Inside:
A New Approach to Mood Disorders

THE INSTITUTE OF LIVING • 2008 ANNUAL REVIEW

One of the Best for Psychiatry
– U.S. News & World Report
Change in Store

As of last spring, the IOL Shop has a new mission, a new manager and, for the first time, employees who are patients of the Institute.

Rather than being a conventional gift shop, the store is now part of the Institute’s clinical delivery system and is operated by the Department of Psychiatric Rehabilitation.

“In much the same way as our horticulture program, the shop uses a retail modality to give patients vocational rehabilitation,” says Sherry Marconi, MS, CRC, LPC, Director of Psychiatric Rehabilitation. “We employ patients who are in some form of treatment within our continuum, and their work here augments their clinical treatment.”

Patients work a few hours each week doing inventory, rotating stock, operating the cash register and more.

“It’s made a huge change in the patients, and it’s beautiful to see,” Ms. Marconi says. “They’re more animated and more social. They’re good with customers. And their compliance with treatment has increased. Plus, they get a paycheck. This is a good motivator for them.”

One employee told Ms. Marconi that he finds his work in the store even more therapeutic than his clinical treatment, noting, “I haven’t been this happy in a long time.” Still, he continues to participate in treatment so he can earn the opportunity to spend more time working in the store.

A manager, Laura Mathews, has been hired to run the shop, which carries prepackaged food items from the South End’s famed D&D Market as well as miscellaneous items most sought after by staff and patients.

Ms. Marconi expects the shop to continue to evolve, perhaps adding food preparation, flower arrangements and other items.

“The sky’s the limit,” she says. “I have big dreams.”
Burlingame Winner Announced

K. Ranga Rama Krishnan, MD, of Duke University has been named the 2008 recipient of the Institute’s prestigious C. Charles Burlingame Award. The award, which has been presented annually since 1998, recognizes “outstanding leadership and lifetime achievement in psychiatric research and education.”

Dr. Krishnan is Professor and Chairman of the Department of Psychiatry and Behavioral Sciences at Duke and Executive Vice Dean of the Duke-NUS Graduate Medical School Singapore. He is internationally recognized for his contributions to the understanding of the neurobiology of mental disorders and has made significant contributions to biological psychiatry. Among other achievements, Dr. Krishnan has created a translational research center for depression in the elderly, the only such center in the United States funded by the National Institutes of Health. In addition to his impressive contributions to the scientific literature and numerous awards, he is highly regarded by his colleagues for his teaching and mentoring skills.

“The Selection Committee felt that his career exemplifies the values of excellence in clinical care, research, teaching and administration that the Burlingame Award represents,” says the Institute’s Psychiatrist-in-Chief Harold I. “Hank” Schwartz, MD.

Patient Safety Highlights

Like all of Hartford Hospital, the Institute is committed to continuously enhancing patient safety and quality care. Notable efforts this year included those aimed at further reducing suicide risk, preventing falls, and using technology to ensure compliance with best practices.

The IOL has implemented a risk-assessment tool called SAFE-T, which helps identify an incoming patient’s level of suicide risk and the most appropriate treatment setting for that patient. Staff have participated in training sessions focused on suicide risk factors. And the physical environment has been modified to reduce the risk of self-harm or accidents.

Education, assessment tools and specialized equipment have been brought to bear to further reduce falls. As a result, inpatient falls have been reduced by 50 percent.

A cornerstone of quality monitoring in psychiatry is computerized alerts that are triggered when, for example, a patient with a certain diagnosis is not prescribed a medication research shows to be effective for that condition. These alerts, plus quarterly reports of prescribing practices and educational initiatives, have led to increased use of a recommended medication, lithium, for patients diagnosed with bipolar I disorder.

Patient safety and quality care continue to be the focus of everyone in the IOL community.
A New Approach to Mood Disorders
THE INSTITUTE’S INNOVATIVE MOOD DISORDERS PROGRAM AIMS TO HELP PEOPLE WITH TREATMENT-RESISTANT MOOD DISORDERS ACHIEVE FULL RECOVERY.

