

THE CUN/STEVENS ACADEMIC MENTOR PROGRAM FOR FOSTER AND “AT RISK” YOUTH

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Children Uniting Nations is proactive in our approach to advocacy, awareness, academic/community based initiatives, programs and support services for foster youth, at-risk youth, families, and communities. These initiatives are to facilitate research, education and public-private partnerships across diverse disciplines to address mental health and community over all wellness in the 21st century.

Children Uniting Nations serves as a coordinating body for Trauma Informed Approach Training programs, service and mental health-related curricula within the Los Angeles Unified Schools.

The Children Uniting Nations Academic Mentor Program for Foster and “At-Risk” Youth is a model created by Dr. Victoria Stevens for CUN that is informed by current research on trauma and PTSD as they affect learning and the development of critical emotional and social skills needed for success in the 21st century. The model includes on-going training for academic mentors, as well as all teachers, school psychologists, psychiatric social-workers and foster parents; specifically as it directly addresses the effects of early and/or on-going trauma on a child’s behavior, perceptions and ability to learn effectively. The model works in partnership and collaboration with all levels of administration, school based staff and community advocates.

The CUN/Stevens Academic Mentor Program (basic and advanced) has been refined through a pilot program funded by the California Endowment and has as its goal a comprehensive program based upon the most current research about early trauma, attachment, brain development, self-regulation and executive function with trainings for principals, teachers, mentors and parents who work together with the same basic information to facilitate academic achievement, high school graduation, regular attendance, minimal behavioral or emotional problems and the development of social, emotional and cognitive skills that will increase the probability of success in the world in all areas and reduce the likelihood of problems before or after graduation.

MISSION OF CHILDREN UNITING NATIONS

Children Uniting Nations (CUN) was founded in 1999 in Los Angeles California by Daphna Edwards Ziman to bring attention to the plight of at-risk and foster youth. Our goal is to reach as many children in out-of-home care by providing support, guidance, a sense of community and promoting the importance of an education by a state of the art mental health approach through school and community based programs.

In order to achieve that goal Dr. Victoria Stevens was brought in to create an innovative school-based program for foster youth based upon her expertise in several areas: as a psychologist specializing in child development, the effects of trauma on learning, interpersonal neurobiology and creativity, and as an educator who has taught in public schools and provides professional development for teachers, administrators and school staff in schools across the state and country. CUN serves as a coordinating body for Trauma Informed Approach Training programs and mental health-related curriculum within the Los Angeles Unified Schools.

The CUN/STEVENS Academic Mentor Program for Foster and “At-Risk” Youth involves several stages:

- 1) partnering with schools within a district, identifying foster youth and other students who would benefit from mentoring, recruiting volunteer mentors from local colleges, universities and community colleges (giving credit for hours and academics if possible), screening and matching mentors with mentees, providing orientation and initial training to the mentors, administering pre-tests to mentors and mentees (with informed consent from school and parent or guardian).
- 2) Conducting professional development trainings for all teachers and psychological staff in the first semester, providing Saturday or evening workshops for parents and guardians, ensuring communication regarding academic goals between mentors and teachers (Language Arts or Math), ongoing supervision of mentors and second full training.

- 3) Conducting professional development trainings for all teachers and psychological staff in the second semester, providing Saturday or evening workshops for parents and guardians, ongoing supervision of mentors and third full training as well as group supervision work with mentors, post-testing of mentors and mentees, collection of all other data (grades, standardized test scores, attendance, behavioral incidents), all data added to previous data with confidentiality preserved.

EXPANSION OF THE TRAUMA-INFORMED INTERVENTION MODEL

Currently, CUN is providing our Trauma-Informed Intervention Model in nine (9) elementary, middle and high schools throughout South Los Angeles. When untreated, mental health disorders contribute to school failure, family conflicts, drug abuse and violence. Alarming, 75% to 80% of children and youth in need of mental health services and academic support do not receive them. Evidence suggests that the needs of children with emotional and behavioral difficulties have not been sufficiently addressed by school reforms such as the Individual with Disabilities Education Act (IDEA) and that their school outcomes are poorer than children with other disabilities.

