Children's Art Brightens Braceland

Mary Gratton, Program Director of Child and Adolescent Services, had a bright idea last summer: Why not enliven an unused space in the Braceland Building lobby with art created by students at the Institute's Grace Webb School?

Ann Sheffield, the art teacher at the school, engaged children of all ages from Kindergarten up in creating construction-paper sunflowers. Before long, the cheery blooms were decorating the walls of the fledgling art gallery.

"It was wonderful to see all these sunflowers greet you when you walked into the building," says Ms. Sheffield. "They're bright and cheery, and each is unique. Each is the child's own creation."

Ms. Sheffield says the display will be changed seasonally "or whenever the spirit moves us."

Lobbies Renovated

The lobby areas of both the Gengras and Donnelly Buildings are more welcoming and more functional, thanks to recent renovations.

The Gengras Building, which was constructed in the 1960s, had had little done to it since the early 1980s. When the Institute decided to consolidate several outpatient services there, it was clear that the space would need extensive renovation. The work was completed in October 2009.

Today, the handsome new space is home to the Geriatric Psychiatry, Adult Outpatient, and Memory Disorders programs. The lobby complies with all requirements of the Americans with Disabilities Act and with all HIPAA privacy requirements. Most importantly, it is a place where patients—many of whom are elderly—can feel comfortable.

The Donnelly Building dates from the early 80’s. Over the last four years, the Institute has systematically refurbished all the building's patient units, as well as areas on the ground floor. The redesign and rebuilding of public spaces, notably the first-floor lobby, is the final phase of the project. The new lobby area includes more space and seating, a reception desk and attractive new terrazzo flooring that could last 100 years.

The renovations incorporate the hospital's newly adopted, institution-wide interior design standards, which blend state-of-the-art functionality with classic designs.
Research Grants Reach All-Time High

Researchers at the Institute of Living were awarded $7.2 million in research grants in fiscal year 2009. This is more than awarded in any previous year and represents a 44 percent increase over 2007.

“The Institute of Living is the highest grant-receiving department at Hartford Hospital,” says Laurine Bow, PhD, Vice President of Research. “It is a testament to the academic excellence of its leadership and faculty and to how completely research is integrated into the IOL’s structure and clinical services.”

IOL investigators are national leaders in research aimed at better understanding and treating a wide range of psychiatric disorders. For example, David Glahn, PhD, of the IOL’s Olin Neuropsychiatry Research Center is working on a National Institutes of Health-funded study designed to advance efforts to identify the genetic roots of bipolar disorder. David Tolin, PhD, Director of the Institute’s Anxiety Disorders Center is using a grant from the National Institute of Mental Health to investigate whether giving patients suffering from panic disorders a cognition-enhancing medication can help them respond more quickly to cognitive-behavioral therapy and, therefore, feel better sooner.

For more on research at the Institute, visit harthosp.org/InstituteOfLiving/Research

2009 Burlingame Award Presented

The Institute presented David J. Kupfer, MD, with its prestigious C. Charles Burlingame, MD, Award for 2009.

Dr. Kupfer is the Thomas Detre Professor and Chairman of the Department of Psychiatry at the University of Pittsburgh School of Medicine and Director of Research at Western Psychiatric Institute and Clinic, one of the nation’s pre-eminent university-based psychiatric centers. Dr. Kupfer holds the distinction of chairing the American Psychiatric Association’s DSM-V Task Force, which is revising the Diagnostic and Statistical Manual of Psychiatry, the comprehensive reference work used by mental health professionals nationwide.

For more than 25 years, Dr. Kupfer’s research has focused primarily on mood disorders. He has published hundreds of articles, books and book chapters that examine treatment of recurrent depression, causes of depression and the relationship between biomarkers and depression.

Dr. Kupfer earned both his undergraduate and medical degrees from Yale University and continued his postgraduate clinical and research training at Yale-New Haven Hospital and the National Institute of Mental Health.

Institute Ranked Best for Psychiatry

For the third consecutive year, Hartford Hospital’s Institute of Living was ranked among the nation’s top psychiatric facilities on U.S. News & World Report’s list of America’s Best Hospitals. The Institute ranked at number 19 in 2009, four spots higher than its 2008 ranking. The Institute was among only 174 hospitals—and one of only two in Connecticut—selected out of 4,861 hospitals screened. This distinction places the Institute among the top 4 percent of hospitals nationwide.