Each year, millions of Americans suffer from some form of mood disorder, such as depression, bipolar disorder or other mood disturbance. Many who seek help for these conditions will improve with medication, psychotherapy or other treatments. Until recently, both providers and consumers of mental health services would have seen such reduction in symptoms as success. But, today, they’re looking at the issue in a whole new way. While response to therapy represents progress, they say, the ultimate goal of therapy must be recovery. And recovery must be measured, not only by the elimination of specific symptoms, but by the patient’s regaining the quality of life he or she enjoyed before becoming ill.

This progressive approach to treating mood disturbances is at the core of the Institute’s recently launched Mood Disorders Program. The Mood Disorders Program is a comprehensive consultation and treatment program designed especially to help people whose mood disorders have been resistant to therapy. Full recovery is the overarching goal of the program. Clinicians continue to work with each patient until they have identified the optimal treatment and the patient has achieved the optimal outcome.

“Many patients with mood disorders do not experience full recovery—or even sufficient improvement—despite treatment with today’s highly effective pharmacologic therapies,” says program Director, John Goethe, MD. “The reasons for this are complex. Discovering them and identifying alternative or additional therapies requires more time and resources than most practitioners have available. That’s why we established the Mood Disorders Program.”
Dr. Goethe, who is the Director of the Burlingame Center for Psychiatric Research and Education at the Institute, specializes in diagnosis and treatment of mood disorders. He has a longstanding interest in exploring the factors that stand in the way of patients’ full recovery from mood disorders.

The Institute’s Mood Disorders Program is distinctive not only in its philosophy, but in the thoroughness of its assessment of each patient and in the comprehensive range of therapies it can provide to address each patient’s unique needs.

Assessing the Whole Person

People may contact the Mood Disorders Program directly or be referred by their primary care physician or mental health provider. Once in the program, the patient will first receive a complete assessment.

“We perform broadly based assessments, looking at all dimensions of the human experience,” Dr. Goethe notes.

The assessment process begins with a thorough review of the patient’s physical and mental health and treatment history.

Because mood disorders are often linked to undiscovered, untreated cognitive deficits, a cognitive assessment may be performed using sophisticated testing instruments. Dr. Goethe may also conduct a psychiatric assessment, using state-of-the-art tools to determine if the patient is affected by problems such as attention deficit, post-traumatic stress, anxiety, phobias or other conditions.

Mood disorders may have physiological roots. So the assessment may also include laboratory tests to check for abnormal hormone levels or metabolic disturbances. A variety of other tests may be performed, depending on the individual patient’s profile.

This detailed assessment process is crucial to developing an accurate diagnosis, and getting the diagnosis right is crucial to selecting the best treatment. Dr. Goethe points out, for example, that “A person presenting with depression may actually have bipolar disorder. You have to check for undiagnosed bipolar disorder because some treatments for non-bipolar depression can make a bipolar patient worse.”

Based on the results of these assessments, Dr. Goethe involves other appropriate IOL specialists in evaluating the patient and developing a plan of treatment. Referring physicians receive complete reports of the findings and recommended treatment plan. The program team may then either take over the patient’s care or provide care in collaboration with the referring physician.

A Full Range of Specialists and Treatments

As one of the country’s premier mental health and research facilities, the Institute of Living has an exceptional range of expertise and treatment options right on its campus. This means patients do not need to travel to various locations to obtain the treatments they need to pursue recovery.

In addition to Dr. Goethe and others who are expert in general adult psychiatry, the Institute staff also includes specialists in child/adolescent and geriatric psychiatry, as well as professionals skilled in specialized therapies.

One common treatment for mood disorders is medication, and many excellent ones are
available. The team will prescribe the medication or combination of medications they believe most suitable for each patient. An added advantage for the program’s patients is the Institute’s advanced capability in genotyping—analyzing a person’s unique genetic makeup to determine which medications are likely to be most effective for that individual and produce the fewest side effects.

The IOL is a national leader in genotyping, which is the basis of personalized medicine. The Institute has for several years collaborated with the biotechnology firm Genomas in this exciting and rapidly advancing field.

