LARRY P. BOLSTER II, LCSW

Clinical Product Safety | Behavioral Health AI Evaluation | Crisis & Risk Assessment

Bangor, ME | 207-944-9055 | bolstelp0@gmail.com | Licensed Clinical Social Worker (Maine)

PROFESSIONAL PROFILE

Licensed Clinical Social Worker with 20+ years in behavioral health, including three years of emergency psychiatric evaluation in the emergency department, critical-incident review, chart review, program supervision, and supervision of interns and clinical staff across three organizations. Pairs that clinical safety background with hands-on clinical AI safety work: red-teaming a clinical assistant, building risk taxonomies and escalation routing, writing gold-standard test cases, and defining unsafe-output criteria. Translates high-consequence clinical judgment into detection, escalation, and review rules that product and engineering teams can build.

CORE STRENGTHS

- **Risk & crisis:** suicide and safety risk assessment, safety planning, ED crisis evaluation, disposition decisions under incomplete information
- **Safety & quality systems:** critical-incident review and follow-up, chart review, board meeting participation, program and clinical supervision
- **AI evaluation:** red-teaming, rubric and gold-standard case design, missed-risk vs. false-positive tradeoffs (recall/precision), output safety criteria
- **Translation:** clinical-to-technical requirements, severity and escalation logic, risk ownership, cross-functional communication

CLINICAL AI SAFETY WORK

Independent Clinical AI Safety Lab | *Designer & Evaluator* 2026–Present

- Red-teamed a local clinical-support AI assistant against high-risk scenarios (crisis timing, safety clearance, PHI, diagnosis requests); documented failures in two versions and showed that instruction-only safeguards could not reliably enforce clinical boundaries.
- Redesigned it as a guarded workflow: a pre-model input check, a closed set of 8 generic-only task modes, and a post-model output check; ambiguous cases fail closed to block.
- Built a 9-category risk taxonomy (crisis, PHI, psychotherapy notes, diagnosis, treatment, and legal authority) with defined routing and redirect behavior for each.
- Wrote a 34-case gold-standard acceptance suite with expected verdicts, including 8 negative controls, to measure over-blocking as well as missed risk.
- Defined unsafe-output criteria: safety-clearance language, crisis-timing advice, client-specific diagnosis or treatment conclusions, and prompts inviting users to share protected details.
- Built a clinical reference-library pipeline with automated content-safety screening, 5-category triage labels, and required human approval before ingestion; refusal testing surfaced a guard miss that was routed to targeted repair.
- Designed an independent verification process in which each reviewer reconstructs findings from primary evidence rather than inheriting prior verdicts, and role conflicts are flagged.

CLINICAL EXPERIENCE

Penobscot Community Health Center | *Clinical Therapist* 2009–Present

- Conduct psychosocial assessments; provide individual and brief therapy, treatment planning, crisis intervention, and multidisciplinary team support.
- Represented the clinic in board meetings, including review of and follow-up on critical incidents.
- Conducted clinical chart reviews; supervised interns and clinical staff.
- Integrate presentation, history, stressors, protective factors, and risk indicators into care plans, documentation, and escalation decisions; translate complex risk into clear recommendations for patients, families, and interdisciplinary teams.

Acadia Hospital Consult Services | *Emergency Psychiatric Consultation Clinician* 2006–2009

- Performed emergency psychiatric evaluations in the local emergency department for three years as Acadia's consult clinician: suicide and safety risk assessment, disposition recommendations, safety planning, and coordination with ED medical teams.
- Coordinated emergency placements and handoffs with law enforcement and psychiatric hospitals statewide.
- Supervised interns and clinical staff.
- Made time-sensitive decisions with incomplete information, balancing immediate risk, clinical context, patient needs, resources, and escalation pathways.

Gentiva | *Behavioral Therapist / Medical Social Worker* 2006–2008

- Supervised the Section 65M program, including interns and clinical staff.

Additional clinical experience: Outpatient Clinician, Acadia Narcotics Treatment / CDIOP (2005–2006); Inpatient Clinician, Acadia (2003–2005).

EARLIER TECHNOLOGY EXPERIENCE

University of Maine, Graduate Assistant, Continuing Education and Distance Learning (1999–2003): supported faculty and staff in the development, implementation, and technical support of online classes; deployed technology for satellite offices.

University of Maine at Farmington, Student Technology Staff (1996–1999): hired as student staff rather than work-study, given responsibilities well beyond a work-study role, for all three years; ran the help desk, networked residence halls, and provided faculty technology support; translated faculty and student problems into technical terms for technicians, then translated the solutions back into plain language.

EDUCATION

Graduate Certificate in Healthcare Administration, University of Maine at Orono (2007)

Master of Social Work (MSW), University of Maine at Orono (2003)

B.A., Psychology and Interdisciplinary Studies, University of Maine at Farmington (1999)

TECHNICAL ENVIRONMENT

Local LLMs (Ollama), RAG (ChromaDB), Open WebUI, n8n, Docker, Flask, AI-assisted Python and PowerShell test harnesses, Tailscale; AI-assisted evaluation and development workflows.