations. In E.C. Ritchie, P.J.Watson, & M.J. Friedman (Eds.), *Interventions following mass violence and disasters*, New York:Guilford Press. 2006; 54-79.
 21. Dean, K., Langley, A., Kataoka, S., Jaycox, L. H., Wong, M. & Stein, B.D. (2008). School-based disaster mental health services: Clinical, policy, and community challenges. *Professional Psychology: Research and Practice*, 39(1), 51-57
 22. Wong, M. (2009). Interventions to reduce psychological harm from traumatic events among children and adolescents, a commentary on the application of findings to the real world of schools, *American Journal of Preventive Medicine*, 35(4), 398-400
 23. Stein, B. D., Jaycox, L. H., Langley, A., Kataoka, S. H., Wilkins, W. S., & Wong, M. (2007). Active parental consent for a school-based community violence screening: comparing distribution methods. *Journal of School Health*, 77(3), 116-120
 24. Kataoka, S.H., Langley, A Stein, B.D., Jaycox, L, Zhang, L, Sanchez, N, Wong, M (2009). Violence exposure and PTSD: The role of English language Fluency in Latino children. *Journal of Child and Family Studies* 18, 334-341.
 - 25 Jaycox L.H, Langley A.K., Stein B.D., Wong, M., Sharma, P., Scott, M., Schonlau, M. (2009). Support for Students Exposed to Trauma: A pilot study. *School Mental Health*, 1(2), 49-60.
 - 26 Kataoka, S., Nadeem, E., Wong, M., Langley, A., Jaycox, L., Stein, B. & Young, P. (2009) Improving disaster mental health care in schools: a community-partnered approach. *Am J of Prev Med*; 37(6S1): 225-229.
 - 27 Kataoka, S.H., Langley, A Stein, B.D., Jaycox, L, Zhang, L, Sanchez, N, Wong, M (2009). Violence exposure and PTSD: The role of English language Fluency in Latino children. *Journal of Child and Family Studies* 18, 334-341.
 - 28 Jaycox L.H, Langley A.K., Stein B.D., Wong, M., Sharma, P., Scott, M., Schonlau, M. (2009). Support for Students Exposed to Trauma: A pilot study. *School Mental Health*, 1(2), 49-60.
 - 29 Dean, K., Langley, A., Kataoka, S., Jaycox, L. H., Wong, M. & Stein, B.D., (2009) School-Based Disaster Mental Health Services: Clinical, Policy, and Community Challenges. *Professional Psychology: Research and Practice*.
 - 29 Stein, B.D., Kataoka, S.H., Hamilton, A.B., Schultz, D., Ryan, G., Vona, P., Wong, M. (2010) School Personnel Perspectives on their School's Implementation of a School-Based Suicide Prevention Program. *The Journal of Behavioral Health Services & Research* 37:3 (July 2010) 338-349.
 - 30 Kataoka S, Jaycox LH, Wong M, Nadeem E, Langley A, Tang L, Stein BD. Effects on school outcomes in low-income minority youth: preliminary findings from a community-partnered study of a school trauma intervention. *Ethnicity & Disease*, 2011; (Supp 21); 71-77.
 - 31 Kataoka S, Langley AK, Wong M, Baweja S, Stein BD. (2011) Responding to students with Posttraumatic Stress Disorder in Schools. *Child and Adolescent Psychiatric Clinics of North America*, 21(1) 119-133.
 - 32 Jaycox, L.H., Kataoka, S.H., Stein, B.D., Langley, A.K., Wong, M. (2012). Cognitive Behavioral Intervention for Trauma in Schools. *Journal of Applied School Psychology*; 28(3): 239-255.

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35. Jaycox, L. H., Langley, A. K., Stein, B.D., Kataoka, S. H. & Wong, M. (2014). Early intervention for abused children in the school setting. In: Reece, R. M., Hanson, R. F. & Sargent, J. (Eds). Treatment of Child Abuse: Common Ground for Mental Health, Medical and Legal Practitioners, 2nd Edition. Baltimore, MD: Johns Hopkins University Press.
36. Jaycox, L.H., Stein, B.D. & Wong, M. (2014). School intervention related to school and community violence. *Child and Adolescent Clinics of North America*, 23: 281-293.
37. Nadeem, E., Jaycox, L. H., Langley, A. K., Wong, M., Kataoka, S. H., & Stein, B. D. (2014). Effects of Trauma on Students: Early Intervention Through the Cognitive Behavioral Intervention for Trauma in Schools. In *Handbook of School Mental Health* (pp. 145-157). Springer US.
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- 40 Vona P, Jaycox LH, Kataoka SH, Stein BD, Wong M. (2017) Supporting Students Following School Responses to Crises: From the Acute Aftermath through Recovery: In: Beidas RS eds. *School Mental Health for Adolescents*. Oxford University Press. New York, NY
- 41 Grolnick WS, Schonfeld DJ, Schreiber M, Cohen J, Cole V, Jaycox L, Lochman J, Pfefferbaum B, Ruggiero K, Wells K, Wong M. (2018) Improving adjustment and resilience in children following a disaster: Addressing research challenges. *American Psychologist*.
- 42 Wong M, Vona P. Hydon S. (in press) Child Traumatic Stress, PTSD and Depression – Effects on Classroom Learning and Behavior. In Raines JC eds. *Evidence-based Practice in School Mental Health: Addressing DSM-5 Disorders in Schools*. Oxford University Press. New York, NY
- 43 Vona P, DeRosier M, Wong M, Stein BD. (under review). Factors associated with use of a web-based platform that supports training and implementation of an evidence-based school intervention for trauma. *Social Work Journal*

Ongoing Research Support

1) U79 SM061270-01 Wong (PI) 9/30/16-9/29/21
SAMHSA/National Child Traumatic Stress Network \$3 M

USC Trauma Services Adaptation Center for Resilience, Hope and Wellness in Schools and Communities This Trauma Services Adaptation (TSA) center is the only school-based site in the National Child Traumatic Stress Network. The TSA provide national leadership to 1) assist NCTSN sites to develop, implement, evaluate, and disseminate trauma-informed services for schools, 2) develop the spectrum of school based trauma informed resilience and early interventions for K-12 students in public schools, particularly those serving children of military personnel, 3) build and enhance child trauma curriculum in schools of social work 4) expand training from agency sites to graduate students of social work, clinical psychology and child psychiatry as part of a pre-service workforce development initiative 5) create a web-based training site for providers wishing to implement the Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Previous Research Support

1) Director, LA SBIRT Regional Network, Wong (USC Co-PI) 10/1/13-9/30/16 SAMHSA
PI Dr. Timothy Fong UCLA Geffen School of Medicine
Funded by a three year SAMHSA grant, the Los Angeles SBIRT Network develops, implements, and evaluates SBIRT training for students from UCLA medical residencies, nursing, USC social work and school counseling throughout the Los Angeles area. After SBIRT training, students implement SBIRT practices during their

internships, which will lay the foundation for them to incorporate SBIRT into their practice. SBIRT trainings are conducted through online training modules and through in-person SBIRT training events held by the Los Angeles SBIRT Training Team. Skills learned in training include learning how to use evidence-based screening tools, brief behavioral interventions, preparing patients for referrals and linking patients quickly and reliably into treatment. Students trained in SBIRT practices will be able to participate in the Los Angeles SBIRT Learning Community, a network of expert addiction treatment professionals, school administrators, healthcare professionals and community advocates. An Annual Los Angeles SBIRT Summit, a multidisciplinary conference will be held for the purpose of bringing the latest research to enhance the knowledge, skills and practice of providers.

2) DoDEA Wong (USC Co-PI) 6/14/10-8/31/14
DoDEA contract number HE1254-10-1-004/Subaward from Fallbrook Union Elementary School District \$7.6M

Building Capacity to Create Highly Supportive Military-Connected School Districts: The Integration of Local School Data, Community Supports, Evidence-based Programs, and Empowerment Strategies is based on a model implemented successfully throughout Israel. The \$7.6M DoDEA initiative is a partnership between eight military-connected districts and the University of Southern California (USC). It will identify and provide appropriate supports for military students by (1) creating a clearinghouse of evidence-based best practices (EBP), (2) helping stakeholders, select the most appropriate EPBs, and (3) assisting the districts in their implementation. Support to military students and their families includes 72,000 contact hours from a cadre of 30 Master of Social Work interns and their mentors. USC has augmented the California Healthy Kids Survey with a Military Module that will be disseminated throughout California.

Exhibit B

List of Works Consulted

- Berman SL, Kurtines WM, Silverman WK, Serafini LT. The impact of exposure to crime and violence on urban youth. *Am J Orthopsychiatry* 1996;66:329-36.
- Cuffe SP, Addy CL, Garrizon CZ, et al. Prevalence of PTSD in a community sample of older adolescents. *J Am Acad Child Adolesc Psychiatry* 1998;37:1353- 61.
- Delaney-Black V, Covington C, Ondersma SJ, Nordstrom-Klee B, Templin T, Ager J, et al. Violence exposure, trauma, and IQ and/or reading deficits among urban children. *Arch Pediatr Adolesc Med* 2002;156:280-85.
- Farrell AD, Bruce SE. Impact of exposure to community violence on violent behavior and emotional distress among urban adolescents. *J Clin Child Psychol* 1997;36:2-14.
- Finkelhor D. The victimization of children: a developmental perspective. *Am J Orthopsychiatry* 1995;65(2):177-93.
- Fitzpatrick KM, Boldizar JP. The prevalence and consequences of exposure to violence among African-American youth. *J Am Acad Child Adolesc Psychiatry*. 1993;32:424-30.
- Grogger J. Local violence and educational attainment. *J Hum Resour* 1997;32:659- 82.
- Horowitz K, Weine S, Jekel J. PTSD symptoms in urban adolescent girls: compounded community trauma. *J Am Acad Child Adolesc Psychiatry* 1995;34:1353-61.
- Hurt H, Malmud E, Brodsky NL, Giannetta J. Exposure to violence: psychological and academic correlates in child witnesses. *Arch Pediatr Adolesc Med* 2001;155:1351-56.
- Jaycox LH, Stein BD, Kataoka SH, Wong M, et al. Violence exposure, posttraumatic stress disorder, and depressive symptoms among recent

immigrant schoolchildren. *J Am Acad Child Adolesc Psychiatry* 2002;41:1104-10.

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Martinez P, Richters JE. The NIMH Community Violence Project, II: children's distress symptoms associated with violence exposure. *Psychiatry* 1993;56:22-35.

Osofsky JD, Wewers S, Hann DM, Fick AC. Chronic community violence: what is happening to our children? *Psychiatry* 1993;56:36-45.

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Saigh PA, Bremner JD. The history of posttraumatic stress disorder. In: *Posttraumatic stress disorder: A comprehensive text*. Needham Heights, MA: Allyn & Bacon; 1999;1-17.

Singer MI, Anglin TM, Song L, et al. Adolescents' exposure to violence and associated symptoms of psychological trauma. *JAMA* 1995;273:477.

Stein BD, Jaycox LH, Kataoka SH, et al. Prevalence of child and adolescent exposure to community violence. *Clin Child Fam Psychol Rev* 2003c;6:247.

Stein BD, Zima BT, Elliott MN, et al. Violence exposure among school-age children in foster care: relationship to distress symptoms. *J Am Acad Child Adolesc Psychiatry*. 2001;40:588.

Van der Kolk BA. The neurobiology of childhood trauma and abuse. *Child Adolesc Psychiatr Clin N Am* 2003;12:293-317.

EXPERT DECLARATION OF LUIS H. ZAYAS

I, LUIS H. ZAYAS, declare as follows:

1. I am a licensed psychologist and licensed clinical social worker in the State of Texas. Previously, I held psychology licenses in New York and Missouri and a clinical social work license in New York. I earned a Master of Science degree in social work (1975), and a Master of Arts (1984), Master of Philosophy (1985), and Doctor of Philosophy (1986) in developmental psychology, all from Columbia University in the City of New York. I have been a practicing social work and psychology clinician since 1975 mostly in child and adolescent mental health settings and primary care medicine. A true and correct copy of my curriculum vitae is attached hereto as Exhibit A.

2. I am presently dean and professor at the Steve Hicks School of Social Work of the University of Texas at Austin. I also occupy the Robert Lee Sutherland Chair in Mental Health and Social Policy and am a professor of psychiatry at the Dell Medical School of The University of Texas at Austin.

3. I have held academic positions at Washington University in St. Louis, Fordham University, Albert Einstein College of Medicine, and Columbia University. I have held clinical positions at Blythedale Children’s Hospital (Valhalla, NY); New York Hospital-Cornell Medical Center (now New York-Presbyterian/Weill Cornell Medical Center, New York City); and Montefiore Medical Center (Bronx, NY).

4. My background encompasses clinical practice, teaching and research in child and adolescent mental health, child development, and family functioning. My specialty has been on minority and immigrant families and their children. My research has been funded by the National Science Foundation and the National Institutes of Health (specifically, the National Institute of Mental Health, National Institute of Child Health and Human Development, and National Institute on

1 Minority Health and Health Disparities). Since 2006, I have focused my clinical and research
2 attention on the U.S.-born and foreign-born children of undocumented immigrants, mostly from
3 Mexico and Central America.

4 5. I have published over 120 papers in peer-reviewed scientific and professional journals
5 and two books, *Latinas Attempting Suicide: When Cultures, Families, and Daughters Collide*
6 (Oxford University Press, 2011), and *Forgotten Citizens: Deportation, Children, and the Making of*
7 *American Exiles and Orphans* (Oxford University Press, 2015). A complete list of my publications is
8 included in my CV.
9

10 6. I have extensive experience in performing clinical evaluations of immigrant children
11 and families facing deportation, and refugee and asylum-seeking mothers and children held in
12 immigration detention centers. Since 2006, I have been qualified in immigration courts as expert
13 witness and provided psychological evaluations and testimony in over 20 cancellation of removal
14 cases in immigration court. I have provided expert declarations or reports in the following cases
15 heard in federal court:
16
17

18 a. *R.I.L-R v Johnson* (2015);

19 b. *Flores v Johnson* (2015);

20 c. *Batalla Vidal et al., v Nielsen et al., and State of New York et al., v Trump et al.*
21 (2017);
22

23 d. *LVM et al., v Lloyd, White, Wagner [ORR] et al.* (2018); and

24 e. *Matter of Fuentes* (San Antonio, 2014).
25

26 7. I gave expert witness testimony on the psychological effects of immigration detention
27 on children and families in *Grassroots Leadership Inc. v Texas Department of Family and Protective*
28 *Services* (2016) heard in Texas state court challenging the licensing of immigration family-detention

1 centers as childcare centers.

2 **Impact and Implications of Detention and Family Separation**

3 8. Reading the summary narratives about the experiences Plaintiffs have withstood in
4 detention and separated from their families leads me to the impression that multiple harms are being
5 inflicted: on the parents, on the children, and on family dynamics. The separation of parents from
6 their children—the very children they sought to protect and save by requesting asylum in the United
7 States—creates emotional stresses on parents beyond that which they have already suffered. Parents
8 are disempowered from taking care of their children and children will detect the subtle and obvious
9 emotional reactions of their parents. Children will naturally want to protect parents. On the other
10 side, children of all ages need their parents to protect them and make them feel secure. Even if they
11 are overpowered by government decisions, they have the comfort of being together and going through
12 the horrors together. We must keep in mind that these children and parents have experienced two
13 layers of trauma. One layer is the violence of their home countries. The other is the flight through
14 Mexico during which they were, in most cases, brutalized. On these two experiences are layered the
15 trauma of detention and, now, separation.
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19 9. As noted earlier, I have practiced professionally for 43 years in, mostly, child and
20 adolescent mental health services and conducted research with children in the community as well as
21 those in care. This experience has brought me into direct interaction with children, families, and
22 large and small care systems (e.g., child protective services; residential treatment facilities; day-
23 treatment programs; schools; general, psychiatric and pediatric hospitals; family court). In these four
24 decades of experience, nearly every social and health institution of which I have been aware of that
25 serves children and adolescents makes decisions related to health, mental health, institutionalization,
26 and release as an individual decision. The aim of any placement of a child in a restrictive facility
27
28

1 should be to “bring something to build hope on in often desperate situations, regardless of the specific
2 treatment method used.”¹

3 10. In the fields of social work, pediatrics, psychology, education, and allied professions
4 that work with children, all decisions about removal or separation, or other potentially life-changing
5 decisions, must be based on the best interest of the child and, if separation is clinically indicated,
6 must be done using the least restrictive environment. It is exceedingly rare to see a general decision
7 by agencies or government entities to institutionalize all children simply because they have sought
8 asylum with their parents. It is also unusual to punish parents through their children for seeking
9 asylum in the United States.
10

11
12 11. Science and clinical practice show that the children being held in detention with or
13 without their parents are undergoing extraordinary stress and pain. Research shows that detention of
14 children, even for a brief time, does lasting harm to their psychological and physical conditions.
15 Under stress, the body naturally braces itself by secreting hormones through the hypothalamic-
16 pituitary-adrenal system (known as the HPA Axis) and taking other physiological measures to
17 protect the person. In the short term, it might not be very damaging, though still hurtful. But when
18 the stress is unremitting and complex, the body begins to break down and the young brain is not
19 allowed to develop normally. Exhausted, the brain’s natural growth in cognition, judgment,
20 decision-making, problem solving, and interpretation of social cues is deviated, even truncated,
21 leaving the person with lacunae in important human functions. When the stress is traumatic, such as
22 when that natural bond with the parent is suddenly severed, the damage is compounded. (The trauma
23 is different when, for example, a parent dies tragically in an accident or progressively through illness.
24 The parent-child bond is affected but because of a coercive government act.) The need for the
25
26
27

28

¹ Forkby, T., & Höjer, S. (2011). Navigations between regulations and gut instinct: the unveiling of collective memory in decision-making processes where teenagers are placed in residential care. *Child and Family Social Work*, 16, 159–168.

1 human bond is profound for infants, toddlers and older children. It is the attachment that helps in the
2 development of positive social interaction, trust of others, and regulation of emotions and behaviors.

3 12. Youth held in detention are highly susceptible to the effects of stress and trauma on
4 human physiology. The psychological wounds of detention and family separation will last a
5 lifetime. It will take social work, psychiatric, psychological and counseling services to start and see
6 through the repairs. Unfortunately, for most of these children, the trauma they have experienced at
7 the border will likely go untreated because their undocumented status will bar them from access to
8 mental health support from trained professionals.
9

10 13. It is universally recognized that the family is the cornerstone of society and the basis
11 for healthy human development. It is the place of shelter, sustenance, affection, socialization, social-
12 emotional and moral development, and physical and psychological protection. When families are
13 separated, the effects on children are known to disrupt emotional, social, and cognitive functioning.
14 What's more is that the damage of ruptures from parents and siblings leave long-lasting and
15 sometimes permanent emotional and psychological scars.
16

17 14. The American Academy of Pediatrics recently urged that societal institutions act
18 cautiously to "ensure that the emotional and physical stress children experience as they seek refuge in
19 the United States is not exacerbated by the additional trauma of being separated from their siblings,
20 parents or other relatives and caregivers."² Even the Advisory Committee on Family Residential
21 Centers of the Department of Homeland Security advised in 2016 that "the separation of families for
22 purposes of immigration enforcement or management, or detention is never in the best interest of
23 children."³
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28 ² American Academy of Pediatrics, AAP Statement Opposing Separation of Mothers and Children at the Border (March 4,
2017). <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/immigrantmotherschildreparation.aspx>.

1 15. Children and adolescents in immigration detention facilities report increased rates of
2 deliberate self-harm and suicidal behavior, voluntary starvation, severe depression, sleep difficulties,
3 somatic complaints, anxiety, and PTSD reactions, along with poor nutrition, regression in language
4 development, bedwetting, and social withdrawal.⁴ The self-harm and suicidal ideation and action
5 while in detention is often born of the boredom, sleeplessness, depression and even psychotic
6 symptoms that occur during detention.
7

8 16. We can extrapolate from the scientific literature on juvenile detention, showing the
9 negative effects of children’s detention or incarceration on their future psychological health. Youth in
10 juvenile detention during their adolescence often show “co-morbid” psychiatric disorders, that is, co-
11 occurring problems.⁵ Most commonly, males evince major depression, anti-social behavior,
12 oppositional defiant disorders, and alcohol abuse.⁶ The comorbidities for females are post-traumatic
13 stress (PTSD), anxiety, and anti-social personality disorder and substance abuse. Note that in the
14 comorbidities for girls, depression occurs with an externalizing disorder, that is, oppositionalism.
15 We see therefore that both internalizing and externalizing disorders are likely to be the outcomes of
16 detention. This has led researchers to conclude that incarceration-specific experiences place children
17 at higher risk for maladjustment than exposure to general environmental risk in community settings.⁷
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21 ³ Department of Homeland Security: Immigration and Customs Enforcement, Report of the ICE Advisory Committee on
22 Family Residential Centers, at 2 (Sept. 30, 2016).
<https://www.ice.gov/sites/default/files/documents/Report/2016/ACFRC-sc-16093.pdf>.

23 ⁴ Silove, D., Austin, P., & Steel, Z. (2007). No refugee from terror: The impact of detention on the mental health of
24 trauma-affected refugees seeking asylum in Australia. *Transcultural Psychiatry*, 44, 359-393.

25 ⁵ Abram, K. M. (2015). Comorbidity and continuity of psychiatric disorders in youth after detention: A prospective
26 longitudinal study. *JAMA Psychiatry*, 72, 84-93.

27 ⁶ Fazel, M., Karunakara, U., & Newnham, E. A. (2014). Detention, denial, and death: Migration hazards for refugee
28 children. *The Lancet Global Health*, 2, e313-e314.

⁷ Dallaire, D. H., Zeman, J. L., & Thrash, T. M. (2014). Children's experience of maternal incarceration-specific risks:
Predictions to psychological maladaptation. *Journal of Clinical Child & Adolescent Psychology*, 43, 1-14.

1 17. Detention or institutionalized living is a major childhood traumatic stressor, even
2 under conditions of short or brief detentions.⁸ Stays as short as 14 days can have deleterious effects
3 on youth, depending on the nature of the institutionalization. For example, a two-week hospital stay
4 for an injury or rare illness is less damaging than a two-week stay in a detention facility in which
5 privileges and freedom is restricted, family visits are mediated by screens or guards, or activities are
6 heavily regulated. Detention, particularly following the traumatic circumstances of migration, is one
7 of the most adverse environments that scientists have studied, commonly called in the literature
8 “complex adverse experiences.”
9

10 18. The two distinct but powerfully determinant elements of the adversity of detention are
11 *deprivation* (i.e., absence of expected developmentally appropriate environmental inputs and
12 complexity) and *threat* (i.e., the presence of experiences that represent an immediate or ongoing
13 threat to the child’s physical integrity and psychological security).⁹ The condition of chronic
14 deprivation and threat stresses affect neural or brain development which in turn determines cognitive
15 and behavioral functioning in children. PTSD is known to affect executive functions, that part of the
16 brain that regulates and controls cognitive processes, including working memory, reasoning, task
17 flexibility, and problem solving.¹⁰ (In the Plaintiffs’ narratives, we learn of teasing, belittlement,
18 derision, verbal assaults, and other forms of bullying and coercion by Customs and Border Patrol
19 personnel and possibly others who are government or private contractors staff operating detention
20 centers.) In detention, the lives of refugee children are laden with uncertainty (i.e., lack of confidence
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25 ⁸ Foster, H., & Hagan, J. (2013). Maternal and paternal imprisonment in the stress process. *Social Science Research*, 42, 650-669.

26 ⁹ McLaughlin, K. A., Sheridan, M. A., & Lambert, H. K. (2014). Childhood adversity and neural development:
27 Deprivation and threat as distinct dimensions of early experience. *Neuroscience and Biobehavioral Reviews*, 47, 578-591.

28 ¹⁰ Olf, M., Polak, A. R., Witteveen, A. B., & Denys, D. (2014). Executive function in posttraumatic stress disorder (PTSD) and the influence of comorbid depression. *Neurobiology of Learning and Memory*, 112, 114-121.

1 in one's ability to predict future outcomes) about personal security.¹¹ Uncertainty regarding personal
2 security is highly related to levels of hopelessness. The sense of indeterminacy in detention is acute
3 and thus becomes a major contributor to negative health and mental health symptoms. The deprived
4 conditions of detention—in which children cannot experience developmentally normative activities,
5 events and milestones—also affects peer and family relations.¹² Detention hinders the development
6 of appropriate peer relations, creates imbalances in the parent-child dynamics, and undermines the
7 attachment bonds between parent and child and among siblings. Overall, negative peer and family
8 relations have negative impacts on overall mental health.
9

10 **Needed: Immediate Trauma Screening and Treatment for Children, Siblings, and Parents**

11
12 19. Contemporary clinical practice and research on childhood and adult trauma point out
13 that in conditions of severe adversity the best response requires *immediate, thorough, culturally based*
14 *screening and assessment*. Upon a diagnosis of a mental health effect (e.g., post-traumatic stress;
15 anxiety disorder; major or reactive depression; reactive attachment disorder of children; suicidal
16 ideation), an equally immediate engagement in *empirically, scientifically informed treatment*
17 *intervention* is indicated. In the case of the sudden disruption of the parent-child bond that is
18 inexplicable to children, especially younger ones but including adolescents, it is not unexpected to see
19 severe cases of reactive attachment disorders. (According to the American Psychiatric Association,
20 reactive attachment disorder refers to a consistent pattern of inhibited, emotionally withdrawn
21 behavior toward adult caregivers that may include minimal social and emotional responsiveness to
22 others; limited positive affect; episodes of unexplained irritability, sadness, or fearfulness that are
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27 ¹¹ Afifi, W. A., Afifi, T. D., Nimah, N., & Robbins, S. (2013). The relative impacts of uncertainty and mothers'
communication on hopelessness among Palestinian refugee youth. *American Journal of Orthopsychiatry*, 83, 495-504.

28 ¹² Newman, L. K., & Steel, Z. (2008). The child asylum seeker: Psychological and developmental impact of immigration
detention. *Child & Adolescent Psychiatric Clinics*, 17, 665-683.

1 evident even during nonthreatening interaction with adult caregivers. Typically, the child has
2 experienced a pattern of extremes of insufficient care such as through social neglect or deprivation,
3 traumatic ruptures from parent or primary caregiver, and experiences in unusual settings that severely
4 limit opportunities to form selective attachments (e.g., detention; institutionalization).¹³ Disrupted
5 filial ties often beget anxiety, especially social anxiety that can endure throughout childhood and
6 adulthood.¹⁴

8 20. As noted by the National Center for Child Traumatic Stress (UCLA and Duke
9 University) trauma-informed screening and assessment practices help providers identify children’s
10 and families’ needs early in the process and to tailor services to meet those needs. Trauma screening
11 refers to both the “tools and process for a brief, focused inquiry to determine whether an individual
12 has experienced one or more traumatic events, has reactions to such events, has specific mental or
13 behavioral health needs, and/or needs a referral for a comprehensive trauma-informed mental health
14 assessment.”¹⁵

17 21. Screening is a “wide-net” process, the first step in the assessment and treatment
18 process. Leading researchers have promoted the need for trauma-related screening of children and
19 adults.¹⁶ Any screening tool must meet several conditions. First, a tool must show *efficacy* (i.e.,
20

21 ¹³ American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. (5th ed.).
22 Washington, D.C.: American Psychiatric Association.

23 ¹⁴ Taylor, C.T., Pearlstein, S.L., & Stein, M.B. (2017). The affective tie that binds: Examining the contribution of positive
24 emotions and anxiety to relationship formation in social anxiety disorder. *Journal of Anxiety Disorders*, 49, 21-30.

25 ¹⁵ <https://www.nctsn.org/treatments-and-practices/screening-and-assessment>

26 ¹⁶ Gonzalez, A., Monzon, N., Solis, D., Jaycox, L., & Langley, A. K. (2016). Trauma exposure in elementary school
27 children: Description of screening procedures, level of exposure, and posttraumatic stress symptoms. *School Mental
28 Health*, 8, 77–88; Porche, M. V., Costello, D. M., & Rosen-Reynoso, M. (2016). Adverse family experiences, child
mental health, and educational outcomes for a national sample of students. *School Mental Health*, 8, 44–60; Woodbridge,
M. W., Sumi, W. C., Thornton, S. P., Fabrikant, N., Rouspil, K. M., Langley, A. K., & Kataoka, S. H. (2016). Screening
for trauma in early adolescence: Findings from a diverse school district. *School Mental Health*, 8, 89–105.