“Genotyping helps us avoid medications a patient is not likely to tolerate,” says Dr. Goethe. “This is important, because if a patient is given a medication he or she can’t tolerate there is a delay in achieving symptom relief.”

In addition to pharmacotherapy, the Institute can provide psychotherapy and specialized treatments such as cognitive behavioral therapy and dialectical behavioral therapy. The Institute also offers leading-edge treatments such as transcranial magnetic stimulation (TMS) and vagal nerve stimulation (VNS).

**Gauging Progress**

Dr. Goethe and his colleagues regularly monitor each patient’s progress to make sure that treatment is producing the desired results.

Dr. Goethe notes that for years, clinicians measured results of treatment by improvement in symptoms rather than by full recovery.

“If a patient had a score of 100 on a depression scale where zero is the desired score and, following treatment, has a score of 50, that’s a response, but the patient is still very depressed” and the treatment cannot be considered sufficient, Dr. Goethe explains.

“We now know that we need to measure a person’s work and social function, as well as symptoms,” Dr. Goethe says.

In other words, to truly understand whether therapy is working, clinicians must ask patients the right questions. In addition to asking a patient with depression, for example, if his suicidal thoughts have subsided and his sleep and appetite have improved, they must also explore whether the patient is able to do his job, enjoy healthy relationships and function well socially. This broader approach to monitoring progress is the one employed by the Mood Disorders Program.

**Achieving Recovery**

Treatment in the Mood Disorders Program continues until the patient achieves his or her personal goals. Along the way, treatment is carefully adjusted, a complex process in patients who have been resistant to standard therapies.

“We continuously look for the optimal treatment for each patient,” says Dr. Goethe, “and always aim for full recovery.”
CARES:
Easing the Crisis

The CARES program is relieving the pressure on the Emergency Department at Connecticut Children’s and helping children and adolescents with acute psychiatric problems get timely, appropriate care.

Over the last decade, emergency rooms nationwide have seen a dramatic increase in the number of children and adolescents admitted with psychiatric symptoms. Connecticut Children’s Medical Center, the state’s only free-standing children’s hospital, was not exempt. In 1998, the center’s Emergency Department saw 480 psychiatric patients. By 2005, that number had nearly quadrupled, to 1,659. Clearly, the problem had reached crisis proportions.

Institute of Living clinicians were on hand at Connecticut Children’s to evaluate each patient and determine the level of care needed. But there was no place for children to go while IOL clinicians met with patients and families, scrounged for scarce beds in the few psychiatric facilities for children or arranged for outpatient care.

“One night, we had 17 behavioral health patients in our 24-bed ED, and we had more than 20 children in our waiting room who couldn’t be seen,” says M.C. “Cub” Culbertson, MD, director of Emergency Medicine at Connecticut Children’s. “We were observing children we were not licensed to care for, and we were not able to care for the children we were licensed to care for—those who are medically and surgically ill.”

From the crisis, CARES was born. Short for Child and Adolescent Rapid Emergency Stabilization, CARES is a collaborative effort of the Institute and Connecticut Children’s. It is funded through commercial insurance and the Connecticut Department of Social Services, and involves close collaboration with the Department of Children and Families, area Emergency Mobile Psychiatric Services (EMPS) teams and the Connecticut Behavioral Health Partnership.

Housed in a six-bed unit in the Institute’s Donnelly Building, CARES is designed to provide short-term treatment for 5- to 17-year-olds having acute behavioral health symptoms. The goal is to discharge each patient within 72 hours, avoiding the need for long-term hospitalization whenever possible. The unit may also provide crisis care on an interim basis while clinicians seek an inpatient bed for a child who needs that level of care.