“We’re thrilled to be recognized in this way,” says IOL Psychiatrist-in-Chief Harold “Hank” Schwartz, MD. “We believe this is a reflection of the caliber of our research programs, the competitiveness of our residency training programs and the degree to which research and education are integrated into our clinical programs.”
A Guiding Star
Innovative sensory modulation techniques are helping the Institute's youngest patients calm themselves. An individualized star is a handy reminder.

For children and adolescents who come to the Institute of Living, life has often been hard. Some arrive scarred by trauma—physical, emotional or sexual abuse; violence witnessed at home or on the street; absent or deceased parents; or years of institutional or foster care. Others have psychiatric conditions such as mood disorders, psychotic symptoms or forms of autism. Understandably, many of these young patients struggle with volatile emotions that can sometimes lead to outbursts that could result in harm to themselves or others. In years past, restraining or excluding highly agitated patients was the only way to keep patients and staff safe. But today, an innovative approach called sensory modulation is helping children learn to recognize when they’re becoming upset and calm themselves before their feelings erupt into destruction or violence.

“Sensory modulation is an approach that uses sensory modalities such as touch, sound, smell, taste and sight to help children refocus, reintegrate and calm down when agitated,” says Mary Gratton, PhD, Program Director of Child and Adolescent Services. “It is strength-based and focuses on helping children identify and use ways of coping when they begin to feel distressed.”

Sensory modulation is used in all areas with young patients: the adolescent and child inpatient units, CARES emergency-stabilization unit, TOPS extended day treatment program, partial hospital programs and the Webb schools.

The approach has proved very successful. Self-injurious behavior on the adolescent inpatient unit has declined dramatically. Former seclusion rooms have been closed or converted into “comfort rooms” with features such as thick carpeting and comfy beanbag chairs. In the TOPS program, it’s been at least 18
months since restraint had to be used. The nurse manager of the child inpatient unit, who has worked with children ages 5 to 17 at the Institute since 1996, says she “can’t remember the last time we secluded anyone, and we rarely use restraint.”

Choosing Favorite Sensory Activities

The sensory modulation approach is based on respecting the child’s feelings and eliciting the child’s input on what helps him or her feel calmer. As soon as children are admitted, staff members sit down with children and go through a document called the “sensory diet,” a list of activities children may find soothing. The sensory diet is available in both English and Spanish. Activities are grouped into categories: movement, touch, listening, seeing and smelling. Activities might include running, lifting weights, rocking, doing arts or crafts, cuddling a soft toy, listening to music or ocean sounds, watching fish in a tank, or smelling various fragrances or aromas.

“We go through the list and talk with them about what makes them feel better when they’re feeling frustrated or upset,” says Sandra Marshall, MSN, Nurse Manager of the child inpatient and CARES units. “Each child is unique. Even little kids are very definite about what they like and don’t like. Their eyes light up when you mention something they like to do.”

The children ultimately choose the five sensory activities they believe are the most helpful to them. These are written on the points of a five-pointed star. The star is then affixed to the door of the child’s room, where it serves as a visual cue for both the child and the staff about what works for that particular child. A copy of the star is also placed in the patient’s chart.

When a child begins to get upset, angry or anxious, staff can encourage the child to turn to a favorite activity. Eventually, the child will get to the point where he/she will do this on his/her own.

Gloricel Rodriguez-Lebron, MSW, Treatment Manager in the TOPS program, uses a modified version of the sensory diet for the 11- to 14-year-olds in this extended day treatment program. It includes activities they can engage in at home or in school.

“The sensory diet is a way to explore what coping skills they already use and what skills they would like to use to calm themselves down,” she says.

Ms. Rodriguez-Lebron adds that it’s not unusual for kids to do things such as draw or play with Silly Putty® during group therapy sessions. Talking openly about their feelings and experiences make them feel vulnerable, she says, and the sensory activity “is a way of dealing with anxiety.”

Part of the approach is having a rich array of resources in the environment. Each unit has “sensory carts” containing items such as CDs and headphones, Silly Putty®, textured stress balls, Lego® blocks and games. Children can borrow any of the items on the cart. Large physiology balls on each unit provide an active outlet for emotions. Comfort rooms, mentioned earlier, are cozy, quiet places to retreat to when a child feels the need to be alone.

Sensory Modulation in Action

Before initiating sensory modulation, a team from the Institute took part in an educational program at Vermont’s Brattleboro Retreat. Since then, staff members have had countless opportunities to see the concept in action.
Chad Blackak, BSN, Nurse Manager of the adolescent inpatient unit, recalls a recent patient who had Asperger's syndrome, an autism-spectrum disorder. The patient had impaired communications skills. One day, the child began to get upset and frustrated, misinterpreting a situation and thinking that others were talking about him.