1 reliability, validity, and accuracy in identifying individuals with trauma) and *effectiveness* (i.e.,
2 generalizability to the real-world that adults and children inhabit). Second, a tool must show
3 *sensitivity* (i.e., number of individuals correctly identified, that is true positives) and *specificity* (i.e.,
4 eliminating those who do not demonstrate a problem, that is true negatives). For making referrals,
5 good screening instruments will identify those who are positive for trauma-related symptoms and
6 those who are negative for symptoms.¹⁷ There is no dearth of screening instruments that could be
7 used by clinicians to make this important assessment of the impact of separation and detention of
8 children (and their siblings) and parents, including trauma exposure risk indices.¹⁸

10
11 22. The mental health assessment that follows the screening should lead to the use of
12 evidenced-based intervention. The mental health assessment will include clinical interviews, some
13 standardized testing, and behavioral observations. It provides a much more in-depth profile of the
14 person within the family context, since other members will also have been affected by their
15 separation, nature of detention, uncertainty, duration of separation, and context of reunification. The
16 assessment aids in identifying all trauma-related symptoms, emotional, behavioral, and learning
17 disorders, and functional impairments, and in guiding the treatment planning.¹⁹

19 23. Research has shown that coordinated, multi-tiered mental health programs for refugee
20
21

22
23 ¹⁷ Grasseti, S.N., Williamson, A.A., Herres, J., Kobak, R., Layne, C.M., Kaplow, J.B., & Pynoos, R.S. (2018). Evaluating
24 referral, screening, and assessment procedures for middle school trauma/grief-focused treatment groups. *School
Psychology Quarterly*, 33, 10-20.

25 ¹⁸ Eklund, K., Rossen, E., Koriakin, T., Chafouleas, S.M., & Resnik, C. (2018). A systematic review of trauma screening
26 measures for children and adolescents. *School Psychology Quarterly*, 33, 30-43; Lang, J.M., & Connell, C.M. (2017).
27 Development and validation of a brief trauma screening measure for children: The Child Trauma Screen. *Psychological
Assessment*, 27, 965-974; Liu, H., Prause, N., Wyatt, G.E., Williams, J.K., Chin, D., Davis, T., Loeb, T., Marchand, E., Zhang,
28 M., & Myers, H.F. (2015). Development of a composite trauma exposure risk index. *Psychological Assessment*, 27, 965-
974; Thrall, E.E., Hall, C.W., Golden, J.A., & Sheaffer, B.L. (2009). Screening measures for children and adolescents
with reactive attachment disorder. *Behavioral Developmental Bulletin*, 15, 4-10.

¹⁹ <https://www.nctsn.org/treatments-and-practices/screening-and-assessment>

1 youth have proven effective.²⁰ These interventions, while focused on youth, commonly include
2 individual, family, and community-based practices. Clinicians will use assessment to understand a
3 child's and parents' and siblings' history and symptom profile. Clinicians will determine whether a
4 child is developmentally on target in the social, emotional, and behavioral domains. With a thorough
5 assessment, the case conceptualization emerges and drives treatment planning and monitoring of
6 progress.
7

8 24. A scientifically based intervention will have several domains. One domain is the
9 individual treatment in which children can work through the loss of parents (and siblings) that they
10 suffered. This allows for the emotional work of grieving and recovery, as well as the cognitive
11 elements of understanding the causes and processes of the loss and reunification. This domain
12 addresses the possibly severe or clinically relevant emotional dysregulation and/or behavioral
13 reactions. Another domain of the therapy is family counseling to ensure that the family as a collective
14 works through the experiences that each member endured. A community and school domain will
15 work on the social integration of children and parents into churches, schools, neighborhoods, and
16 community social groups. This is where stability begins, and a sense of belonging is fostered, thereby
17 undoing the disruptions in their lives after having left violent societies and having been mistreated by
18 government officials, policies, and practices. Skills-building is essential in each of these domains and
19 others that clinicians will identify.
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23 **Opinion and Recommendation**

24 25. As a developmental psychologist and clinical social worker, I understand what it
25 means to deal with a child's emotional and behavioral needs; every traumatic moment a child endures
26

27 _____
28 ²⁰ For example, see Ellis, B.H., Miller, A.B., Abdi, S., Barrett, C., Blood, E.A., & Betancourt, T.S. (2013). Multi-tier mental health program for refugee youth. *Journal of Consulting and Clinical Psychology*, 81, 129-140.

1 creates potentially lifelong damage. The separation of families who have sought asylum in the United
2 States—a right that our nation gives individuals from other countries—and then placing parents and
3 children in detention centers sometimes in different states and without easy contact is a recipe for
4 ruining the futures of children and their parents, affecting the families forever.

5
6 26. In toto, family separations—the disruption of the child-parent and child-sibling-parent
7 relationship—that have come about through aggressive immigration enforcement policies and
8 practices are creating excruciatingly difficult conditions for all family members involved, harming
9 many lives linked by filial ties. Moreover, these separations have happened suddenly, sometimes
10 deceptively and without explanation or indication as to how long they will last. It is my
11 understanding that oftentimes neither parent nor child knows where the other is being detained and
12 there is limited communication. This is a gross violation of all child development, child care and
13 treatment, and child welfare principles.

14
15 27. The United States should cease detaining and separating children and parents. The
16 damage to all children is assured by the policy of family separation but it is especially damaging for
17 the youngest of those children. They deserve our protection. We should act as guardians not as
18 prison guards.

19
20 28. It is my further opinion that mental health screening must be conducted on the entire
21 population of children and parents who have been affected by family separation. That is the United
22 States government should insure that 100% of this population of children and parents by screened.
23 Further, due to the imposition of “zero tolerance” and “family separation” policies it is the
24 government’s responsibility to underwrite the cost of all screenings and treatment. All screenings,
25 assessments, and family and individual treatments should include but not limited to key principles: (a)
26 That screenings, assessments, and family and individual treatments be implemented as soon as
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possible; (b) That all screenings, assessments, and treatments be culturally, linguistically, and developmentally appropriate, and scientifically tested; and (c) That all screenings, assessments, and family and individual treatments take into account the extreme nature of the stress and trauma that families have experienced through governmental actions. These screenings and treatment must occur once children and families are reunited. These services must be provided within a family environment and must be culturally and linguistically appropriate to each family. Some families will not speak English or Spanish but rather an indigenous language, it is imperative that these issues be considered seriously.

29. I have received no compensation for my participation in this case.

30. The opinions expressed in this declaration are my own and do not reflect the opinion of The University of Texas at Austin.

31. I reserve the right to amend or supplement this report as appropriate upon receipt of additional information or documents.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on July 10, 2018, in Austin in the county of Travis, state of Texas.



Luis H. Zayas, Ph.D.
Licensed Psychologist, Texas #36381 (issued 2012)
Licensed Clinical Social Worker, Texas #57642 (issued 2013)

Exhibit A

LUIS H. ZAYAS

Education

PhD	1986	Columbia University	Developmental Psychology
MPhil	1985	Columbia University	Developmental Psychology
MA	1984	Columbia University	Developmental Psychology
MS	1975	Columbia University	Social Work
BA	1973	Manhattan College	Economics/Liberal Arts
Certificate	1989	Westchester Center for the Study of Psychoanalysis & Psychotherapy Training in Psychoanalysis & Psychotherapy (1985-1989)	

Current Positions

Academic

- 2012- Dean; and Robert Lee Sutherland Chair in Mental Health and Social Policy
School of Social Work
University of Texas at Austin,
- 2013- Affiliated faculty, Lozano Long Institute for Latin American Studies/Benson The
University of Texas at Austin, College of Liberal Arts
- 2017- Professor of Psychiatry, Dell Medical School, University of Texas at Austin

Community and Professional Service

- 207- American Academy of Social Work and Social Welfare, Board of Directors,
Member
- 2016- Young Voices of Austin (community chorus), Board of Directors, Member
- 2014-18 St. Louis Group for Excellence in Social Work Research and Education (Research
I universities), President, 2016-2018; Member-at-Large, 2014-2016
- 2015-17 Council on Contemporary Families, Board of Directors
- 2015-17 Lozano Long Institute for Latin American Studies (LLILAS), University of Texas
at Austin, Executive Committee
- 2014- Migrant Clinicians Network, Austin, TX, Member, External Advisory Board
- 2014-16 Austin-Travis County Children's Mental Health Leadership Team
- 2014-17 National Association of Deans and Directors of Schools of Social Work
Member at Large
- 2014- *Revista de Trabajo Social*, Pontificia Universidad Católica de Chile, Santiago.
Member, Editorial Board

Zayas, Luis H.

2013- El Buen Samaritano Episcopal Mission, Austin, TX
Member, Board of Directors

Previous Academic Experience

- 2002-11 Washington University in St. Louis
Shanti K. Khinduka Distinguished Professor of Social Work (2002-2011)
Associate Dean for Faculty (2005-2007).
Director, Center for Latino Family Research (2005-2011)
Professor of Psychiatry, Washington University School of Medicine (2004-11).
- 1990-05 Albert Einstein College of Medicine
Visiting Associate Professor of Family Medicine (1995-2005)
Associate Professor of Family Medicine (1992-95)
Visiting Clinical Assistant Professor of Psychiatry (1995-2002)
Assistant Clinical Professor Psychiatry (1990-95)
- 1991-02 Fordham University
Professor of Social Work (1999-2002)
Associate Professor (1995-1999)
Director, Center for Hispanic Mental Health Research (1999-2002)
Director, Pre-Doctoral Research Training in Minority Mental Health (2001-03)
Research Associate, Hispanic Research Center (1991-95)
Adjunct Associate Professor of Psychology (1989-95)
Ford Foundation Postdoctoral Fellow (1987-88)
- 1980-89 Columbia University
Adjunct Associate Research Scholar (1988-89)
Assistant Professor of Social Work (1982-88)
Lecturer (1980-82)
Project Director, Hispanic Development Project (1985-88)
Faculty Field Instructor, Puerto Rican Community Mental Health Project (1980-82)
- 1976-82 College of Mount Saint Vincent
Adjunct Instructor in Sociology; Consulting Director, social work program
- 1978 Westchester Community College
Adjunct Instructor of Human Services
- 1976 Manhattan College
Adjunct Lecturer in Sociology

Clinical Practice and Pre-Professional Experience

Zayas, Luis H.

- 2006- Independent practice in evaluation of citizen-children in deportation cases
- 1980-2000 Independent practice (part-time). Psychotherapy and family therapy
- 1990-95 Montefiore Medical Center, Department of Family Medicine
Psychosocial Unit Coordinator, Comprehensive Health Care Center (1992-95)
Psychosocial Faculty/Assistant Attending Psychologist, Residency Program in
Social Medicine
- 1988-90 Fordham-Tremont Community Mental Health Center, NY, Clinical Supervisor
- 1978-80 The New York Hospital-Cornell Medical Center
Clinical Social Worker in child & adolescent psychiatric OPD
Payne-Whitney Psychiatric Clinic
- 1975-78 Blythedale Children's Hospital, NY, Pediatric Social Worker
- 1974-75 Lenox Hill Hospital, NY, Medical Social Work Intern
- 1973-74 Mobilization for Youth, NY, Social Work Intern, Juvenile Court Program
- 1972-73 United States Committee for UNICEF, NY, Intern
- 1970 World Youth Assembly, United Nations, NY, Interpreter (June)

Awards and Honors

- 2016 Carl A. Scott Memorial Lecture, Council on Social Work Education (Annual
Program Meeting, Atlanta, GA)
- 2016 BUILDing SCHOLARS Mentor Award, University of Texas, El Paso
- 2012 Fellow, American Academy of Social Work and Social Welfare (inducted
November 2012)
- 2007 Distinguished Faculty Award, George Warren Brown School of Social Work,
Washington University in St. Louis
- 2006 Leadership Award, New York City Latino Social Work Task Force
- 2004-05 Excellence in Mentoring Doctoral Students Award, George Warren Brown
School of Social Work, Washington University in St. Louis

Zayas, Luis H.

- 2004-05 Outstanding Faculty Mentor, Graduate Student Senate of Washington University,
- 2002 Leadership Award, National Association of Puerto Rican/Hispanic Social Workers
- 2000 Rafael Tavares, M.D., Award for scholarship in Hispanic mental health, Association of Hispanic Mental Health Professionals, Inc., NY
- 1993 Economic and Cultural Diversity Award (for work with AIDS orphans and their families), American Family Therapy Academy (\$2,500 award)

Research & Training Grants

- 2018-20 National Institute on Child Health and Human Development—Principal Investigator “Psychosocial Wellbeing and Service Needs of Post-Deportation US Citizen-Children in México.” (Pending Review).
- 2018-20 National Institute on Child Health and Human Development—Principal Investigator “Psychosocial Wellbeing of Refugee Children After Release from Family Immigration Detention.” (1R21HD097486-01). Scored/Pending: IS: 29; Percentile 8. (\$428,507).
- 2017-19 National Institute on Minority Health and Health Disparities—Principal Investigator “Why Adolescent Latinas Attempt Suicide More than Other Females” (R21 MD012338-01). Funded: \$409,711.
- 2016 National Institute on Minority Health and Health Disparities—Principal Investigator “Undocumented, Unaccompanied, and Citizen: Charting Research Directions for Children of Immigration” (R13 MD010415-01). Funded: \$50,000
- 2012-15 Health Resources and Services Administration—Principal Investigator “Mental and Behavioral Health Education and Training Program” (MO1HP25200). Funded: \$480,275
- 2011-13 National Institute of Child Health and Human Development—Principal Investigator “Exploring the Effects of Parental Deportation on U.S. Citizen Children” (R21HD068874-01). Funded: \$426,856
- 2010-11 Fathers’ Support Center, Saint Louis—Project Director of Manual Development for “Family Formation Program.” Funded: \$31,218

Zayas, Luis H.

- 2011 Fathers' Support Center, Saint Louis—Program Evaluator "Citibank Financial Education Curriculum Program." Funded: \$8,641
- 2010-11 Lutheran Foundation of Saint Louis—Project Director, "Mental Health Service for *Casa de Salud*." Funded: \$75,000
- 2010-12 National Institute of Mental Health—Principal Investigator "Adapting Interventions for Diverse Ethnocultural Families" (R13MH086306) Funded: \$156,000
- 2008-11 National Institute of Mental Health—Co-Principal Investigator "Systems of Care for New Moms: Integrating Depression Treatment" (R34 MH083085). Funded: \$450,000
- 2008-10 Procter & Gamble Fund—Project Director "Inspiring Leaders Improving Our Communities" speakers' series. Funded: \$10,000
- 2005-10 New York Council on Adoptable Children (from Administration for Children and Families/DHHS)—Co-Investigator, Program Evaluator "Realizing Open Adoption Dreams." Funded: \$1,500,000
- 2006-11 Puerto Rican Family Institute, Inc. (from Administration for Children and Families/DHHS)—Co-Investigator, Program Evaluator "Building Pathways for Latino Fathers." Funded: \$900,000
- 2006-09 National Institute of Mental Health—Principal Investigator "Developing Interventions for Latino Children, Youth and Families" (R13 MH077403-01). Funded: \$189,320
- 2005-10 National Institute of Mental Health—Associate Director (2005-2006) (Enola Proctor, PI) "Mental Health Services Pre-doctoral and Post-doctoral Training Program." (T32 MH19960-11)
- 2005-10 National Institute of Mental Health—Principal Investigator "Sociocultural Processes in Latina Teen Suicide Attempts" (R01 MH070689-01A1). Funded: \$1,733,337
- 2003-05 National Institute of Mental Health—Principal Investigator "Hispanicity, Language and Psychiatric Diagnosis" (R21 MH065921). Funded: \$278,560
- 2001-03 National Institute of Mental Health—Principal Investigator "Predoctoral Research Training in Minority Mental Health" (T32 MH20074). Funded \$1,117,503

Zayas, Luis H.

- 1999-03 National Institute of Mental Health—Principal Investigator “Center for Hispanic Mental Health Research” (R24 MH60002). Funded \$2,245,368
Minority Supplement to grant for Manny J. Gonzalez, D.S.W., (\$212,192)
- 1998-03 National Institute of Mental Health—Principal Investigator “Reducing Perinatal Depression and Enhancing Parenting” (R24 MH57936). Funded \$1,321,503
Minority Supplement to grant for Zulema E. Suárez, Ph.D. (\$242,000)
- 1993-95 National Institute of Child Health and Human Development—Co-Investigator (Busch-Rossnagel, P.I.) “Development in Puerto Rican and Dominican Toddlers” (1 RO1 HD30590). Funded \$500,000
- 1993-95 Department of Family Medicine, Montefiore Medical Center
Chairman's Fund Faculty Research Grants”
Co-Principal Investigator (with Philip Ozuah, MD) “Mercury Use in *Espiritismo*.”
Funded: \$2,500
Co-Principal Investigator (with Marji Gold, MD) “Barriers to Ophthalmic Screening among Hispanic Diabetics” Funded \$2,500
- 1991-93 Alcoholic Beverage Medical Research Foundation—Principal Investigator
“Factors associated with alcohol use by Hispanic men in early adulthood.”
Funded: \$75,000
- 1988-89 National Science Foundation—Principal Investigator “Attachment and Mastery Motivation in Hispanic Infants” (RII-8812284 planning grant). Funded: \$12,000
- 1987-88 National Research Council—Ford Foundation Postdoctoral Fellow
(Developmental Psychology). Funded: \$25,000 plus research expenses
- 1974-75 NIMH Psychiatric Traineeship, Columbia University (Full tuition).

Past Professional and Community Service

- 2013-16 St. Louis Group (SSWs in Research 1 universities)
Member at Large, Executive Committee
- 2012-15 National Association of Social Workers, Washington, DC
Member, Book Committee, NASW Publications
- 2012-15 University of Massachusetts Medical School, Worcester, MA
Chair, External Advisory Committee, Center for Health Equity Intervention Research (CHEIR)

Zayas, Luis H.

- 2013-15 Communities in Schools, Austin, TX, Member, Board of Directors
- 2013-14 Longhorn Village, Austin, TX. Member, Board of Directors
- 2009-13 National Alliance for Hispanic Families, Washington, DC
Member, Executive Committee; Chair, Research Committee
- 2010-12 National Institutes of Health, Center for Scientific Review
Member, College of CSR Reviewers
- 2009-11 Casa de Salud, St. Louis, MO, Volunteer psychologist and social worker
- 2008-10 National Center for Marriage Research, Bowling Green State University
Member, National Advisory Council
- 2006-09 George Washington University, Center for Health and Health Care in Schools
Member, National Advisory Committee, Caring Across Communities: Addressing
Mental Health Needs of Diverse Children and Youth
- 2005-09 National Institutes of Health, Center for Scientific Review
Member, Psychosocial Development, Risk and Prevention Study Section
- 2005-10 Arizona State University, Southwest Interdisciplinary Research Center,
Member, National Scientific Advisory Board
- 2005-08 Upstream Theater, St. Louis, MO, Member, Board of Directors
- 2003 &
2006-08 *La Clinica*, St. Louis, MO
Volunteer mental health provider
- 2003-04 *Centro Hispano*, Catholic Family Services, St. Louis, MO
Volunteer, Southside Catholic Community Services International
- 2003 Division of Violence Prevention, National Center for Injury Prevention and
Control, Centers for Disease Control and Prevention, Atlanta.
- 2002 St. Barnabas Episcopal Church, Irvington, NY, Member, Vestry
- 2002-05 Institute for the Advancement of Social Work Research, Member, Scientific
Advisory Committee
- 2000-02 Fordham University, Member, University Research Council

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- 2000-02 Fordham-Tremont Community Mental Health Center, Member, Board of Governors (2000-01); Secretary (2001-02)
- 2000-01 Center for Preventive Psychiatry, White Plains, NY, Consultant
- 1998-01 American Orthopsychiatric Association, Member, Board of Directors
- 1998-01 National Center on Addictions and Substance Abuse, Columbia University Member, Institutional Review Board for the Protection of Human Subjects
- 1999-00 National Institute of Mental Health, Member, Services Research Review Committee
- 1996- National Institutes of Health, Center for Scientific Review, Reviewer, Occasional Chair
- 1996-99 National Institute of Mental Health, Member, Child Psychopathology and Treatment Review Committee
- 1994 The Orphans' Project, New York, NY, Member, Panel of Experts, "The Adolescent Alone"
- 1993-94 Council for Adoptable Children, NY, Evaluations of children orphaned by AIDS
- 1992, 94 National Institute of Justice, Ad hoc reviewer
- 1990-00 National Research Council, Member (1990-93, 1996), Chair (1999, 2000), Evaluation Panel in Psychology, Ford Foundation Predoctoral Fellowships for Minorities
- 1989-91 Association of Hispanic Mental Health Professionals, Vice President
- 1984 N. Y. S. Governor's Advisory Committee on Hispanic Affairs, Testimony, September
- 1988-89 National Research Council, Member, Ford Foundation Fellows' Conference Planning Committee
- 1986 Westchester County Executive's Hispanic Advisory Board, Member, Ad hoc
- 1978-80 Spanish Community Progress Foundation, Yonkers, NY, Member, Board of Directors

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Editorial Boards and Ad Hoc Reviewer Experience

Addiction; American Journal of Community Psychology; American Journal of Orthopsychiatry; Applied Developmental Science; BMC Psychiatry; Cultural Diversity and Ethnic Minority Psychology; Ethnicity & Health; Journal of Consulting and Clinical Psychology; Obstetrics and Gynecology; Professional Psychology: Research and Practice; Families in Society; Criminal Behavior and Justice; Journal of Adolescence; Journal of Family Psychology; Journal of Social Service Research; Research in Social Work Practice; Pediatrics; Youth and Society; Journal of Affective Disorders; Journal of Child and Family Studies; Encyclopedia of Applied Developmental Science (2005).

Professional Affiliations and Licenses

American Psychological Association
Council on Social Work Education
National Association of Social Workers
Society for Social Work and Research

State of Texas Licensed Psychologist #36381 (issued 2012)
State of Texas Licensed Clinical Social Worker #57642 (issued 2013)
State of Missouri Licensed Psychologist #2002030464 (2002-2013)
State of New York Licensed Psychologist # 010116 (1989-2005)
State of New York Licensed Clinical Social Worker # 017492 (1975-2005)

Publications

Books

Forgotten Citizens: Deportation, Children, and the Making of American Exiles and Orphans. (2015, Oxford University Press)
▪ Finalist, 2016 Hamilton Book Award, University of Texas Co-Operative Society.
▪ Honorable Mention, 2016 Outstanding Social Work Book Award, Society for Social Work and Research

Latinas Attempting Suicide: When Cultures, Families, and Daughters Collide. (2011, Oxford University Press)

Peer-Review Journal Articles and Chapters

122. Gulbas, L., Hausmann-Stabile, C., Szlyk, H., & **Zayas, L.H.** (under review). Evaluating the Interpersonal Theory of Suicide among Latina adolescents.
121. Szlyk, H., Gulbas, L. E., & **Zayas, L. H.** (under review). "I just kept it to myself." The roles of secrets and silence among Latina teenage suicide attempters. *Family Process.*
120. Berger Cardoso, J., Brabeck, K., Stinchcomb, D., Heidbrink, L., Acosta Price, O.,

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- Gil-García, O., Crea, T.M., & **Zayas, L.H.** (*in press*). Integration for unaccompanied migrant youth in the United States: A call for research. *Journal of Ethnic and Migration Studies*
119. Hausmann-Stabile, C., Gulbas, L., **Zayas, L.H.**, & Dobel, S. (*in press*). Lecciones Aprendidas en una Década Estudiando las Conductas Suicidas en Adolescentes. Fundacion Tierra de Esperanza (Eds.), *Niñez y Adolescencia: Aprendizajes y Desafíos para su Bienestar*. Concepción, Chile.
118. **Zayas, L. H.** (2018). Immigration enforcement practices harm refugee children and citizen-children. *Zero to Three Journal*, 38.
117. Hausmann-Stabile, C., Gulbas, L.E., & **Zayas, L. H.** (2018). Treatment narratives of suicidal Latina teens. *Archives of Suicide Research*, 22, 165-172.
116. **Zayas, L.H.**, Brabeck, K.M., Cook Heffron, L., Dreby, J., Calzada, E.J., Parra-Cardona, J.R., Dettlaff, A.J., Heidbrink, L., Perreira, K.M., & Yoshikawa, H. (2017). Charting directions for research on immigrant children affected by undocumented status. *Hispanic Journal of Behavioral Sciences*, 39, 412-435.
115. **Zayas, L. H.**, & Gulbas, L. E. (2017). Processes of belonging for citizen-children of undocumented Mexican immigrants. *Journal of Child and Family Studies*, 26, 2463-2474. doi: 10.1007/s10826-017-0755-z
114. Gulbas, L.E. & **Zayas, L.H.** (2017). Exploring the effects of U.S. immigration enforcement on the well-being of citizen-children in Mexican immigrant families. *The Russell Sage Foundation Journal of the Social Sciences*, 3 (4), 53-69.
113. Hausmann-Stabile, C., Gulbas, L. E., & **Zayas, L. H.** (2016). Growing up in the US Inner City: Exploring the adolescent development and acculturation of urban suicidal Latinas. In S. J. Schwartz & J. B. Unger (Eds.), *The Oxford Handbook of Acculturation and Health* (pp. 221-237). New York: Oxford University Press. doi: 10.1093/oxfordhb/9780190215217.013.17
112. **Zayas, L. H.** (2016). Foreword. In A.J. Dettlaff & R. Fong (Eds.), *Immigrant and refugee children and families: Culturally responsive practice* (pp. xi-xiii). New York: Columbia University Press.
111. Sanchez, D., Whittaker, T., Hamilton, W., & **Zayas, L. H.** (2015). Exploring the links between marianismo, perceived discrimination, substance use, psychological distress and sexual risk behaviors in Latina preadolescent girls. *Cultural Diversity and Ethnic Minority Psychology*, 22, 395-407.

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110. Gulbas, L. E., **Zayas, L. H.**, Yoon, H., Szlyk, H., Aguilar-Gaxiola, S., & Natera, G. (2015). Deportation experiences and depression among U.S. citizen-children with undocumented Mexican parents. *Child: Care, Health, and Development*, *42*, 220-230.
109. Gulbas, L., Hausmann-Stabile, C., De Luca, S., Tyler, T.R., & **Zayas, L.H.** (2015). An exploratory study of non-suicidal self-injury and suicidal behavior in adolescent Latinas. *American Journal of Orthopsychiatry*, *85*, 302-314.
108. **Zayas, L. H.**, Aguilar-Gaxiola, S., Yoon, H., & Natera Rey, G. (2015). The distress of citizen-children with detained and deported parents. *Journal of Child and Family Studies*, *24* (11), 3213-3223.
107. **Zayas, L. H.**, & Bradlee, M. (2015). Children of undocumented immigrants: Imperiled developmental trajectories. In E. P. Salett & D. R. Koslow (Eds.), *Race, ethnicity and self* (pp. 63-84). Washington, DC: National Association of Social Workers.
106. Gulbas, L.E. & **Zayas, L.H.** (2015) Examining the interplay among family, culture, and Latina teen suicidal behavior. *Qualitative Health Research*, *25*(5), 689-699.
105. **Zayas, L.H.**, Hausmann-Stabile, C., & De Luca, S.M. (2014). Chapter 15—Suicidal behaviors and U.S. Hispanic youth: Social, psychological, and cultural factors and challenges for interventions. In D. A. Lamis & N. J. Kaslow (Eds.), *Advancing the science of suicidal behavior: Understanding and intervention* (pp. 269-282). Hauppauge, NY: Nova Science Publishers.
104. **Zayas, L.H.**, & Bradlee, M. (2014). Exiling children, creating orphans: When immigration policies hurt citizens. *Social Work*, *59*, 167-175.
103. Sampson, M., **Zayas, L.H.**, & Seifert, S.B. (2013). Treatment engagement using motivational interviewing for low-income, ethnically diverse mothers with postpartum depression. *Clinical Social Work Journal*, *41*, 387-394
102. Hausmann-Stabile, C., Gulbas, L., & **Zayas, L.H.** (2013). Aspirations of Latina adolescent suicide attempters: "Tomorrow I won't have to wake up to my future." *Hispanic Journal of Behavioral Sciences*, *35*, 390-406.
101. **Zayas, L.H.**, & Sampson, M. (2013). Perinatal depression and treatments for U.S. Latinas: A review of research findings. In S. Lara-Cinisomo & K. Wisner (Eds.), *Perinatal depression among Spanish-Speaking Women: A Global perspective on prevalence, treatment, and outcomes* (pp. 65-82). NY: Springer.
100. **Zayas, L.H.**, & Gulbas, L.E. (2012). Are suicide attempts by adolescent Latinas a cultural idiom of distress? *Transcultural Psychiatry*, *49*, 719- 735.

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99. Nolle, A.P., Gulbas, L., Kuhlberg, J.A., & **Zayas, L.H.** (2012). Sacrifice for the sake of the family: Expressions of familism by Latina teens in the context of suicide. *American Journal of Orthopsychiatry*, *82*, 319–327.
98. Peña, J. B., **Zayas, L. H.**, Cabrera-Nguyen, P., & Vega, W. A. (2012). U.S. cultural involvement and its association with suicidal behavior among youths in the Dominican Republic. *American Journal of Public Health*, *102*, 664–671.
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96. Hausmann-Stabile, C., Kuhlberg, J.A., **Zayas, L.H.**, Nolle, A.P., & Cintron, S. (2012). Means, intent, lethality, behaviors, and psychiatric diagnoses in Latina adolescent suicide attempters. *Professional Psychology: Research and Practice*, *43*(3), 241-248.
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94. **Zayas, L.H.**, Hausmann-Stabile, C., & Kuhlberg, J.A. (2011). Can mother-daughter relations reduce the chance of a suicide attempt among Latinas? *Depression Research and Treatment*.
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92. Peña, J.B., Matthieu, M.M., **Zayas, L.H.**, Masyn, K.E., & Caine, E.D. (2011). Co-occurrence of risk behaviors among White, Black, and Hispanic US high school adolescents who have attempted suicide, 1999 to 2007. *Social Psychiatry and Psychiatric Epidemiology*, *47*, 29-42.
91. Peña, J.B. Kuhlberg, J.A., Zayas, L.H., Baumann, A.A., Gulbas, L., Hausmann-Stabile, C., & Nolle, A.P. (2011) Familism, family environment, and suicide attempts among Latina youth. *Suicide and Life-Threatening Behavior*, *41*, 330-341.
90. Gulbas, L.E., **Zayas, L.H.**, Nolle, A.P., Hausmann-Stabile, C., Kuhlberg, J.A., Baumann, A.A., & Peña, J.B. (2011). Family relationships and Latina teen suicide attempts: Reciprocity, asymmetry, and detachment. *Families in Society*, *92*, 317-323.