The summary of results from the first year formal pilot of the program involving 60 middle school students in South Los Angeles will be sent in a separate attachment. Based upon those results CUN will be expanding this program in South Los Angeles and is poised for expansion into other school districts throughout California.

The model has been expanded to include ALL children who have experienced early and/or on-going trauma inside or outside of the home and whose learning and academic achievement is compromised because of this. Therefore, although the initial focus was specifically upon foster youth and still is the primary focus, we are including all students considered “at-risk”.

ATTACHMENT, BRAIN DEVELOPMENT AND SELF-REGULATION

Theoretical research is pointing to the relationship between early traumas related to attachment, as well as other environmental factors and problems in brain development – specifically in the area of emotional self-regulation. This research is

important not just theoretically, but practically for those who are designing early interventions.

The importance of the environment has become increasingly relevant to our understanding of the developing brain/mind/behavior of a child or adolescent.

As Schore (2001) says:

“A major conclusion of the last decade of developmental neuroscience research is that there is now agreement that the infant brain “is designed to be molded by the environment it encounters” (Thomas et al., 1997, p. 209). The brain is thus considered to be a bioenvironmental or biosocial organ (Gibson, 1996), and investigators are now exploring the unique domains of the “social brain” (Brothers, 1990) and the central role of emotions in social communication (Adolphus, 2000). In applying this principle to social-emotional development, the connections between the neurobiological concept of “enriched environment” and the psychological concept of “optimal development” can now be more closely coupled in the psychoneurobiological construct of a “growth-facilitating” (as opposed to “growth-inhibiting”) interpersonal environment (Greenspan, 1981; Schore, 1994) that positively (or negatively) affects the experience-dependent maturation of the brain” (p. 12).

This emphasis on the effects of the environment and our knowledge about brain plasticity or its capacity to change and grow over time, help us to understand that even with early neglect or abuse, positive attachment relationships at any time in a child’s life can help overcome their difficulties in self-concept, trusting others and the use of defensive strategies that helped them to survive, but which have produced negative results as they have grown older.

As these children enter into classroom environments in school, they often exhibit what can look like or is Attention-Deficit Disorder, Attention-Deficit-Hyperactivity Disorder, Conduct Disorder, Depression or Learning Disorders. Whatever the combination may be of genetic, chemical, structural or environmental causes, the facts of the reality of attachment loss and the circumstances that necessitated it remain in the forefront in terms of understanding the thinking and behavior of children in foster care and therefore creating thoughtful and effective interventions.

The treatment of attachment disorders has been in area of psychotherapy for some time and still remains in the clinical realm. For those in foster care that are lucky enough to receive treatment, there is a wide variety of behavioral and cognitive interventions utilized in both foster care and outpatient treatment settings, however, there are few that have focused directly upon disorders of attachment and self-regulation, and those that have are clinical therapeutic interventions with no controlled clinical trials to show their efficacy (Racusin, et al, 2005).

There is currently a confluence of interdisciplinary research and theory that is investigating the consequences of early attachment trauma from childhood through the lifespan. One important area focuses on the effects of disrupted or failures of attachment pre-natally through 3-5 years old on the developing limbic system and pre-frontal cortex. This research is mainly observational and theoretical, but there is evidence that if caregiving is insufficient, abusive or frighteningly inconsistent, the neural connections needed for emotional self-regulation from the pre-frontal cortex to the emotional brain may be compromised. Depending on genetics, temperament, the prenatal and post natal environment and the availability of even one attuned, positive caregiver (sibling, aunt, grandfather etc.) – the severity of the problems with emotional self-regulation can range from uncontrollable aggression and lack of tolerance of frustration to compulsive self-destructive behaviors and/or problems with attention and memory culminating in a variety of difficulties in school academically and behaviorally.

As Schore (2001) says,

“...current developmental neurobiological research reveals that growth-inhibiting [and] adverse early rearing experiences “have longstanding and complex effects on a range of neurochemicals relevant to emotion regulation” (Copland et al., 1998, p. 473). Severely compromised attachment histories are thus associated with brain organizations that are inefficient in regulating affective states and coping with stress (Schore, 1997b)” (p.16).