Making a Difference

CARES became operational in October 2007. A year later, the numbers show that the program is succeeding in its mission. The number of children arriving at CCMC’s emergency unit in behavioral health crisis remains high. More than 1,700 such children—then an all-time record—were seen in 2007. In 2008, that number grew even further, to 1988

Some of the CARES staff members are (standing L-R) Olga Dutka, RN, MSN, MBA; Donna Craven, RN, MSN; Melissa Matolina, APRN; and (seated L-R) Sandra Marshall, RN; and Annetta Caplinger, MSN, CS
behavioral health visits. However, since CARES began, the amount of time children spend in the ED has decreased substantially. Between January and September 2007, before CARES began, the average length of stay for a psychiatric patient in CCMC’s ED was 14.23 hours. During the same period in 2008, that number had plummeted to 6.55 hours, even though the total number of patients increased by 11 percent. From 2007 to 2008, CARES reduced the number of nights children with behavioral health problems spent in CCMC’s Emergency Department by nearly 32 percent.

Dr. Culbertson sees the difference every day.

“The CARES unit has been a wonderful program,” he says. “It has significantly improved the behavioral health patient’s experience in our ED and allowed us to provide better care for medical and surgical patients.”

A Team Approach

Lynn Mangini, MD, a child and adolescent psychiatrist and Medical Director of CARES, notes that even before CARES began, she and the other child behavioral health professionals were using a creative, collaborative approach to divert children from inpatient care whenever clinically possible. This meant identifying what services were already in place for the child, determining whether those services were meeting the child’s needs so he or she could be safely discharged, and, when necessary, arranging for access to additional services.

“We regularly held collaborative team meetings to develop reasonable, safe, effective discharge plans,” Dr. Mangini says. “We developed a lot of skills in this area and we brought those skills to CARES.”

This collaborative approach continues to be a distinguishing feature of CARES.

“Part of the success of CARES involves very tight collaboration with EMPS teams, DCF and the Connecticut Behavioral Health Partnership,” says Annetta Caplinger, MSN, CS, Director of Clinical Operations at the Institute. “They meet with our staff seven days a week to help arrange services for children who come to CARES.”

“We’ve had an impact on the service system,” says Mary Gratton, PhD, Program Director, Child and Adolescent Services. “Daily meetings of the collaborating agencies and service providers focus on identifying and mobilizing resources to maintain children safely in the least restrictive environment.”

Besides inpatient care, services the team may arrange for children include in-home services, outpatient therapy, mentoring programs, residential treatment, outpatient clinics and partial-hospital programs.

The Care in CARES

CARES is designed to stabilize the child and, when feasible, begin therapy. But the main goal is to discharge the child to an appropriate level of care as soon as possible, so he or she can obtain exactly the services, care and support needed. Because of the intensive, collaborative focus on each child’s case, CARES patients are typically discharged promptly, and are less likely to be admitted to inpatient care.
“The average length of stay in CARES in 2008 was 2.07 days, after which time 50 percent of children no longer need an acute inpatient level of care,” notes Olga Dutka, RN, MSN, MBA, Director, Assessment Center and Managed Care at the IOL. “Had these children been dispositioned directly from the ED, many more would have required an inpatient level of care first, since maintaining the child’s safety and starting treatment while working on alternative dispositions for two days is not a viable option in an ED.”

CARES is serious about connecting children with services in their home communities, no matter where “home” happens to be.

“We’ve had three children in CARES who were from outside the country,” says Dr. Gratton. “CARES staff worked with parents initially by phone, and, upon the parents’ arrival, worked with the family on the CARES unit. All three children were stabilized on the unit and returned home with services in place.”

The ability to have patients stay with their children on the CARES unit while assessment and planning continue is a unique advantage of the program. One parent can stay overnight, and parents may visit throughout the day.

When the team determines that a child on the CARES unit does, in fact, need to go to inpatient care, they work to identify the best facility and arrange a bed for the child. Obtaining a bed can take some time, especially if the child also has complicating developmental or medical needs.

Special Challenges

One of the results of CARES has been to identify where gaps exist in mental health services for children and adolescents, says Dr. Gratton. For example, it’s especially difficult to access a residential level of care for children with severe developmental disabilities or violent or sexually reactive behaviors. This recognition has prompted discussions among IOL representatives, state officials and community providers about possible solutions.

