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Please Type

Contractor full name: Foundation for the Arts and Trauma Inc.

Doing Business As, if applicable: ALIVE/Miss Kendra Program

Business Address: 19 Edwards Street, New Haven, CT 06511

Business Phone: 203-624-2146

Business email: david@misskendraprograms.org

Funding Source & Acct # including location code: 2553-900-6399-56694-0061(ARP ESSER III Carryover)

Principal or Supervisor: John Tarka, Principal

Agreement Effective Dates: From 9/13/2022. To 6/30/2023

Hourly rate or per session rate or per day rate. \$112.75 per hour, not to exceed 754 hours of work between September 13, 2022 and June 30, 2023. Total amount of Contract: \$85,000

Description of Service: Please provide a <u>one or two sentence description</u> of the service. *Please do not write "see attached."*

Clinicians will facilitate stress reduction sessions with students; support the referrals from academy based child study teams, facilitate issue specific groups that respond to the needs of students, support program affiliated personnel for extended homeroom groups, consult with existing social workers and social work interns on specific cases. The Ms. .Kendra Program / ALIVE Team will also facilitate professional development sessions that speak to the impact of trauma on learning, trauma sensitive classrooms, and other responsive PD.

Submitted by: Ann Brillante, Assistant Principal Phone: 475-220-7400



Memorandum

To: New Haven Board of Education Finance and Operations Committee

From: Edith Johnson, Principal

Date: 9/6/2022 (Finance and Operations Meeting Presentation)

Re: Agreement between Foundation for the Arts and Trauma, Inc and NH BOE for

Wraparound services to Wilbur Cross Students.

Please <u>answer all questions and attach any required documentation as indicated below</u>. Please have someone **ready to discuss** the details of each question during the Finance & Operations meeting or this proposal might not be advanced for consideration by the full Board of Education.

- 1. Contractor Name: Foundation for the Arts and Trauma Inc
- 2. **Description of Service**: Clinicians will facilitate stress reduction sessions with students; support the referrals from academy based child study teams, facilitate issue specific groups that respond to the needs of students, support program affiliated personnel for extended homeroom groups, consult with existing social workers and social work interns on specific cases. The Miss Kendra Program / ALIVE Team will also facilitate professional development sessions that speak to the impact of trauma on learning, trauma sensitive classrooms, and other responsive PD.
- 3. Amount of Agreement and hourly or session cost: \$85,000, at \$112.75 per hour SY22-23 weeks. Total billable hours not to exceed 754 hours for a contract total not to exceed \$85,000.
- 4. Funding Source and account number: 2553-900-6399-56694-0061 (ARP ESSER III Carryover)
- 5. Continuation/renewal or new Agreement?

Answer all questions:

- a. If continuation/renewal, has the cost increased? If yes, by how much? There is not a per hour increase cost and the per hour cost has not increased from recent years. There is an increase to the total contract because last year the contract began in December, and this year, we will begin services at the start of the school year. The increase in cost reflects an increase in hours. This partnership has been in place for several years beginning in 2014. Breaks in this partnership were related to loss of funding sources and grants that were in place to support the social emotional wellness of students and establishment of the smaller learning communities at Wilbur Cross High School.
- b. What would an alternative contractor cost: The Miss Kendra Program is a sole source local provider and in an exploration of a partnership with some similar tenets of this

- program, we received quotes for 150k on the low end of what could be offered based on what was needed. The strength of this program is that it responds to the needs of the school as they arise.
- c. If this is a continuation, when was the last time alternative quotes were requested? The school team at Wilbur Cross explored other partnerships during the Spring of 2021 when we were drafting the ESSER planning.
- d. For new or continuation: is this a service existing staff could provide. If no, why **not?** Existing staff does not have the capacity to provide the direct services to students that engaging this contractor would allow. They also do not have the specific trauma training that allows this service partnership to be so effective with students. This contract allows us to continue the school year more ready to respond to the mental health needs of students. While Wilbur Cross does have BOE social workers and school counselors to provide support to students, their focus is on those with IEPs, 504s, etc. There are not enough hours in the school day to respond to the needs of additional students beyond their assigned caseloads. The Miss Kendra partnership not only increases our capacity to respond to students, but also offers a strategy to uplift the current social emotional teams as the clinicians in the Ms. Kendra Program will be available to consult on specific cases as needed. Having the program in place at Wilbur Cross, improves student outcomes including attendance, rapid responsiveness to students in need for ongoing counseling, establishes a range of groups to respond to needs of struggling students, and increases student engagement in the classroom. The Miss Kendra Program will support students as we enter a school year where we know our students are still feeling the impact of the pandemic and school closures. Our students are still processing overwhelming levels of loss, anxiety, and added burdens of interruptions to family support systems including job loss, family loss, housing and food insecurity, etc. The needs of students, families, and the entire community remain significant, and this contract will allow us to support students and the entire school community.