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85. **Zayas, L.**, Gulbas, L.E., Fedoravicius, N., & Cabassa, L.J. (2010). Patterns of distress, precipitating events, and reflections on suicide attempts by young Latinas. *Social Science and Medicine*, *70*, 1773-1779.
84. **Zayas, L.H.**, Torres, L.R., & Kyriakakis, S. (2010). Culturally competent assessment of Latino clients. In R. Furman & N. Negi (Eds.), *Social Work Practice with Latinos: Key Issues and Emerging Themes* (pp. 161-183). Chicago, IL: Lyceum Books.
83. **Zayas, L.H.** (2010). Seeking models and methods for cultural adaptation of interventions: Commentary on the special section. *Cognitive and Behavioral Practice*, *17*, 198-202.
82. **Zayas, L.H.**, Bright, C., Alvarez-Sanchez, T., & Cabassa, L.J. (2009). Acculturation, familism and mother-daughter relations among suicidal and non-suicidal adolescent Latinas. *Journal of Primary Prevention*, *30*, 351-369.
81. **Zayas, L.H.**, Hausmann-Stabile, C., & Pilat, A.M. (2009). Recruiting urban Latina adolescents and their families: Challenges and lessons learned in suicide attempts research. *Youth & Society*, *40*, 591-602.
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79. **Zayas, L.H.**, Torres, L. R., & Cabassa, L.J. (2009). Clinician ethnicity in diagnostic, symptom, and functional assessments of Hispanic outpatients. *Community Mental Health Journal*, *45*, 97-105.
78. **Zayas, L.H.**, Borrego, J., & Doménech Rodríguez, M. (2009). Parenting interventions for Latino families and children. (Invited chapter). In F. Villaruel, G. Carlo, M. Azmitia, N. Cabrera, & J. Chahin (Eds.), *Handbook of Latino Psychology: Developmental and Community Based Perspectives* (pp. 291-307). Sage Publications.

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77. Peña, J.B., Wyman, P.A., Brown, C.H., Matthieu, M.M., Olivares, T.E., Hartel, D., & **Zayas, L.H.** (2008). Immigration generation status and its association with suicide attempts, substance use, and depressive symptoms among Latino adolescents in the United States. *Prevention Science, 9*, 299-310.
76. **Zayas, L.H.** (2008). Commentary on Rojas et al. 2007 in Lancet. *Evidence-Based Mental Health.*
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74. Torres, L.R., Cabassa, L.J., **Zayas, L.H.**, & Alvarez-Sánchez, T.A. (2008). Assessing psychosocial stressors in Hispanic outpatients: Does clinician ethnicity matter? *Psychiatric Services, 58*, 690-692.
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65. Cabassa, L. J., Lester, R., & **Zayas, L.H.** (2007). "It's like being in a labyrinth:" Hispanic immigrants' perceptions of depression and attitudes toward treatments. *Journal of Immigrant Health*, 9, 1-16.
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- 2005 *St. Louis Post-Dispatch* (June 25). Quinceañera (quoted)
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- 2004 *The New York Times*. Letter to the Editor: "The learning curve: One language or two?" (p. A12), July 17
- 2001 *CNN en Español* (April). Quoted: Castro's offer of scholarships to American minority students to attend Cuban medical schools
- 2000 *El Diario/La Prensa* (NY; August 16). Quoted: "¿A dónde acuden los hispanos con problemas emocionales?"
- 2000 *Tampa (FL) Tribune*. (June 4). Quoted: "People of color lean on family"
- 2000 *Noticiero Telemundo* (National Evening News) (February 3). Interview for story on domestic violence in immigrant Latino families

- 2000 *The New York Times* (January 5). Quoted: "For Latino laborers, dual lives"
- 1999 *LatinoUSA*, National Public Radio (August 7). Interview: Center for Hispanic Mental Health Research
- 1999 *The New York Times* (June 16). Quoted: "Treatment rooted in culture"
- 1999 *Telemundo Evening News*, WNJU-TV Channel 47 (August 2). Interview on Center for Hispanic Mental Health Research
- 1998 *Latina Magazine* (July). Quoted: "Teen suicide: La tragedia is twice as likely among Latinas"
- 1997 *Telemundo Evening News*, WNJU-TV Channel 47 (Dec. 15). Interview: "Mercury sales in botanicas."
- 1995 *NBC-TV* (August 26) Quoted: "Hispanics in the U.S."
- 1995 *Gannett Suburban Westchester Newspapers* (November 26). Quoted: "The need to connect"
- 1994 *The Maury Povich Show* (November 17). Expert commentary on Hispanic family
- 1992 *The New York Times* (August 19). Letter to the Editor: "What do the guidance counselors know?" (p. A20).
- 1991 *Noticiero Telemundo/CNN* (National Evening News) (October). Interview for story on adolescents carrying firearms to school

EXPERT DECLARATION OF VICTOR CARRION

I, Victor G. Carrion, hereby declare as follows:

1. I am John A. Turner Endowed Professor for Child and Adolescent Psychiatry at Stanford University where I have been a faculty member since 1999. I am a member of Stanford University’s Child Health Research Institute, Stanford University’s Neurosciences Institute and Bio-X, Stanford University’s interdisciplinary biosciences institute. I earned my MD at Icahn School of Medicine at Mount Sinai. I earned board certification in Child and Adolescent Psychiatry from the American Board of Psychiatry and Neurology in 1999.

2. My research examines the psychological and neurological effects of childhood trauma. I have published over 50 peer-reviewed scientific articles and have worked extensively with children who have experienced violence, loss of loved ones, physical and sexual abuse and natural disasters. My current research at Stanford University includes a focus on the interplay between brain development and stress vulnerability via a multi-method approach that includes psychophysiology, neuroimaging, neuroendocrinology and phenomenology, as well as treatment development that focuses on individual and community-based interventions for stress related conditions in children and adolescents.

3. Attached hereto as Exhibit A is my Curriculum Vitae, including a list of my scholarly publications.

4. My declaration is based on the knowledge accumulated during my education and career as described above.

5. Separating members of migrant families at the border can cause a number of problems. Any unplanned separation of a family is perceived by the child as a traumatic event. For children younger than seven or eight years of age, separation from parents is even worse than the concept of death, as at young ages children see death as something that can be reversible and is not universal. They can think of death as something that may not happen to their own family. Even as children grow older, separation from their family can be one of the most traumatic events a child can experience.

1 6. Separation from parents is a particularly difficult experience for young children to
2 cope with because at times of high stress, children need the support, care and feeling of safety that
3 they would ordinarily receive from their parents. In the case of family separation, this support,
4 care, and feeling of safety is unavailable from the parents as they have been taken away. This
5 would be a traumatic experience for young children independent of the context in which it occurs,
6 but when separation occurs in an environment that children are not familiar with, it is even more
7 traumatizing. The perception of additional threats can make the experience still more traumatizing.
8 Separation of children from their parents at the border — where nothing is familiar and where
9 there are guards and other personnel that many children would perceive as threats — could be one
10 of the most traumatic experiences possible for young children.

11 7. Additionally, many of these children may already have a history of trauma.
12 Separation from their parents adds on to other events that these children may have experienced.
13 Humans respond to all of our life experiences, not only the most recent experiences. We refer to
14 cumulative stress from life experiences as the allostatic load. Adding a new severe trauma — such
15 as separation from their parents at the border — to a child already struggling with the allostatic
16 load from past trauma may be too much for a young child to handle.

17 8. The consequences of traumatic experiences at young ages can be especially severe.
18 Young children are particularly susceptible to traumatic experiences and other stressors because
19 their brains are still developing. The hormones secreted in response to stress alter brain structure
20 and function.

21 9. When a person is stressed, the body secretes a hormone called cortisol. When a
22 stressor persists for a long period of time, high levels of cortisol can become toxic to developing
23 brain cells. Cells with more glucocorticoid receptors, such as the prefrontal cortex, the limbic
24 system and the frontal-limbic connections that attach emotional to cognitive life, are the most
25 strongly affected by high levels of cortisol from stressors. These brain regions are where memories
26 are stored and retrieved. It is believed that brain changes in response to high levels of cortisol are
27 responsible for the anxiety, depression and post-traumatic stress disorder, or PTSD, seen in
28

1 survivors of abuse and trauma. To highlight the severity of the effects of traumatic events on
2 young children, approximately 35% of young children who experience community violence, 50%
3 of young children who experience sexual abuse, and 99% of children who experience torture or
4 kidnapping develop symptoms of PTSD.

5 10. While the effects are not as well known, stress can also increase the methylation of
6 some genes, negatively impacting the genes' behavior.

7 11. The prognosis for young children who are involuntarily separated from their
8 families depends on a number of factors, but one of the most critical is the support system available
9 to the children. As previously mentioned, separation from their families deprives children of one
10 of their primary supports: their parents. Children who are separated from their parents at the
11 border lose what is almost always the primary component of their support system and are given
12 nothing to replace it. The danger is especially grave for young children who do not have any other
13 family in the United States.

14 12. In addition to the available support system, other factors that influence how children
15 will fare following traumatic experiences include their allostatic load, their age and the duration
16 of the traumatic experience. Separating young children who have already experienced traumatic
17 events from their families for an extended period of time is an extremely dangerous combination
18 of factors.

19 13. In summary, based on extensive research and my own involvement with research
20 and psychiatric services for children who have experienced violence, loss of loved ones, physical
21 and sexual abuse, natural disasters and other traumatic events, it is my opinion that the involuntary
22 separation of children from their families at the border is one of the most traumatic events that
23 young children can experience, with the high risk of long-ranging negative effects for the children.
24 It is my further opinion that children and parents who were involuntarily separated at the border
25 should be reunited as quickly as possible and released from detention. This is necessary to prevent
26 further damage as it will restore the children's primary support system and prevent the accretion
27 of yet more stress from the continuation of the traumatic separation to their allostatic loads. The
28

1 reunion of children and parents while the families remain detained is preferable to continued
2 separation, but it is my opinion that release from detention is necessary to avoid further harm as
3 children detained with their parents would still experience an unfamiliar environment where they
4 perceive their safety and security to be threatened.

5 14. The effects of involuntary separation can be long lasting. It is my opinion that
6 children and parents who were involuntarily separated are at a high risk of suffering long-term
7 mental health consequences as a result of this trauma. In addition to reunion of parent and child,
8 it is my opinion that separated parents and children require professional mental health services to
9 reduce the risk of long-term damage. Treatment outside of detention will be important to the
10 recovery of parents and children who have been traumatized as a result of their separation and
11 detention.

12 I declare under penalty of perjury under the laws of the United States that the foregoing is
13 true and correct.

14 Executed on June 29, 2018, at Palo Alto, CA.

15 
16 Victor G. Carrion MD
17 Victor G. Carrion MD
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Exhibit A

Victor G. Carrión, M.D.
Curriculum Vitae

A. Academic history:

1. Colleges and Universities attended; degrees received, and dates:

<u>University</u>	<u>Degree</u>	<u>Dates</u>
Syracuse University, Syracuse, New York	B.S. – Psychobiology	7/1981 – 5/1985
Harvard University, Cambridge, MA	Health Professions Program	6/1983 – 8/1983
Mount Sinai School of Medicine New York, NY	M.D.	7/1986 – 5/1991

2. Scholarships, Awards, Honors:

<u>Award</u>	<u>Institution</u>	<u>Year</u>
John A Turner Endowed, Chair	Stanford University, School of Medicine	2016
California Resolution Commending Role, Chair of MHSOAC	California Senate	2016
Excellence in Healthcare	Silicon Valley Business Journal	2015
Community Engagement and Educational Excellence	Stanford University Department of Psychiatry and Behavioral Sciences	2013
Top Doctors 2012	US News and World Report	2013
Outstanding Mentor Award	American Academy of Child and Adolescent Psychiatry	2012
Outstanding Faculty Award	Psychiatry Fellowship Graduating Class	2012
8 th Annual Circle of Support Honoree	Children and Family Services Santa Clara	2011
Certificate of Commendation	Santa Clara County Board of Supervisors	2011
Family Abuse Prevention Council-Abuse Awareness Research Award	Stanford Medical Center	2010

Award for Excellence in Teaching	Psychiatry Fellowship Graduating Class	2009
Outstanding Mentor	American Academy of Child and Adolescent Psychiatry	2009
Outstanding Faculty Award	San Mateo County Behavioral Health Dept.	2008
Future Leaders in Psychiatry Travel Award	Emory University School of Medicine	2002
Early Investigator Grant	American Academy of Child and Adolescent Psychiatry	2002
Young Investigator Award	American Foundation for Suicide Prevention	2000
Young Investigator Award	National Alliance for Research in Schizophrenia and Affective Disorders	2000
Career Development Travel Award	American College of Neuropsychopharmacology	2000
Career Development Travel Award	Anxiety Disorders Association of America	2000
Presidential Scholar Award	American Academy of Child & Adolescent Psychiatry	1998
Travel Award	American College of Neuropsychopharmacology	1997
Travel Award	California Psychiatric Association	1996
Eli Lilly Pilot Research Award	Stanford University	1996
American Psychiatry Association PMRTP Fellow	Stanford University	1996
The Laughlin Fellow Award	University of Pennsylvania	1995
Ernie Davis Memorial Scholar	Syracuse University	1985
Harvard Health Professions Program Scholarship	Harvard University	1983

3. Post-doctoral and residency training:

<u>University</u>	<u>Training</u>	<u>Dates</u>
Stanford University	Developmental Psychopathology Research Fellowship	7/1996 – 6/1998

Stanford University	Child & Adolescent Psychiatry Fellowship	7/1995 – 6/1997
University of Pennsylvania	Adult Psychiatry Residency Chief Resident	7/1992 – 6/1995 1994 – 1995
University of Pennsylvania	General Surgery Internship	7/1991 – 6/1992

4. Boards passed with dates:

Diplomat of the National Board of Medical Examiners – July 1, 1993
 American Board of Psychiatry and Neurology – Certified in November, 1996
 American Board of Child and Adolescent Psychiatry – Certified in November, 1999
 American Board of Child and Adolescent Psychiatry – Recertified in July, 2009

5. Grants/Contracts/Research Opportunities:

CURRENT

Title: Blackie Award – Healthy Learning. Healthy Living
 Role: Principal Investigator
 Dates: 2106 – Present
 Source: Blackie Foundation
 Summary: Development of Digital Assessments for Extreme Learners

Title: Stanford Youth Solutions
 Role: Principal Investigator
 Dates: 2016– Present
 Source: Eucalyptus Foundation
 Summary: fNIRS Clinical of Trauma tx outcomes

Title: CCT Training Program Development
 Role: Principal Investigator
 Dates: 10/15 - Present
 Source: Lucile Packard Foundation for Children’s Health
 Summary: This award will establish the development of the training program for the CCT trauma treatment protocol

Title: Sonima Foundation Health and Wellness Project
 Role: Principal Investigator
 Dates: 9/15 - Present
 Source: Sonima Foundation
 Summary: Establishment of health and wellness curriculum in East Palo Alto School District with longitudinal multi method assessment.

Title: Addressing Mental Health in East Palo Alto: Community Partnership between the Stanford Early Life Stress and Pediatric Anxiety Program and the Tipping Point Community.
Role: Principal Investigator
Dates: 04/2013 – Present
Source: The Tipping Point Community Foundation
Summary: This award maintains efforts at JobTrain and Aspire schools in East Palo Alto.

Title: Assessing Biopsychosocial Outcomes in a Pediatric Anxiety Clinic
Role: Principal Investigator
Dates: 2013 – Present
Source: Lucile Packard Foundation for Children’s Health
Summary: Provide support for the infrastructure of data collection and the addition of new methods; such as, fNIRS and sleep evaluations.

Title: School Based Interventions for Communities with Violence
Role: Principal Investigator
Dates: 09/2010 – Present
Source: Ravenswood Family Health Group
Summary: The overall aim of the proposed project involves the development of an intervention program for children who experience community violence.
*With additional funding secured for 10% of one child psychiatry fellow’s time and effort.

Title: Science and Service Disaster Health Efforts
Role: Principal Investigator
Dates: 2017 – Ongoing
Source: The EVANS Foundation
Summary: Disaster relief and data gathering National and International

PAST

Title: Neural Correlates of Self-Injurious Behavior in Children with Prader-Willi Syndrome
Role: Co-investigator
Dates: 02/2013 - 01/2014
Source: Spectrum
Summary: The award will further our understanding of the neurobiological mechanisms underlying this behavior, and inform specific individualized treatments for skin picking in children with PWS.

Title: Building a Center for Youth Wellness
Role: Principal Investigator

Dates: 01/2012 – 01/2015
Source: Lucile Packard Foundation for Children’s Health
Summary: The award is meant to strengthen the infrastructure of the Early Life Stress Research Program as we continue our leadership in building the Center for Youth Wellness.

Title: Office of Community Health Seed Grant Award
Role: Principal Investigator
Dates: 06/2012 – 06/2013
Source: Spectrum, which oversees Stanford’s Clinical and Translational Science Award from the National Institutes of Health.
NIH-CTSA award (UL1 RR025744)
Summary: Development of community partnership with Ravenswood City School District.

Title: Educating Teachers on Pediatric PTSD
Role: Principal Investigator
Dates: 09/2012 – 05/2013
Source: Contract with Eastside College Preparatory School
Summary: Developing training curriculum for teachers on adverse childhood experiences and their influence on academic performance.

Title: Need Assessment for JobTrain and Aspire Schools
Role: Principal Investigator
Dates: 09/2012 – 03/2013
Source: Tipping Point Community Foundation
Summary: Conducting need assessment for mental health resources.

Title: Mental Health Dissemination and Innovation Initiative
Role: Principal Investigator
Dates: 09/2012 – 08/2013
Source: Lucile Packard Children’s Hospital Community Investments
Summary: Community outreach.

Title: Lucile Packard Foundation for Children’s Health
Role: Principal Investigator
Dates: 08/2011 – 08/2014
Source: The Peter Haas Foundation
Summary: Effect of Cue-Centered Treatment Protocol on cortisol levels and sleep architecture.

Title: fMRI Outcome of Trauma-Focused Cognitive Behavioral Therapy
Role: Mentor (PI: Amy Garrett)
Source: National Institute of Mental Health – K01

Dates: Submitted 10/2011 (Scored 10%)
Summary: Identifying neuro-functional correlates of an evidence-based treatment in pediatric PTSD.

Title: Office of Community Health Seed Grant Award
Role: Principal Investigator
Dates: 06/2011 – 06/2012
Source: Spectrum, which oversees Stanford’s Clinical and Translational Science Award from the National Institutes of Health.
NIH-CTSA award (UL1 RR025744)
Summary: Development of community partnership with Boys and Girls Club for staff training and youth screening on adverse childhood experiences and human development.

Title: Office of Community Health Seed Grant Award
Role: Principal Investigator/Mentor
Dates: 06/2011 – 06/2012
Source: Spectrum, which oversees Stanford’s Clinical and Translational Science Award from the National Institutes of Health.
NIH-CTSA award (UL1 RR025744)
Summary: Developing community-based mental health interventions to prevent the transmission of trauma from survivors of torture to their children.

Title: Clinical Trial of Treatment Manual for Children with PTSD
Role: Principal Investigator
Dates: 11/2008 – 11/2011
Source: Lucile Packard Foundation for Children’s Health
Summary: A randomized controlled trial of the Cue-Centered treatment protocol intervention for children who experience interpersonal trauma.

Title: Brain Function in Pediatric PTSD
Role: Principal Investigator
Dates: 04/2001 – 06/2006
Source: NIMH Career Development Award (K23 MH63893-05)

Title: Stanford Cue-Centered Multimodal Treatment for Children with Trauma
Role: Principal Investigator
Dates: 10/2003 – 10/2006
Source: American Academy of Child and Adolescent Psychiatry
Early Investigator Group Award

Title: Brain Development in Posttraumatic Stress Disorder
Role: Principal Investigator
Dates: 07/1998 – 07/2001
Source: Minority Career Development Award from the National Institute of Mental Health (NIMH)

Supplement to Dr. Allan L. Reiss' R01 MH 50047

Title: Brain Function in Pediatric PTSD
Role: Principal Investigator
Dates: 07/2000 – 07/2002
Source: National Association for Research in Schizophrenia and Affective Disorders (NARSAD)

Title: Brain Function in Pediatric Suicide
Role: Principal Investigator
Dates: 07/2000 – 12/2002
Source: American Foundation for Suicide Prevention (AFSP)

Title: Child Trauma and Dissociation
Role: Research Fellow (PI: Allan Reiss)
Dates: 07/1996 – 06/1998
Source: NIMH – T32 Training Grant

Title: Anatomical Correlates of Child Trauma
Role: Principal Investigator
Dates: 1995
Source: Department of Psychiatry, University of Pennsylvania

B. Employment History:

2/01/2016- Present	Vice Chair, Psychiatry and Behavioral Science Department at the Stanford University School of Medicine
08/01/2014 – 1/30/2016	Associate Chairman of the Department of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine
07/1998 – Present	Director Stanford Early Life Stress and Pediatric Anxiety Program Division of Child & Adolescent Psychiatry Department of Psychiatry and Behavioral Sciences, Stanford University
09/01/2012 – Present	Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center
04/01/2012 – 08/31/2012	Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center
04/01/2007 – 03/31/2012	Associate Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center

01/01/2007 – 03/31/2007 Assistant Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center

02/01/2003 – 12/31/2006 Assistant Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center

01/01/2000 – 01/31/2003 Assistant Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center
07/1998 – 12/1999 Clinical Instructor, Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center

06/1988 – 06/1990 Research Assistant, Human Genome Project
Columbia University

C. *Public and professional service:*

Youth Mental Health Navigation System

Steering Committee (12/1/2016 – Present)

Partnering with Children's Health Council and Stanford to develop a navigating system that will help answer questions on topics like insurance and to identify resources that can help families, individualized parent education to help the family understand anxiety disorders and how best to support their child, and provide patient education to teach children basic techniques for reducing stress and anxiety.

Mental Health Services Oversight and Accountability Commission

Chair, Mental Health Services Oversight and Accountability Commission (MHSOAC) for the State of California

Commissioner, State Attorney General Appointee, 2011 Chair, (1/1/2015 – 1/1/2017)

The role of the Mental Health Services Oversight and Accountability Commission (MHSOAC) is to oversee the implementation of the Mental Health Services Act (MHSA). The MHSOAC is also responsible for developing strategies to overcome stigma. At any time, the MHSOAC may advise the Governor or the Legislature on mental health policy. The MHSOAC annually reviews and approves county mental health program expenditures for Prevention & Early Intervention (PEI) and Innovation programs. The Commission has review and comment responsibility for Community Services and Supports (CSS), Capital Facilities and Technological Needs, and Workforce, Education and Training programs.

Website: <http://www.mhsoac.ca.gov/>

Center for Youth Wellness Network

Co-Founder and Vice Chair, Executive Board (2007 – 6/2015)

The Center for Youth Wellness (CYW) is a new initiative to build a one-stop health center model for urban children and families in San Francisco. The CYW integrates pediatric and mental health care with educational and family support services and research, all under one roof. With both public and private support, the CYW coordinates the services of multiple partner agencies to give children a safe and

accessible place to increase their resilience to adverse life experiences and improve their wellbeing. Dr. Carrion was the founding head for the scientific advisory board.

Website: <http://www.centerforyouthwellness.org/>

American Association for the Advancement of Science On-Call Scientist Initiative
Member, 2013

On-call Scientists partners scientists with human rights organizations to apply scientific tools and knowledge to human rights projects. Since its launch in 2008, On-call Scientists has partnered more than 100 pro bono scientists, engineers and health professionals with human rights organizations on a wide variety of projects.

Website: <http://oncallscientists.aaas.org/default.aspx>

Committees:

Symposium: *Race, Law Enforcement, and Public Health*

Faculty Advisor

Stanford Law School

Stanford Criminal Justice Center

Stanford School of Medicine

Stanford, University

November 2016

Co-Chair of the Child MCL search committee

Psychiatry and Behavioral Sciences Dept.

Stanford University School of University

2015- 2017

Advisory Committee

Children's Health Council Teen Initiative

2016-Present

Advisory Committee

Changing Minds Project- Futures Without Violence

2016-Present

Deputy of Biological Submissions

International Society for Traumatic Stress Studies (ISTSS)

Biological/Medical Track 2013 - Present

Chair

Search Committee, Clinical Neuroscientist Assistant Professor, MCL

Department of Psychiatry and Behavioral Sciences,

Stanford University School of Medicine

Chair

Cultural and Linguistic Competence Committee
Mental Health Services Oversight and Accountability Commission
Sacramento, CA
2012 – 1/2015

Advisory Committee
East Palo Alto Unified School District
2012 – 1/2015

Positive Youth Justice Initiative Work
Group Member
Sierra Health Foundation, Sacramento
2012 - 2013

AACAP Local Arrangements Committee
American Academy of Child and Adolescent Psychiatry
2012 Annual Meeting

Academic Promotions – Clinical Educator Committee
Department of Psychiatry and Behavioral Sciences,
Stanford University School of Medicine
2010 – 1/2015

Child Maltreatment and Violence Committee
American Academy of Child and Adolescent Psychiatry
2010 – 5/2014

Data and Safety Monitoring Board
Augmentation of the Cholinergic System in Fragile X Syndrome: A Double-blind,
Placebo-controlled Randomized Study of Donepezil; PI: Allan L. Reiss, M.D.
2010 – 6/2015

Advisory Committee
Trauma Informed Welfare Systems Project - Chadwick Center for Children and Families:
Rady Children's Hospital, San Diego
2010 – 2013

USMLE Committee and Task Force
National Board of Medical Examiners
2010 – 2011

Transition Committee for California Attorney General Elect, Kamala Harris
Charge: Child Victimization Prevention and Intervention
2010 – 2011

SCAN Team – Suspected Child Abuse and Neglect
Lucile Packard Children’s Hospital
2009 – Present

Search Committee for Professor
Department of Neuroradiology, Stanford University School of Medicine
2008

Search Committee for Senior Research Associates and Assistant Professors
Division of Child & Adolescent Psychiatry
Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine
2002 – 2003

Mission Committee
Division of Child & Adolescent Psychiatry
Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine
2003

Curriculum Reform Committee
Stanford University School of Medicine
2000 – 2001

Admissions Committee, Division Child & Adolescent Psychiatry Fellowship
Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine
1997 – Present

Internal Review Board on Human Subjects in Non-Medical Research
Stanford University School of Medicine
1998 – 1999

Reviewer/Editorial Board:

Associate Editor, *Journal of Traumatic Stress*
International Society of Traumatic Stress Studies
2009 – 2014

NIMH Special Emphasis Panel Review
Mechanistic Pathways Linking Psychosocial Stress and Behavior
2012 – 2014

Guest Editor, Special Issue, *Child Youth Care Forum*
Research with Youth Exposed to Disasters and Violence

August, 2013

Guest Editor, Special Issue, *Child Youth Care Forum*
International Trauma, Youth and Treatment Interventions
March, 2013

NIMH Special Emphasis Panel Review
Mechanistic Pathways Linking Psychosocial Stress and Behavior
2012 – 2014

German Federal Ministry of Education and Research (BMBF)
International Review Board; 2011 – 2013
The Harry Grant Guggenheim Foundation
Scientific Grant Reviewer
2011 – 2012

NIMH Challenge Stimulus Grants
Expert Review Panel, June 2009

NIMH BBP-2 (MESH) Study Section
Scientific Review Panel
2004

Mental Health and Behavioral Sciences Review Board of the Department of Veterans
Affairs' Medical Research Service
(Grant Reviewer for Merit Review Applications)
2000 – 2008

Editorial Board
Child Youth Care Forum
2008 – Present

Expert Peer Reviewer:

Academic Psychiatry
American Journal of Psychiatry
Archives of General Psychiatry
Archives of Pediatrics and Adolescent Medicine
Child Development
Child Psychiatry and Human Development
Biological Psychiatry
European Archives of Psychiatry and Clinical Neurosciences
Hormones and Behavior
International Journal of Child Abuse and Neglect
Journal of Adolescent Health
Journal of Child and Adolescent Psychiatry and Allied Professions

Journal of Clinical Child and Adolescent Psychology
Journal of Psychiatric Research
Journal of Psychoneuroendocrinology
Neuron
Neuropsychologia
*Psychological Science**Revista Brasileira de Psiquiatria*
Social Psychiatry and Psychiatry Epidemiology
The Journal of Neuroscience

Consultation:

RESILIENCE - The Biology of Stress and the Science of Hope Film
KPJR Films, Director James Redford
Sundance Film Festival
January 2017

Changing Minds National Campaign, Futures Without Violence.
Futures Without Violence, in collaboration with the Ad Council, has partnered with the US Department of Justice to create **Changing Minds**. Launched on October 19, 2016, the campaign will 1) educate on the problem of childhood trauma and the solutions that exist; 2) advance programs and practices that help to make schools, homes, and communities safer for children and youth, and 3) help grow leadership in various fields (e.g., education, health, community, and justice).