“We redirected him to use the physiology ball, and he bounced on it for more than an hour,” Mr. Blackak says. “Then he was able to come back out on the unit as if nothing had ever happened. He used it many times after that, because he realized that it worked for him.”

A child new to the TOPS extended day treatment program was having a hard time, Gloricel Rodriguez-Lebron recalls. He was anxious about being there and uncomfortable around the other children. He left the room where group therapy was taking place and began pacing in the hallway, insisting that he wanted to leave. Acting on his choices on the sensory diet list, Ms. Rodriguez-Lebron helped him dampen a towel with cold water and put it on his forehead, and she offered him chewing gum.

“Fifteen minutes later, he was back in the group,” she says.

**The Relational Model**

Sensory modulation dovetails well with the relational model of care the Institute primarily uses today in dealing with children and adolescents. The relational model is based on the clinician’s getting to know the child, understanding and respecting the child’s feelings and building trust.

“The idea is to build a relationship from the second the patient walks in,” says Chad Blackak. “You ask them about themselves and show that you have a genuine interest in them. Patients know when you care and when you don’t.”

Mr. Blackak tries to find common interests—music or sports, for example—that he can talk with the child about.

“Adolescents often feel we have no clue what their life is like. But when you introduce something you’re both interested in, they can relate to you, and you make that attachment,” he says.

Ms. Rodriguez-Lebron notes that a relational approach is based on mutual respect between the child and the clinician. If a child is angry and yelling and the clinician is yelling back, she says, that’s just adding fuel to the fire, and the situation will escalate.

“In a relational approach, you give the child options and choices, because you want to keep the environment safe,” she says, adding that she’s seen a significant difference in children’s behavior since the relational model was adopted.

“The more flexible we’ve become, the fewer crises we’ve seen,” she says.

Mr. Blackack says that by putting more effort into verbal communication and interaction with patients, clinicians get a better sense of what’s happening with their patients and are better able to intervene appropriately.

“If you can catch them five minutes before they go off,” he says, “you can head off a crisis before it occurs.”
(left to right) John Goethe, MD; Joanna Fogg-Waberski, MD; and TMS Coordinator Rosalind Sklar with the NeuroStar TMS Therapy device.
In May 2009, the Institute of Living became the first center in Connecticut—and one of only about 100 nationwide—to offer transcranial magnetic stimulation (TMS) therapy for the treatment of depression. TMS, which was approved by the federal Food and Drug Administration in late 2008, is a noninvasive therapy that is administered on an outpatient basis. Studies show that it is a powerful tool for helping patients achieve full recovery.

“One of the reasons this is an exciting treatment is that we can help patients who either have not responded to antidepressant medications or who cannot tolerate the side effects of those medications,” says Joanna Fogg-Waberski, MD, who directs the Institute’s TMS Service.

John Goethe, MD, who collaborated with Dr. Fogg-Waberski to establish the TMS service, adds that the therapy is also an option for patients who do not want to take medications. Success rates with TMS, he says, are comparable to those seen with antidepressant medications.

**Magnetic Stimulation and the Brain**

TMS uses highly focused MRI-strength magnetic pulses to stimulate nerve cells in the areas of the brain that regulate mood. The magnetic field reaches only two to three centimeters into the brain.

“The theory behind TMS is that the magnetic field produces a small electric current within the brain,” says Dr. Fogg-Waberski. “The current activates cells in the brain that release neurotransmitters, and the release of these neurotransmitters helps to decrease symptoms of depression.”

**The Treatment**

When a patient is referred for TMS therapy—or self-refers—the first step is a consultation with Dr. Fogg-Waberski or Dr. Goethe. The physician screens the patient for attributes that would prohibit their receiving TMS, such as facial tattoos containing metallic ink and implanted devices such as...
otologic implants, pacemakers, defibrillators and insulin pumps. The physician also takes a thorough history, exploring both the patient’s physical health and experience with depression.

Patients who are found to be candidates for TMS receive the therapy via the Institute’s NeuroStar TMS Therapy device, the only TMS equipment approved for use in the United States. At the time of treatment, the patient relaxes in a comfortable, reclining chair. No anesthesia is needed. A treatment coil is placed on the patient’s head, just above the left prefrontal cortex. The NeuroStar TMS Therapy device generates a magnetic field that is rapidly turned off and on. Patients may listen to music, watch close-captioned TV or even sleep during the treatment. Each session lasts about 40 minutes. Patients receive treatments five days a week for four to six weeks.