6. Type of Service:

Answer all questions:

- a. **Professional Development?** This is not a professional development program. This is a service that provides direct services to students. Any professional development that comes from this partnership will be in response to what is arising during the school year as related specifically to trauma related impact on student learning.
 - i. If this is a professional development program, can the service be provided by existing staff? If no, why not? This cannot be provided by existing staff. Existing staff does not have the training or the time to respond to student needs in the systematic way this partnership provides.
- b. After School or Extended Hours Program? This is not an after school nor extended hours program.
- c. **School Readiness or Head Start Programs?** This is not a School Readiness nor a Head Start Program.
- d. Other: (Please describe) This is a contract to provide direct services for students that are robust, responsive, and targeted.

7. Contractor Classification:

Answer all questions:

- a. Is the Contractor a Minority or Women Owned Business? No
- b. Is the Contractor Local? Yes.
- c. Is the Contractor a Not-for-Profit Organization? If yes, is it local or national? Yes.
- d. Is the Contractor a public corporation? No
- e. Is this a renewal/continuation Agreement or a new service? This is a continuation of a partnership from years past though we did not have this contract in place during SY20-21. We have had it in place for several years since 2014.
- f. If it is a renewal/continuation has the cost increased? If yes, by how much? The per hour cost of services has not increased.
- g. Will the output of this Agreement contribute to building internal capabilities? If yes, please explain: Yes. All people in a school are supported and can achieve better outcomes when students have more of their immediate needs met. This includes school counselors and mental health providers, but also all educators and adults within a school. With this contract, students will have the support they need to work through stress and will simultaneously receive the message that they are part of a school community that cares about their overall wellbeing. When students have productive ways to work through stress and have a sense of belonging, they are freed up to attend to other tasks. In the school setting, students will be more available for learning and so the overall school experience has the potential to be uplifted at the school wide level, classroom level, and the level of individual communication between and among students and adults.

8. Contractor Selection:

Answer all questions

- a. What specific skill set does this contractor bring to the project? If a new contractor, please attach a copy of the contractor's resume. Dr David R Johnson, PhD is the chief executive officer of the Miss Kendra Program and co-founder and co-director of the Post Traumatic Center in New Haven and is on faculty at the Yale School of Medicine, Department of Psychiatry. Additionally, the Post Traumatic Stress Center is a long standing provider to the New Haven community and Dr Johnson has been working in partnership with New Haven Public Schools to develop programming that responds to the needs of students and schools for over 10 years. His resume reveals many accolades as well as clinical, community, and school based experience. His resume is attached for your review.
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source? This contractor is a sole source local provider whose rates remain the same over time and whose programming has proved effective at Wilbur Cross and other high schools within NHPS. The strength of this program is that it responds to the needs of the school as they arise.
- c. Please describe the selection process including other sources considered and the rationale for selecting this Contractor: The administrative team, in planning for this school year, discussed partnerships that have been effective over time and remain flexible enough to respond to the needs of students in the school. There is not another

provider that provides this service that we have found. When we investigated a partnership with another local provider, the details showed more of a case management model over a direct services model at a much higher price. This contractor has the agility to respond to the needs of students and to collaborate closely with personnel within the school's established systems of support.

9. Evidence of Effectiveness & Evaluation

Answer all questions

- a. What specific need will this contractor address and how will the contractor's performance be measured and monitored to ensure that the need is met? The Miss Kendra Program will be measured and monitored ensuring that clinicians from the Miss Kendra Program will follow their agreed upon schedules and maintain caseloads of students for the remainder of the year. Evidence of effectiveness will include number of sessions facilitated by clinicians and positive effects on attendance, discipline, and student achievement data. The lead from the Miss Kendra Program lead clinician will meet with WCHS administrators as needed as well as attend periodic provider meetings of School Social Workers, Social Work Interns, and Clinicians a Wilbur Cross. In the past we have seen outcomes of this partnership that include academic success markers and school climate success markers including decreases in disciplinary data and increases in attendance data. As we endeavor to get back to a more "business as usual" school year, we will continue regular reviews of relevant student level data primarily at Child Study Team meetings housed in each academy.
- b. If this is a renewal/continuation service attach a copy of the evaluation or archival data that demonstrates effectiveness. This partnership will allow us to offer students a continuation of the counseling sessions they expressed were supportive to them. Students who found connection with a Miss Kendra Program clinician often referred their peers and we anticipate this will continue if we continue this partnership at Wilbur Cross. Additionally, we hope to see decreases in out of school suspensions and classroom incident referrals as students will better be able to cope with stressors with the help of trusted adults.
- c. How is this service aligned to the District Continuous Improvement Plan?