In the meantime, the Institute continues to seek additional ways to help children while they are in the CARES unit. To help children in crisis draw on their inner resources and coping skills, staff developed “comfort kits.” The kits encourage children to express their thoughts and feelings through art, journaling and other activities. CARES staff are hoping donors will come forward to make it possible for every child who comes to CARES to receive a comfort kit to use while on the unit and to take with them wherever they go from here.
New federal legislation Congress passed this year represented a great victory for mental health in America. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 requires group health insurance plans that offer mental health coverage to provide coverage that is no more costly or more restrictive of treatment than that offered for physical illness. This means, for example, that co-pays for mental health treatment must be the same as for physical treatment and that there cannot be a lifetime limit of covered hospital days for mental health care if there are no such limits for surgical and medical care.

Connecticut has had a mental health parity law since the early 1990s. The Institute was instrumental in crafting the state legislation and has long advocated for a similar law at the federal level. We are particularly grateful to Sen. Chris Dodd for his work on this legislation, especially in helping to ensure that the federal law would not pre-empt the state law, which provides for higher parity benefit guarantees.

We celebrated this victory with a press conference on campus in October featuring Sen. Dodd, IOL leadership, state officials and insurance industry executives. It was a fitting way to mark this important milestone.

As you’ll read in this issue of the record, we have launched our long-planned Mood Disorders Program. One component of it, the consultation service for treatment-resistant depression, is already up and running. We are in the final planning stages of another innovative program, our Transcranial Magnetic Stimulation Service. TMS is an exciting new somatic therapy approved by the Food and Drug Administration for treatment of depression that has not responded to other therapies. Noninvasive and painless, TMS uses electromagnetic induction to gently stimulate nerve cells in the brain. Studies have shown that TMS, performed daily over several weeks, achieves remission of symptoms in many patients. This service should be available in spring 2009.

We anticipate that in the coming year the troubled economy will present us with even more than the customary fiscal challenges. We are devoting vast amounts of time, energy and creativity to enhancing efficiency and effectiveness so we can negotiate the financial crisis and still continue to meet the mental health needs of our community.

We wish to thank the many physicians, staff members, researchers, donors and volunteers who do so much to make the Institute of Living one of the nation’s premier centers of excellence in psychiatry.

Harold I. Schwartz, MD
Psychiatrist-in-Chief

E. Clayton Gengras, Jr.
Chairman of the Board
Arne Welhaven Memorial Award
A humanitarian award given to the staff person who best exemplifies genuine concern, respect and generosity toward patients and a quest for excellence in mentorship or education.
Catherine Chance, RN, Donnelly 2 North
David Lacoss, LCSW, Recently retired Treatment Manager, Schizophrenia Rehabilitation Program

Linda J. Stacy Service Excellence Award
Given by the Advisory Board on the Family to employees who have demonstrated superior understanding of and compassion for the unique needs of patients’ families and contributed to improving the quality of the IOL’s interactions with patients and families.
Carol Freedman, LCSW, Treatment Manager, Professional Program
Nancy Janus, LCSW, Treatment Manager, Adult Day Treatment Program
Adelle Lewis, Psychiatric Technician, Donnelly 1 North
Wayne Levandoski, Engineering Electrical Department

Paul A. Andrulonis, MD Award
Presented annually within the Division of Child and Adolescent Psychiatry for excellence in teaching.
Jyotsna S. Ranga, MD

Psychiatrist-in-Chief’s Award
Established in 2005, this award recognizes outstanding contributions to psychiatry at the IOL. Awardees may be employees or members of the voluntary staff or community.
Gail Nelson, RN, MS, CS, Director of Nursing, IOL

Exceptional Leadership Award
Presented by the Board of Directors of The Institute of Living
Harold I. Schwartz, MD

Hartford Hospital Medical Staff Distinguished Service Award
Presented annually to honor distinguished individuals on the Medical Staff who have made important contributions, above and beyond the call of duty, to the staff and the hospital.
Theodore F. Mucha, MD, Medical Director, IOL

Hartford Hospital Nursing Awards
EXCELLENCE IN CONDUCT OF NURSING RESEARCH AWARD
Ellen Blair, APRN, CNAA, BC