It is important to recognize that stress includes how the brain responds to novelty and therefore directly affects the ability of a child to learn. Emotional self-regulation is critical for the ability to withstand frustration, delay gratification and hold attention long enough to both have information move from short term to long

term memory and to be meaningfully connected to previous learning – both of these operations are fundamental for the ability to learn in any area. These cortical “skills” are also involved in decision-making, impulse control, perspective-taking and making choices based upon awareness of consequences and ultimately lead to “higher-order” thinking skills such as empathy, imagination and creative thinking.

Therefore, early experiences of secure attachment and efficient emotional self-regulatory skills are related to resilience, increased potential for abstraction and academic achievement and the kinds of social and emotional skills that lead to life-long learning skills. On the other hand, experiences of insecure or disorganized attachment and inefficient emotional self-regulatory skills are related to risk for all kinds of potential cognitive, emotional and physical “disorders” as the child attempts to find ways to regulate their emotions externally due to the lack of internal regulatory abilities. These defenses can lead to negative cycles due to behaviors that can elicit a repetition of the kinds of rejecting, shaming or even abusive experiences they originally experienced.

This relationship between events in early development and a later capacity for change is due to the fact that the early social environment directly impacts the experience-dependent maturation of the limbic system, the brain areas specialized for the organization of new learning and the capacity to adapt to a rapidly changing environment (Mesulam, 1998). Because limbic areas in the cortex and subcortex are in a critical period of growth in the first two years and these same neurobiological structures mediate stress-coping capacities for the rest of the lifespan, early interpersonal stress-inducing and stress-regulating events have long-enduring effects.

The importance of self-regulation with regard to academic achievement has been increasingly being studied. A study in 2007 from Pennsylvania State University found that aspects of self-regulation – specifically the ability to shift from one area to another, to focus attention and to inhibit impulses are uniquely related to early academic success – perhaps even more than do measures of “intelligence”. The researchers found that even though all aspects of self-regulation were related to the developing academic abilities of 3-5 year-old children – particularly one area called the inhibitory control aspect of brain function is “predictive of all academic outcomes but was particularly associated with early ability in math.

The researchers stress the need for including curricula that promote the development of self-regulation skills in children, especially those from low-income homes or those who have faced early adversity (Society for Research in Child Development, 2007).

According to Racusin et al (2005),

“While deficits in self-regulation are increasingly studied and known contributors to a broad array of emotional and behavioral disorders...this theoretical model has received scant attention in traumatized children. There is evidence to suggest from both biological and behavioral perspectives, however, that such children have vulnerable or deficient self-regulatory systems” (p.214).

There is much clinical research linking early disruptions of attachment and a variety of subsequent psychopathological symptoms. Racusin, et al (2003), found clinically significant deficits in inhibitory control, emotional modulation and cognitive/behavioral flexibility in any of a small group of children in long-term foster care. The authors (2005) conclude their overview of treatment modalities for foster youth with the following:

“The developing understanding of neurobiological effects of childhood adversity on self-regulatory systems and the contributions of these self-regulatory deficits to later emotional and behavioral disorders suggest a need for direct examination of self-regulation in children with traumatic histories” (p.215).

Why CUN is using the Trauma Informed Approach?

It was apparent that the standard method of practice for training educators, administrators, counselors, psychiatric social workers, foster parents, kin care givers and others needed to be supplemented within the LAUSD system to better serve the foster youth population that have experienced massive amounts of trauma. This is due to a combination of factors: budget cuts; lack of state-of-the-art training for teachers, social workers and psychologists about the effects of trauma on learning; the inability of teachers to provide one-on-one support for each child; the lack of ability of on-site social workers and school psychological staff to provide one-on-one ongoing support as v. crisis management.

How does this approach impact and improve better health outcomes and ultimately improves academics?

It is well-known anecdotally that mentoring provides important benefits for foster youth, although the difficulties of implementing, sustaining and assessing mentoring programs are also well-known. Given that children with early attachment disruptions often have deficits in executive function, they often have academic difficulties due to the lack of individualized instruction, the lack of training for teachers regarding how to teach executive function strategies, the increasing diversity and numbers of students in classrooms, and the pressure on teachers and schools for achievement on standardized tests (which depend upon executive function processes and self-regulation for both memorization and understanding of content and focusing in a test-taking situation).