 This service will provide all students (approx. 1750) at Wilbur Cross High School (WCHS) access to 3 trauma clinicians to support their emotional wellness throughout the year. The team will support students in social emotional learning and help them foster the life skills and habits of mind that will empower them to tackle every day challenges. The Miss Kendra Program provides trauma trained clinicians to attend to the trauma that is affecting students so they are freed up to engage in learning and are freed up to help to co create a healthy school environment. Students who are able to regulate their emotions and process their stress in productive ways are better able to attend to learning tasks. The district has strategic goals for literacy, numeracy, and attendance and this notable increase in wraparound supports will help students to achieve these goals set by the district.
- 10. Why do you believe this Agreement is fiscally sound? It provides WCHS students access to trauma trained clinicians at reduced rates. The Miss Kendra Program has been a strong partner

to several NHPS schools and continues to be a sole source provider of the Miss Kendra/ALIVE program. It is successful because it remains flexible and responsive to the needs of the school.

11. What are the implications of not approving this Agreement?

If we do not engage this contractor, we will not be able to respond to all the needs of students for adequate mental health support and responsive wraparound services. We will potentially start the school year with an enrollment of over 1750 students. Once the BOE social workers and school counselors provide support to students with IEPs, 504s, etc. there simply are not enough hours in the school day to respond to the needs of additional students. This partnership increases our capacity by adding 3 trauma clinicians to respond to the wraparound needs of adolescents. Having the program in place at Wilbur Cross, improves student outcomes including attendance, rapid responsiveness to students in need for ongoing counseling, establishes a range of groups to respond to needs of struggling students, and increases student engagement in the classroom. This program, under the direction of Dr David Read Johnson, will support students as we continue a school year where our students are experiencing overwhelming levels of loss, anxiety, and added burdens of interruptions to family support systems including job loss, family loss, housing and food insecurity, etc. The needs of students, families, and the entire community remain significant this coming year, and this contract will allow us to better support students and the entire school community.

Rev: 8/10/2020



AGREEMENT By And Between The New Haven Board of Education

AND Foundation for the Arts and Trauma Inc.

FOR DEPARTMENT/PROGRAM:

Wilbur Cross High School

This Agreement entered into on the 9th day of September, 2022, effective (<u>no sooner than the day after Board of Education Approval</u>), the 9th day of September, 2022, by and between the New Haven Board of Education (herein referred to as the "Board" and Foundation for the Arts and Trauma, Inc. (EIN: 51-0189834) located at, 19 Edwards Street, New Haven CT 06511 (herein referred to as the "Contractor").

Compensation: The Board shall pay the contractor for satisfactory performance of services required in the amount of \$112.75 per hour, for a total of 754 hours. The maximum amount the contractor shall be paid under this agreement is \$85,000. Compensation will be made upon submission of an itemized invoice which includes a detailed description of work performed and dates of service.

Fiscal support for this Agreement shall be by WCHS Special Funds, New Haven Board of Education, **Account Number**: 2553-900-6399-56694-0061 (ARP ESSER III Carryover)

This agreement shall remain in effect from 9/13/2022 to 6/30/2023.

Exhibit A: Scope of Service: Please attach contractor's detailed Scope of Service on contractor letterhead with all costs for services including travel and supplies, if applicable.

SCOPE OF SERVICE: Please provide brief summary of service to be provided.

Contractor will:

- Provide brief counseling sessions with students who are experiencing symptoms that interrupt school engagement due to trauma, neglect, abuse, or maltreatment.
- Work closely with school administration and teaching staff for the purpose of understanding student symptoms that cause learning interference and apply support as needed.
- Meet as needed with members of other wrap around support teams to provide consultation as needed and ensure that there is not duplication of services.

- Ms. Kendra team will maintain caseloads of students with whom they will meet regularly for stress reduction sessions and interventions that will last from 20-40 minutes each.
- Will coordinate with academy administrator, lead teacher, and student intervention specialists to ensure students in need of strategic interventions are not missed.
- Contractor will communicate directly with school level administrators regarding changes to set scheduled hours if needed.
- o Contractor will complete all relevant documentation and provide data related to numbers of sessions and trends revealed in those sessions.

Exhibit B: Student Data and Privacy Agreement: Attached

APPROVAL: This Agreement must be approved by the New Haven Board of Education *prior to service start date*. Contactors <u>may begin service no sooner than the day after Board of Education approval</u>.

