

From:	(b)(6)
To:	(b)(6)
Subject:	Fw: Need a Mass General Recommendation
Date:	2016/05/08 13:24:58
Type:	Note

Can you please send to (b)(6) and (b)(6)

Duplicate

From:	(b)(6)
To:	(b)(6)
Subject:	Fw: Need a Mass General Recommendation
Date:	2016/03/13 14:06:15
Type:	Note

I think this is a new group right?

Duplicate

From:	(b)(6)
To:	(b)(6)
CC:	"M(b)(6) (F
Subject:	FW: Need a Mass General Recommendation
Date:	2016/05/12 11:52:25
Priority:	Normal
Type:	Note

(b)(6)

Apologies that I neglected to loop you into this, I will make sure that you are looped into any further responses. Thanks,

(b)(6)

From: (b)(6)
Sent: Thursday, May 12, 2016 11:29 AM
To: (b)(6)
Cc: [redacted]
Subject: RE: Need a Mass General Recommendation

(b)(6)

We are so tremendously thankful for this, it is extremely helpful and we really appreciate you taking the time to provide this to us.

Our subcommittee chair had a follow up question (thank you again for your time!):

- From a medical point of view, it seems that parents have nowhere to turn when they think that their adolescent child and young adult might be vulnerable to radicalization, and consequently we are exploring if there is a place or infrastructure the medical community could build to address this issue.
 - We know this is a super big idea, but does it have merit?
 - Could it be attached to a hospital?
 - Are there Centers already in existence that we could expand on?
 - Where would this fit in?

Thanks again,

(b)(6)

From: (b)(6) [mailto:(b)(6)]
Sent: Tuesday, May 10, 2016 7:35 PM
To: (b)(6).

Cc: (b)(6)
Subject: RE: Need a Mass General Recommendation

Hi (b)(6)

Thought I'd respond to all (and I apologize if that is not appropriate). We can put our heads together and add on if need be.

A few points to keep in mind:

- Adolescents and young adults are LESS likely to view a controversial topic with an open mind if that topic is presented in a single large setting. That means that for schools, large assemblies have little effectiveness for things like decreasing substance use/abuse, or decreasing suicidality, or changing internet behavior. In some cases (suicidality for example) a large assembly setting actually makes things worse.
- Recent research looking at ways to change attitudes for teens has shown that special, stand-alone units tend to be less effective or ineffective when compared to the integration of key subjects into general curricular content. That body of research comes from the stigma and mental illness research. In other words, if mental health is presented as a stand-alone, biases and negative behaviors persist. If mental health is part of an overall pedagogic design, the kids do in fact look at mental health biases more objectively and positively.
- Schools are the best place to reach kids in efficient ways. They're safe at school (the safest that they are any time of the day) and they're captive audiences.
- Discussions with kids are better than talking at kids.
- The happiness and sense of satisfaction at a given school is directly and measurably related to the extent to which kids feel that the school is a welcoming community
- Teens and young adults are in the midst of identity formation; that is, they're trying to define themselves. They usually do this as a function of fairly severe definitions at first, and then healthy development gradually allows them to move comfortable among groups. Adherence to the classic cliques of high school is more a function of Hollywood than real life. Most healthy teens will recognize that they have different friend groups for different things.
- At the college level, there is almost always regression - young adults move backwards developmentally and often become mired again in identity formation. This is a particularly vulnerable time since other support networks are missing and because they have more agency (they can do more) but are, as a function of this regression, prone again to more concrete and limited self-characterizations.
- There is a fundamental idealism (perhaps especially in Western Culture) that sets in with the added agency of late high school and early college or work and can do a lot of good or can lead kids astray

IDEAS:

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SUMMARY: curricular material in inclusive and welcoming schools. Sounds easy. Actually would take thought. Developmentalists, neuroscience folks, curricular experts, psychiatrists and school administrators needs to get out of their silos and pool their knowledge to realize this goal

Hotlines

Good idea, but with some caveats

Remember that adolescent brains are by definition impulsive. Impulsivity does not lend itself to dialing a phone number. In fact, kids don't dial numbers much in general anymore. I'd have the hotline for the few kids who do call, but I'd also have on-line and smartphone alternatives. We can't know if these would work until they're up and running. The data in suicide hotlines is hard to read because we don't have follow-up, but most of the time we err on the side of having the hotlines so I think it's worth doing. BUT - if you have on-line, social media, smart phone or old fashioned hotlines, the workers have to be trained. That training then would change as we learn more about the mission. We'd need to borrow from the suicide hotline literature. Slow kids down. Speak calmly. Ask open questions. And have something they can DO, if they ask "what do I do?" Most of the suspected suicide follow-throughs after hotlines are thought to be related to the hotlines offering no solutions. If there could be a place, within the community, where kids can go, I'd have that ready, and if we're really serious, we'd want it be 24/7.

SUMMARY: hot line and technology alternatives, mechanisms in place to study effectiveness, and active steps kids who are feeling conflicted can take

Celebrities

Sounds silly, but some of the very best data show that kids change their attitudes when their celebrity heroes tell them to. Magic Johnson and HIV is prime example from a few decades past. I'd want a fairly high profile public service campaign with easily recognized and ethnically diverse spokespersons who also don't preach.

SUMMARY: celebrity spokespersons part of a national media campaign

A Center for the Study of Radicalization

I think there needs to be clearing house of sorts to study what works and what doesn't. This could be grant based, or a single institute.

I want to think more about this, but is this what you're looking for?

(b)(6)

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Associate Director, The Clay Center for Young Healthy Minds
Course Director, Psychiatry and Psychopathology, Health Science And Technology Program at Harvard Medical School and MIT
Staff Psychiatrist and Consultant, Pediatric Solid Organ Transplant Team

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From: (b)(6)
Sent: Tuesday, May 10, 2016 2:28 PM
To: (b)(6)
Cc: (b)(6)
Subject: RE: Need a Mass General Recommendation

(b)(6)

Thanks so very much for this, it is extremely helpful. I apologize to continue to burden you, but as a follow on, could you please provide us with language answering the questions below (in response to the info you sent us in the document):

- Considering the information/description given on the adolescent mind and radicalization, how would you propose that the government plug into this?
- What infrastructure could be put into place to address this? (i.e-a hotline along the lines of a suicide prevention line, a center focusing on radicalization and mental health issues, etc).

Thanks so much,

(b)(6)

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