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

TAKEAWAY. Mental health professionals are uniquely poised to contribute to effective prevention and intervention activities in the service of addressing violent extremism.

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

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

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

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

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

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

PRACTICAL WAYS TO BE INVOLVED IN INTERVENTION

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

CONTACT INFORMATION

Stevan Weine, M.D. | Professor | College of Medicine, Department of Psychiatry | University of Illinois at Chicago |
smweine@uic.edu | 312-355-5407

B. Heidi Ellis, Ph.D. | Assistant Professor | Department of Psychiatry | Boston Children's Hospital/
Harvard Medical School | heidi.ellis@childrens.harvard.edu | 617-919-4679

Project Team: Chief Ronald Haddad; Alisa B. Miller, Ph.D.; Rebecca Lowenhaupt, Ph.D.; Chloe Polutnik, MPH
The research team would like to thank the 25 experts from education, mental health, law enforcement, federal agencies and Muslim communities who contributed to this research.

START

The National Consortium for the Study of Terrorism and Responses to Terrorism (START) is supported in part by the U.S. Department of Homeland Security Science and Technology Directorate’s Office of University Programs through a Center of Excellence program led by the University of Maryland. START uses state-of-the-art theories, methods and data from the social and behavioral sciences to improve understanding of the origins, dynamics and social and psychological impacts of terrorism. For more information, contact START at infoSTART@start.umd.edu or visit www.start.umd.edu. This research was supported by the Science and Technology Directorate of the U.S. Department of Homeland Security through awards made to the START and the first author. The views and conclusions contained in this document are those of the authors and should not be interpreted as necessarily representing the official policies, either expressed or implied, of the U.S. Department of Homeland Security or START.