HOLD HARMLESS: The Contractor shall insure and/or indemnify the Board and its members, employees and agents against all claims, suits, and expenses, including reasonable attorney's fees, in connection with loss of life, bodily injury or property damage arising from any neglect act or omission of the Contractor or its employees or agents. Further, the Contractor covenants and agrees that it shall hold the Board and its members, employees and agents harmless against any and all claims, suits judgments of any description whatsoever caused by the Contractor' breach of this agreement or based upon the conduct of the Contractor, or its agents or its employees or arising out of in connection with their activities under this agreement.

TERMINATION: The Board may cancel this agreement for any reason upon thirty (30) days' written notice sent to the Contractor by certified U.S. mail, return receipt requested; provided however, that the Board shall be responsible to the Contractor for all services rendered by the Contractor through the last day of thirty (30) day notice period, as long as the Agreement was approved by the Board prior to the start date of service.

Churthy		
Contractor Signature	President New Haven Board of Education	
Date	Date	

__David R Johnson PhD, CEO__ Contractor Printed Name & Title

Revised: 11/27/19



EXHIBIT B

STUDENT DATA PRIVACY AGREEMENT SPECIAL TERMS AND CONDITIONS

For the purposes of this Exhibit B "directory information," "de-identified student information," "school purposes," "student information," "student records," "student- generated content," and "targeted advertising" shall be as defined by Conn. Gen. Stat.§10-234aa.

- 1. All student records, student information, and student-generated content (collectively, "student data") provided or accessed pursuant this Agreement or any other services agreement between the Parties are not the property of, or under the control of, the Contractor.
- 2. The Board shall have access to and the ability to delete student data in the possession of the Contractor except in instances where such data is (A) otherwise prohibited from deletion or required to be retained under state or federal law, or (B) stored as a copy as part of a disaster recovery storage system and that is (i) inaccessible to the public, and (ii) unable to be used in the normal course of business by the Contractor. The Board may request the deletion of any such student information, student records or student-generated content if such copy has been used by the operator to repopulate accessible data following a disaster recovery. The Board may request the deletion of student data by the contractor within two (2) business days of receiving such a request and provide to the Board confirmation via electronic mail that the student data has been deleted in accordance with the request, the date of its deletion, and the manner in which it has been deleted. The confirmation shall contain a written assurance from the Contractor that proper disposal of the data has occurred in order to prevent the unauthorized access or use of student data and that deletion has occurred in accordance with industry standards/practices/protocols.
- 3. The Contractor shall not use student data for any purposes other than those authorized pursuant to this Agreement.
- 4. A student, parent or legal guardian of a student may review personally identifiable information contained in student data and correct any erroneous information, if any, in such student data. If the Contractor receives a request to review student data in the Contractor's possession directly from a student, parent, or guardian, the Contractor agrees to refer that individual to the Board and to notify the Board within two (2) business days of receiving such a request. The Contractor agrees to work cooperatively with the Board to permit a student, parent, or guardian to review personally identifiable information in student data that has been shared with the Contractor, and correct any erroneous information therein.

- 5. The Contractor shall take actions designed to ensure the security and confidentiality of student data
- 6. The Contractor will notify the Board, in accordance with Conn. Gen. Stat. § 10-234dd, when there has been an unauthorized release, disclosure or acquisition of student data. Such notification will include the following steps:

Upon discovery by the Contractor of a breach of student data, the Contractor shall conduct an investigation and restore the integrity of its data systems and, without unreasonable delay, but not more than thirty (30) days after such discovery, shall provide the Board with a more detailed notice of the breach, including but not limited to the date and time of the breach; name(s) of the student {s) whose student data was released, disclosed or acquired; nature of and extent of the breach; and measures taken to ensure that such a breach does not occur in the future.

- 7. Student data shall not be retained or available to the Contractor upon expiration of the contract between the Contractor and Board, except a student, parent or legal guardian of a student may choose independently to establish or maintain an electronic account with the Contractor after the expiration of such contract for the purpose of storing student-generated content.
- 8. The Contractor and Board shall each ensure their own compliance with the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, as amended from time to time.
- 9. The Contractor acknowledges and agrees to comply with the above and all other applicable aspects of Connecticut's Student Data Privacy law according to Connecticut General Statutes §§ 10-234aa through 10-234dd.
- 10. The Parties agree that this Agreement controls over any inconsistent terms or conditions contained within any other agreement entered into by the Parties concerning student data.

Revised: 10/2/18

Curriculum Vitae

David Read Johnson, Ph.D.