NIGHTINGALE AWARD FOR EXCELLENCE IN NURSING
Awarded to an RN or LPN who demonstrates excellence in clinical practice, leadership, scholarship and/or education.
Steven Sklar, RN, Donnelly 1 North

DEDICATED TO CARING AWARD
Marion Meade, Psychiatric Technician, Donnelly 1 North
Ravin Ramkishun, Psychiatric Technician, Donnelly 1 North

LINDA RICHARDS/JUNE LONG AWARD RECIPIENTS:
Sharon Clark, RN, Donnelly 2 South
Marilyn Newman, RN, Donnelly 3 South

Hartford Hospital Employee of the Year 2008 Award
Presented annually to a peer-nominated employee who demonstrates excellence in performance of his/her duties.
Laura Bourque, RN, IOL Assessment Center, Finalist

Connecticut Association of Private Special Education Facilities Golden Apple Award
Given to school staff members who have made significant contributions to their students and program. Recipients are selected by peer vote.
Jacqueline Sturm, Teacher, Grace S. Webb School, Hartford
Mark Taylor, Assistant Teacher, Grace S. Webb School, Hartford
Lisa Olszewski, Teacher, Webb School at Bloomfield
Kerry Wittel, Physical Education Teacher, Webb School at Cheshire and Bloomfield

Cornelis Boelhouwer, MD, Memorial Award
Presented annually to a student, intern, resident or fellow to commemorate the values of clinical excellence, scientific scholarship and education steadfastly adhered to by Dr. Cornelis Boelhouwer, Director of the Hartford Hospital Department of Psychiatry from 1974 to 1989.
Zheala Qayyum, MD, Resident
Psychiatry Residency Training Program Awards

JOELLE PAUPORTE, MD, “LIGHT ONE LITTLE CANDLE” MEMORIAL AWARD
Presented to an outstanding psychiatric resident by fellow residents.
Jennifer D. Purses, DO

ARBOR VITAE AWARD
Presented by graduating residents to recognize an individual’s significance to the development of his or her class.
Alfred Herzog, MD

GOLDEN LAMP AWARD
Presented annually by psychiatry residents to a faculty member in recognition of excellence and dedication in teaching.
Edward L. Jaroszewski, Jr., MD

IOL Psychiatrists Listed in Connecticut Magazine’s “Top Docs 2008”
Based on Connecticut physicians’ responses to 2,000 questionnaires asking them to name a psychiatrist they would recommend to a loved one.
C. Lee Blair, MD
Evan Fox, MD
Alfred Herzog, MD
Harry E. Morgan, MD
Lisa B. Namerow, MD
Julian Offsay, MD
Robert A. Sahl, MD
Harold I. Schwartz, MD

IOL Psychiatrists Listed in Hartford Magazine’s “Top-Ranked Doctors in Hartford 2008”
Based on research commissioned by Hartford Magazine and conducted by Best Doctors, Boston, MA
Joanna Fogg-Waberski, MD
John W. Goethe, MD
Harry E. Morgan, MD
Theodore F. Mucha, MD
Godfrey D. Pearlson, MD
Harold I. Schwartz, MD
Samuel M. Silverman, MD

ISPCLN (International Society of Psychiatric Consultation-Liaison Nurses) Division Leadership Award
Karen Ragaisis, APRN

Additional Distinctions
Kikke Levin-Gerdner:
Member, Board of Directors, Connecticut Association of Private Special Education Facilities

Nora Hanna, MD:
Secretary-Treasurer, Executive Council of the Connecticut Council of Child and Adolescent Psychiatry (CCCAP)

Al Herzog, MD:
Assembly Parlementarian, American Psychiatric Association

Jeanne Kessler, RN, BSN:
Selected as a Hallmark Hero, Regis Philbin Hallmark Hall of Fame Show

Leslie Lothstein, PhD:
Book Review Editorial Staff, International Journal of Group Psychotherapy; Appointed to Civil Commitment Board, New Hampshire