Feeling Better
The experience of one recent patient is typical. The patient came for his initial consultation exhibiting signs of severe depression. He was barely able to bring himself to go to work or carry out the usual activities of daily living. His energy level was low, he wasn’t interested in anything and he found no enjoyment in life. For the first two or three weeks of therapy, he reported little change. By the fourth week, he had more energy and more interest in activities and, in Dr. Fogg-Waberski’s words, “felt life was worth living.” By the fifth week, he was looking forward to going to work and getting involved in other things, rather than “looking hopelessly into the future,” as he had done before treatment.

After completing the therapy, some patients continue with medications that have helped in the past. Others receive TMS on a maintenance basis, gradually increasing the time between treatments.

Dr. Goethe says that one published study followed patients for six months and found that the majority did not need additional treatment.

Despite FDA approval and the fact that TMS is a proven therapy, most insurance companies do not cover the cost as of this writing. But Drs. Goethe and Fogg-Waberski say that this practice may change with the publication of a new National Institutes of Health study released late last year.

Looking Ahead
In addition to the clinical service, the TMS initiative at the Institute has a research component. Dr. Goethe and Dr. Fogg-Waberski perform systematic weekly assessments of each patient while patients are receiving TMS. They also contact patients monthly after completion of treatment in order to see how patients do over time.

“We expect to have publishable data from those assessments in late 2010, says Dr. Goethe.

The TMS Service is an integral part of the Institute’s Depression Initiative. In 2009, the Institute launched a campaign to raise $3 million to support this initiative, which focuses on expanding research and clinical programs related to depression, anxiety disorders and bipolar illness. With foundation and community support, the Institute seeks to advance knowledge of these illnesses in order to improve individual patient outcomes and reduce the associated socioeconomic burden.
In Memoriam

2009 saw the passing of two cherished members of the IOL family. We bid a fond farewell to both of these notable women.

Grace S. Webb arrived in the Hartford area in 1985, when her husband, William L. Webb, Jr., MD, became Psychiatrist-in-Chief at the Institute of Living. Mrs. Webb devoted considerable time and effort to helping children in the Institute's school and its programs. Her work was officially recognized in 1991 when the IOL's school was renamed the Grace S. Webb School in her honor. She continued her work with the school for many years, becoming an integral part of its auxiliary programs and its character. Grace's kindness, dedication and gentle nature were well-known and enjoyed by all staff and students who knew her. Mrs. Webb died on May 9.

Mabel Donnelly, PhD, was the wife of the late John Donnelly, MD, whose long tenure at the Institute of Living culminated in his serving as Psychiatrist-in-Chief from 1965 to 1979. Throughout those years and all the ones that followed, Mrs. Donnelly remained a steadfast supporter and friend of the Institute, upholding the IOL's reputation for excellence through her numerous activities in the community. Mrs. Donnelly died on Sept. 2.

Depression Initiative Launched

The Institute has launched an ambitious, $3 million fundraising campaign for its Depression Initiative, a groundbreaking effort that will make the Institute a national center of excellence in mood and anxiety disorders.

The initiative was formally launched in September 2009 at a gathering of the Ambassador's Council and other friends of the hospital hosted by IOL Board Chairman Skip Gengras and his wife, Edie. Subsequent gatherings have been hosted by Steve and Blanche Goldberg and John and Marla Byrnes. Rodney and Janice Reynolds of Granby gave the lead gift to the initiative. At press time, the Institute had received more than $1.2 million in gifts and pledges.

The Depression Initiative aims to expand, enrich and integrate the Institute's existing clinical and research initiatives so as to discover the underlying causes of mood and anxiety disorders; develop optimal, personalized treatments; and improve access to care for people with these disorders.

The Initiative's Goals

The Institute is seeking a minimum of $3 million in individual, corporate and foundation support. The funds will be used to expand research opportunities, infrastructure and faculty; create a Depression Evaluation Unit; establish an Institute for Cognitive-Behavioral Therapy; and augment therapeutic offerings such as the Transcranial Magnetic Stimulation (TMS) Service and specialized psychotherapy programs.

“‘This initiative is based on the same model as the Schizophrenia Initiative we launched nearly 10 years ago,’” says IOL Psychiatrist-in-Chief Harold Schwartz, MD. “That powerful model produced a major research center—the Olin Neuropsychiatry Research Center—and several new programs that placed us at the cutting edge of treatment for schizophrenia and related psychiatric disorders. With an infusion of support from the community, the Depression Initiative will do the same thing for treatment of depression, bipolar disorder and anxiety disorders.”