Born: October 7, 1951 in Ann Arbor, Michigan

Home Address: 194 Quaker Farms Road, Oxford, CT 06478

203-888-4670

Office Address: 19 Edwards Street, New Haven, CT 06511

✓ 203-624-2146 (Office) 203-624-2791 (Fax)

email: ptsdcenter@sbcglobal.net

Education:

1973	B.A., Yale College, New Haven, Connecticut
	Magna cum laude, Distinctions in Psychology and in Drama; 1971-
	1972, Junior Year Abroad, University of Manchester, England
1980	Ph.D., Yale University, Clinical Psychology

Career:

1977-1979	Internship in psychology, Clifford Beers Child Guidance Clinic
1978-1983	Group Therapist, Sound View Specialized Care Center
1979-1980	Internship, V.A. Medical Center, West Haven, Connecticut
1979-Present	Private practice of individual and family psychotherapy, of children and adults; organizational consultation
1980-1987	Chief Clinical Psychologist, Veterans Activity Milieu Program, V.A. Medical Center
1981-1983	Clinical Instructor of Psychology, Department of Psychiatry, Yale University School of Medicine
1982-Present	
1702-1 lesein	Adjunct Faculty, California Institute of Integral Studies, San Francisco
1983-1989	Assistant Clinical Professor of Psychology, Department of
	Psychiatry, Yale University School of Medicine
1984-1992	Director of the Geropsychology Training Program, VA Medical Center
1985-Present	President, Foundation for the Arts and Trauma, Inc., New Haven,

	CT
1987-1989	Ward Chief, Veterans Activity Milieu Program (G-8-W), V.A.
	Medical Center
1989 -1992	Associate Clinical Professor of Psychology, Department of
1000 1004	Psychiatry, Yale University School of Medicine
1989 -1994	Unit Chief, Specialized Inpatient PTSD Program, National Center for PTSD, VA Medical Center
1989 -1995	Chief, Recreation and Creative Arts Therapy Section, Psychology Service, VA Medical Center
1990 -1996	Associate Clinical Director, Psychiatry Service, VA Medical Center
1991 -1993	Director, Dual Diagnosis Program for Personality Disorders and Substance Abuse, VA Medical Center
1992 -1997	Associate Professor, Department of Psychiatry, Yale University School of Medicine
1993 -1994	Acting Director, PTSD Program, National Center for PTSD, West Haven, CT
1994 -1996	Director, Outpatient Services, National Center for PTSD, West Haven, CT
1993 - 1995	Unit Chief, PTSD Residential Rehabilitation Program, VA Medical Center
1996 - Present	Co-Director, Post Traumatic Stress Center, New Haven, CT
1997 - Present	Associate Clinical Professor, Department of Psychiatry, Yale University School of Medicine

Certifications:

1980	Licensed Clinical Psychologist, Connecticut, #0892
1996	Certified Group Therapist, National Registry of Certified Group
	Psychotherapists
1997	Licensed Clinical Psychologist, New York, #013002

Grants Received

1992	PTSD Residential Rehabilitation Program-18 bed inpatient treatment
	unit. [\$500,000/year, ongoing]. From Mental Health and Behavioral
	Sciences Division, Department of Veterans Affairs.
1994	Evaluation and Brief Treatment Program - 10 bed inpatient PTSD
	evaluation unit. [\$485,000/year, ongoing]. From Mental Health and
	Behavioral Sciences Division, Department of Veterans Affairs.

1994	Research project: Brief treatment in PTSD. [\$55,000]. From
	Dart Foundation, Detroit, Michigan.
1996	Merit Review, Department of Veterans Affairs: Efficacy of Two
	Specialized Outpatient Treatments for Chronic PTSD. [\$493,500,
	five years. Not implemented]
1997	Trauma Training for Mental Health Systems [\$32,500].
	Department of Mental Health and Substance Abuse Services, State
	of Connecticut

Professional Service:

1980-1990	Docent, Department of Psychology, Yale University
1980-1985	Editorial Board, International Journal of Arts in Psychotherapy
1981-1992	Consulting supervisor of group and family therapy, Private One, St.
	Raphael's Hospital, New Haven, CT
1981-1985	President, National Association for Drama Therapy
1982- Present	Reviewer, Psychiatric Services
1982- Present	Consultant, Consortium for Education in Groups and Organizations
1986-1991	Editor-in-Chief, International Journal of Arts in Psychotherapy
1989	Visiting Faculty, New York University
1989 -1995	Faculty, Psychiatry Board Review Course, Yale University: Group,
	Couples, and Family Psychotherapies
1990 – Present	Reviewer, Journal of Traumatic Stress
1991 -1995	Member, PGY-2 Education Committee, Department of Psychiatry,
	Yale University
1993 - Present	Reviewer, American Journal of Psychiatry
1995 -1996	Director, Tavistock Group Relations Conference, Consortium for
	Education in Groups and Organizations, Holyoke, MA
1994	Delegation Leader, Post-Traumatic Stress Disorders Delegation to
	the Republic of Vietnam, People to People Ambassador Program.
1993 – Present	Faculty, Adult Life Development course, PGY-3 residency program,
	Yale University School of Medicine.
1995 – Present	Faculty, Group and Family Therapy course, PGY-2 & -3 residency
	program, Yale University School of Medicine.
1997	Section Chair, Task Force on Curriculum, International Society for
	Traumatic Stress Studies
1997 – Present	Editorial Board, Journal of Aggression, Maltreatment, and Trauma
1999 – Present	Reviewer, International Journal of Group Psychotherapy

PUBLICATIONS

Original Articles:

- Fein, G., Johnson, D., Kossan, N., Stork, L., & Wasserman, L. (1975). Sex stereotypes and preferences in the toy choices of 20 month old boys and girls. Developmental Psychology, 11, 527-528.
- Johnson, D., & Quinlan, D. (1980). Fluid and rigid boundaries of paranoid and nonparanoid schizophrenics on a role-playing task. Journal of Personality Assessment, 44, 523-531. Abstract reprinted in Yale Psychiatric Quarterly, 1982.
- Johnson, D. (1980). Cognitive organization in paranoid and nonparanoid schizophrenia: A study of self-other representations. Dissertation Abstracts International, 41. No. 5.
- Johnson, D., Sandel, S., & Margolis, M. (1982). Principles of group treatment in the nursing home. Journal of Long-Term Care Administration, 10, 3-11.
- Ryan, E., & Johnson, D. (1983). Freedom and discovery within the therapeutic bond. International Journal of Arts in Psychotherapy, 10, 3-7.
- Johnson, D. (1984). The representation of the internal world in catatonic schizophrenia. Psychiatry, 47, 299-314.
- Johnson, D. (1985). Expressive group psychotherapy with the elderly. International Journal of Group Psychotherapy, 25, 109-127.
- Johnson, D., & Quinlan, D. (1985). Representational boundaries in role portrayals among paranoid and nonparanoid schizophrenic patients. Journal of Abnormal Psychology, 94, 498-506.
- Sandel, S., & Johnson, D. (1987). Nursing staff attitudes toward the work environment in a skilled nursing facility. Nursing Homes, 36, 16-20.
- Greene, L., & Johnson, D. (1987). Leadership and structuring of the large group. International Journal of Therapeutic Communities, 8, 112-120.
- Johnson, D., Agresti, A., Nies, K. & Jacob, M. (1990). Building a therapeutic community in a nursing home through specialized groups. Clinical Gerontologist, 9, 203 217.
- Johnson, D., & Quinlan, D. (1993). Can the mental representations of paranoid schizophrenics be differentiated from those of normals? Journal of Personality Assessment, 60, 588-601.
- Bremner, D., Southwick, S., Johnson, D., Yehuda, R., & Charney, D. (1993). Childhood physical abuse and combat-related post-traumatic stress disorder in Vietnam veterans. American Journal of Psychiatry, 150, 235-239.
- Bremner, D., Steinberg, M., Southwick, S., Johnson, D., & Charney, D. (1993).

 Systematic assessment of dissociative symptoms in post-traumatic stress disorder with use of the structured clinical interview for DSM-III-R Dissociative Disorders. American Journal of Psychiatry, 150, 1011-1014.

Bremner, D., Scott, T, Delaney, R., Southwick, S., Mason, J., Johnson, D., Innis, R., McCarthy, G., & Charney, D. (1993). Deficits in short-term memory in posttraumatic stress disorder. American Journal of Psychiatry, 150, 1015-1019.

Southwick, S., Krystal, J., Morgan, C., Johnson, D., Nagy, L., Nicolaou, A., Heninger, G., & Charney, D. (1993). Abnormal noradrenergic function in PTSD. Archives

of General Psychiatry, 50, 266-274.