The recent emphasis on standardized tests for monies for schools as well as possibly merit pay or even jobs for teachers has resulted in changes in curricula and the consequent demand on students to use executive function skills at earlier and earlier grade levels. Students who have experienced early relational attachment trauma may show similar academic, attentional and behavioral issues as those with ADD, ADHD or Learning Disabilities, even though they may not actually have these disorders in the clinical sense, but have disorders or deficits in the areas of emotional regulation and executive functioning due to early trauma.

As a consequence of this, these students may be misdiagnosed, mistreated in terms of psychiatric medications and given labels that are not only inappropriate, but stigmatizing. These children then may not get the kinds of help they need in terms of emotional regulation and also may have the negative ideas they may already have about themselves and their ability to learn reinforced. This is especially true given the fact that the kinds of training that would help develop self-regulation and executive function are not taught specifically to teachers and the fact that the arts and structured play (which could help develop these skills if taught consistently) are cut when budgets are tight and when the pressure is on performance on specific standardized tests.

Difficulties in sustaining attention, planning, being able to recognize patterns, tolerating frustration and the stimulation of novelty, delaying gratification, and

decision –making based upon clear goals and intrinsic motivation all are related to the frontal lobes, particularly the prefrontal cortex. This area of the brain is not only the last to develop (not fully until age 18), but is known to be compromised by early emotional trauma.

Given that the frontal lobes are still developing through the age of 18 and what we now know about neural plasticity over the life span, particularly in younger people, and the fact that we know that the environment and learning affects how the brain develops – it is increasingly important for those caring for young people and especially for those who we know have experienced early trauma, to be very thoughtful about the fact that experiences in early childhood and young adulthood can have a profound effect on the developing mind and brain of a child.

For example, there is research about intensive reading programs that show through the use of MRI instruments, that the white matter or the fibers that are important in carrying information from one area to another actually increases in 8-12 year-olds (Hamilton, 2009;). Research such as this and other research looking at training in playing musical instruments also is beginning to help us understand the importance of HOW a child learns with regard to how their brain develops as well as the fact that interventions at any given time can profoundly affect brain development even given early trauma.

More specifically, for example, early trauma is correlated with higher levels of cortisol in the system of a child and that is correlated with the kinds of problems we see associated with attention and memory. However, the hippocampus, which is importantly associated with memory in the brain, is one of the few areas of the brain that continues to produce new neurons after birth and through the life-span. Research has shown that “...a reduction in cortisol can reverse hippocampal atrophy in patients who have a cortisol-related disorder”...” and this is especially true for young people who have been found to be remarkably plastic even after having large areas of their brains removed” (Byrnes, 2001, p. 182).

These are just a few examples of the preponderance of research that is building daily and which lead us to understand that no intervention is too late for a child no matter what kinds of trauma they have had in their early childhood. In addition, it informs thoughtful teaching and interventions at all grade levels and even after

graduation or for those who did not graduate high school. The CUN Academic Mentor Program is predicated on this basic idea which is being substantiated by research every day, but this research does not always make its way to the social workers, foster parents, psychologists or teachers who are caring for children in the foster care system.

Experts such as Rose and Rose (in Meltzer, 2007), suggest that for children who have executive function deficits, “cognitive apprenticeship” could be a crucial adjunct to teachers in the classroom and can offer the kind of individualized instruction that is not possible with teachers given the number and diversity of students in their classes, and is more than is usually offered with a single subject tutor. In their review of the literature, they cite several features of this kind of apprenticeship:

- “1. Apprenticeship takes place in the presence of mentors or experts who can model both the outcomes and the processes of the skills being developed.
2. Apprenticeships typically include an extended period of practice with high levels of support and scaffolding for beginners and a gradual release as independent skills are mastered.
3. Apprentices practice in an environment where feedback is plentiful, relevant, and timely.” (p. 300)

The CUN/Stevens Advanced Academic Mentor Training fulfills all these requirements and adds the additional information for the mentors about self-regulation skills, emotional intelligence and multiple intelligences as ways to facilitate study and learning skills.