Early trauma in the home, school or community can affect children throughout their lives. The **Changing Minds** campaign will engage teachers, coaches, counselors, nurses and other front-line adults who interact with kids on proven ways to help children heal from the trauma of witnessing violence in their school, home, or community.

Website: <https://changingmindsnow.org/>

October 2016

Paper Tigers Film, KPJR Films, Director James Redford, Mill Valley Film Festival
October 2016

Developer, Training Curriculum, Boys and Girls Club of the Peninsula
August, 2011 – August, 2012

Student Mental Health Policy Workgroup, California Department of Education, Sacramento, CA.
The Workgroup provides State Superintendent Tom Torlakson and the Legislature with policy recommendations on student mental health.

March, 2012 – 2014

Notes from the Field: Doing Time in Education The California Chapter
Created, written, and performed by Anna Deavere Smith, Music Composed by Marcus Shelby
Berkeley Rep

August, 2015

The Pipeline Project by Anna Deavere Smith
Stanford Live, Bing Concert Hall
Stanford University
October, 2015

Public Forum: Talking About Race: Science, Politics, Art
New York, New York
<http://publictheater.org/talkingaboutrace/>
May, 2014

The Tipping Point Organization. This foundation's mission is to eradicate poverty in the Bay Area. Their mental health initiative focuses on supporting programs in the Bay Area that promote their mission through health, research and education.
February, 2012 – Present
Website: <http://www.tippingpoint.org/>

The Habeas Corpus Resource Center (HCRC), located in San Francisco, provides counsel to represent indigent men and women under sentence of death in California. The HCRC's mission is to provide timely, high-quality legal representation for indigent petitioners in death penalty habeas corpus proceedings before the Supreme Court of California and the federal courts. The HCRC also recruits and trains attorneys to expand the pool of private counsel qualified to accept appointments in death penalty habeas corpus proceedings and serves as a resource to appointed counsel, thereby reducing the number of unrepresented indigents on California's death row.
September, 2011 – Present
Website: <http://www.hcrc.ca.gov/index.php>

American Birthright produced and disseminated an ensemble of multimedia tools that are cutting-edge innovations in early child development research, practice and policy to a wide range of stakeholders and the general public. It is produced by a public engagement campaign, Unnatural Causes: Is Inequality Making Us Sick?
August, 2011 – 2015
Website: <http://www.unnaturalcauses.org/>

Nashville Public Television. In response to the number of children facing health risks from premature birth, the rising epidemic of childhood obesity, untreated mental health issues, and the lack of specialty care, NPT is launching a three year project aimed at fostering a community-wide conversation about the state of Nashville children's health.
Nashville, Tennessee
July, 2011
Website: <http://www.wnpt.org/productions/chcv2/mentalhealth/>

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Vision Workshop on Behavior. Workshop on vision of the Institute and funding priorities for the next ten years.

Bethesda, MD
February, 2011
Website: <http://www.nichd.nih.gov/vision/>

American Museum of Natural History

Research from the Stanford Early Life Stress Research Program on exhibit at the Hall of Human Origins from August through October, 2011. A 3D animation of how cortisol secreted during stress impacts the development of the human hippocampus.

On their archives at:

http://www.amnh.org/sciencebulletins/index.php?sid=h.s.brain_trauma.20110727

Also at the Putnam Museum in Davenport, Iowa and at the Science Museum in Vancouver.

Interventions in Post-Earthquake Haiti

Team member for the application of Humanitarian Parole

Port-O-Prince, Haiti

2010 – 2013

Psychology Beyond Borders

Austin, Texas 2008

Ravenswood Behavioral Health Program

East Palo Alto, CA 2008 – Present

Department of Defense, Congressionally Directed Medical Research Programs

Baltimore, MD, 2007 – 2008

Child and Adolescent Sexual Abuse Resource Center, San Francisco General Hospital, UCSF, San Francisco, CA, 1999 – 2005

San Francisco Extended Foster Care Program, Department of Health and Human Services, San Francisco, CA, 1998 – 2005

San Mateo County, Juvenile Probation Department, San Mateo, CA, 1996-1999

SAGE – Standing Against Global Exploitation of Women and Children, San Francisco, CA, 2005

Larkin Street – Services for San Francisco Homeless Youth, San Francisco, CA
2005 – 2010

San Francisco District Attorney's Office, Children Victim Unit, San Francisco, CA
2005 – 2007

Advisory Board Member:

Strategic Leadership Council, Futures Without Violence
An Initiative from The California Endowment and The Rosenberg Foundation
2011 – Present

National Advisory Committee
Chadwick Trauma-Informed Systems Project
National Child Traumatic Stress Network
University of California, San Diego
2010 – 2014

UCSF Trauma Training Grant – School of Nursing
“Mental Health Nursing Care for Victims of Trauma”
San Francisco, CA, 2004- 2008
UCSF Cross-Cultural Training Program at San Francisco General Hospital
San Francisco, CA, 2001 – 2007

Peninsula Children’s Center/Zonta (Achieve), Palo Alto, CA, 1998 – 2003

Wender-Weis Foundation for Children, Palo Alto, CA, 1996 – 1998

Community Outreach:

Co-Chair, Community and Global Health Initiative
Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine
2011 – 2013

Chair, Community Outreach and Engagement Committee
Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine
2013 - 2015

* Expert source to local, national and international media on subjects related to pediatric traumatic stress and pediatric mental health. Interviews conducted by:

- The PBS NewsHour
- Stanford Report
- Inside Stanford Medicine
- National Public Radio: Los Angeles affiliate: Which Way LA?
- National Public Radio affiliate: Youth Radio
- National Public Radio: Maryland Morning with Sheilah Kast
- National Institute of Health: Environmental Perspectives
- Mother Jones
- The Boston Globe
- ABC News
- Sidney Morning Herald

- Los Angeles Times
- Time Magazine
- Newsweek
- Teen Vogue
- San Jose Mercury News
- San Francisco Chronicle
- CNN en Español
- Palo Alto Daily News
- Parents Magazine
- Child Health Magazine
- MSNBC Online
- NBC Local affiliate
- Science Daily, India
- China Central TV
- El Mercurio – Revista Ya Women’s Magazine
- Contemporary Pediatrics
- Stanford Medicine
- El Pais, Spain
- Other media links at <http://elsrp.stanford.edu/>

*See “Community Presentations” below.

Professional Associations:

American College of Psychiatrists
American Psychiatry Association
American Academy of Child and Adolescent Psychiatry
Anxiety Disorders Association of America
Biological Psychiatry
International Society of Traumatic Stress Studies
Society for Neuroscience
Stanford Neurosciences Institute

D. Bibliography:

Published and in press (70)

Peer-reviewed articles (54):

1. Paris B.E., **Carrion V.G.**, Meditch J.S., Capello C.F., Mulvihill M.N. (1993):
Roadblocks to do-not-resuscitate orders. A study of policy implementation. Archives of Internal Medicine 153(14): 1689-1695.
2. **Carrion V.G.** (1995): Naltrexone for the treatment of trichotillomania: a case report.
Journal of Clinical Psychopharmacology 15(6): 444-445.

3. **Carrion V.G.** & Lock J. (1997): The Coming Out Process: Developmental Stages for Sexual Minority Youth. Clinical Child Psychology and Psychiatry 2: (3) 369-377.
4. **Carrion V.G.** & Steiner H. (2000): Trauma and dissociation in delinquent adolescents. Journal of the American Academy of Child & Adolescent Psychiatry 39: (3) 353-359.
5. **Carrion V.G.**, Weems C.F., Eliez S., Patwardan A.J., Brown W., Ray R.D., Reiss A.L. (2001): Attenuation of frontal asymmetry in pediatric posttraumatic stress disorder. Biological Psychiatry 50: 943-951.
6. **Carrion V.G.**, Weems C.F., Ray R.D., Glaser, B., Hessel D., Reiss A.L. (2002): Diurnal salivary cortisol in pediatric PTSD. Biological Psychiatry 51 (7):575-582.
7. **Carrion V.G.**, Weems C.F., Ray R.D., Reiss A.L. (2002): Toward an empirical definition of pediatric PTSD: the phenomenology of PTSD symptoms in youth. Journal of the American Academy of Child & Adolescent Psychiatry 41: 166-173.
8. Weems C.F, Saltzman K., Reiss, A.L., **Carrion V.G.** (2003): A prospective test of the association between hyperarousal and emotional numbing in youth with a history of traumatic stress. Journal of Clinical Child and Adolescent Psychology 32 (1): 166-171.
9. Steiner H, **Carrion V.G.**, Koopman C. (2003): Dissociative Symptoms in PTSD: Diagnosis and Treatment. Child and Adolescent Psychiatric Clinics of North America 12 (3): 231-249.
10. Weems C.F. & **Carrion V.G.** (2003): The Treatment of Separation Anxiety Disorder Employing Attachment Theory and Cognitive Behavior Therapy Techniques. Clinical Case Studies 2 (3): 188-198.
11. Koopman, C., **Carrion, V.**, Butler, L., Sudhaker, S., Palmer, L., & Steiner, H. (2004): Relationships of dissociation and childhood abuse and neglect with heart rate in delinquent adolescents. Journal of Traumatic Stress 17 (1): 47-54.
12. Plattner B., Silvermann M.A., Redlick A.D., **Carrion V.G.**, Feucht M., Friedrich M.H., Steiner H. (2003): Pathways to dissociation: Intrafamilial versus extrafamilial trauma in juvenile delinquents. Journal of Nervous & Mental Disease 191: 781-788.
13. Kohrt, H, Kohrt B, **Carrion VG.** (2004): An Ecological-Transactional Model of Significant Risk Factors for Child Psychopathology in Outer Mongolia. Child Psychiatry and Human Development 35(2) pgs 163-181.
14. Cortes AM, Saltzman KM, Weems CF, Regnault HP, Reiss AL, **Carrion VG.** (2005): Development of Anxiety Disorders in a Traumatized Pediatric Population: A Longitudinal Evaluation. Child Abuse and Neglect 29, 905-914.

15. Richert K, **Carrion VG**, Reiss AL. (2006): Regional Differences of the Prefrontal Cortex in Pediatric PTSD: An MRI Study. Depression and Anxiety 23, 17-25.
16. Saltzman K., Weems C.F., Reiss A.L., **Carrion V.G.** (2006): Mixed lateral preference in posttraumatic stress disorder. Journal of Nervous and Mental Disease 194: 142-4.
17. Saltzman KM, Weems CF, **Carrion VG.** (2006): IQ and posttraumatic stress disorder in children that experience interpersonal violence. Child Psychiatry and Human Development 36, 261-272.
18. **Carrion VG**, Weems CF, Reiss AL (2007): Stress predicts brain changes in children: A Pilot Longitudinal Study on Youth stress, PTSD and the hippocampus. Pediatrics 119: 509-516.
19. Plattner B, Karnik N, Jo B, Hall RE, Schallauer A, **Carrion VG**, Feucht M, Steiner H. (2007): State and trait emotions in delinquents. Child Psychiatry and Human Development 38: 155-169.
20. Nakajima, G. A., Navarro-Barrios, J. C., **Carrion, V. G.**, & Garza, D. (2007). Update on lesbian, gay, bisexual and transgender (LGBT) mental health. European Psychiatry, 22, S13.
21. Steiner H, Saxena KS, **Carrion VG**, Khanzode LA, Silverman M, Chang K. (2007): Divalproex sodium for the treatment of PTSD and Conduct disorder youth: a pilot randomized controlled clinical trial. Child Psychiatry and Human Development 38: 183-193.
22. Weems CF & **Carrion VG.** (2007): The association between PTSD symptoms and salivary cortisol in youth: The role of the time since the trauma. Journal of Traumatic Stress 20: 903-907.
23. Weems, C. F., Watts, S. E., Marsee, M. A., Taylor, L. K., Costa, N. M., Cannon, M. F., **Carrion, V. G.**, & Piña, A. A. (2008): The psychosocial impact of Hurricane Katrina: Contextual differences in psychological symptoms, social support, and discrimination. Behaviour Research and Therapy 45: 2295-2306.
24. **Carrion VG**, Garrett AS, Menon V, Weems CF, Reiss AL. (2008): Posttraumatic Stress Symptoms and Brain Function During a Response-Inhibition Task: An fMRI Study in Youth. Depression and Anxiety 25: 514-526.
25. Taylor, L. K., Weems, C. F., Costa, N. M., & **Carrion, V. G.** (2009): Loss and the experience of emotional distress in childhood. Journal of Loss and Trauma 14: 1-16.

26. Weems CF & **Carrion VG**. (2009): Brief report: diurnal salivary cortisol in youth--clarifying the nature of posttraumatic stress dysregulation. Journal of Pediatric Psychology 34: 389-395. PMID: PMC2722130
27. Kletter H, Weems CF, **Carrion VG**. (2009): Guilt and posttraumatic stress symptoms in child victims of interpersonal violence. Clinical Child Psychology and Psychiatry 14: 71-83.
28. **Carrion V.G.**, Weems C.F., Kwon H., Eliez S., Schmitt J.E., Menon V., Reiss A.L. (2009): Converging evidence for abnormalities of the prefrontal cortex and evaluation of midsagittal structures in pediatric posttraumatic stress disorder: an MRI study. Psychiatry Research: Neuroimaging 172: 226-234. PMID: PMC2704559
29. **Carrion VG** & Hull K. (2009): Treatment manual for trauma-exposed youth: case studies. Clinical Child Psychology and Psychiatry 15: 27-38.
30. **Carrion VG**, Haas BW, Garrett A, Song S, Reiss AL. (2010): Reduced hippocampal activity in youth with posttraumatic stress symptoms: an fMRI Study. Journal of Pediatric Psychology 35: 559-569. PMID: PMC2910941
31. **Carrion VG**, Weems CF, Garrett A, Reiss AL. (2010): Decreased prefrontal cortical volume associated with increased bedtime cortisol in traumatized youth. Biological Psychiatry 68: 491-493. PMID: PMC2921458
32. **Carrion VG**, Bradley T, Weems CF. (2010): Natural disasters and the neurodevelopmental response to trauma in childhood: a brief overview and call to action. Future Neurology 5: 667-674.
33. **Carrion VG**, Weems CF, Richert K, Hoffman BC, Reiss AL. (2011): Reply to: Cortisol and Brain; Beyond the Hippocampus. Biological Psychiatry 69: E11.
34. Burke NJ, Hellman JL, Weems CF, **Carrion VG**. (2011): The impact of adverse childhood experiences on an urban pediatric population. Child Abuse and Neglect 35: 408-413. PMID: PMC3119733
35. Wilkinson J, Glick I, **Carrion VG**. (2012): Development of a Child Psychopharmacology Trial Scale. Current Psychopharmacology 1: 9-13.
36. Garrett A, **Carrion VG**, Kletter H, Karchemskiy A, Weems CF, Glover G, Reiss AL. (2012): Brain activation to facial expressions in youth with PTSD symptoms. Depression and Anxiety 29: 449-459.
37. **Carrion VG** & Wong S. (2012): Can Traumatic Stress Alter the Brain? Understanding the Implications of Early Trauma on Brain Development and Learning. Journal of Adolescent Health 51: S23-S28.

38. **Carrion VG** & Kletter H. (2012): Posttraumatic stress disorder: shifting toward a developmental framework. Child Psychiatric Clinics 21: 573-591.
39. Hibbard R, Barlow J, McMillan H. (2012): Committee on Child Abuse and Neglect and AACAP Child Maltreatment and Violence Committee. Psychological Maltreatment. Pediatrics 372-378.
40. **Carrion VG**, Aylward A, Reicherter D, Cooper H, Fleming J, Song S, Frid D. (2012): Building an Effective Medico-Legal Intervention Model in Post-Earthquake Haiti. Revista de AEPNYA 29(3).
41. Kovachy B, O'Hara R, Hawkins N, Gershon A, Primeau MM, Madej J, **Carrion V**. (2013): Sleep Disturbance in Pediatric PTSD: Current Findings and Future Directions. Journal of Clinical Sleep Medicine 9: 501-10. PMID: PMC3629326
42. **Carrion VG** & Kletter H. (2013): Treatment of Traumatic Stress Disorder in Children and Adolescents. Psychiatric Times 29: 1-8.
43. **Carrion VG**, Wong S, Kletter H. (2013): Update on Neuroimaging and Cognitive Functioning in Maltreatment-Related Pediatric PTSD: Treatment Implications. Journal of Family Violence 28: 53-61.
44. Aguirre J & **Carrion VG**. (2013): Integrated Behavioral Health Services: A Collaborative Care Model for Pediatric Patients in a Low-Income Setting. Clinical Pediatrics 52(12): 1178-80.
45. Wong S, Kletter H, Wong Y, **Carrion VG**. (2013): A prospective study on the association between caregiver psychological symptomatology and symptom clusters of pediatric posttraumatic stress disorder. Journal of Traumatic Stress 26: 385-391.
46. Scott BG, Burke NJ, Weems CF, Hellman JL, **Carrion VG**. (2013): The Interrelation of Adverse Childhood Experiences Within an At-Risk Pediatric Sample. Journal of Child & Adolescent Trauma 6: 217-229.
47. Weems CF, Scott BG, Russell JD, Reiss AL, **Carrión VG**. (2013): Developmental Variation in Amygdala Volumes among Children with Posttraumatic Stress. Developmental Neuropsychology 38: 481-495.
48. Kletter H, Rialon R, Laor N, Brom D, Horenczyk RP, Shaheen M, Hamiel D, Chemtob C, Weems CF, Feinstein C, Lieberman A, Reicherter D, Song S, **Carrion VG**. (2013): Helping Children Exposed to War and Violence: Perspectives from an International Work Group on Interventions for Youth and Families. Child & Youth Care Forum 42: 371-388.
49. **Carrion VG** & Weems CF. (2013): Introduction To a Special Issue On Research With Youth Exposed To Disasters and Violence. Child & Youth Care Forum 42: 257-259.

50. **Carrion VG**, Kletter, H, Weems, CF, Rialon Berry, R, & Rettger JP (2013): Cue-centered treatment for youth exposed to interpersonal violence: a randomized controlled trial. Journal of Traumatic Stress, 26: 654-662.
51. Kohrt BA, Hruschka DJ, Kohrt HE, **Carrion VG**, Waldman ID, Worthman CM. (2015): Child abuse, disruptive behavior disorders, depression, and salivary cortisol levels among institutionalized and community-residing boys in Mongolia. Asia Pac Psychiatry 7(1):7-19.
52. Weems CF, Klabunde M, Russell JD, Reiss AL, **Carrion VG** (2015): Post-traumatic stress and age variation in amygdala volumes among youth exposed to trauma. Social Cognitive and Affective Neuroscience 1-7.
53. Klabunde, M., Weems, C., Raman, M., & **Carrion, VG**. (2017): The Moderating Effects of Sex on Insula Subdivision Structure in Youth with Post Traumatic Stress Symptoms. Depression and Anxiety, 34: 51–58.
54. Russell, J. D., Neill, E. L., **Carrión, V. G.**, & Weems, C. F. (2017). The Network Structure of Posttraumatic Stress Symptoms in Children and Adolescents Exposed to Disasters. *Journal of the American Academy of Child & Adolescent Psychiatry*.

Non-peer-reviewed articles (2)

Carrion VG (2010). Youth violence, posttraumatic stress symptoms and learning. California Education Supports Project: Research Brief No. 6. West Ed.

Carrion VG (1997). Perpectim. Ke-thar'sis Review; 2, 44-45.

Books (2 published, 2 in press)

Applied Mindfulness: Empirically-Supported Approaches for Youth in the Clinic, Community, and Beyond

Carrion V.G., Rettger J. (Eds.)
American Psychiatric Association Publishing
(publishing in March 2018)

Assessing and Treating Trauma for Youth Exposed to Traumatic Stress

Carrion V.G. (Eds.)
American Psychiatric Association Publishing

(publishing in December 2018)

The Neuroscience of Pediatric PTSD

Carrion V.G., Weems C.F.

Oxford Press

2017

Treatment Manual for Children Exposed to Trauma – Stanford Cue-Centered Therapy: A Structured Multi-Modal Intervention for Youth Experiencing Posttraumatic Symptoms

Carrion V.G

Oxford Press

2016

Book Chapters (8 published, 2 in press)

Altamirano, O, & **Carrion, VG.** (2018). Book chapter. *New Frontiers in the Biology of Stress, Maltreatment and Trauma: Opportunities for Translation and Resilience.* Springer Publisher and The Pennsylvania State University.

Matlow, R., & Carrion, V.G. (2018) *Trauma and Stress.* In: Roberts, L.W. (ed) *University Student Mental Health: A Guide for Psychiatrists, Psychologists, and Leaders Serving Higher Education* American Psychiatric Association Publishing.

Kletter, H, & **Carrion, VG.** (2016). Posttraumatic stress disorder in youth exposed to war and terror. In E Vermetten, TC Neylan, M Kramer, & SR Pandi-Perumal (eds.). *Sleep and Combat-Related Posttraumatic Stress Disorder.* New York, NY: Springer Science.

Rettger, J, Kletter, H, & **Carrion, VG** (2016). Trauma and acculturative stress. In SG Patel & D Reicherter (eds.). *Psychotherapy for Immigrant Youth.* New York, NY: Springer Science.

Walker E, **Carrion VG.** (2015) The center for Youth Wellness: a community-based approach to holistic Healthcare in San Francisco in *Professionalism and Ethics in Medicine: A Study Guide for Physicians-in-Training* (Roberts, Ed.).

Bott N. and **Carrion VG.** (2015) *Psychiatric Trauma and Related Psychopathologies In: Treating Adolescent, 2nd Edition* (Steiner H. Hall S. Eds). Wiley 2015 pp 251-278

Carrion V. Trauma, Posttraumatic Symptoms and Resilience: In *Stanford Handbook of Developmental Psychiatry.* Steiner, H. (ed.) Jossey Bass Publisher, San Francisco, CA, 2012, pp. 197-239.

Carrion V.G. Understanding the Effects of Early Life Stress on Brain Development. In: Interventions for Children Exposed to Violence. Johnson and Johnson Pediatric Institute LLC, 2006, pp.45-64.

Lock J., **Carrion V.** and Kleiss B. Gender Issues: In Treating Preschool Age Children. Steiner, H. (ed.). Jossey Bass Publisher, San Francisco, CA 1997, pp 137-158.

Carrion V.G. & Saltzman K. Pediatric Posttraumatic Stress Disorder. In Lehrbuch Der Kinder- und Jugendpsychiatrie (Textbook of Child Psychiatry), Goettingen, Hofgrefe. Poustka F, Lehmkuhl D, Steiner H. (eds).

E. Presentations (Abstracts, Grand Rounds, Keynote, and Invited):

Abstracts (73) :

1. Nunez, A., Carrion, V.G.
The Relative Impact of Locus of Control, Interpersonal Relationships and Involuntary Coping Strategies on Anxiety and Depression in a High Adversity Child Population
International Society for Traumatic Stress Studies
Poster Presentation
November 2017
2. Altamirano, O., Carrion, V.G.
Sex Differences in Responses to Stress and Locus of Control in Children
International Society for Traumatic Stress Studies
Poster Presentation
November 2017
3. Trent, L., Basile, A., Read, K., Reichert, E., Matlow, R., & **Carrion, VG.**
Why Wait? Examining Reasons for Post-Intake Attrition at an Outpatient Child Anxiety Clinic
Association for Behavioral and Cognitive Therapies (ABCT)
New York, NY
October, 2016
4. Trent, L., Basile, A., Matlow, R., Reichert, E., Read, K., & **Carrion, VG.**
Implementing Evidence-Based Assessment in Routine Clinical Care: Outcomes and Future Directions.
Association for Behavioral and Cognitive Therapies (ABCT)
New York, NY
October, 2016
5. Matlow, R.B., Alvarez, V., Cortez, C., Rettger, J.P., Reicherter, D., & **Carrion, V.G.**
Addressing Mental Health Needs in Community Settings: Development and Implementation of Wellness Programs.

14th International Conference for Community Campus Partnerships for Health (CCPH),
New Orleans, LA.
May 2016

6. Klabunde, M Juszczak , H ., Vargo , T., Baker, J. M., Bruno , J., **Carrion , V1 .**, & Reiss, A. L.
Neurobiology underlying interoceptive processing in children and adolescents
Interoception Summit 2016
Tulsa, OK
November 2016
7. Basile A, Matlow R, Wilson H, Zack S, **Carrion VG**
Exploring the Frontier of Treatment Algorithms in a Pediatric Anxiety Clinic
International Society for Traumatic Stress Studies 30th Annual Meeting
31st Annual Meeting
New Orleans, LA
November 2015
8. Kletter H., & **Carrion VG**. Workshop on Cue-Centered Therapy
International Society for Traumatic Stress Studies 30th Annual Meeting
31st Annual Meeting
New Orleans, LA
November 2015
9. Wayland K, Cohbra S, **Carrion VG**
Death Row: an issue of justice and Poly-Traumatization
International Society for Traumatic Stress Studies 30th Annual Meeting
31st Annual Meeting
New Orleans, LA
November 2015
10. Wilson H, **Carrion VG**, Klabunde M, Staudenmeyer AM, Primeau M, Nikulina V
Links from Childhood Trauma to Physiological Outcomes Across Development
International Society for Traumatic Stress Studies 30th Annual Meeting
Miami, FL
November, 2014
11. Herringa R, **Carrion VG**, Teicher M, Sullivan R, Garrett A, Milham M
Neurobiology of Pediatric Posttraumatic Stress Disorder: Translational Evidence for
Disruptions in Fear Circuitry
61st Annual Meeting of the American Academy of Child & Adolescent Psychiatry
San Diego, CA
October, 2014
12. Rettger JP, **Carrion VG**, Chandler J, Fu M

Developing a Youth Mindfulness Program in a School-Based Setting: A Two-Year Status Report

61st Annual Meeting of the American Academy of Child & Adolescent Psychiatry
San Diego, CA
October, 2014

13. Garrett A, **Carrion VG**, Reiss AL
Functional Connectivity in Pediatric PTSD
60th Annual Meeting of the American Academy of Child & Adolescent Psychiatry
San Diego, CA
October, 2014
14. Garrett A, **Carrion VG**, Agras S, Rettger JP, Jo B, Reiss AL
Effects of comorbid MDD on brain activation in pediatric PTSD and applications to neuroimaging treatment studies
Society of Biological Psychiatry 68th Annual Meeting
New York, NY
May, 2014
15. Rettger JP, Chandler JM, Fu MA, **Carrion VG**
A Mindfulness-based Intervention for School-aged Youth: Acceptability and Effectiveness in Promoting Positive Social, Emotional, and Behavioral Changes in a Low Income Setting
3rd Annual Bridging the Hearts and Minds of Youth: Mindfulness in Clinical Practice, Education and Research Conference
San Diego, CA
February, 2014
16. Rettger JP, Chandler JM, Hasan T, **Carrion VG**
Mindfulness-based training for school teacher and staff self-care
60th Annual Meeting of the American Academy of Child & Adolescent Psychiatry
Orlando, FL
October, 2013
17. Russell JD, Scott BG, Weems CF, Reiss AL, **Carrion VG**
Age Differences and Change in Amygdala Volumes among Children with Posttraumatic Stress
20th International Stress and Behavior 2013 Conference
New Orleans, LA
June, 2013
18. Scott BG, Russell JD, Sanders AFP, Weems CF, Reiss AL, **Carrion VG**
Developmental Variation in Amygdala Volumes among Children with Posttraumatic Stress
25th Association for Psychological Science Annual Convention