- Southwick, S., Morgan, C., Nagy, L., Bremner, J., Nicolau, A., Johnson, D., Rosenheck, R., & Charney, D. (1993). Trauma related symptomatology in Desert Storm veterans: An interim report. American Journal of Psychiatry, 150, 1524-1528.
- Rosenheck, R., Fontana, A., & Johnson, D. (1993). The 1991 Survey of Specialized Inpatient PTSD Programs. In: The Third Progress Report on the Department of Veterans Affairs PTSD Programs. West Haven, CT: Northeast Program Evaluation Center.
- Johnson, D., Feldman, S., Southwick, S., & Charney, D. (1994). The concept of the second generation program in the treatment of post-traumatic stress disorder among Vietnam veterans. Journal of Traumatic Stress, 7, 217-236.
- Mason, J., Southwick, S., Yehuda, R., Wang, S., Bremner, D., Johnson, D., Lubin, H., Blake, D., Zhou, G., Gusman, R, & Charney, D. (1994). Elevation of serum free triodothyronin, total triiodothyrodine, thyroxine-binding globulin, and total thyroxine level in combat related post traumatic stress disorder. Archives of General Psychiatry, 51, 629-641.
- Wang, S., Mason, J., Southwick, S., Johnson, D., Lubin, H., Charney, D. (1995). Relationships between thyroid hormones and symptoms in combat-related posttraumatic stress disorder. Psychosomatic Medicine, 57, 398-402.
- Johnson, D., Feldman, S., & Lubin, H. (1995). Critical Interaction Therapy: Couples therapy in posttraumatic stress disorder. Family Process, 34, 1-13.
- Johnson, D. & Lubin, H. (1996). Uncovering PTSD in the Republic of Vietnam. National Center for PTSD Clinical Quarterly, 5, 7-10.
- Johnson, D., Rosenheck, R., Fontana, A., Lubin, H., Southwick, S., & Charney, D. (1996). Outcome of intensive inpatient treatment for combat-related PTSD. American Journal of Psychiatry, 153, 771-777.
- Johnson, D. (1996). Towards parsimony in the short-term inpatient community meeting. Psychiatric Services, 48, 93-94.
- Johnson, D. (1997). An existential model of group therapy for chronic mental conditions. International Journal of Group Psychotherapy, 47, 227-250.
- Lubin, H., & Johnson, D. (1997). Group therapy for traumatized women. International Journal of Group Psychotherapy, 47, 271-290.
- Johnson, D., Lubin, H., Rosenheck, R., Fontana, A., Southwick, S., & Charney, D. (1997). Measuring the impact of homecoming on the development of posttraumatic stress disorder: The West Haven Homecoming Stress Scale.

in the midst of crisis, by Yael Danieli. Contemporary Psychology, APA Review of Books, 48, 405-407.

Books:

- Lubin, H., & Johnson, D. (2008). Trauma-centered group psychotherapy for women. New York: Haworth Press.
- Sajnani, N., & Johnson, D. (2014). Trauma-informed drama therapy: Transforming clinics, classrooms, and communities. Springfield, IL: Charles C Thomas.
- Johnson, D., & Lubin, H. (2015). Principles and techniques of trauma-centered psychotherapy. Washington, DC: American Psychiatric Publishing.

Treatment and Instrument Manuals

- Johnson, D. (1985). The Eight Point Program for Chronic Mental Illness: A Psychoeducational Lecture Series.
- Johnson, D. (1990). The Ten Paths Home: A Psychoeducational Program for Vietnam Veterans with PTSD.
- Johnson, D., & Krystal, J. (1993). Alexithymia Provoked Response Questionnaire: Revised Scoring Manual.
- Johnson, D., & Lubin, H. (1995). The West Haven Homecoming Stress Scale (WHHSS). West Haven, CT: VA Medical Center.
- Ochberg, F., Johnson, D., & Lubin, H. (1995). The Counting Method: Training manual.
- Johnson, D., & Lubin, H. (1998). Trauma in the General Psychiatric Population. Training Manual.

- Johnson, D., & Lubin, H. (2006). The Counting Method: Applying the rule of parsimony to the treatment of posttraumatic stress disorder. Traumatology, 12, 83-99.
- Miller, R. J., & Johnson, D. (2011). The capacity for symbolization in posttraumatic stress disorder. Psychological Trauma, 3, 1-5.
- Johnson, D. (2012). The therapeutic use of ceremonies and rituals in posttraumatic stress disorder. C. Figley (Ed.), Encyclopedia of Trauma. New York: Guilford.

Chapters:

Southwick, S., Krystal, J., Johnson, D., & Charney, D. (1992). Neurobiology of post-traumatic stress disorder. In A. Tasman & M. Riba (Eds.), Review of psychiatry, Vol. 11, pp. 347-368. Washington, DC: American Psychiatric Press.

Mason, J., Wang, S., Southwick, S., Yehuda, R., Bremner, D., Riney, S., Lubin, H., Johnson, D., & Charney, D. (1995). Some approaches to the study of the clinical implications of thyroid alterations in post traumatic stress disorder. In M.J. Friedman, D.S. Charney, & A. Y. Deutch (Eds.), Neurobiological and clinical consequences of stress: From normal adaptation to PTSD, pp. 367-379. New York: Raven.