THE CUN ACADEMIC MENTOR PROGRAM FOR FOSTER YOUTH

The Academic Mentor Program was created by Children Uniting Nations to provide school-based academic mentoring for at least one hour a week for a minimum of one year by a mentor who is screened and matched with a middle or high school student who is currently in foster care. There is a basic or introductory training that covers the definition of mentoring and best practices, an overview of

the foster care system and probation system, some basics about the psychological dynamics of foster youth, confidentiality, child abuse reporting, communication skills, trust and relationship building.

Victoria Stevens, an expert in how early attachment problems can affect self-regulation, learning and academic achievement in children (see attached CV) created a series of cutting-edge trainings for mentors, classroom teachers, and foster parents/guardians/kin caregivers based upon current findings from developmental neurobiology.

These basic trainings include information about the difference between secure and insecure attachment, brain development, how children respond to trauma, multiple forms of intelligence and ways of learning, and the importance of emotional regulation for higher-order thinking and training in all art forms. This first year the trainings were created and piloted with a small group of mentors, teachers and parents.

The CUN/Stevens Advanced Training given to the Mentors created by Dr. Stevens for CUN includes the following:

- An overview of Attachment Theory
- An overview of how Insecure or Disorganized Attachment behaviors manifest in children
- Information about the how the effects of Attachment disorders and early trauma affect both behavior and thinking styles
- Information about how brain development is affected by early trauma
- Information about Emotional Self-Regulation, Emotional Intelligence, Multiple Intelligence and Metacognition
- Specific techniques related to understanding how to teach self-regulation and metacognitive skills including the use of modalities from the all of the arts to address learning about emotional responses and being able to express them and modulate them on an individual basis.
- Specific study techniques related to attention, memory, goal-setting and persistence in the face of frustration
- Multiple ways of teaching students to access, organize and store information learned
- Information about how to use observed behaviors as a way to access thinking and translate that back so as to facilitate awareness of impulses and “default” thinking or behaviors in the student

- Communication skills including reading non-verbal cues and how to not respond to unconscious words or behaviors that could create a negative response
- Validation of effort and progress no matter what the result and incrementally increase patience, resilience and self-efficacy

The trainings given to teachers and parents covered some of this information in an overview and added specific pieces that were relevant to their work with the children in the classroom or at home.

The approach helps to provide training to the following:

- **Teachers** (including special education and tutors) receive at least two professional development trainings about the effects of early trauma on learning and behavior.
- **All psychiatric social workers, school psychologists, and counselors** receive at least two trainings about emotional regulation techniques and information specifically relevant to mental health professionals – including training for them to be able to not be burned out by “compassion fatigue”.
- **Parents, kin caregivers and guardians** are offered Saturday workshops about how disrupted attachment may manifest at home and how they can support their child.

Why this approach is beneficial to both mentors being trained and the mentees?

The mentees benefit by improving in many ways – some more obvious and some subtle and will be different for each individual and specifically for each mentee, for example:

- Motivation to come to school and to come to mentoring sessions
- Motivation to learn and interest in a special area of talent
- Amount and quality of self-reflection, insight, being able to think about what their own thinking and feelings that led to particular behaviors
- Increase in questioning, wonder, curiosity
- Changes in attitude about self, school, others, the future
- Changes in general attitude – more fluid and lessening of any defensive kinds of behavior or speaking

- Making connections between ideas learned and experience
- Pride in accomplishments no matter how “small” (like an insight or shift in perception)
- A sense of purpose and belief in their ability to accomplish their goals – a sense of optimism
- Increased relaxation in sessions along with increased attention span
- Increased sense of humor
- Increase in amount of words used to express themselves and more detailed and unique vocabulary used to describe their thinking and subjects
- Increased eye-contact, better posture, taking better care of their body, clothes and personal items
- Decreased depression, conflicts, and increased ability to resolve conflicts
- Increased ability to think of “mistakes” or “failures” as part of learning and not a personal sign of failure – resilience
- Increase of ability to think of a situation from another person’s point of view, empathy, perspective-taking
- Increased ability to experience strong emotions like anger, hate, shame, envy or fear without having to get rid of them and to be able to track the source of the feelings and know what to do about it.
- Increased ability to make choices and decisions based on larger personal goals and values