Pearl Lynch:
Member, Board of Directors, Interval House

Karen Ragaisis, APRN:
Division Leadership Award, International Society of Psychiatric Consultation-Liaison Nurses; Editorial Board for Perspective in Care journal

Harold I. Schwartz, MD:
Member, Board of Trustees, National Association of Psychiatric Health Systems; Member, Board of Directors, Chrysalis Center, Inc.; Faculty, Thomas Scattergood Behavioral Health Foundation

James C. Seltzer, MBA, PhD:
President (2nd term), Schizophrenia and Severe Mental Illness Special Interest Group, Association for Behavior and Cognitive Therapies

David Tolin, PhD:
Executive Board, American Psychological Association, Division 12 (Clinical Psychology)
Inpatient Population

ADMISSIONS
Total Admissions During Year 3,887

RESIDENCE ON ADMISSION
City of Hartford 35%
Conn. (Excluding Hartford) 64%
Northeast (Excluding Conn)* 1%

AGE ON ADMISSION** (Women - 52%; Men - 48%)
0-11 5%
12-17 17%
18-25 13%
26-44 29%
45-64 26%
65 and over 10%

FIVE YEAR ANALYSIS

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Ambulatory Statistics

PARTIAL HOSPITAL PROGRAMS*** TOTAL DAYS
Adult Day Treatment 5,403
Eating Disorders Program 4,627
Schizophrenia Rehab 3,253
Geriatric Day Treatment 2,669
Addiction Recovery Services 2,015
Professional Day Treatment 3,095
Combined 4,388
TOTAL 25,450

OUTPATIENT CLINICS
Adult & Geriatric Outpatient 11,419
Child/Adolescent Outpatient 2,919
TOTAL 14,338

Institute of Living 2008 Financials

INCOME
NET PATIENT REVENUE $45,118
OTHER CREDITS TO EXPENSE $18,179
TOTAL $63,297

EXPENSES
SALARY (609.06 FTE'S) $41,025
FRINGE $9,197
SUPPLIES AND OTHER $1,520
PURCHASED SERVICES $3,415
CAPITOL $3,432
BAD DEBT $2,301
TOTAL $60,890

* Includes New England, New Jersey, New York, Pennsylvania and RI
** Estimated due to different source data used to compile this information
*** Includes Partial Hospital and Intensive Outpatient
For IOL research funding awards from 2006-2008.* Denotes annual award amount of total grant award.

Collaboration
Robert Astor, Prospective Memory in Schizophrenia, Trinity College, $938.00

Departmental
Robert Astor, 1. Amphetamine and Memory in Virtual Reality, $3,000.00 2. Hippocampal Structure and Function in People with Depression, $8,100.00
Michael Stevens, Neural Correlates of Trauma and Stress Treatment Change, $6,688.00

Federal
Michael Assaf, 1. The Neuronal Correlates of Theory of Mind in Schizophrenia, NIMH, $146,000.00, ($82,000.00)* 2. FMRI, PET and the Default Mode Network Classify MCI and AD, NIA, $147,600.00, ($73,800.00)*

John Goethe, DNA Diagnostics for Minimizing Side-Effects of Antipsychotics, Genomas, $150,000.00, ($40,000.00)*

Godfrey Pearlson, 1. Schizophrenia Biomarkers: Memory, Genes and fMRI, NIMH, $1,493,033.00, ($376,985.00)* 2. Molecular Studies of Cognition and Chronic Alcoholism, University of Pittsburgh, $134,843.00, ($27,347.00)* 3. Bipolar - Schizophrenia Network for Intermediate Phenotypes, Yale University, $2,816,321.00, ($658,641.00)* 4. Multivariate Methods for Identifying Multi-Task Multimodal Brain Imaging Biomarkers, MIND Institute, $10,941.00

James Seltzer, PhD, Reducing the Adverse Impact of Mental Illness Stigma Among Family Caregivers, Mount Sinai School of Medicine, $264,507.00, ($113,400.00)*

Michael Stevens, PhD, 1. Language Functioning in Optimal-Outcome Children with ASD: An fMRI Study University of Connecticut, $99,901.00 2. Characterizing Two Distinct ADHD Neurobiologies with fMRI, NIMH, $1,884,402.00, $356,300.00