Johnson, D., & Lubin, H. (2000). Group therapy for the symptoms of posttraumatic stress disorder. In R. Klein & V. Schermer (Eds.), The healing circle: Group psychotherapy for psychological trauma, pp. 141-169. New York: Guilford.

Lubin, H., & Johnson, D. (2003). Use of ceremony in multiple family therapy for psychological trauma. In D. Wiener & L. Oxford (Eds.), Action therapy with families and groups, pp.75-102. Washington, DC: American Psychological Association.

Johnson, D. (2004). Critical Interaction Therapy with Couples. In D. Catherall (Ed.), Handbook of stress, trauma, and the family, pp. 513-532.

Book Reviews and Editorials:

Johnson, D. (1991). Book review of Trauma, transformation, and healing, by John Wilson. In Journal of Nervous and Mental Disease, 179, 447.

Johnson, D. (1996). Psychotherapy research on PTSD. Yale Psychiatry, 5, 11.

Johnson, D. (1996). Book review of Forgotten warriors: Combat art from Vietnam, by Dennis Noble. Journal of Traumatic Stress, 9, 389-390.

Johnson, D. (1998). Book review of Social factors in the personality disorders, by Joel Paris. Journal of Nervous and Mental Disease, 186, 445-446.

Johnson, D. (2003). Deterioration of innocence and neutrality in international conflict. Book review of Sharing the front line and the back hills: International protectors and providers: Peacekeepers, humanitarian aid workers, and the media

Journal of Traumatic Stress, 10, 259-278.

Lubin, H., Johnson, D., & Southwick, S. (1996). Impact of childhood abuse on adult psychopathology: A case report. Dissociation, 9, 134-139.

Johnson, D. (1997). Inside the specialized inpatient PTSD units of the Department of Veterans Affairs. Journal of Traumatic Stress, 10, 357-360.

Johnson, D., Rosenheck, R., & Fontana, A. (1997). Assessing the structure, content, and perceived social climate of residential PTSD treatment programs. Journal of Traumatic Stress, 10, 361-376.

Johnson, D., & Lubin, H. (1997). Treatment preferences of Vietnam veterans with PTSD. Journal of Traumatic Stress, 10, 391-406.

Johnson, D., Lubin, H., Hale, K., & James, M. (1997). Single session effects of treatment components of an intensive inpatient PTSD program. Journal of Traumatic Stress, 10, 377-390.

Lubin, H., Loris, M., Burt, J., & Johnson, D. (1998). Efficacy of psychoeducational group therapy in reducing symptoms of posttraumatic stress disorder among multiply-traumatized women. American Journal of Psychiatry, 155, 1172-1177.

Johnson, D., Lubin, H., Rosenheck, R., Fontana, A., Southwick, S., & Charney, D. (1999). Comparison of outcome between homogeneous and heterogeneous treatment environments in combat-related PTSD. Journal of Nervous and Mental Disease, 187, 88-95.

Kishon-Barash, R., Midlarsky, E., & Johnson, D. (1999). Altruism and the Vietnam war veteran: The relationship of helping to symptomatology. Journal of Traumatic Stress, 12, 655-662.

Johnson, D., Lubin, H., & Corn, B. (1999). Course of treatment during a cohort-based inpatient program for combat-related PTSD. Group, 23, 19 - 35.

Lubin, H. & Johnson, D. (2000). Psychoeducational group therapy in the treatment of authority problems in combat-related posttraumatic stress disorder. International Journal of Group Psychotherapy, 50, 277 - 296.

Mason, J.W., Wang, S., Yehuda, R., Lubin, H., Johnson, D., Bremner, J.D., Charney, D., & Southwick, S. (2002). Marked lability in urinary cortisol levels in subgroups of combat veterans with posttraumatic stress disorder during an intensive exposure treatment program. Psychosomatic Medicine, 64, 238-246.

Johnson, D., & Lubin, H. (2002). Effect of brief versus long-term inpatient treatment on homecoming stress in combat-related posttraumatic stress disorder: Three year follow-up. Journal of Nervous and Mental Disease, 190, 47-51.

Johnson, D., Fontana, A., Lubin, H., Corn, B., & Rosenheck, R. (2004). Long-term course of treatment-seeking Vietnam veterans with posttraumatic stress disorder: Mortality, clinical condition, and life satisfaction. Journal of Nervous and Mental Disease, 192, 35-41.

Johnson, D., & Lubin, H. (2005). The Counting Method: Revisions and case examples. Traumatology, 11, 189-198.