For mentors: In addition to the benefits of mentoring in the basic sense (contributing to the growth and development of another person, giving service, and care for those who have experienced lack of care or failures from caregivers in their lives, etc.):

- Learning how to understand how another person thinks – empathy, perspective-taking
- Learning how to facilitate growth, development and sense of self in another without imposing one’s own points of view or allowing one’s own issues to get in the way
- Learning how to set achievable objectives based on realistic and ultimate goals and how to adjust to changes, issues or problems as they arise
- Learning how to constantly reassess objectives and focus based on changing realities moment-to-moment and overall purpose
- Learning how to read their own reactions, triggers, assumptions, beliefs and thoughts as they occur and process them in appropriate ways (information

for understanding the mentee or something person that does not belong to that relationship)

- Learning to find the positive in a situation and turn it into an opportunity for learning and self-reflection.
- Learning how to be an empathic caregiver/facilitator of another's growth without being overwhelmed by their emotional states and to be able to take care of oneself so that one can be present for another
- Learning how to contain emotional states without having to "fix" them immediately – understanding their own defensive ways of getting rid of difficult emotions or silence or not-understanding or knowing what to do.

These are considered to be critical skills for success in any area of work or personal relationships – they are "soft" skills also known as 21st Century Skills.

In addition to the health and academic outcomes, here are some of the overall goals and objectives of the mental health component that address the mental, emotional and social health of the *whole child* and are life-long learning outcomes that are ultimately skills for success in all aspects of life upon graduation. We intend that the mentees emerge from this experience with the following:

- 1) Having had a person who is focused specifically on them, their life, their success in school and personally, and who can see and hear and appreciate them as a unique individual with a special contribution to make to the world
- 2) A sense of purpose for their life, and end for which doing well in school and graduating is a means – intrinsic motivation
- 3) A clear understanding of their particular areas of giftedness and talent and a path toward developing those and moving toward a career involving those
- 4) A sense of belief and faith in themselves and optimism that they can achieve what they want to
- 5) An understanding of their thinking and the skill to manage their own thinking so that they make decisions that are toward the achievement of their goals and dreams and can catch themselves before they make decisions that are not consistent with that – metacognition.

- 6) A sense of confidence in their ability to manage and regulate their own emotions and to read themselves, others, the context of a situation and be able to effectively deal with situations as they arise
- 7) An experience that some people are trustworthy and how to recognize who is and who isn't and why as well as the ability to trust and depend on others who are trustworthy in a healthy way without fear
- 8) The ability to hold attention, focus and understand with meaning and therefore to learn not only concepts and information, but from experience
- 9) A love of learning, a sense of wonder, questioning, curiosity and a desire to continue to learn
- 10) A sense of accomplishment and pride in work done and the ability to tolerate the tedium of repetition as it leads to mastery
- 11) Empathy for others and the ability to take the perspective of someone else no matter how different they may seem
- 12) The ability to be flexible and dance when things don't go as planned – to shift gears while keeping one's purpose in mind
- 13) How to separate thoughts from others from their own thoughts and to have confidence in their own thinking, style, feelings and expression
- 14) Resilience – not allowing small mistakes, failures or disappointments to affect their self-confidence and to be able to learn from them as part of the larger process

HOW WILL THE PROGRAM BE EVALUATED?

CUN will evaluate the program by measuring student outcomes utilizing the BRIEF Instrument (Behavior Rating Inventory of Executive Function). CUN will collect academic and behavioral data to include standardized test scores, grades, attendance, behavioral issues and the graduation rates.

Based upon our pilot study, the mentees whose mentors received the full Advanced Mental Health Training, the following is a summary of BRIEF Results

Overall, all the results from the mentees on the BRIEF subscales and the Indexes as well as the Global Executive Composite show positive improvement or a lessening of difficulties in the areas focused on in the test. This was especially true

for those mentees whose mentors participated in both the introductory and advanced training by Dr. Stevens. It is important to keep in mind that Dr. Stevens' training was specifically addressing techniques and skills that would improve self-regulation and executive function processes and abilities.

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