Washington, DC
May, 2013

19. Bott N, Kletter H, **Carrion VG**
The Role of Inhibition and Cognitive Set-Shifting in Verbal Performance in Youth with a History of Interpersonal Violence
20th Annual Meeting of the Cognitive Neuroscience Society
San Francisco, CA
April, 2013
20. Bott N, Kletter H, **Carrion VG**
Relationship Between Executive Function and Verbal Performance in Youth with a History of Interpersonal Violence
41st Annual Meeting International Neuropsychological Society Waikoloa, HI
February, 2013
21. Dorado J, **Carrion VG**, Joshi S, Sumi W, Martinez M
Benefits and Challenges of Partnering with Schools Serving Under-Resourced Urban Youth: Considerations for Implementing and Evaluating Trauma-informed School-Based Mental Health Services
International Society for Traumatic Stress Studies Annual Meeting Los Angeles, CA
November, 2012
22. Haas BW, **Carrion VG**, Bott N, Garrett A, Reiss AL
Aberrant neural reactivity to implicit processing of emotional words in youth with posttraumatic stress symptoms
Society for Neuroscience New Orleans, LA
October, 2012
23. **Carrion, VG** (Chair)
Developmental Trauma Special Interest Group
American Academy of Child & Adolescent Psychiatry Annual Meeting
San Francisco, CA
October, 2012
24. Aguirre J, **Carrion, VG**
Integrated Behavioral Health Services: A Collaborative Care Model for Pediatric Patients in a Low-Income Setting
American Academy of Child & Adolescent Psychiatry Annual Meeting
San Francisco, CA
October, 2012
25. Bott N, Haas B, Menon V, Reiss A, **Carrion VG**
Increased Insula Reactivity to Implicit Processing of Emotional Words in Youth with Posttraumatic Stress Symptoms
American Academy of Child & Adolescent Psychiatry Annual Meeting

San Francisco, CA
October, 2012

26. Talley RM, Austin JA, **Carrion VG**
Cost-Benefit Analysis of Evidence-Based Treatment in Children Exposed to Violence and Maltreatment
American Academy of Child & Adolescent Psychiatry Annual Meeting
San Francisco, CA
October, 2012
27. **Carrion, VG** (Chair)
Pediatric PTSD: Integrating Neuroscience and Treatment
Carrion, VG, De Bellis, M, Teicher, M, McMillan H, Deblinger E, Putnam, F.
Society for Biological Psychiatry Annual Meeting
Philadelphia, PA
May, 2012
28. Strom L, **Carrion VG**
Treating Adolescents with PTSD in a School Based Setting:
An Introduction to the Stanford Cue Centered Treatment Protocol
American Counseling Association National Conference
San Francisco, CA
March, 2012
29. **Carrion, VG** (Chair)
Carrion, VG, Teicher, M, McMillan H, Berkowitz S, Cohen J (2011)
From Brain Networks to Community Networks: Integrating Neuroscience and Intervention in Pediatric Trauma
American Academy of Child & Adolescent Psychiatry Annual Meeting
Toronto, CA
October, 2011
30. **Carrion, VG** (Discussant)
Cortisol and Mental Health Outcomes in Infants and Children
Muzik, M, Kaplow J, Miller A., Delahanty, D
American Academy of Child & Adolescent Psychiatry Annual Meeting
Toronto, CA
October, 2011
31. **Carrion, VG**, Garrett A, Reiss AL
Sensitized Amygdala and Hippocampal Activity in Pediatric PTSD
Anxiety Disorders Association of America Annual Meeting
New Orleans, LA
March, 2011
32. **Carrion, VG**

Introducing the Stanford Cue-Centered Treatment Protocol
Anxiety Disorders Association of America Annual Meeting
New Orleans, LA
March, 2011

33. **Carrion, VG**, Hoffman B, Garrett A, Reiss AL
Prefrontal cortex development and association with cortisol levels in youth with PTSD symptoms
57th Annual Meeting of the American Academy of Child and Adolescent Psychiatry
2010
34. **Carrion, VG**, Garrett A, Reiss AL
Increased limbic activation upon exposure to emotional faces in youth with PTSS
65th Annual Convention for the Society of Biological Psychiatry
New Orleans, LA
2010
Carrion, VG
The Neurobiology of Maltreated Children with and without PTSD
56th Annual Meeting of the American Academy of Child and Adolescent Psychiatry
2009
35. Wong S, Burke NJ, Hellman J, **Carrion VG**
An Investigation Into Trauma and Its Effects in School-Age Children Who Experience Community Violence and Treatment Considerations
56th Annual Meeting of the American Academy of Child and Adolescent Psychiatry
2009
36. **Carrion, VG**
Brain Function in Adolescents with Posttraumatic Stress Symptoms
54rd Annual Meeting of the American Academy of Child and Adolescent Psychiatry, p.66
2007
37. **Carrion, VG**
New Research in Maltreated Children with Mood and Anxiety Disorders. Brain Function in Adolescents with Posttraumatic Stress Symptoms
54th Annual Meeting American Academy of Child and Adolescent Psychiatry
Boston, MA
2007
38. Weems, C.F. Piña, A. A., & **Carrion, VG**
Continuity and Change in Childhood Anxiety Disorders: Perspectives from Normative Development, Reactions to the Hurricane Katrina Disaster, and Neurophysiology. Abstracts of the World Congress of Behavioral and Cognitive Therapies, S29
2007
39. Nakajima GA, Navarro-Berrios JC, **Carrion VG**, Garza D

Update on lesbian, gay, bisexual and transgender (LGBT) mental health
15th European Congress of Psychiatry, Vol 22, p.13
2007

40. **Carrion VG**, Gaylor E
Abnormal parasympathetic regulation during recovery from stressor in pediatric PTSD
53rd Annual Meeting of the American Academy of Child and Adolescent Psychiatry
2006
41. **Carrion VG**, Wagner C, Garrett A, Reiss AL
Verbal Declarative Memory in Pediatric PTSD: An fMRI Study
61st Annual Scientific Convention of the Society of Biological Psychiatry, Vol.59, p.812
2006
42. **Carrion VG**, Garrett A, Reiss AL
Differential frontal activation during a response inhibition task in children with PTSD symptoms
59th Annual Convention of the Society of Biological Psychiatry, Vol 55, p.767
2004
43. RK Pitman (Chair), CR Marmar, JD Bremner, **VG Carrion**, MW Gilbertson, MH Teicher
Does Psychological Stress Really Damage the Human Brain?
58th Annual Convention of the Society of Biological Psychiatry, Volume 53, pp.159S
2003
44. LA Heiden, K Saltzman, **VG Carrion**
A Manual-Based Treatment of PTSD and Truma-Related Symptoms in Children
37th Annual Convention of the Association for Advancement of Behavior Therapy, p.108
2003
45. LA Heiden, K Saltzman, **VG Carrion**
Developing a Multi-Modal Treatment Protocol for Pediatric PTSD
19th Annual Meeting of the International Society for Traumatic Stress Studies
2003
46. RK Pitman (Chair), CR Marmar, JD Bremner, **VG Carrion**, MW Gilbertson, MH Teicher
Does Psychological Stress Really Damage the Human Brain?
58th Annual Convention of the Society of Biological Psychiatry, Volume 53, pp.159S
2003
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MRI Studies of Brain Structure and Function in Pediatric PTSD
49th Annual Meeting of the American Academy of Child and Adolescent Psychiatry,
Volume 18, pp.45-46

2002

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Maintenance of elevated cortisol levels in children with history of trauma
49th Annual Meeting of the American Academy of Child and Adolescent Psychiatry,
Volume 18, pp.108
2002
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Cross-Cultural Examination of Child Psychopathology in Mongolia
49th Annual Meeting of the American Academy of Child and Adolescent Psychiatry,
Volume 18, pp.115
2002
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Guilt in a Traumatized Pediatric Population
49th Annual Meeting of the American Academy of Child and Adolescent Psychiatry,
Volume 18, pp.108
2002
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Longitudinal MRI Findings of Brain Morphology in Pediatric PTSD
49th Annual Meeting of the American Academy of Child and Adolescent Psychiatry,
Volume 18, pp.46
2002
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Alterations in fMRI Response of Facial Expression in Adolescent PTSD
49th Annual Meeting of the American Academy of Child and Adolescent Psychiatry,
Volume 18, pp.46
2002
53. **Carrion V**, Weems C, Eliez S, Schmitt J., Liu Y., Menon V., Reiss A.
Morphological Abnormalities of the Prefrontal Cortex in Pediatric PTSD
49th Annual Meeting of the American Academy of Child and Adolescent Psychiatry,
Volume 18, pp.46
2002
54. Mackenzie K, **Carrion V**, Garrett A, Saltzman K, Pageler N, Menon V
Frontostriatal Deficits in PTSD
49th Annual Meeting of the American Academy of Child and Adolescent Psychiatry,
Volume 18, pp.46
2002
55. Schreier, H (Chair), Terr, L, **Carrion, V**, Hardy, L.
Methodological Issues in Research, and Results by Age, Type of Trauma, and Type

49th Annual Meeting of the American Academy of Child and Adolescent Psychiatry,
Volume 18, pp.28-29
2002

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Puberty and the Expression of PTSD Symptoms in Children and Adolescents Exposed to
Traumatic Stress
Biennial Meeting of the Society for Research on Adolescence
New Orleans, LA
2002
57. **Carrion, V.**, Garrett, A., Menon, V., Reiss, A.
Frontostriatal Deficits in Pediatric PTSD
Future Leaders of Psychiatry Meeting
Emory University
Atlanta, GA
2002
58. Koopman, C, **Carrion, V.**, Butler L, Palmer L, Steiner H.
Dissociation, Trauma and Delinquency
Annual Meeting of the American Academy of Child & Adolescent Psychiatry, Volume
18, pp.10
2002
59. Koopman, C., **Carrion, V.**, Sudhakar, S., Palmer, L., & Steiner, H.
Dissociation in Juvenile Delinquents
Paper Presentation at the Annual Meeting of the American Psychological Association,
San Francisco, CA
2001
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Divalproex Sodium and PTSD Treatment: A Randomized Controlled Clinical Trial
Scientific Proceedings of the 48th Annual Meeting of the American Academy of Child
and Adolescent Psychiatry, pp.115
2001
61. Koopman, C., **Carrion, V.G.**, Butler L.D., Sudhakar, S., Palmer, L., & Steiner, H.
Dissociation, Childhood Adversity, and Heart Rate During a Stressful Interview
The Sixth International Conference on Family Violence
San Diego, CA
2001

62. **Carrion V.**, Weems C., Eliez S., Patwardhan A., Ray R, Reiss A.
Brain Volumes and Cortisol Levels in Pediatric PTSD
Scientific Proceedings of the Annual Conference of the American College of
Neuropsychopharmacology
2001
63. Steiner H, **Carrion VG**, Behavioral Symptoms in Children with History of Maltreatment
Scientific Proceedings of the Annual Meeting of the American Academy of Child and
Adolescent Psychiatry, Volume 15, pp.115
1999
64. **Carrion VG**, Steiner H, Substance Abuse and Criminal Recidivism: A Longitudinal
Study
Scientific Proceedings of the Annual Meeting of the American Academy of Child and
Adolescent Psychiatry, Volume 15, pp.102
1999
65. **Carrion VG**, Arousal Characteristics and Personality in Juvenile Delinquents
Scientific Proceedings of the Annual Meeting of the American Academy of Child and
Adolescent Psychiatry, Volume 15, pp.120
1999
66. **Carrion VG**, Assessment and Treatment of PTSD
Scientific Proceedings of the Annual Meeting of the American Academy of Child and
Adolescent Psychiatry
1998
67. Rokni H, **Carrion V**, Steiner H.
Defense reactions, child trauma and defense styles
Scientific proceedings of the Annual Meeting of the American Academy of Child and
Adolescent Psychiatry, 14:117
1998
68. **Carrion V**, Steiner H.
Child abuse and Dissociation: Preliminary Findings.
Scientific Proceedings of the Annual Meeting of the American Academy of Child and
Adolescent Psychiatry, 13: 148, 197
69. Steiner H., **Carrion VG**, Findings on Adjustment Measures in Juvenile Delinquents on
Probation.
Scientific Proceedings of the Annual Meeting of the American Academy of Child and
Adolescent Psychiatry, Volume 12, pp.77
1996
70. **Carrion VG**, Lock J, Common Clinical Problems of Gay and Lesbian Youth

Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent psychiatry, Volume 12, pp.47
1996

71. **Carrion VG**, Predictors of Restraint in Juvenile Delinquents
Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Volume 12, pp.105
1996
72. **Carrion VG**, An Integrative Model of Adaptive Style and Substance Use in Predicting Recidivism in Juvenile Delinquents
Scientific Proceedings of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Volume 12, pp.108
1996
73. Steiner H., **Carrion VG**, Personality Characteristics of Delinquents on Probation: Implications for Management and Treatment
Abstracts of the American Society of Criminology, 48th Annual Meeting, pp
1996

Grand Rounds (22):

1. **The State of Mental Health in California: Introduction to the Mental Health Services Oversight and Accountability Commission**
Stanford University
Department of Psychiatry and Behavioral Sciences Grand Rounds
Stanford, CA
March, 2014
2. **Pediatric PTSD: How Neuroscience Informs Intervention**
California Pacific Medical Center
San Francisco, CA
February, 2014
3. **Pediatric PTSD: From Neuron to Policy**
Dominican Hospital
Santa Cruz, CA
August, 2013
4. **PTSD as Developmental Disorder**
Herrick Hospital
Alta Bates Summit Medical Center, Berkeley
April, 2013

5. **Emotional and Cognitive Processing in Children with History of Interpersonal Violence**

Department of Psychiatry
Behavioral Health & Recovery Services
San Mateo County Health Dept
September, 2012

6. **Brain Development in Pediatric PTSD: Clinical Implications**

Department of Psychiatry
University of California, San Francisco
September, 2011

7. **Desarrollo del Cerebro Infantil en el Trastorno de Estrés**

(Brain Development in Pediatric PTSD)
Hospital de la Paz
Madrid, Spain
May, 2011

8. **Understanding the Effects of Early Trauma on Brain Development**

Surgery Department
Phoenix Children's Hospital
April, 2011

9. **Neuroimaging Update on Pediatric PTSD**

21st Annual Chadwick Center for Child Protection Lectureship
Department of Pediatrics
University of California, San Diego
January, 2011

10. **Pediatric PTSD: From Neurobiology to Policy**

Department of Psychiatry and Behavioral Sciences
Stanford University
October, 2010

11. **The Effect of Early Stress on Brain Development**

Department of Psychiatry
University of California, San Diego
August, 2010

12. **Brain Development and Function in Youth with PTSD**

Department of Psychiatry
Dartmouth University
June, 2010

13. **International Psychiatry in Haiti at the Aftermath of the Earthquake**

Department of Psychiatry and Behavioral Sciences

Stanford University
June, 2010

14. **From Understanding Brain Networks to Building Community Networks**
Department of Psychiatry
San Francisco General Hospital
June, 2010
15. **Early Life Stress and Brain Development**
The Women and Children's Hospital in Buffalo
University at Buffalo, School of Medicine
June, 2008
16. **Developmental Trauma: Recognition and Treatment**
Department of Behavioral Health
San Mateo County
February, 2008
17. **Developmental Differences and Similarities in the Phenomenology and Biology of PTSD**
Department of Psychiatry
University of California, San Francisco
March, 2006
18. **Developmental Brain Volume Alterations in Pediatric PTSD**
Department of Psychiatry
San Francisco General Hospital
November, 2002
19. **Brain Development in PTSD**
Department of Psychiatry
San Francisco General Hospital
November, 2001
20. **Brain Development in PTSD**
Department of Psychiatry and Behavioral Sciences
Stanford University
March, 2000
21. **Brain Development in PTSD**
Department of Pediatrics
Santa Clara Valley Hospital
San Jose, CA
October, 1999
22. **The Coming Out Process – Developmental Stages for Sexual Minority Youth**

Division of Child Psychiatry
Department of Psychiatry and Behavioral Sciences
Stanford University
March, 1996

Keynote Lectures (11):

1. **Mindfulness for School-Age Children: BioPsychoSocial Findings of a Three-Year Study**
7th International Congress on Interpersonal Acceptance Rejection (7th ICIAR)
Conference
Keynote Speaker
Athens, Greece
May 2018
2. **Neuroscience-informed interventions for youth with posttraumatic symptoms**
28th International Conference on Psychiatry & Mental Health
Anxiety & Depression Disorders
Keynote Speaker
Melbourne, Australia
November 2017
3. **Stanford Cue-Centered Therapy – Early Childhood Trauma**
California Association of Marriage and Family Therapists
53rd Annual Conference
Keynote Speaker
Santa Clara, California
May 2017
4. **Violence, Stress and Community Health**
Clinical Excellence and Best Practices Delivering Care to Diverse Populations
Stanford, CA
November 2015
5. **Health and Wellness for Students**
K-12 Education Contemplative Institute
University of Virginia Contemplative Science Center and Curry School of Education
Chantilly, VA
June 2015
6. **Can Traumatic Stress Damage the Brain?**
Zero-to-Three National Annual Meeting
Phoenix, AZ
November 2011
7. **Can Stress Damage the Brain?**

Australasian Society for Psychiatry Research Annual Conference
Canberra, Australia
December, 2009

8. **Trauma in Early Life: Understanding the Effects and Treatment**
Annual Domestic Violence Conference
Santa Clara County Domestic Violence Council
October, 2008
9. **The Effects of Early Adversity on the Developing Brain: Implications for Education**
Learning and the Brain Conference
Stanford University School of Education, University of California, Santa Barbara
Neuroscience Research Institute, and the Dana Alliance for Brain Initiatives
February, 2008
10. **Understanding the Effects of Psychological Trauma in the Developing Brain**
Annual Meeting of the Arizona Coalition for Victim Services
August, 2007
11. **Early Life Stress and Brain Development**
6th Annual Conference on Child Abuse Prevention
Honolulu, HI
April, 2005

Invited Presentations (100):

1. **Early Life Stress and the Developing Brain**
Ending Violence Against Children Conference: Developing a Roadmap to a Healthy
Childhood and Adolescence
Mount Sinai Hospital
New York, New York
March 2018
2. **Culture, migration, and trauma: Addressing the mental health needs of trauma-
exposed disenfranchised communities in current times**
33rd International Society for Traumatic Stress Studies
Victor Carrion, Mentor
Symposium
November 2017
3. **51st Association for Behavioral and Cognitive Therapies Annual Convention**
Treating Obsessive- Compulsive Spectrum Disorders in Diverse Contexts and
Populations
Panel Discussion
Victor Carrion, Mentor

November 2017

4. **INSCRIPCIÓN - CCT for Youth With Posttraumatic Symptoms**
Cue-Centered Therapy training to therapists from Salud Madrid
Comunidad de Madrid
Madrid, Spain
September 2017
5. **Cue-Centered Therapy for Youth With Posttraumatic Stress Disorder (PTSD) Symptoms**
9th EIP Conference 2017
Vienna, Austria
December 2017
6. **Integrating Neuroscience and Interventions in Pediatric Trauma**
Innovative Learning Conference
The Nueva School
Hillsborough, CA
October 2017
7. **Integrating Neuroscience and Interventions in Pediatric Trauma**
WPA XVII World Congress of Psychiatry
Berlin, Germany
October 2017
8. **Conquering Difficult Discussions with Your Family Stanford**
Health Panel Discussion
Moderator
University McCaw Hall,
Arrillaga Alumni Center
March 2017
9. **Spring Awakening Production- The Musical**
Sexual Violence and Suicide
Panel Discussion
Stanford TAPS
New Roble Studio Theater
Stanford, CA
October 2016
10. **Stress from a Developmental Psychiatry Perspective**
IMC Bootcamp on Stress
Interacting Minds Centre; University of Aarhus
Oral Presentation
Aarhus, Denmark
August 2016

11. **Breaking Down Barriers to Access**
2016 Adolescent Mental Wellness Conference
Department of Psychiatry and Behavioral Sciences
Oral Presentation
Stanford, CA
August 2016
12. **Understanding Anxiety and Stress in Early Life**
Webinar Presentation
Stanford Children's Health/ Lucile Packard Children's Hospital Stanford
Corporate Partnerships-Powered by N24
Stanford, CA
June 2016
13. **Empowering Through Enhancement of Executive Function and Emotion Regulation: Introducing Cue Centered Therapy**
6th International Congress on Interpersonal Acceptance and Rejection Conference
Madrid, Spain
June 2016
14. **Research – Informed Wellness Interventions**
2016 AEPNYA 60th Congress
AACAP Presentation
EUSKADI Gazte Children 2016
Donostia San Sebastian, Spain
June 2016
15. **PTSD A Developmental Disorder- Panel Discussion**
2016 AEPNYA 60th Congress
AACAP Presentation
EUSKADI Gazte Children 2016
Donostia San Sebastian, Spain
June 2016
16. **On Belonging: Culture and Connection at Stanford**
Stanford OpenXchange Discussion
Toyon Lounge
Stanford, CA
May, 2016
17. **Children's Health & Well-being: Contemplation in Schools**
Contemplation By Design Fall 2015
Clark Center Auditorium
Stanford, CA
November 2015

18. **A Conversation with Anna Deavere Smith: Violence in our Neighborhoods**
Clark Center Auditorium
Stanford, CA
October 2015
19. **2015 New Frontiers in the Biology of Stress, Maltreatment and Trauma: Opportunities for Translation, Resilience and Reversibility**
Penn State 4th Annual Conference on Child Protection and Well Being
University Park, PA
September 2015
20. **2015 CACJ/CPDA Capital Case Defense Seminar**
Unreasonable State Court Factual Determinations
Sacramento, CA
February, 2015
21. **2015 CACJ/CPDA Capital Case Defense Seminar**
Post Conviction Workshop: Crafting the Appellate Issues
Sacramento, CA
February, 2015
22. **The Role of Prevention and Early Intervention at Schools**
Mental Health Services Oversight and Accountability Commission
Sacramento, CA
October, 2014
23. **Critical treatment components requiring investigation**
Center for Youth Wellness Research Colloquium
San Francisco, CA
September, 2014
24. **Improving Children's Mental Health in California**
California Association of Children's Hospitals
San Diego, CA
September, 2014
25. **The Association of Interpersonal Violence in Childhood on Objective Sleep Measures**
World Psychiatric Association
Madrid Spain
September, 2014
26. **The Stanford Cue- Centered Treatment. Integrating Treatment and Neuroscience Research**
World Psychiatric Association
Madrid, Spain

September, 2014

27. **2014 Aspen Ideas Festival, Spotlight: Health - Talking About Race: Health, Politics, Art**
Aspen Institute
Denver, CO
June, 2014
28. **Talking About Race: Science, Politics, Art**
The Public Theater
New York, NY
May, 2014
29. **Interoception and Insula Morphology**
Symposium on Update on Neuroimaging in Children with Traumatic Stress
2014 Society for Biological Psychiatry Annual Meeting
New York, New York
May, 2014
30. **Somebody Stood Up For Me Conference**
How Brain Science Will Change Your Mind
Futures Without Violence
Skirball Cultural Center in Los Angeles
Los Angeles, California
May, 2014
31. **Colloquium on Brain Health**
University of New Orleans
Department of Psychology
New Orleans, Louisiana
May, 2014
32. **2nd Annual Medical Response to Child Abuse and Neglect**
Stanford University, Department of Pediatrics
Stanford School of Medicine
October, 2013
33. **Neurological and Physiological Implications of Maltreatment**
American Psychological Association
Honolulu, Hawaii
August, 2013
34. **Legal advocacy for youth in the child welfare and juvenile justice system**
Juvenile Justice Center
Philadelphia, PA
January, 2013

35. **Results from the Stanford Cue Centered Treatment Protocol:
A Randomized Controlled Trial**
International Association for Child and Adolescent Psychiatry and Allied Professions 20th
Congress
Paris, France
July, 2012
36. **El protocolo de tratamiento de Stanford Centrada en Estímulos Clave
(The Stanford Cue Centered Treatment Protocol)**
Asociación Española de Psiquiatría del Niño y Adolescente Congreso No.57
Barcelona, Spain
May, 2012
37. **Improving the Health of Latinos through Academic Careers**
28th Annual Latino Medical Student Association
Stanford University School of Medicine
April, 2012
38. **The Neurobiology of Trauma: Implications for Healing**
Indiana State Conference to End Sexual Violence
Indianapolis, IN
March, 2013
39. **Neurobiological Development and Child Trauma**
Conference on Developmental Neuroscience and the Law
Stanford Law School and UC Hastings College of Law
San Francisco, CA
February, 2012
40. **Treating Youth with PTSD: the CCT Manual**
26th Annual Child and Family Maltreatment Conference
Rady Children's Hospital and Chadwick Center
San Diego, CA
January, 2012
41. **Treating Youth with PTSD: New Pharmacological Approaches**
26th Annual Child and Family Maltreatment Conference
Rady Children's Hospital and Chadwick Center
San Diego, CA
January, 2012
42. **New Approaches to Multidisciplinary Work**
Mayor's Task on Sexual Abuse Prevention
San Francisco, CA
August, 2011

43. **Child Trauma, Health and Academic Performance**
Lucile Packard Children's Hospital Foundation Luncheon
San Francisco, CA
July, 2011
44. **From "Whatever" to Whatever It Takes**
Honoree Acceptance Speech
Family and Children Services
Circle of Support Breakfast
May, 2011
45. **Evaluacion y Tratamiento del Trastorno de Estrés Pediatrico**
(Evaluation and Treatment of Pediatric PTSD)
Asociación Española de Psiquiatria del Niño y Adolescente Congreso No.56
Alicante, Spain
May, 2011
46. **Stress and the Brain: Implications for Health, Development, and Learning**
Johns Hopkins University
National Summit, Department of Public Health
April, 2011
47. **Sensitized Amygdala and Hippocampal Activity in Pediatric PTSD**
Anxiety Disorders Association of America Annual Meeting
New Orleans, LA
March, 2011
48. **Introducing the Stanford Cue-Centered Treatment Protocol**
Anxiety Disorders Association of America Annual Meeting
New Orleans, LA
March, 2011
49. **How Brain Development and Function Informs Interventions
In Pediatric PTSD**
San Diego International Conference on Child and Family Maltreatment
San Diego, CA
January, 2011
50. **Pediatric Clinical Lecture – Recent Research in Pediatric PTSD: Clinical
Implications**
Zero-to-Three National Annual Meeting
Phoenix, AZ
November, 2010
51. **Neurocircuitry, Neurocognition and Behavioral Outcomes of Maltreatment**

Special Section Meeting
National Institute of Mental Health
Bethesda, MD
August, 2010

52. **Early Life Stress Research**
Invited Lecture for the Lucile Packard Children's Hospital Foundation
San Francisco, CA
June, 2010
53. **Lessons from Katrina: Helping Youth After a Disaster**
Australian Government
Department of Families, Housing, Community Services and Indigenous Affairs
Canberra, Australia
November, 2009
54. **Managing Trauma in Children and Adolescents Living through Natural Disasters:
Clinical, Research and Policy Advances**
Pre-conference workshop
Australasian Society for Psychiatry Research Annual Conference
Canberra, Australia
December, 2009
55. **Hospitalization and Family Stress: Recognizing PTSD in Traumatized Children**
Lucile Packard Children's Hospital
Department of Social Work
March, 2009
56. **Managing Secondary Traumatization**
Workshop for Community Outreach Workers
San Francisco and East Palo Alto
February, 2009
57. **Treatment Trial for Child Soldiers in Sierra Leone**
Expert Consensus Meeting
Psychology Beyond Borders
October, 2008
58. **Child Abuse and Brain Development**
Lifetime Effects of Child Abuse
Stanford University Family Abuse Prevention Council
October, 2008
59. **Functional Correlates of Learning in Pediatric PTSD**
Brain Awareness Week Speaker
Cosign: Stanford University Undergraduate Interest Group

May, 2008

60. **Trauma: Early Life Stress, Brain Development, Effective Interventions and HIV implications**
East Bay Community Foundation
February, 2008
61. **Neurobehavioral and Neurobiological Findings of Early Life Stress**
First 5 Forum
San Jose, CA
February, 2008
62. **The Impact of Early Life Stress on Academic Development**
WestEd: A nonprofit research, development, and service agency
San Francisco, CA
January, 2008
63. **Helping Children Survive Trauma: Early Life Stress, Brain Development, and Effective Interventions**
California State University
Chico, CA
January, 2008
64. **Early Life Stress and Brain Development**
Department of Psychology
Stanford University
November, 2007
65. **Young Victims of Violence: The Aftermath of Terrorism**
Stanford University, Department of Pediatrics Grand Rounds
In conjunction with The X-Ray Project: Inside Terrorism
Stanford School of Medicine
September, 2007
66. **Continuity and Change in Childhood Anxiety Disorders: Perspectives from Normative Development, Reactions to the Hurricane Katrina Disaster, and Neurophysiology**
World Congress of Behavioral and Cognitive Therapies
Barcelona, Spain
July, 2007
67. **Role of Coping, Social Support, Temperament and Subjective Stress on PTS Using “Coming Out” or Integration on an LGBT Sexual Orientation**
15th European Congress of Psychiatry
Madrid, Spain
March, 2007

68. **Biological Sequelae of Childhood Trauma**
Northern California Regional Organization of Child and Adolescent Psychiatry
Carmel, CA
January, 2007
69. **Brain Function in Pediatric PTSD**
University of California, Davis
CAARE Diagnostic and Treatment Center
August, 2006
70. **Understanding the Consequences of Trauma: PTSD and Resilience in Children**
Jewish Family and Children's Services
Palo Alto, CA
September, 2006
71. **Evaluating and Treating Children after Katrina; Lessons from 9/11** University of
New Orleans
Department of Psychology
December, 2005
72. **Imaging and Psychophysiology in Child Psychiatry**
Mount Sinai School of Medicine
Department of Psychiatry
June, 2005
73. **Identifying Trauma Sequelae in School Children**
School Psychology 38th Annual Conference
University of California, Berkeley
May, 2005
74. **Pediatric Mental Health and Trauma**
University of California, San Francisco
School of Nursing
April, 2005
75. **Understanding the Effects of Early Trauma in the Developing Brain**
IV Congreso Internacional de Trauma Psiquico y Estres Traumatico
(*4th International Conference on Psychological Trauma and Traumatic Stress*)
Sociedad Argentina de Psicotrauma
The International Society for Traumatic Stress Studies
Buenos Aires, Argentina
June, 2004
76. **Understanding the Effects of Early Life Stress in Brain Development**
Psychiatry Chair Lab Colloquia