David Tolin, PhD, Exposure, D-Cycloserine Enhancement, and Genetic Modulators in Panic Disorder, NIMH, $1,144,599.00, ($113,400.00)*

Foundation
Bradley Folley, Modulation of Neuroimaging and Neurocognitive Correlates of Attention and Memory by Nicotine and Nicotinic Alpha-7 Receptor Genotype Polymorphisms in Schizophrenia and Healthy Controls, Philip Morris USA, Inc., $86,400.00, ($43,200.00)*

Michael Stevens, PhD, Measuring Differences in Brain Activity in Adolescents with Major Depressive Disorder (MDD) using fMRI, American Foundation for Suicide Prevention, $70,000.00, ($35,000.00)*

Industry
John Goethe, 1. A Multi-Center, Randomized, Double-Blind, Placebo-Controlled, 16 Week Study of Aripiprazole Used as Dual Therapy in the Treatment of Patients with Chronic Stable Schizophrenia or Schizoaffective Disorder Demonstrating An Inadequate Response to Quetiapine, Bristol-Myers Squibb, $71,950.00. 2. A Phase IIa, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Assess the Antidepressant Effect and Onset of Effect of AZD6765 in Treatment-Resistant Major Depressive Disorder Patients, AstraZeneca, $19,000.00

David Tolin, PhD, A Multi-Center, Double-Blind, Fixed Dose Trial Examining the Safety and Efficacy of Org 25935 vs. Placebo as Augmentation to Cognitive Behavioral Therapy in Subjects with Panic Disorder, Organon USA Inc., $214,875.00

Open Competition
Gretchen Diefenbach, The Cognitive-Enhancing Effects of D-Cycloserine Among Non-Demented Elderly, Hartford Hospital Research Endowment Funds, $74,923.00

Melina Griss, White Matter Changes in Normal Aging: Impact on Everyday Functioning, Hartford Hospital Research Endowment Funds, $16,563.00

David Tolin, Virtual Reality Exposure Treatment for Combat-Related Posttraumatic Stress Disorder in Operation Iraqi Freedom and Operation Enduring Freedom Veterans, Hartford Hospital Research Endowment Funds, $73,894.00

Small Grant
Robert Astor, Sleep Dependent Consolidation of Spatial Memory Hartford Hospital Research Endowment Funds, $7,750.00

Stephen Woolley, Prospective Follow-up Study of the Effects of Locus-of-Control and Life Stressors on Long-Term Outcome of Treatment for Major Depressive Disorder, Hartford Hospital Research Endowment Funds, $9,723.00

Shashwat Mehta, Characterizing the Dyslexia Phenotype Using Genetics and MR Morphology, Hartford Hospital Research Endowment Funds, $9,722.00

State
Godfrey Pearlson, The Effects of Tobacco on Brain Structure and Function are Amplified by Genotype, University of Connecticut, $200,730.00

Unfunded
Ellen Blair, Inpatient Psychiatric Unit Medications and Falls Outcomes

Gretchen Diefenbach, Treatment of Late-Life Anxiety Among Home Health Care Recipients: A Feasibility Study. 2. Anxiety Symptoms and Disorders Among Patients with Mild Cognitive Impairment and Early Stage Dementia

Suzanne Metnier, 1. Group Treatment for Compulsive Hoarding 2. Understanding Repetitive Behavior and Associated Experiences

Sara Niego, MD, Media Literacy in Eating Disorder Treatment

Godfrey Pearlson, MD, An MRI Study of Neurobiological Markers of Trait Dysfunction in Major Depressive Disorder

Wayne Roffler, Accuracy of a Mental Status Exam for Assessing Cognitive Dysfunction in Patients with Schizophrenia

James Seltzer, PhD, Evaluation of BrainDunce

Dana Shagan, PsyD, A Study of the Effect of Social Cognition and Interaction Training on People with Schizophrenia

Michael Stevens, The Effect of Pharmacotherapy on Trauma-Related Sleep Disturbance in Pediatric Populations
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