University of California, San Francisco/San Francisco Veterans Affairs Medical Center
San Francisco, CA
July, 2004

77. **Trauma Related Psychopathology Day. Lecture: Treating Trauma Related Psychopathology: New Algorithms (Chair)**
7th Stanford Symposium on Developmental Approaches to Psychopathology
Stanford University
April, 2004
78. **Psychopharmacology of Stress Related Disorders in Children**
8th Stanford Psychopharmacology Course & Clinical Update
Stanford University
March, 2004.
79. **Interventions for Children Exposed to Violence**
Johnson & Johnson Pediatric Round Table
San Juan, Puerto Rico
February, 2004
80. **Biology and Phenomenology in Children Who Experience Interpersonal Violence**
22nd Annual UC Davis Western Regional Child Abuse and Neglect Conference
Sacramento, CA
April, 2003
81. **Understanding the Effects of Early Life Stress on Brain Development**
Annual Conference on Attachment and Trauma in Child Development: New Directions
in Research, Intervention, and Public Policy
University of California, San Francisco
February, 2003
82. **Understanding Traumatic Stress in Development**
San Francisco Foster Care Program
San Francisco, CA
September, 2002
83. **Brain Function in PTSD**
Children's Health Council
Palo Alto, CA
September, 2002
84. **Trauma, Coping, and Psychopathology (Co-Chair with Hans Steiner, M.D.)**
Special Interest Study Group
Annual Meeting of the American Academy of Child & Adolescent Psychiatry
Recurring: 1999, 2000, 2001, 2002

85. **Transitioning into a Successful Research Career**
Technical Assistance Workshop for Minority Supplement Applicants
National Institute of Mental Health
Bethesda, MD
July, 2002
86. **Helping Children Cope with Terror: Early Adversity and Stress Vulnerability**
Stanford University Medical Center
Stanford, CA
November, 2001
87. **Brain Development and Trauma**
Stanford University Health Library Lecture Series
May, 2001
88. **New Methods and Practice in Assessing Pediatric PTSD (Program Chair)** Annual Meeting of the American Academy of Child and Adolescent Psychiatry
New York, New York
October, 2000
89. **Pediatric Psychological Trauma**
Child and Adolescent Sexual Abuse Resource Center
San Francisco General Hospital
San Francisco, CA
April, 2000
90. **PTSD in Children and Adolescents**
Annual Symposia of Planned Parenthood Golden Gate Medical Services
San Francisco, CA
June, 2000
91. **Brain Development in PTSD**
Menlo Park Veteran's Administration National Center for PTSD
Menlo Park, CA
June, 2000
92. **Brain Development in PTSD**
Department of Health Services, San Francisco County
San Francisco, CA
May, 2000
93. **Pediatric In-Service**
Children's Health Council
Palo Alto, CA
April, 2000

94. **Traumatic Stress and the Developing Brain**
Family and Children's Services Division
Department of Health Services, San Francisco County
San Francisco, CA
February, 2000
95. **Developmental PTSD Pathophysiology**
2nd Annual Alumni Symposium
Division of Child Psychiatry and Child Development
Stanford University School of Medicine
March, 1999
96. **Advancement in the Understanding of Traumatic Stress in Children**
Program Chair, 1st Annual Alumni Symposium
Division of Child Psychiatry and Child Development
Stanford University School of Medicine
March, 1998
97. **Early Intervention in PTSD**
Silicon Valley Summit with Youth
De Anza College
Cupertino, CA
April, 1998
98. **Schizophrenia and Children**
Peninsula Children's Center
Palo Alto, CA
September, 1997
99. **Neuroanatomical Correlates of PTSD in Children**
Peninsula Children's Center
Palo Alto, CA
July, 1997
100. **PTSD in Juvenile Delinquents on Probation**
Second World Congress on Family Law & Rights of Children & Youth
San Francisco, CA
June, 1997
101. **Personality Characteristics of Delinquents on Probation: Implications for Management and Treatment**
The American Society of Criminology, 48th Annual Meeting
Chicago, IL
November, 1996

102. **Adaptive Style and Defenses in Girls and Boys on Probation**
Annual Training Conference of the California Association of Probation Institution
Administrators
San Luis Obispo, CA
October, 1996

Media (9):

1. **RESILIENCE- The Biology of Stress and the Science of Hope**
Psychiatry and Behavioral Sciences Department
Stanford University
2018
2. **RESILIENCE- The Biology of Stress and the Science of Hope**
El Morro Theatre - Gallup, NM.
2017
<http://www.elmorrotheatre.com/movie/223922/Resilience-Trailer-and-Info>
3. **ABC-Tu Diario en Español**
Child traumas: how to catch the bull by the horns
Written by Patricia Espinosa
Sept. 19, 2017
4. **SCOPE**
Stanford Medicine
California setting a new path for mental health services
Podcast
Dec 2016
5. **Stanford Report**
Traumatic stress changes brains of boys, girls differently
Written by Erin Digitale
Nov 2016
6. **Packard Children's News**
From Neuroscience to Yoga
Written by Jennifer Yuan & Elizabeth Kuriakose
Fall 2016
7. **Interacting Minds Centre (IMC)**
Bootcamp on Stress
Aarhus, Denmark
Aug 2016
8. **Understanding Anxiety and Stress in Early Life**

Webinar Presentation
Stanford Children's Health/ Lucile Packard Children's Hospital Stanford
Corporate Partnerships-Powered by N24
Stanford, CA
June 2016

9. **Beyond Behavior**
Article
Written by Erin Digitale
Stanford Medicine- Quarterly
Fall, 2015
10. **Live Sonima**
Partnership Conversation
Youtube
2015
11. **PAPER TIGERS**
Film
2015
12. **The Raising of America - Early Childhood and the Future of Our Nation**
Palo Alto, CA
November, 2015
<https://vimeo.com/59185115>
13. **The Raising of America - Wounded Places: Confronting Childhood PTSD in America's Shell Shocked Cities**
Palo Alto, CA
February, 2015
<http://newsreel.org/video/WOUNDED-PLACES>
14. **Front Lines** by Kristi Garrett
Article
California Schools- Quarterly Summer 2014
Summer, 2014
15. **PBS News Hour**
The Early Life Stress Research Program
Stanford Children's Health/ Lucile Packard Children
March, 2014
https://www.youtube.com/watch?v=I08GxL_Eeyw
16. **Science Bulletins: Brains Change with Trauma**
Human News

American Museum of Natural History

Washington DC

June, 2012

<https://www.youtube.com/watch?v=X4o-EXLkA7Y>

17. How to talk to kids about the Haiti earthquake

Youtube Video

Support LPCH channel

Lucile Packard Children's Hospital

Palo Alto, CA

November, 2010

<https://www.youtube.com/watch?v=WVWBHgO9aIU>

F. Mentorship:

Career Development Institute

Stanford University and Western Psychiatric Institute

Mentor to Early Career Academicians

2007 – 2017

Stanford University Health Careers Opportunity Program

Center of Excellence

Mentor to Minority Medical Students and applicants

2000 – Present

Post-Doctoral Fellows, Visiting Faculty, Trainees and Mentees:

Kathy Shear, M.D., Visiting Instructor

Columbia University College of Physicians and Surgeons

Project:

Jan 2019 – July 2019

Susana Cruyllles, MFT, Clin Psych, Visiting Instructor

Universidad Pontificia de Comillas

Project: CCT Manual Translator

July 2018 – Oct 2018

Audrey Ho, B.A., Student Trainee

Stanford University School of Computer Science Engineering

Online International Wellness Institute
July 2018 – Jan 2019

Wila Cidre, Ph.D., Mentee
Psychiatry Resident
Project: Science and Service – Relief Efforts in Wake of Natural Disaster
Dec 2017-Present

Lindsay Trent, Ph.D., Mentee
Clinical Outcomes Study
Professional Development
Dec 2016-Present

Pamela Jaye Shime, J.D., M.A.
Research (Neuro-Tech Initiative)
Professional Development
Dec 2016- Present

Carl Weems, Ph. D., Postdoctoral Fellow
June 2000 – July 2001
Project: Building Anxiety Markers in Pediatric Anxiety
Current Position: Associate Professor at University of New Orleans

Kasey Saltzman, Ph.D., Postdoctoral Fellow
August 2001 – July 2003
Stanford University Dean's Postdoctoral Fellowship (May – July 2002)
Project: Psychophysiology of Pediatric PTSD

Adriana Cortes, M.D., International Postdoctoral Fellow
August 2001 – June 2003
Project: Examination of Comorbidity in youth with PTSD

Lynda Heiden, Ph.D., T32 NIMH Postdoctoral Research Fellow
September 2002 – July 2003
Project: Development of Treatment Manual for Pediatric PTSD
San Jose State University Pilot Grant Award
Current Position: Associate Professor at San Jose State University

Arancha Ortiz, M.D., Mentee
May, 2011 – Present
University of La Paz, Spain
Project: Adaptation of the Cue Center Protocol to the Spanish Foster Care System
(in conjunction with Visiting Trainee, Dr. Paz Quijano)

Paz Quijano, M.D., Mentee

May, 2011 – Present
University of La Paz, Spain
Project: Adaptation of the Cue Center Protocol to the Spanish Foster Care System
(in conjunction with Visiting Trainee, Dr. Arancha Ortiz)

Bjorn Ramel, M.D., Visiting Trainee
Winter 2012
University Travel Training Grant
University of Malmo, Sweden
Project: Trauma and Child Refugees from Afghanistan

Jeon Small, Ph.D., Mentee
February, 2012 – Present
Prevention Research Center, Department of Public Health
University of California, Berkeley
Project: Integrating Chronic Stress on Ecological Models of Substance Abuse
(K-award application)

Megan Klabunde, Ph.D., Mentee
Aug 2017-Present
September, 2012- September, 2014
Ruth L Kirshstein National Research Service Award (NRSA)
Professional Development

Katherine Shear, M.D., Visiting Professor
May 2013 – Present
Project: Adaptation for Grief Manual Adaptation for Children

Christina Khan, M.D., Ph.D., Mentee
August 2013 - Present
2013 AACAP Pilot Research Award
Project: Empowering Girls to Take Charge of Their Health through mindfulness and
movement therapy
2013 Miller Award

Sophie Borst, Ph.D., Visiting Faculty
November 2014 – 4/2015

Julia Chandler, SMS2, Medical Student Trainee
March – Present
2015 Association of Women Psychiatrists Award

Lara Tully, MD
Child Psychiatry Fellowship
April – July 2015
Medical

Susana de Cruylles de Peratallada Jaumandreu, M.D., Visiting Scholar
October 2015 – December 2015
Projects: Health and Wellness, CCT and Anxiety Clinic

Graduate Students:

****Indicates Dr. Carrion is a member of the Dissertation
Panel; **Dissertation Chair***

Rebecca Ray, Ph.D.
June 2000 – May 2001
Stanford University
Current Position: Post-Doc University of Wisconsin-Madison

*Kit Richert, B.S.
August 2002 – 2008
Ph.D. Candidate, Department of School Psychology
University of California, Berkeley
Dissertation: The prefrontal cortex development of children with PTSD

*Sarita Motipara, B.S.
March 2003 – 2008
PhD Candidate
Pacific Graduate School of Psychology
Dissertation: The Cognitive development of children with PTSD

Diana Kisielew-Miner, B.S.
February 2004 – June 2005
PhD Candidate
Pacific Graduate School

**Katherine Hull, B.S.
February 2004 – 2008
PGSP-Stanford Psy.D. Consortium
Dissertation: Treating high-risk children with the Stanford Cue-Centered Protocol

*Hilit Kletter, B.S.
February 2004 – 2009
Ph.D. Candidate
Pacific Graduate School of Psychology
Dissertation: Coping mechanisms and temperament in the development of PTSD

Nick Bott, B.S.
January 2012 – Present
PGSP – Stanford Psy.D. Program
2013 AACAP "Poster Docent" awards

2013 Northern California Neuropsychological Association's (NCNF) student research award

Stanford University Medical Students:

Michael Hu
2013- 2016

Rachel Sivek, SMS III
July 2015

Jarred Aguirre, Medical Residence, Harvard
Surgical Residence, Stanford
Ravenswood Family Health Center
January 2012 – Present

Rachel Melissa Talley, SMS II
Center for Youth Wellness
November 2011 – Present

Shucheng S. Wong, SMS III
American Academy of Child and Adolescent Psychiatry
Summer Medical Student Fellowship
May 2009 – Present

Walter B. Igawa-Silva, SMS I
Klingenstein Research Fellow
May – August 2008

Yolanda Agredano, SMS II
May 2004 – 2005
Research Internship: Psychophysiology of children with PTSD

Travel Scholars:

Holbrook Kohrt, SMS III
May 2001 – July 2003
Research Internship: Child mental health in Mongolia

Holbrook Kohrt, SMS III
June – September 2001
Stanford University Medical School Research Travel Fellow
Cross-Cultural evaluation of domestic violence in Mongolia

Stanford Medical Scholars Program:

Marila Kamceya (SMS 2018)
Daniel Chavira (SMS 2017)
Rubi Cortes (SMS 2017)
Holbrook Kohrt (SMS 2017)
Natalie Pageler (SMS 2017)
Shucheng S. Wong, (SMS 2012)
Haleh Rokni, M.D. (SMS 2000)
Patricia Santana, M.D. (SMS 2001)
Natalie Pageler, B.S. (SMSII 2001 – 2002)
Daniel Chavira, B.S. (SMS IV 2003)
Rubi Cortes, B.S. (SMS I 2003)

American Academy of Child and Adolescent Psychiatry Summer Fellows:

Lauren Harris (SMS 2013)
Shucheng S. Wong (SMS 2012)
Patricia Santana, M.D. (SMS 2001)
Juan Carlos Rodriguez, M.D. (SMS 2001)

Undergraduate Students:

Bryce Hoffman, B.S.
Cornell University, 2009
Current: University of Texas, Dallas School of Medicine, 2010

Brie Kohrt, B.S.
Summer 2005, Psi Chi Summer Research Scholar

Dwight Lee, B.S.
Summer 2005, Summer Research Scholar
University of San Antonio

Kate Arnold
Summer 2004, Discover Eli Lilly Academic Internship
San Jose State University

Heather Petty, B.S.
2001 – 2004, Research Assistant

Thomas Ford
January – June 2015

Tyler Harvey
June - August 2014
June - August 2015
June- August 2016

Iyahna Smith
June - August 2015

Michelle Douglas
June - August 2015

High School Students:

Mattheson Kuo
June – July 2015

Alan Huang
June 2015 – Present

Instructor for Child Psychiatry Fellows in the following courses:

Psychopharmacology
Advanced Psychopharmacology
Neuroscience
Clinical Assessments
Treatment Protocols

Instructor for Undergraduate Course

PSYC 199 in Fall, Winter, and Spring of 2016-17

Leigh Warner

Andrew Paiva

Elise Warner

Other Instruction:

Neuroscience-Based Interventions for Pediatric PTSD

Victor Carrion, MD, Visiting Professor

City University of Hong Kong

Hong Kong, China

Mar 2018

Cue Centered Therapy Workshop to Therapists

Ponce School of Medicine

Discussion of Sleep, Technology, and Gender-based Violence collaborations

Ponce, Puerto Rico

October 2017

INSCRIPCIÓN - CCT for Youth With Posttraumatic Symptoms

Cue-Centered Therapy training to therapists from SaludMadrid

Comunidad de Madrid
Madrid, Spain
September 2017

Biology 102
Lecturer
Stanford Developmental Trauma Special Interest Group
2013-2016

Addressing Writing Phobia Through Exposure
Avid 9th Annual Writers Conference in association with
Stanford University School of Education
April 2010

Instructor – Lectures on Medical Trauma in Pediatrics to Social Work Department
Lucile Packard Children’s Hospital
April 2010

Instructor – PALS – SUMC Program
Lecture on Trauma to first and second year medical students who follow a pediatric
patient for one year.
February 2009, 2010

Instructor – Lectures on Child and Adolescent Psychiatry to medical students during their
Adult Psychiatry Rotation.
September 2002 – June 2003

Stress and Development
Human Biology 121
Stanford University
Recurring: 2009, 2010, 2011

Klingenstein Fellowship Faculty Speaker
2008 – Present

Director and Instructor on Course for Child Psychiatry Fellows, Rotating Adult
Psychiatry Residents, Rotating Medical Students
Course Title: Neurobiological and Clinical Consequences of Early Life Stress
2003 – 2008

Course Instruction for the 29th Annual Review Course in Child and Adolescent
Psychiatry and Training Session on Organizing for the Oral Exams
American Academy of Child and Adolescent Psychiatry
San Francisco, CA
June, 2004

Course Instructor for the 25th Annual Review Course in Child and Adolescent Psychiatry
and Training Session on Organizing for the Oral Exams
American Academy of Child and Adolescent Psychiatry
San Francisco, CA
June, 2000

Adjunct Professor
Department of Developmental Psychology
University of New Orleans
2005 – 2016

Dissertation Reviewer
University of Melbourne
Melbourne, Australia
July, 2010

EXPERT DECLARATION OF CAROLYN MURPHY

I, Carolyn Murphy, hereby declare as follows:

1. I am a Forensic Psychological Consultant practicing in San Luis Obispo, Santa Barbara and Monterey Counties. I earned my Ph.D. in Clinical Psychology at the California School of Professional Psychology in 1998. I have also earned an M.A. in Clinical Psychology at the California School of Professional Psychology and a B.A. in Psychology from California State University, Long Beach.

2. My practice involves, among other things, evaluations for the Department of Social Services regarding parental fitness and treatment recommendations, and psychological evaluations and risk assessments of juvenile offenders for the Probation Department and the Delinquency Court in San Luis Obispo, Santa Barbara and Monterey Counties. I have conducted over 400 evaluations of juveniles. In a number of these cases, I have examined the role of drug use, gang involvement, physical and psychological trauma, developmental disability, psychiatric illness and development maturation. I have completed forensic evaluations for San Luis Obispo County, Santa Barbara County and Monterey County Superior Courts, for the District Attorney's Office, Public Defenders' Office, and private defense counsel, and have testified over 100 times in this capacity.

3. Attached hereto as Exhibit A is my Curriculum Vitae.

4. My declaration is based on a review of scientific literature and the knowledge accumulated during my education and career as described above. Citations for works supporting my declaration are attached hereto as Exhibit B.

5. The separation of children from parents may be an independently traumatizing event for separated children. In some cases, children who are forcibly separated from their parents and detained in custodial-like settings may have pre-existing trauma that warrants immediate treatment. In these cases, separation from parents may exacerbate pre-existing trauma because the child's primary parental figure(s) are not present to soothe the child when her or she becomes aroused or upset.

1 These traumas, whether pre-existing or novel, can result in dangerously high levels of
2 stress.

3 6. High levels of stress, which are often referred to as “toxic” levels of stress
4 due to the effect of hormonal changes on the brain and body, are known to have lasting
5 changes cognitively, emotionally, psychologically and physically, with children being
6 especially vulnerable given that their brain are still developing, well into early
7 adulthood. Increased hormonal secretions when under acute stress are damaging, and
8 prolonged exposure to such stress has the potential to be exponentially damaging.

9 7. For children experiencing traumatic levels of stress, early intervention is
10 critical if the source of the trauma is to be interrupted and removed from the child’s
11 experience and if effective treatment is to be implemented in time to prevent lasting
12 damage to brain functions and various other health systems within the body. Any such
13 damage would then result in emotional and behavioral abnormalities that could have a
14 lasting impact across the lifespan, and in turn impact family and interpersonal
15 relationships, resulting in a “ripple effect” across society as a whole.

16 8. A detained and separated child needs to be assessed immediately to
17 determine both the urgency for services as well as the service level of need. This
18 evaluation must assess the nature and severity of the child’s trauma, the child’s coping
19 ability and any concurrent medical or mental health issues that may be affecting the
20 child’s functioning. Once such an assessment has been conducted, swift treatment may
21 be necessary.

22 9. In my experience, effective treatment for a particular trauma cannot occur
23 while that trauma is ongoing. Doing so is contrary to basic practices, and would be akin
24 to providing post-stroke therapy while a patient is actively experiencing a stroke or to
25 providing substance abuse treatment to an individual currently using substances. If
26 continued separation from parents and detention is traumatic to a child or exacerbates a
27 child’s preexisting trauma, then the child cannot be effectively treated until the
28 separation and detention end. Further, family or parental involvement is often critical

1 in providing treatment to children and young people, both to obtain collateral historical
2 information and because the entire family “system” may have been traumatized and
3 need treatment both in support of the minor child and to prevent a re-traumatization
4 effect when the child is reunited with family members whose own trauma has not been
5 addressed. Therefore the most effective treatment will require cessation of any
6 traumatizing or exacerbating circumstances and reunion with the child’s family.

7 10. Forcibly separating children from their parents at the border and detaining
8 them is unlike detaining children who have committed an offense. These children are
9 typically released quickly pending disposition of their cases unless there is some valid
10 reason for detaining them – because they are being removed for no fault of their own.
11 It is also unlike involuntarily removing children from their parents due to neglect or
12 abuse because they are being detained in a jail-like setting rather than being placed in a
13 family environment. These differences could make separating children from their
14 parents at the border and indefinitely detaining them far more traumatic than detaining
15 juvenile offenders or placing abuse or neglect victims in new environments.


16 11. In summary, based on extensive research and my own experience
17 evaluating juveniles, it is my opinion that the involuntary separation of children from
18 their families at the border and the subsequent detention of the children would be a
19 traumatic event for some children, either on its own or by exacerbating preexisting
20 trauma. It is my further opinion that children suffering from high levels of stress due
21 to trauma need treatment as early as possible and that it is critical that such treatment
22 be provided in a manner that adequately addresses all sources of trauma, both
23 preexisting and as a result of separation from parents and detention.

24 12. It is my opinion that effective treatment of separated and detained children
25 cannot be administered while the children remain separated from their parents and
26 detained because such separation and detention could either itself be traumatic or
27 exacerbate preexisting trauma and because parental involvement is often critical in
28 providing treatment to children. There is a very real risk that any delays in the provision

1 of care could have potentially devastating impact on the untreated children and that such
2 impact could be irreversible.

3 I declare under penalty of perjury under the laws of the United States that the
4 foregoing is true and correct.

5 Executed on July 5, 2018, at San Luis Obispo, CA

6
7  PLD.

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Carolyn Murphy

Exhibit A

*Carolyn Murphy, Ph.D.
Clinical Psychologist, PSY 17150
PO Box 355
Atascadero, CA 93423*

Phone: (805) 440-7093

Fax: (805) 461-3687

e-mail: cmurphyphd@carolynmurphyphd.com

Education:

- 1998 Doctorate of Philosophy in Clinical Psychology
 California School of Professional Psychology
 Alameda, California
 (Degree Requirements Completed in 1998, Diploma Issued 1/99)
- 1994 Master of Arts in Clinical Psychology
 California School of Professional Psychology
 Alameda, California
- 1991 Bachelor of Arts in Psychology
 California State University, Long Beach
 Long Beach, California

Relevant Professional Experience:

- 2003 – *Forensic Psychological Consultant/Private Practice*
Present *San Luis Obispo, Santa Barbara, and Monterey Counties*

Duties include: Completing forensic evaluations for San Luis Obispo County, Santa Barbara County, and Monterey County Superior Courts, either publically appointed by the District Attorney or Defense Counsel, or privately for the Public Defender's Office, the District Attorney's Office, or for private defense counsel. Have testified over 100 times in this capacity.

Diagnosis of mental disorders, determining mitigating factors for sentencing, *Franklin* time capsule evaluations, affirmative defense matters, assessing the risk of sexual re-offense for high-risk sexual offenders, suitability of probation for high, medium, and low-risk sexual offenders, competence to stand trial, NGRI, assessment of dangerousness, detection of malingering, identification of learning and intellectual developmental disorders, and treatment/risk management recommendations for probation are common referral questions.

Evaluations for the Department of Social Services regarding parental fitness/treatment recommendations have also been conducted in San Luis Obispo County, in addition to psychological evaluations and risk assessments of juvenile offenders for the Probation Department and/or the Delinquency Court in San Luis Obispo, Santa Barbara, and

Monterey Counties. Over 400 evaluations of juveniles, including juvenile competency and transfer hearing evaluation reports, have been completed. The role of drug use, gang involvement, physical and psychological trauma, developmental disability, psychiatric illness, and developmental maturation have also been examined in a number of cases.

2003 – *Consultant: Tri-Counties Regional Center (2003 – 2016), Casa de Vida,*
Present *Normal Life, CALL Program, and Options (2009 – present)*

Duties include: Conduct behavioral assessments, risk assessments, psychotherapy, and other services to a population of developmentally disabled consumers, some of whom have been adjudicated as sexual offenders or incompetent to stand trial, or who have difficulty in managing sexual behavior and/or recurrent violent conduct.

2007 – *Consultant – Gateways Conditional Release Program (CONREP)*
Present Los Angeles and San Diego Counties

Duties include: Evaluation of individuals committed to the Department of State Hospitals as Mentally Disordered Offenders pursuant to PC 2962- 2972 or who have been found Not Guilty by Reason of Insanity pursuant to PC 1026 to determine suitability for outpatient placement. Use of the HCR-20, 3rd Edition in the evaluation of violence risk assessment has been included in placement evaluations.

2006 – *Sexually Violent Predator Evaluator (Contractor)*
2014 *Department of State Hospitals - Sex Offender Commitment Program*

Duties included: Evaluation of inmates pursuant to W&IC Section 6600 as potential Sexually Violent Predators. Completed over 650 evaluations and 1,900 case screenings for the department during my tenure, with associated risk assessments using actuarial instruments such as the Static-99R, Static 2002R, and MnSost-R, along with the Hare Psychopathy Checklist-Revised, 2nd Edition. Have provided expert witness testimony in Superior Court SVP cases in approximately 17 counties across the state.

1998 – *Clinical Psychologist*
2006 *Department of State Hospitals – Atascadero (Atascadero State Hospital)*
Atascadero, CA

Duties included: Forensic report writing, expert witness testimony, psychopathy evaluation, diagnostic clarification, sex offender risk assessment, and behavioral treatment planning with a population of mentally ill/disordered adult male offenders committed as Mentally Disordered Offenders or by Not Guilty by Reason of Insanity plea. Completed over 300 forensic evaluations and testified multiple times as an expert witness in Superior Court as well as before the parole board.

Also served as Chair of the Department of Psychology, 2004-2005; Chair of the Patient Care Monitoring Committee, 2005-2006; Certified Psychopathy Evaluation (PCL-R) Trainer, 2002 – 2006

1997 – *Psychology Intern*
1998 *Department of State Hospitals - Atascadero*
Atascadero, CA

Duties included: Completion of an APA-Accredited internship at a maximum-security forensic hospital. Clinical rotations were completed with individuals committed pursuant to PC Sections 2962-2970 as well as those committed pursuant to W&IC Sections 6600-6604 (Sexually Violent Predator). Duties included individual and group psychotherapy, psychological and neuropsychological assessment, competency evaluation and treatment, diagnosis of mental disorders, functional analysis of behavior, forensic assessment, and completion of PCL-R training.

1996 – *Psychology Intern*
1997 *DSH Vacaville Psychiatric Program (at the California State Prison/*
California Medical Facility at Vacaville)
Vacaville, CA

Duties included: Completion of an APPIC-Accredited part-time predoctoral internship with prison inmates who had varying degrees of psychiatric disability. Duties included group psychotherapy (including sex offender relapse prevention), psychological and neuropsychological assessment, diagnosis of mental disorders, and evaluation of malingering.

1996 – *Psychology Intern*
1997 *UC Davis Medical Center Alzheimer's Disease Center/*
Sacramento VA Outpatient Clinic

Duties included: Completion of an APPIC-Accredited part-time predoctoral internship in neuropsychology with individuals with varying types of dementia and cognitive impairment. Conducted neuropsychological assessments of veterans with varying levels of exposure to neurotoxins and suspected chemical agents, along with comorbid PTSD, cognitive, and substance related disorders.

1995 – *Graduate Research Assistant*
1996 *DSH Vacaville Psychiatric Program (at the California State Prison/*
California Medical Facility at Vacaville)
Vacaville, CA

Duties Included: Performed comprehensive psychological and neuropsychological evaluations on a population of psychiatric patients transferred from the Secure Housing Unit (SHU) at the California State Prison at Pelican Bay who had decompensated. Malingering, the neuropsychological correlates of violence, and the neuropsychological and psychological impact of social deprivation were examined.

Publications:

Murphy, C. A., & Vess, J., 2003. Subtypes of Psychopathy: Proposed differences between narcissistic, borderline, sadistic, and antisocial psychopaths, *Psychiatric Quarterly*, 74, 11-29.

Relevant Trainings:

- Violence Risk Assessment (4/1/10)
- Sexual Violence Risk – 20 (2nd Edition) (4/16/10)
- Structured Risk Assessment: Using the Forensic Version of SRA in Sex Offender Risk Assessment (12/2/10 and 12/3/10)
- Assessment and Diagnosis of Rape-Related Sexual Arousal Patterns: Implications for Current and Future Practice (2/17/11)
- MnSOST-R Training (3/17-18/11)
- Sexually Violent Predator Evaluations: An Introduction –A Reintroduction (9/7-9/11)
- Suicide Prevention and Intervention (4/23/13 – 4/24/13)
- Training in Use of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5) (2014)
- The MMPI-2 RF: An Advanced Workshop for Forensic Psychologists (5/9/14)
- A Competency – Based Approach to Clinical Supervision: Best Practices (9/30/14)
- Violence Risk Assessment (HCR-20,Version 3) - Dr. Kevin Douglas (11/10/14)
- Sexual Violence Risk Assessment (SVR-20) - Dr. Randolph Kropp (3/4/15)
- Adolescent Violence Risk Assessment (SAVRY) - Dr. Laura Guy (4/1/15)
- Legal and Ethical Issues In Clinical Practice – Dr. Pamela Hartnell (4/2/15)
- Violence Risk Assessment Guide – Revised (VRAG-R) Certified Training (5/4/16)
- Evaluation of Juveniles’ Competence to Stand Trial – CONCEPT Training (6/16)
- 2016 Static-99R Booster Training – L. Maaike Helmus, Ph.D. (10/31/16)
- Legal and Ethical Issues in Institutional Settings – Karen Franklin, Ph.D. (3/30/17)
- Introduction to Juvenile Transfer Hearings and Franklin Hearings for Evaluators and Attorneys (Panel Presenter) (10/9/17, 10/30/17)
- Protective + Risk Observations For Eliminating Sexual Offense Recidivism (PROFESOR) Training – James R. Worling, Ph.D. (12/4/17)

References:

San Luis Obispo Defenders
991 Osos Street, #A
San Luis Obispo, CA 93401
(805) 541-5715

Santa Barbara County Public Defender’s Office
312 – B East Cook Street
Santa Maria, CA 93454
(805) 346-7500

Exhibit B

References

- Dube, S., et al. (2003). The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900. *Preventative Medicine*.
- Cook, A., et al. (2007). Complex trauma in children and adolescents. *Focal Point*, Vol. 21, No. 1.
- National Scientific Council on the Developing Child. (2014). Excessive stress disrupts the architecture of the developing brain. *Center on the Developing Child at Harvard University*, January.
- Hahn Fox, B., et al. (2015). Trauma changes everything: examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child Abuse & Neglect*.
- Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. *Substance Abuse and Mental Health Services Administration*.
- McEwen, B. & Morrison, J. (2013). Brain on stress: vulnerability and plasticity of the prefrontal cortex over the life course. *National Institutes of Health*.
- Arnsten, A., et al. (2014). The effects of stress exposure on prefrontal cortex: translating basic research into successful treatments for post-traumatic stress disorder. *Neurobiology of Stress*.
- Springer, C. & Misurell, J. (2012). Game-based cognitive-behavioral therapy individual model for child sexual abuse. *International Journal of Play Therapy*, Vol. 21, No. 4, 188-201.
- Johnson, S., et al. (2013). The science of early life toxic stress for pediatric practice and advocacy. *Pediatrics*, Vol. 131, No. 2, February.
- Garner, A. & Shonkoff. (2012). Early childhood adversity, toxic stress, and the role of the pediatrician: translating developmental science into lifelong health. *Pediatrics*, Vol. 129, No. 1, January.
- Black, P., et al. (2012). A review of trauma-informed treatment for adolescents. *Canadian Psychology*, Vol. 53, No. 3, 192-203.

1 their families upon seeking asylum. I have been providing psychological consultations
2 to ORR since 2012 in McAllen, Texas. Most of the children I see through ORR are
3 from Central America and some from other countries and have significant mental health
4 symptoms that require psychological assessment. To the best of my knowledge, ORR
5 provides general case management personnel and mental health follow up services at
6 the facilities where minors reside, but does not provide specialized trauma-informed
7 mental health care services for minors at these centers. It is my understanding that some
8 clinicians at these centers are not licensed mental health professionals. To the best of
9 my knowledge, family detention centers operated by ORR do not routinely provide
10 mental health services.

11 5. My declaration is based on the experience accumulated during my
12 education and career as described above, and my meetings with S.Q. and T.B. described
13 below. Attached hereto as Exhibit A is my Curriculum Vitae.

14 6. On July 3, 2018, I conducted separate meetings with S.Q. and T.B. in my
15 office. S.Q. and T.B. are female adolescents who traveled to the United States with
16 their mothers and attempted to seek asylum at the U.S.-Mexico border with their
17 mothers due to growing violence in home country and being fearful of their lives. S.Q.
18 and T.B. were each separated from their mothers following entry.

19 7. S.Q. and T.B. each reported symptoms including excessive worry,
20 dysphoric mood, crying spells, sleep and appetite disturbances, and fear of the
21 unknown. Their clinical presentation supported internalizing symptomology stemming
22 from family separation.

23 8. I have also evaluated other children since May 2018 whose symptoms
24 support acute stress disorder, posttraumatic stress disorder, anxiety, and depression. I
25 have seen children who had no pre-existing mental health conditions and whose level
26 of functioning has significantly regressed to the point that some children are now non-
27 verbal, soil themselves, and have communication and socializing problems due to
28

1 significant trauma experienced caused by family separation. I conduct psychological
2 evaluations to help explain their symptoms and provide treatment recommendations.

3 9. It is my opinion that, if family separation is prolonged, S.Q., T.B.. and
4 other similarly situated children will develop increasing mental health symptoms and
5 are at risk of further trauma and onset and development of posttraumatic stress disorder.
6 This continuing separation of parents and children threatens the emotional, cognitive
7 and physical health of the children and their caregivers. Psychological research
8 demonstrates that negative outcomes of children being separated from their parents
9 include psychological distress such as anxiety and depression, behavioral difficulties,
10 attachment disruption, and toxic levels of stress, which can have a seriously destructive
11 impact on their developmental trajectory, academic progress and the ability to establish
12 and maintain healthy relationships. Children and families run the risk of developing
13 long lasting psychological trauma and untreated mental illness. Additional risks include
14 suicidality, communication and socializing problems, substance abuse, posttraumatic
15 stress disorder, anxiety and depression. Accordingly, all children who have been
16 separated from their families should be screened for symptoms of trauma and provided
17 treatment as necessary.

18 10. S.Q. and T.B. each have a strong attachment to their mother. It is widely
19 accepted that changes in caretakers at the developmental stages have life-long
20 detrimental effects both in terms of emotional coping as well as of the development of
21 the brain's orbital prefrontal cortex (Schore, 1996 among others). Changes in caretakers
22 of child (children) disrupt their ability to establish psychological intimacy and
23 belongingness, which play a powerful role in group formation and maintenance as well
24 as pro-social behaviors (Stern, 2004). Stress such as that experienced by the loss of a
25 parent may predispose people to develop various behavioral disorders including
26 depression (Sodhi & Sanders-Bush, 2004). The ACE research found that children
27 exposed to trauma such as the loss (separation) of a parent will suffer more illnesses
28

1 and injuries throughout their lives and have a shorter life expectancy by as much as
2 twenty years. The harm is cumulative so that each additional trauma multiplies the risk.

3 11. The family unit, in general and the parental couple in particular, is the basic
4 unit of psychological well-being for children. For example, Fivaz-Depeursinge (2001)
5 and others have shown that in the early phases of family formation, there is a three-way
6 system formed that establishes the basis for understanding reciprocity and caring in later
7 life. It is clear from literature review and clinical experience that the children would
8 suffer developmental damage by the loss of their parents.

9 12. It is therefore my professional opinion that S.Q., T.B., and other similarly
10 situated children be reunited with their parents immediately and provided mental health
11 treatment to prevent the ongoing harm caused by the trauma of family separation.
12 Mental health symptoms are likely to increase the longer family separation occurs.

13 I declare under penalty of perjury under the laws of the United States that the
14 foregoing is true and correct.

15 Executed on July 10, 2018, at Edinburg, Texas

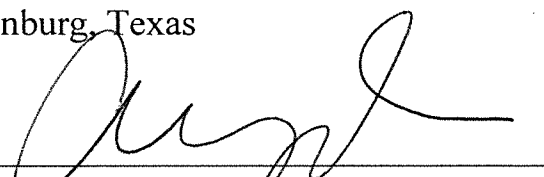
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Alfonso Mercado

Exhibit A

CURRICULUM VITAE

ALFONSO MERCADO, Ph.D.

OFFICE ADDRESS

College of Liberal Arts-Department of Psychological Science,
School of Medicine Neurology and Psychiatry Department
The University of Texas-Rio Grande Valley
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EDUCATION

- Ph.D., Clinical Psychology, 2012, Fielding Graduate University, (APA-Accredited),
Santa Barbara, CA
- M.A., Clinical Psychology, 2010, Fielding Graduate University, (APA-Accredited),
Santa Barbara, CA
- M.S., Clinical Psychology, emphasis in Child & Adolescents, 2003, California
Lutheran University, Thousand Oaks, CA
- B.S., Psychology & Criminal Justice, California Lutheran University, Thousand Oaks,
CA

PROFESSIONAL APPOINTMENTS AND CLINICAL EXPERIENCE

- 2018-Present Associate Professor, University of Texas-Rio Grande Valley, Department
of Psychological Sciences and dual appointment in the School of Medicine
Department of Psychiatry and Neurology, Core Faculty in PhD. Program,
Edinburg, TX (*Associate Effective 8/1/2018*)
- 2017-2018 Assistant Professor (dual appointment), University of Texas-Rio Grande
Valley, School of Medicine Department of Psychiatry and Neurology,
Edinburg, TX
- 2015-2018 Assistant Professor (tenure-track), University of Texas-Rio Grande Valley,
Department of Psychological Sciences, (formerly UTPA) Edinburg, TX
- 2014-Present Licensed Psychologist, Alfonso Mercado, Ph.D./Valley Psychological
Services, Edinburg, TX
- 2012-2015 Assistant Professor (tenure-track), University of Texas-Pan
American, Department of Psychology, Edinburg, TX
- 2012-2014 Postdoctoral Fellow/Provisionally Licensed Psychologist, Lone Star
Training Consortium/Valley Psychological Services, Edinburg, TX
- 2011-2012 Pre-doctoral Internship, Multicultural Psychology Internship Program of
Massachusetts, School Street Counseling Institute, Behavioral Health
Network, Springfield, MA
- 2011-2012 Adjunct Faculty, American International College-Psychology Department,

- Springfield, MA.
- 2010-2011 Licensed Professional Counselor, Tropical Texas Behavioral Health. Youth & Family Services, Edinburg TX.
- 2008-2010 Doctoral Practicum. Lone Star Psychology Residency Consortium, Valley Psychological Services, Edinburg, TX
- 2006-2011 Adjunct & Lecturer, University of Texas-Pan American, Psychology and Anthropology Department, Edinburg, TX
- 2006-2010 Clinical Training Specialist, Tropical Texas Behavioral Health, Edinburg, TX
- 2005-2006 Jail Diversion Coordinator, Tropical Texas Behavioral Health, Edinburg, TX
- 2005-2005 Adjunct Faculty, Los Angeles Community College District, L.A. Valley College, Hollywood, CA
- 2003-2005 Casework Specialist, Intake/Mental Health Program. California Department of Corrections and Rehabilitation, Juvenile Division, Camarillo, CA
- 2001-2003 Youth Correctional Counselor, Specialized Counseling/Mental Health Program, California Department of Corrections, Juvenile Division, Camarillo, CA
- 2000-2001 Primary Counselor-Supervisor, Foothill Mental Health Center, Sylmar, CA

TEACHING EXPERIENCE

Graduate Courses

Clinical Practicum
Group Therapy
Personality Assessment
Advanced Psychological Measurement
Thesis
Research Design-Doctoral Course (*Spanish Course*)

Undergraduate Courses

Introduction to Psychology
Lifespan Developmental Psychology
Adolescent Psychology
Test and Measurements in Psychology
Research Seminar
Forensic Psychology (New Course added to UTPA curriculum)

Guest Lecturing

Attachment Disorders
Motivational Interviewing
Cognitive Behavior and Dialectical Behavior Therapy
Suicide and Crisis Management
Cultural Diversity and Multicultural Competence

Visiting Professor

Universidad Central de Ecuador- Quito, Ecuador

Facultad De Ciencias Psicologicas, Instituto de Investigacion y Posgrado,
Comunicacion De Resultados (November 14, 2016-November 25, 2016)

PEER-REVIEWED PUBLICATIONS

- Venta, A., & **Mercado, A.** (accepted with revisions 2018). Trauma Screening in Recently Immigrated Youth: Data from Two Spanish-Speaking Samples. *Journal of Child and Family Studies*. (Impact Factor 1.386)
- Dávalos-Picazo G., Núñez-Partido, J.P., Colunga-Rodríguez, C., Ángel-González, M., Pedroza-Cabrera, F.J, **Mercado, A.**, Vázquez-Colunga, J.C. & Gómez-Pérez, M.A., (in press 2018). Efecto de la terapia familiar sistémica sobre síntomas internalizantes y externalizantes en adolescentes, (Effect of Systematic Family Therapy on Internalizing and Externalizing Symptoms in Adolescents), *Revista Argentina De Clinica Psicología*.
- Mercado, A.**, Talavera-Garza, L., Popan, J., Nguyen-Finn, K., Sharma, R. & Colunga-Rodríguez, C. (online first 2017). Impairment of Functioning and Substance Use in a Latino Population, *Journal of Ethnicity in Substance Abuse*. (Impact Factor 1.03)
- *Briones, M., *Nunez-Saenz, A., *Quijano, M., *Torres, A., & **Mercado, A.** (accepted 2017) Buscando Destino. Book Chapter in *Detained Voices/Voces Detenidas; A Bilingual Anthology*. Eds. M. Feu & A. Venta.
- Mercado, A.**, & *Hinojosa, Y. (2017) Culturally-Adapted Dialectical Behavior Therapy in an Underserved Community Mental Health Setting: A Latina Adult Case Study, *Practice Innovations*, 2, 80-93.
- Sarabia-Lopez, L.E., Colunga-Rodríguez, C., **Mercado, A.**, Pando-Moreno, M., Preciado-Serrano, M.L., Calderon-Mafud, J.L., Galvan-Perez, G.G., Leon-Navarrete, M.M., & Sarabia-Cruz, D.V. (2017). Association between psychosocial risk factors and quality of work life in air traffic controllers in Ecuador. *Psychology*, 8, 1471-1481. (Impact Factor 1.0)
- Mercado, A.** & Venta, A. (accepted) (2017) Immigration and Social Justice. Book Chapter in Gelberg et al., *Radical Psychology: Multicultural and Social Justice Decolonization Initiatives*. Lexington Publishers.
- Mercado, A.**, Venta, A., & Irizarry, R. (accepted) (2017). Best Practice and Research Perspectives with Immigrant Groups, Book Chapter in Zangeneh et al., *Advances in Mental Health and Addiction*, Springer Publications.
- Mercado, A.** (2016). Individual Personality Differences, Substance Abuse, and the Effect of Acculturation in a Latino Population. *Clinical Health Psychology: Cultural Perspectives*, 9, 55-87.
- Colunga-Rodríguez, C., Orozco-Solis, M.G., Flores-Villavicencio, M.E., Delaroca, J.M., Gomez-Martinez, R., **Mercado, A.**, Vasquez-Colunga, Barrera-De Leon, J.C., Vasquez-Juarez, C.L., & Angel-Gonzalez, M. (2016). Body Image Perception and Internalization Problem Indicators in Mexican Adolescents. *Psychology*, 7, 1671-1681. (Impact Factor 1.0)
- Mercado, A.**, Romero-Ramirez, M., Sharma, R., Popan, J., & Avalos-Latorre M.L. (2016). Acculturation and Substance Abuse in a Mexican-American

College sample. *Journal of Ethnicity in Substance Abuse*, 16, 1-17. (*Impact Factor 1.03*)

- Mercado, A.**, Rogers, D., Villarreal, D., Colunga-Rodriguez, C., Terracciano, A., & Finn-Nguyen, K. (2016). Personality and Substance Use in Mexicans and Mexican Americans. *International Journal of Mental Health and Addiction*, 14, 907-920. (*Impact Factor 1.179*)
- Turner, E.A., Cheng, H.S., Llamas, J., Tran, A., Hill, K., Loung-Tran, C., Fretts, J.M., & **Mercado, A.** (2016). Factors Impacting The Current Trends in the Use of Outpatient Psychiatric Treatment Among Diverse Ethnic Groups. *Current Psychiatric Reviews*, 12, 199-220. (*Impact Factor 0.59*)
- Sutin, A. R., Rogers, D. L., **Mercado, A.**, Weimer, A., Rodriguez, C. C., Gonzalez, M., Robins, R. W., Schwartz, S. J., & Terracciano, A. (2015). The association between personality traits and body mass index varies with nativity among individuals of Mexican Origin. *Appetite*, 90, 74-79. (*Impact Factor 3.125*)

OTHER PUBLICATIONS

- *Salazar, P., *Nunez-Saenz, A., *Torres, A., & **Mercado, A.** (May 2018). Mental Health: A Message to the Public. RGVision Magazine, McAllen, Texas
- *Nunez-Saenz, A., *Torres, A., *Salazar, P., & **Mercado, A.** (March 2018). Ending the Silence: Suicide. RGVision Magazine, McAllen, Texas
- Mercado, A.** (February 8, 2018). Mental Health and Treatment in the Rio Grande Valley. The Monitor newspaper, McAllen, Texas
- *Martinez, F., *Hinojosa, Y. & **Mercado, A.** (January 2018). Psychology of Success and New Year's Resolutions that work. RGVision Magazine, McAllen, Texas
- *Nunez-Saenz, A., *Torres, A., *Quijano, P., *Guardiola, D., *Mata, L., *Aguirre, I., *Djurkovic, J, *Martinez, F., *Ramirez, A. & **Mercado, A.** (November 2017). Anxiety and Holiday Stress. RGVision Magazine, McAllen, Texas
- *Nunez-Saenz, A., *Torres, A., *Quijano, P., *Briones, M., *Martinez, C., *Ramirez, A. & **Mercado, A.** (September 2017). Understanding ADHD, ASD, and Dyslexia. RGVision Magazine, McAllen, Texas
- *Quijano, P., *Briones, M., *Nunez-Saenz, A., *Torres, A., *Villarreal-Sosa, A., Ramirez, A. & **Mercado, A.** (July 7, 2017). Stress in College: Where it comes from and how to manage it. RGVision Magazine, McAllen, Texas
- *Quijano, P., *Briones, M., *Nunez-Saenz, A., *Torres, A., *Villarreal-Sosa, A., & **Mercado, A.** (May 3, 2017). Children and Social Media: Effective Parenting Strategies. RGVision Magazine, McAllen, Texas
- *Quijano, P., *Martinez, C., *Briones, M., *Nunez-Saenz, A., *Torres, A., *Garza, B., *Villarreal-Sosa, A., & **Mercado, A.** (March, 2017). Immigration and Mental Health. RGVision Magazine, McAllen, Texas
- * Briones, M., *Garduno, M., *Guerra, R., *Hernandez, S., *Nunez-Saenz, A., *Hinojosa, Y., & **Mercado, A.** (January 2017). Combating Depression in the Workplace. RGVision Magazine, McAllen, Texas
- *Riplow, J., *Martinez. C., *Garcia, J. & **Mercado, A.** (November 2016). Relationships and Mental Health. RGVision Magazine, McAllen, Texas

- McCoy, J., & **Mercado, A.**, (Spring 2016). A New Day is Dawning for the Practice of Psychology in the Rio Grande Valley. *Texas Psychologist*, 72, 2, 13-15.
- *Rivas, A., *Riplow, J., *Martinez. C., & **Mercado, A.**, (May 2016). Stress & Anxiety: The Case of Joseph. *RGVision Magazine*, McAllen, Texas
- *Clarke, V, *Gonzalez, M., & *Soto. S., **Mercado, A.**, (March 2016). A Spectrum of Experiences; Understanding Autism. *RGVision Magazine*, McAllen, Texas
- Mercado, A.**, (January 2016). Mental Health Disparities in Latino Youth. National Register Health Service Psychology in *FindaPsychologist.org*.
- *Clarke, V, *Gonzalez, M., *Ruiz, G., & *Soto. S., **Mercado, A.**, (November 2015). Mental Health in Schools: Tips for Parents and Teachers. *RGVision Magazine*, McAllen, Texas.
- Mercado, A.** (September, 2015). Alcohol and Mental Health. *RGVision Magazine*, McAllen, Texas.
- Mercado, A.**, & *Ngyuen-Finn, K. (2015). Voices from the field: Practioner's Suggestions for effective treatment of cultural minority clients. *Texas Psychologist*, 68, 2, 10-13.
- Butler, E. & **Mercado, A.** (July 2015). The many faces of trauma. *RGVision Magazine*, McAllen, Texas.
- Mercado, A.**, *Corro, K., *Orta, M., *Simental, D. (May 2015). Anxiety and the Gym: How to Cope with Gym Anxiety. *RGVision Magazine*, McAllen, Texas.
- Mercado, A.** (March 2015). Mental Health and Mental Health Care in the Rio Grande Valley. *RGVision Magazine*, McAllen, Texas.
- Mercado, A.** (January 2015). The Holiday Blues and Tackling New Year's Resolutions. *RGVision Magazine*, McAllen, Texas.

*denotes student author

MANUSCRIPTS UNDER REVIEW

- Mercado, A., McCoy, J. *Lopez, R., & *Ngyuen-Finn, K, Medical Contributions to the Development of ADHD in a Mexican-American Youth Sample. *Journal of Developmental and Physical Disabilities*.
- Rodriguez, C., Dávalos-Picazo G., Núñez-Partido, J.P., Colunga-Rodríguez, C., Ángel-González, M., Pedroza-Cabrera, F.J, Vázquez-Colunga, J.C. & Gómez-Pérez, M.A. & Mercado, A. Violencia escolar y consume de sustancias en adolescents Mexicanos de secundaria, *Saude e Sociedade*.
- Mercado, A., Venta, A., Henderson, C., & Pimentel, N. Trauma and Cultural Values in the Health of Recently Immigrated Families. *Health Psychology*.

MANUCRIPTS IN PREPERATION

- Mercado, A. & Venta, A. Cultural Competency in Psychological Assessment; Working Effectively with Latino Groups (ABCT Series Book), *Oxford University Press*. (Under Contract)
- Mercado, A. Stigma and Internalizing Symptomology in Latino IDD Families.
- Long, T., Venta, A., & Mercado, A., Mental Health and Campus Experiences of

Immigrant Undergraduate Students.

Mercado, A., Venta, A., & Rodriguez, C., Young Adult Interpersonal, Physical, and Mental Wellbeing Among Mexican Children Left Behind by Migration.

Mercado, A., Dingle, A., & Manzano, D., Effectiveness of Dialectical Behavior Therapy with a Latino sample.

Terracciano, A., Rogers, D., Weimer, A., Mercado, A., Montgomery, G., Personality and Stereotypes of Ethnic Groups: The Role of Acculturation on Average Personality Profiles among Mexican and Mexican Americans.

PEER-REVIEWED PRESENTATIONS

Symposia

Mercado, A. (2018, October). *Impairment of Functioning and Substance Use in a Latinx Population*. In A. L. Vazquez (Chair). *Latinx substance use across borders: A discussion of early characteristics, academic impairment, and educational considerations*.

Symposium accepted for presentation at the biennial conference of the National Latina/o Psychological Association, La Jolla, CA.

Mercado, A. (June 14, 2018). *La salud mental del migrante, su impacto social*.

Symposium presented at 1er Congreso Internacional de Investigacion en Salud y Desarrollo Humano Sustentable, 8vo encuentro de la Red Cuerpos Academicos e Investigadores para el Desarrollo Humano Sustentable, Guadalajara, Jalisco, Mexico.

Mercado, A. (June 13 & 14, 2018). *Estrategias de terapia dialectica conductual aplicada a problemas de salud mental*. Workshop presented at 1er Congreso

Internacional de Investigacion en Salud y Desarrollo Humano Sustentable, 8vo encuentro de la Red Cuerpos Academicos e Investigadores para el Desarrollo Humano Sustentable, Guadalajara, Jalisco, Mexico.

*Nuñez-Saenz, A., *Torres, A., & **Mercado, A.** (April 11, 2018). *Predicting the Mental Health of Immigrant and Refugee Central American Families*. Symposia presentation at the Engaged Scholar Symposium of the University of Texas-Rio Grande Valley, Edinburg, TX.

Venta, A., **Mercado, A.**, & *Bailey, C. (November 16, 2017). *The Growing Role of Deportation Fear in Mental Healthcare*. Symposium presentation at the Texas Psychological Association Annual Convention, Houston, TX.

Venta, A., Eagle, M, Fein, R., Magyar, M., **Mercado, A.**, Ratcliff, C., Reuter, T., Ross, L., & Ruths, I. (November 11, 2017). *Developing a Specialty: Early Career Psychologist and Student Forum*. Symposium presentation at the Texas Psychological Association Annual Convention, Houston, TX.

*Quijano, P., *Torres, A., *Nuñez-Saenz, A., *Briones, M., & **Mercado, A.**

(August 12, 2017). *Trauma and Health among Recent Refugees and Immigrant Adults and Children from Central America*. Symposia presentation at the Inaugural Research Symposium of the University of Texas-Rio Grande Valley School of Medicine, Edinburg, TX. (**Award for Best Global Health Oral Presentation)

Mercado, A., *Cultural Match Theory and Psychotherapy with Mexican American Clients*, in Turner, E., Tran, A. & Mercado, A. (August 3, 2017), *Evidence-Based Practice with Diverse Groups-Current Trends in Mental Health*, Symposium at the American Psychological Association 125th Annual Convention, Washington, D.C.

Mercado, A., Leal, M., & *Garza, B. (July 27, 2017). *Multicultural Considerations in Developmental Disability Evaluations*. Symposium presentation at the American Association of Intellectual and Developmental Disability-Texas Chapter, Houston, TX

Mercado, A., *Hinojosa, Yvette *Daccarette-Fernandez, J., (February 3, 2017). *Dialectical Behavior Therapy and Effective Applications in Clinical Practice*, Symposia, at Tip of Texas Counseling Association, 23rd Annual SPI Counselor's Institute, South Padre Island, TX

Mercado, A., Bonura, E., Cavazos-Gonzalez, C., McCoy, J., & Mireles, G. (November 10, 2016) *Serving the Underserved: Reaching Margins in a Border Community*, 2 hour Symposia, at the Texas Psychological Association Annual Convention, Austin, TX.

Mercado, A., Gelberg, S., Haynes, L., McGraw, R. & *Finn, K., (November 13, 2015) *Post-Colonial Psychology: Towards Social Justice and a New View of Cultural Competence*, 3 hour Symposia, at the Texas Psychological Association Annual Convention, San Antonio, TX.

Mercado, A., *Estrada, A., *Tapia, A., (February 5, 2015). *Dialectical Behavior Therapy: Is a Cultural Adaptation warranted? Preliminary findings of a Treatment Outcome Study*, Symposia, at Tip of Texas Counseling Association, SPI Counselor's Institute, South Padre Island, TX

Mercado, A., Gelberg, S., Haynes, L., Simenson, G., & *Finn, K., (November 15, 2014) *Multicultural Perspectives and Clinical Considerations in the Treatment of Culturally Diverse Groups*, 3 hour Symposia, at the Texas Psychological Association Annual Convention, Houston, TX.

Mercado, A. & Manzano, D. (November 14, 2013). *Multicultural Applicability of Dialectical Behavior Therapy: A Spanish Adaptation of a 17-week DBT Group Therapy Modality*. Workshop presentation (two hours) at the Texas Psychological Association Annual Convention, Houston, TX.

Mercado, A. et al. (November 15, 2013). *Developing Your Training Goals and Professional Identity after Graduate School and Internship*. Panel presentation at the Texas Psychological Association Annual Convention, Houston, Texas.

Mercado, A. (November 2, 2012). *Individual Personality Differences and Substance Abuse and the Impact of Functioning and Acculturation in a Mexican and Mexican American Population*. Paper presentation at the Texas Psychological Association Annual Convention, Austin, TX.

Cook, S., Craig, M., Laviage, M., & **Mercado, A.** (November 4, 2010). *Eliminating Postdoctoral Supervision for Licensure: Considering Possible Advantages and Disadvantages*, Meeting at the Texas Psychological Association Annual Convention, Dallas, TX.

Mercado, A., Lyons, K.L, Haynes, L, Bailey, D., & Arredondo, K (November 6, 2009). *Meeting the Needs of Diverse Populations: Diversity Interventions that Work*. Symposium at the Texas Psychological Association Annual Convention, Houston, TX.

Mercado, A., Rogers, D, Weimer, A., Montgomery, G. (November 5, 2008). *Investigacion del proyecto Big-5-University of Texas- Pan American*. Tercer Catedra Nacional en Psicologia, Universidad Autonoma de Nuevo Leon, Monterrey, Mexico.

*denotes student presenter

Poster presentations

*Torres, A., *Nunez-Saenz, A., *Salazar, P., **Mercado, A.**, & Venta, A. (October 2018). *Examining Demographics, PTSD, and health of recently arrived Refugees and Immigrants*, Poster Presentation at the National Latino Psychological Association Bi-Annual Convention, San Diego, CA.

*Hinojosa, Y. & **Mercado, A.** (October 2018). *Cultural Adaptation of Dialectical Behavior Therapy: An OCD Latina Case Study*, Poster Presentation at the National Latino Psychological Association Bi-Annual Convention, San Diego, CA.

*Torres, A., *Nunez-Saenz, A., *Salazar, P., **Mercado, A.** & Venta, A. (October 2018). *Examining Gender Differences in PTSD and traumatic experiences among recently arrived Central American Immigrants*, Poster Presentation at the National Latino Psychological Association Bi-Annual Convention, San Diego, CA.

Mercado, A., *Torres, A., *Nunez-Saenz, A., & *Quijano, P. (August 2018). *Predicting the Mental Health of Immigrants and Refugee Central American Children*. Poster presentation at the American Psychological Association 126th Annual Convention, San Francisco, CA.

Mercado, A., *Torres, A., *Nunez-Saenz, A., & *Salazar, P. (July 27, 2018). *Stigma and Internalizing Symptomology in Latino IDD Families*. AAIDD Texas Chapter Annual Convention "Recover. Rebuild. Rejuvenate." Corpus Christi, TX.

*Nunez-Saenz, A., *Torres, A., & **Mercado, A.** (April 14, 2018). *Gender Differences in Health among Recently Arrived Central American Immigrants*, South Western Psychological Association Annual Convention, Houston, TX.
*Undergraduate Research Award Recipient

- *Djurkovic, J., *Aguirre, I., *Mata, C., *Guardiola, D., *Nunez-Saenz, A., *Torres, A., & **Mercado, A.**, (April 15, 2018). *Traumatic Experiences, Physical Pain, and Gender Differences in a Latino Immigrant Population*, South Western Psychological Association Annual Convention, Houston, TX.
- *Torres, A., *Quijano, P., *Nunez-Saenz, A., *Briones, M., & **Mercado, A.** (October 7, 2017). *Deferred Action for Child Arrivals: Mental Health, Awareness, and Resources*, RGV Mental Health Coalition & National Alliance of Mental Illness (NAMI) Annual Conference, Doctors Hospital at Renaissance, Edinburg, TX.
- *Aguirre, I., Djurkovic, J., Mata, C., Guardiola, D., & **Mercado, A.**, (October 7, 2017). *Intellectual Disabilities*, RGV Mental Health Coalition & National Alliance of Mental Illness (NAMI) Annual Conference, Doctors Hospital at Renaissance, Edinburg, TX.
- *Hinojosa, Y. & **Mercado, A.**, (August 12, 2017). *Dialectical Behavior Therapy: Effectiveness of Cultural Adaptation with a Latina Adult Diagnosed with an Eating Disorder and Depression*. Poster presentation at the Inaugural Research Symposium of the University of Texas-Rio Grande Valley School of Medicine, Edinburg, TX.
- Mercado, A.**, Talavera-Garza, L., Popan, J., Nguyen-Finn, K., & Sharma, R. (August 3, 2017). *Impairment of Functioning and Substance Abuse in a Latino Population*. Poster presentation at the American Psychological Association 125th Annual Convention, Washington, D.C.
- *Hinojosa, Y. & **Mercado, A.**, (August 3, 2017). *Utilizing DBT Group Skills to Treat Depression; A Latina Adult Case Study*. Poster presentation at the American Psychological Association 125th Annual Convention, Washington, D.C.
- *Quijano, P., *Briones, M., *Nunez-Saenz, A., *Torres, A., *Villa-Sosa, A., & **Mercado, A.** (April 19, 2017). *Voices of Latin America: A Global Engagement in Restoring Humanity*. 2nd Annual Engaged Scholar Symposium at the University of Texas-Rio Grande Valley, Edinburg, TX.
- *Briones, M., *Garduno, M., *Guerra, R., *Hernandez, S., *Nunez-Saenz, A. Y., & **Mercado, A.** (October 21, 2016) *Trauma, Resiliency, and Protective Factors Among Recently Arrived Latin-American Immigrant Mothers*. Tropical Texas Behavioral Health Annual Conference & University of Texas-Rio Grande Valley: Mindscape Behavioral Health Today, South Padre Island, Texas.
- *Hinojosa, Y., *Martinez, C., & **Mercado A.** (October 21, 2016) *Dialectical Behavior Therapy; A Case Study Analysis*. Tropical Texas Behavioral Health Annual Conference & University of Texas-Rio Grande Valley: Mindscape Behavioral Health Today, South Padre Island, TX.
- Mercado, A.**, Romero-Ramirez, M., Sharma, R., Popan, J., & Avalos-Latorre, M.L. (August 4, 2016), *Acculturation and Substance Abuse in a Latino sample*. Poster presentation at the American Psychological Association 124th Annual Convention, Denver, Colorado.
- Mercado, A.**, & Manzaon, D. (August 4, 2016). *Dialectical Behavior Therapy: Exploratory Study of the Effectiveness of a DBT group with a Latino clinical*

sample, Poster Presentation at the American Psychological Association 124th Annual Convention, Denver, Colorado.

Mercado, A., Terracciano, A., Rogers, D., Villarreal, D., & Colunga-Rodriguez, C., (August 8, 2015). *Personality and Substance Use in Mexican and Mexican Americans*. Poster presentation at the American Psychological Association 123rd Annual Convention, Toronto, Canada.

*Lopez, R, *Corro, K., *Orta, M., *Simental, D., & **Mercado, A.** (April 22, 2015). *Medical And Developmental factors in ADHD and Internalizing Disorders in a Latino Sample; a Retrospective Chart Study*. Poster Presentation at the College of Social and Behavior Science Annual Research Conference, Edinburg, Texas.

Mercado, A. (July 26, 2014). *Exploratory Study of the Effectiveness of a DBT Group Therapy Modality with a Latino group*. Poster presentation at the American Psychological Association Minority Fellowship Program Psychology Summer Institute, Washington, D.C.

Mercado, A. (August 1, 2013). *Individual Personality Differences and Substance Abuse and the Impact of Functioning and Acculturation in a Mexican and Mexican American Population*. Poster presentation at the American Psychological Association 121st Annual Convention, Honolulu, Hawaii.

Mercado, A., Garcia, J., Dantzker, M., & McCoy J. (November 4, 2010). *Environmental and Medical Contributions to the Development of ADHD in Mexican American Youth*, (2010), Poster Presentation at the Texas Psychological Association 2010 Annual Convention, Dallas, Texas.

*denotes student presenter

INVITED LECTURES, WORKSHOPS, & PRESENTATIONS

Symposia

Mercado, A. (May 19, 2018). *Successful Implementation of Education for Sustainable Development*, International Center for Sustainability Across the Curriculum-Faculty Professional Development Conference, University of Texas Rio Grande Valley, McAllen, TX

Mercado, A. (March 2, 2018). *Cognitive Behavior Therapy: A Depression Protocol*, Neurology and Psychiatry Department, Didactic Seminar, School of Medicine, University of Texas Rio Grande Valley, Harlingen, TX

Mercado, A. (October 27, 2017). *Trauma in Immigrants and Refugees*, South Texas Pro Bono Asylum Representation Project, Workshop, Harlingen, TX

Mercado, A. (October 27, 2017). *Basic Skills in Psychotherapy*, Neurology and Psychiatry Department, Didactic Seminar, School of Medicine, University of Texas Rio Grande Valley, Harlingen, TX

Mercado, A., Pimentel, N., *Torres, A., *Quijano, P, *Nunez-Saenz, A., & *Mata, L. (October 7, 2017). *Mental Health among DACA Immigrants and Refugees*, RGV Mental Health Coalition & National Alliance of Mental Illness (NAMI) Annual Conference, Doctors Hospital at Renaissance, Edinburg, TX.

Mercado, A. & Finn-Nguyen, K. (August 9, 2017). *Work, Life, Balance, and Mental Health*, ADRP Annual Community Partner's Conference, Edinburg, TX

Mercado, A. (May 20, 2017). *Mental Health and Sustainability Efforts in an Underserved Community*, International Center for Sustainability Across the Curriculum: Faculty Professional Development Conference, University of Texas-Rio Grande Valley, McAllen, TX

Mercado, A., Pimentel, Sr. N., Venta, A., & Cardenas, V. (April 26, 2017). *Immigration and Mental Health: Restoring Humanity*, RGV Mental Health Coalition, Symposium at Doctors Hospital at Renaissance, Edinburg, TX

Mercado, A. & Finn-Nguyen, K. (April 7, 2017). *Ethical Perspectives in Cross-Cultural Psychology and Clinical Practice*, Palmer Drug Abuse Program Annual Conference, Edinburg, TX

Mercado, A. (November 22, 2016). *Terapia Dialectica Conductual (DBT): Resultados Prileminares en una poblacion de Latinos en Estados Unidos*, Invited Key Note Speaker at Universidad Central de Ecuador, Facultad De Ciencias Psicologicas, Quito, Ecuador

Mercado, A. & Finn-Nguyen, K. (October 21, 2016). *Ethicultural Perspectives in Clinical Practice*, Tropical Texas Behavioral Health Annual Conference: Mindscape Behavioral Health Today, South Padre Island, TX

Mercado, A., *Benson, D, & *Botello, R. (October 8, 2016). *SBIRT and Motivational Interviewing*, RGV Mental Health Coalition & National Alliance of Mental Illness (NAMI) Annual Mental Health Conference, Doctors Hospital at Renaissance, Edinburg, TX.

Mercado, A., Miller, E., Albert, C., & Flores-Rosales, M., (April 19, 2016). *Stories of the Mind: Mental Health Expert Panel*, Mental Health Outreach Event by University of Texas Counseling and Assessment Center at UTRGV, Edinburg, TX

Mercado, A., Miller, E., Finn-Nguyen, K., & Garcia, E.L., (April 6, 2016). *Sexual Assault-Expert Panel*, Bio Ethics: Beyond Reform: Reimaging American Healthcare, 7th Annual PACE Ethics Conference at UTRGV, Edinburg, TX

Mercado, A., (March 24, 2016). *Dialectical Behavior Therapy: Exploratory Study of the effectives of a DBT group modality with a Latino clinical sample*, UTRGV School of Medicine STITCH Symposium, McAllen Convention Center, McAllen, TX

Mercado, A., (March 19, 2016). *Dialectical Behavior Therapy: Preliminary findings of an Exploratory Study with a Latino clinical sample*, Fielding Graduate University's PhD Clinical Psychology program cluster at UTRGV, Edinburg, TX

Mercado, A. (October 30, 2015). *Depression and Bipolar Disorders in the DSM5 Era*, Tropical Texas Behavioral Health Annual Conference: Mindscape Behavioral Health Today, South Padre Island, TX

Mercado, A. (October 3, 2015). *Suicide and effective crisis management*, RGV Mental Health Coalition Annual Mental Health Conference, Doctors Hospital at Renaissance, Edinburg, TX.

Mercado, A. (September 18, 2015). *Effective Case Conceptualization and Diagnostic Formulations*, Tropical Texas Behavioral Health, Professional Development Workshop for clinicians, Edinburg, TX.

Mercado, A. (September 10, 2015). *Suicide and Suicide Prevention*, Suicide Awareness Event at Hidalgo County Courthouse, Edinburg, TX.

Mercado, A & McCoy, J (August 28, 2015). *Understanding the DSM5: Changes and Clinical Considerations*, Tropical Texas Behavioral Health, Professional Development Workshop for Psychiatrists, Harlingen, TX.

Mercado, A., & McCoy, J. (August 27, 2015). *Neurodevelopmental Disorders in the DSM-5 Era*. South Texas Psychological Association Professional Development Workshop, Edinburg, TX.

Mercado, A. (May 8, 2015). *Co-Occurring Psychiatric Substance Use Disorders and Treatment*. Active Minds Conference, University of Texas-Pan American, Edinburg, TX

Mercado, A & Wortz, K (March 20, 2015). *Motivational Interviewing and Stages of Change Model*. Didactic Clinical Training for Lone Star Doctoral Internship Consortium, Edinburg, TX.

Mercado, A (November 21, 2014). *Best practices and Core Competencies in Suicidality*. Didactic Clinical Training for Lone Star Doctoral Internship Consortium, Edinburg, TX.

Mercado, A. (October 17, 2014). *Dialectical Behavior Therapy and its Multicultural Applicability in Latino Groups*, Workshop at Tropical Texas Behavioral Health: Mindscape Behavioral Health Today, South Padre Island, TX

Mercado, A., Cavasoz-Gonzalez, C, & McCoy, J. (March 27, 2014). *Mental Health Multicultural Interventions, and Clinical Psychology Doctoral Training in South Texas*. The University of Texas-Pan American College of Behavioral Sciences & Health Sciences & Human Services, Annual Research Conference-Panel, Edinburg, TX

Mercado, A. (August 21, 2014). *Multicultural Perspectives and Clinical Considerations in the Treatment of Latino Clients*. Didactic Clinical Training for Lone Star Doctoral Internship Consortium, Edinburg, TX.

Mercado, A., McGraw, P., Rodriguez, D. (August 18, 2014). Mental Health Coalition of Rio Grande Valley, Panel Experts on *Emerging Mental Health Needs in an Underserved Community*, Doctors Hospital at Renaissance Behavioral Health Center, Edinburg, TX.

Mercado, A. (August 8, 2014). *Multicultural Application of DBT: A Spanish Adaptation*. Valley Psychological Services, CEU Workshop, McAllen Chamber of Commerce, McAllen, Texas.

Mercado, A., Sanchez, E., Irigoyen, T, Torres, M., Trejo, B. (June 2, 2014). Mental Health Coalition of Rio Grande Valley, Panel Experts on *Psychiatric stabilizing and staying out of the hospital*, Doctors Hospital at Renaissance Behavioral Health Center, Edinburg, TX.

Mercado, A. (April 8, 2014). *Attachment Disorders*. Guest Lecture at the University of Texas-Pan American Occupational Therapy Program, Edinburg, TX

Mercado, A & Wortz, K (March 12, 2014). *Motivational Interviewing and Stages of Change Model*. Didactic Clinical Training for Lone Star Doctoral Internship Consortium, Edinburg, TX.

Mercado, A & McCoy, J (October 4, 2014). *Understanding the DSM5: Changes and Clinical Considerations*, McAllen, TX.

Mercado, A (September 25, 2013). *Suicide Risk Assessment; best practices and core competencies in suicidality*. Didactic Clinical Training for Lone Star Doctoral Internship Consortium, Edinburg, TX.

Mercado, A.G. (June 15, 2009). *Mental illness and Suicidality*. Workshop at Region One Educational Service Center, Edinburg, TX.

Mercado, A.G. (April 24, 2009). Suicide prevention and awareness among terminally ill clients. Workshop at U.S./Mexico HIV Realities of Medical Case Management Conference. Mission, TX.

Mercado, A.G. (October 1, 2008). *Disaster Mental Health*. Crisis Counseling Assistance and Training Program. Edinburg, TX.

Mercado, A.G. (July 18, 2008). Suicide a National Health Problem. Presentation at the Texas Juvenile Probation Commission-12th Annual Drill Instructor Institute. McAllen, TX.

Mercado, A. G. (December, 2007). *Mental Health and Crisis Intervention and Management in Special Populations*. Workshop at the Hidalgo County Sheriff's Department Training Academy. Edinburg, TX.

Mercado, A.G. (November, 2007). *Epidemiology and Treatment of Schizophrenia*. South Texas College. Workshop at the Nursing Health Fair, McAllen, TX.

Mercado, A.G. (November, 2007). *Suicide: A National Public Health Problem*. South Texas College. Workshop at the Nursing Health Fair, McAllen, TX.

Mercado, A.G. (2007). *Adolescent Depression and Suicidality*. Workshop at Hidalgo County Juvenile Probation Department, Edinburg, TX.

Mercado, A.G. (2007). *Depression and Suicide among the Mexican and Mexican-American Population*. Workshops at the Catholic Social Services, San Juan, TX.

Mercado, A.G (2006). *Co-Occurring Psychiatric Substance Abuse Disorders*. Lecture at the University of Texas Pan-American- Nursing Program. Edinburg, TX.

Mercado, A.G (2006). *Effective Treatment Planning with a clinical population*. Cameron County Adult and Juvenile Probation Department. Harlingen, TX.

Mercado, A.G. (2006). *Mental Health, Crisis Intervention and Treatment*. Workshop at the McAllen Police Department. McAllen, TX.

Mercado, A.G. (2006). *Recognizing symptoms of mental health; ADHD, depression and suicide among the teenage population*. Workshop at Donna, San Benito and McAllen ISD. Rio Grande Valley, TX.

Mercado, A. G. (2006-2010). *Psychiatric Rehabilitation, Co-Occurring Psychiatric Substance Abuse Disorders, Case Management, Pharmacology, Treatment Planning & Crisis Screening*. Monthly presentations at Tropical Texas Behavioral Health. Edinburg, TX.

Mercado, A.G. (2005). *MDD, Bipolar & Schizophrenia Etiological factors and Treatment*. Cameron County Juvenile & Adult Probation Department. Harlingen, TX.

Mercado, A.G. (2005). *Correctional Mental Health and effective crisis intervention and management*. Workshop at the California Youth Authority for girls. Camarillo, CA.

SUPERVISED DISSERTATIONS

Dissertation Committee Co-Chair: Luis Edmundo Sarabia Lopez (*Proposed 12/06/16*). Factores de riesgo psicosocial y calidad de vida laboral en controladores de tráfico aéreo en Ecuador. Centro Universitario de Ciencias de Salud. Universidad de Guadalajara.

Dissertation Committee Member: Andrew Perez (*Defended 05/03/18*). Multicultural Supervision and Perceived Differences on Client Outcome. School of Rehabilitative Services and Counseling, University of Texas-Rio Grande Valley.

Dissertation Committee Member: John Williams (In progress). Attitudes and Satisfaction toward Seeking University Counseling Services. School of Rehabilitative Services and Counseling, University of Texas-Rio Grande Valley.

Dissertation Committee Member: Kim Finn-Nguyen (In progress). Depression, trauma, and substance use disorders among animal care workers who perform euthanasia. School of Rehabilitative Services and Counseling, University of Texas-Rio Grande Valley.

SUPERVISED THESES

Committee Chair: Ricardo Contreras (*Proposed 5/19/17*; in progress). Therapeutic Alliance and Mood Disorders in a Latino Clinical Sample.
 Committee Member: Anna Kushner (MA, 2016). Effects of socioeconomic status on academic performance in higher education with a Latino college student population.
 Committee Member: Yolanda Rodriguez (MA, 2014). Anxiety Symptoms among Mexican and Mexican American groups based on Acculturation.
 Committee Member: Miguel Reyes (MA, 2013). Examining the Association Between Personality and Alcohol Use Among Mexican Americans: Acculturation and Gender as a Moderator

SERVICE

2018-Present	Red Cuerpos Academicos e Investigadores Internacionales para el Desarrollo Humano Sustentable, Mexico
2018-Present	International Center-Sustainability Across the Curriculum Ad Hoc Committee-UTRGV
2018-Present	Mexican American Studies (MAS) Faculty Affiliate at College of Liberal Arts, University of Texas-Rio Grande Valley
2018-2018	APA Division 45 Research Conference Convention Committee Program Reviewer
2018-2018	National Latino Psychological Association Convention Committee Program Reviewer
2017-2018	APA Division 45-APA Convention Committee Program Reviewer
2017-Present	Ph.D Core Faculty Committee Member-UTRGV
2017-Present	Program Evaluation Committee, School of Medicine Neurology and Psychiatry Residency Program
2017-Present	Clinical Psychologist Search Committee Chair, Department of Psychological Science, College of Liberal Arts, University of Texas-Rio Grande Valley
2017-Present	Lecturer Annual Review Dept. Committee Member-UTRGV
2017-Present	Search Committee, Department of Psychological Science, College of Liberal Arts, University of Texas-Rio Grande Valley

2016-Present	Board of Trustee for the Texas Psychological Association (elected)
2016-Present	Texas Psychological Association Professional Development Committee Chair
2016-Present	Texas Psychological Association Education and Training in Psychology Committee
2016-Present	Social Justice Task Force Committee, Texas Psych Association
2015--Present	Academic Internship Initiative, College of Liberal Arts-UTRGV
2015-Present	Texas Psychological Association Annual Convention Committee
2015-Present	American Psychological Association State Leadership Conference Diversity Delegate and Early Career Psychologist for Texas Psychological Association
2015-2016	Board of Directors for the South Texas Psychological Association
2013-Present	Board of Director for The Women’s Hospital at Renaissance Nurse and Family Partnership Program
2013-Present	RGV Mental Health Coalition Annual Conference Committee
2013-Present	Board of Director for RGV Mental Health Coalition
2013-Present	Undergraduate Recruitment Committee, College of Social and Behavioral Sciences, University of Texas Pan American, Edinburg, TX
2013-2014	Chair, Clinic Committee, Department of Psychology, College of Social and Behavioral Sciences, University of Texas Pan American, Edinburg, TX
2013-Present	Lone Star Doctoral Internship Training Consortium-Committee Guest Member
2013-2014	Chair Search Committee Department of Psychology, College of Social and Behavioral Sciences, University of Texas Pan American, Edinburg, TX
2012-2013	Search Committee, Department of Psychology, College of Social and Behavioral Sciences, University of Texas Pan American, Edinburg, TX
2012-Present	Member, Critical Incident Stress Management Team (CISMT), Counseling and Psychological Services, University of Texas Pan American, Edinburg, TX
2012-Present	Graduate Advisory Committee, Department of Psychology, University of Texas Pan American, Edinburg, TX
2007-2009	Border Issues Research Initiative (2009)-University of Texas-Pan American, Edinburg, TX
2007-2012	Multicultural Student Association & Cross-Cultural Research Team-Fielding Graduate University, Santa Barbara, CA

GRANT REVIEW

Sam Houston State University, Enhancement Research Grant. *First Data on Psychopathology in Unaccompanied Immigrant Minors.*

PROFESSIONAL DEVELOPMENT

Professional Licenses

Licensed Psychologist with HSP, Texas #36771
Licensed Professional Counselor, Texas #64193

Memberships

American Psychological Association (APA)
APA Division 45 Society for the Psychological Study of Culture, Ethnicity, and Race
APA Division 37 Society for Child and Family Policy and Practice
National Latino Psychological Association (NLPA)
Association for Psychological Science
Texas Psychological Association (TPA)
South Texas Psychological Association
Society for the Teaching of Psychology- APA Division 2
Psi Chi Psychology Honor Society
Ephesian Honor Society
Alpha Phi Sigma, a Criminal Justice Honor Society

Ad Hoc Editorial Consultant

Journal of Counseling Psychology
Journal of Cultural Diversity and Ethnic Minority Psychology
International Journal of Mental Health and Addiction
Journal of Ethnicity in Substance Abuse
Journal of Immigrant and Minority Health
Current Drug Abuse Reviews
Psychiatric Rehabilitation Journal

Regular Editorial Consultant

Journal of Latino/a Psychology (regular reviewer)

Leadership Positions

Texas Psychological Association Board of Trustee (elected)-(2016-Present)
RGV Mental Health Coalition President (2016-Present)
Texas Psychological Association Professional Development Chair (2016-Present)
Texas Psychological Association Education and Training Committee (2016-Present)
Diversity Delegate for APA's State Leadership Conference (2015-Present)
South Texas Psychological Association, Board Member (2015-2016)
Mental Health Coalition of South Texas-President Elect (2014-2016)
Texas Psychological Association Diversity Division Co-Chair (2013-Present)
Psychology Clinic Committee Chair at UTPA (2013-2015)
Texas Psychological Association Student Division Past Director (2011)
Texas Psychological Association Student Division Director (2010)
Texas Psychological Association Board Representative-Ex Officio (2010)

Certifications

National Register Health Service Psychologist #54742

American Association of Suicidology (AAS) certified
Apply the Quality Matters Rubric for Online Teaching Certification (2017)
Screening, Brief Intervention, & Referral to Treatment (SBIRT) Train the Trainer, NIH
Grant (April 4, 2016)
Mental Health First Aid certified instructor
QPR National Suicide Triage certified instructor

GRANTS AND AWARDS

- 2018 Recipient of the American Board of Professional Psychology/National Latino Psychological Association and National Register Award: \$1,500.00
- University of Texas-Rio Grande Valley Faculty Travel Award (2018): \$800.00
- Texas Psychological Association 2017 Outstanding Contribution to Education Award (November 2017)
- Knowledge Award for Excellence in Education and Research- American Association of Intellectual and Developmental Disabilities-Texas Chapter (2017)
- Faculty Excellence Award in Sustainability Education- University of Texas-Rio Grande Valley (2017): \$5,000.00
- University of Texas-Rio Grande Valley Engaged Scholar Award Faculty Mentor: \$500.00
- Best Oral Presentation Award for Global Public Health at the School of Medicine's Inaugural Research Symposium (August 12, 2017)
- University of Texas-Rio Grande Valley Faculty Travel Award (2017): \$600.00
- The Center for Health Equity Research Institute Award (CHER), National Institute of Mental Health, California State University, Long Beach, CA (June 19-24 2017)
- AASHE Centers for Sustainability Across the Curriculum Program Certification, Office of Sustainability at University of Texas Rio Grande Valley (May 2017)
- Office of Global Engagement Faculty Research Grant-University of Texas-Rio Grande Valley; "*New Questions for the Hispanic Health Paradox: Investigating the Roles of Cultural Values and Trauma in Immigrant Groups*" (2016-2017): \$2,500.00
- University of Texas-Rio Grande Valley Jr. Faculty Supplemental Travel Award (2016): \$500.00
- National Register of Health Service Psychologists, Early Career Psychologist Credentialing Award (2015)
- American Psychological Association's Diversity Leadership Development Institute (2015)
- University of Texas-Pan American Jr. Faculty Supplemental Travel Award (2015): \$500.00
- U.S. Department of Health and Human Services; Faculty Loan Repayment Award, Clinical Services Division: \$40,000.00 (2014)
- American Psychological Association Minority Fellowship Program PSI Fellow (2014)

- UTPA Faculty Development Program Grant: \$2,000.00 (2014); Beck Institute Training and Supervising of CBT with Drs. Judith and Aaron Beck (June 2015)
- American Psychological Association-Early Career Psychologist Award (2013): \$1,000.00
- University of Texas-Pan American Jr. Faculty Supplemental Travel Award (2013): \$500.00
- California Youth Authority Employee of the Month, October 2003
- Psychology Teaching Enhancement Workshop (2005), San Diego State University
- National Conference on Race and Ethnicity (NCORE) Award Recipient-Fielding-Graduate University (2008)

Grants Submitted

CONTEX-CONACYT-UT System Collaborative Research Grant \$80,000.00. Alfonso Mercado, Ph.D. (PI), Cecilia Colunga-Rodriguez (Co-PI), & Amanda Venta Ph.D (Co-PI). Applied March 24, 2017, not funded.

American Psychological Foundation, Trauma Grant \$4,000.00. Amanda Venta Ph.D. (Co-PI) and Alfonso Mercado Ph.D. (Co-PI). Applied February 2017, not funded.

National Institutes of Health: Dissemination and Implementation Research in Health-\$145,000.00 R03 Grant. Alfonso Mercado, Ph.D (PI) and Arden Dingle (Co-PI). Application completed February 2016, Applied May 2016, not funded.

American Psychological Foundation, Bruce & Jane Walsh Grant \$13,000.00. Amanda Venta Ph.D. (Co-PI) and Alfonso Mercado Ph.D. (Co-PI). Applied September 2016, not funded.

Hogg Foundation for Mental Health: Recovery Oriented Mental Health Research Grants in Texas-\$22,000.00 Grant. Alfonso Mercado, Ph.D (PI) and Arden Dingle (Co-PI). Application completed February 2016, Applied April 2016, not funded.

The Klingenstein Third Generation Foundation Fellowship in Access to Care-\$60,000.00 Grant. Alfonso Mercado, Ph.D (PI) and Arden Dingle (Co-PI). Applied March 1, 2016. It passed second phase but was not funded.

Robert Wood Johnson Foundation: Evaluating High-Value Innovations from Low-Resources Communities-\$250,000.00 Grant. Alfonso Mercado, Ph.D (PI) and Arden Dingle (Co-PI). Applied December 10, 2015, not funded.

University of Texas-Rio Grande Valley-Faculty Research Council Internal Grant-\$10,000.00. Alfonso Mercado, Ph.D (PI) and Arden Dingle (Co-PI). Applied November 2015, not funded.

Hogg Foundation for Mental Health of Texas-Early Career Research Award-\$20,000.00.
Alfonso Mercado, Ph.D. (PI). Applied 2013, not funded.