The Need Is Great

Depression affects more than 18 million adults in the United States, and rates of depression are increasing among older children and adolescents. Nearly 6 million adults have bipolar disorder. As much as 30 percent of the population will suffer from a clinically diagnosable anxiety disorder at some point in their lives. Mood disorders are among the most common and costly psychiatric conditions in the United States. Depression is the single most common chronic health problem among U.S. workers and results in more lost workdays annually than heart disease and diabetes combined. Anxiety disorders alone are estimated to cost the U.S. economy as much as $74 billion per year.

The Depression Initiative will enable the Institute to make great strides in reducing the human suffering and economic toll associated with these disorders. More information is available at instituteofliving.org/DepressionInitiative.
2009 was a significant year for the Institute, and many plans set in motion this year will make 2010 an exciting year, as well.

In September, we formally launched a $3 million capital campaign to fund our Depression Initiative—a program with the potential to propel the Institute to the national forefront in the understanding and treatment of mood disorders. At press time, more than $1.2 million in gifts and pledges has been received, and the solicitation process continues. You’ll read more about this far-reaching initiative on page 10.

Our new Transcranial Magnetic Stimulation service for the treatment of depression began this year and is already treating more than three patients a day. We expect the number of patients in the program to increase substantially once insurers begin covering the cost of treatment, which is beginning to occur.

We are very proud that for the third consecutive year U.S. News & World Report has named the Institute of Living among the nation’s top psychiatric facilities. We believe that our inclusion in this elite group is due to our achievements in research, education and clinical care. The Institute was awarded a record $7.2 million in research grants this year—a remarkable amount for an institution that is not a medical school. Our residency programs continue to attract top-flight applicants, and our clinical care continues to be of the highest quality.

In our effort to continuously enhance patient care, we have undertaken a complete re-examination of the culture of our therapeutic programs. The goal of this process is to ensure that the patient and the patient’s family are at the core of everything we do. It is an effort to translate into a contemporary setting the patient-centered “moral treatment” model on which we were founded more than 180 years ago. The relational approach and sensory modulation techniques discussed in the article, “A Guiding Star,” grew out of this re-examination, and there’s more to come. Watch for more information in the next issue of The Record.

On a final—and very exciting—note, we just learned that we have been awarded a $3.27 million grant through the American Recovery and Reinvestment Act of 2009. The grant will allow us to double the size and staff of our Olin Neuropsychiatry Research Center in the next two years. Plans call for acquiring a second 3-Tesla MRI scanner, constructing an addition to the current building, renovating and expanding an adjacent building and connecting the two via an enclosed skywalk. The result will be a high-capacity complex that will take our research programs to a new level. We look forward to sharing more news about this exciting project in 2010.

Harold I. Schwartz, MD    E. Clayton Gengras, Jr.
Psychiatrist-in-Chief    Chairman of the Board
Arne Welhaven Memorial Award
A humanitarian award given yearly to a staff person within the Department of Psychiatry who best exemplifies genuine concern, respect and generosity toward patients and a quest for excellence in mentorship or education.
James DeGiovanni, PhD, Director of Training, Clinical Psychology

Linda J. Stacy Service Excellence Award
An 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 toward improving the quality of the Institute of Living’s interactions with patients and their families.
Gail Bourdon, PhD, LCSW, Treatment Manager, Professional Program
Graciela Davila, Psychiatric Technician, Donnelly 1 North
William Edwin, RN, Donnelly 1 North
Janice Mitchell, PhD, LCSW, Treatment Manager, Donnelly 2 South, and Chevy, her Pet Therapy Dog
Yolanda Rosario, Psychiatric Technician, Donnelly 3 South

Psychiatrist-in-Chief’s Award
An award established in 2005 to recognize outstanding contributions to psychiatry at the Institute of Living/Hartford Hospital. Awardees may be employees, members of the voluntary staff or members of the community.
Annetta K. Caplinger, MSN, CS, Director of Clinical Operations
Paul A. Andrulonis, MD, Award
Presented annually within the Division of Child and Adolescent Psychiatry for excellence in teaching.
Mary Butteweg Gratton, PhD, LCSW
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.
Cara Yergen, MD

Hartford Hospital Employee of the Year 2009 Award
An award presented annually at Hartford Hospital to an employee nominated by peers who demonstrates excellence in the performance of his/her duties in relation to Hartford Hospital.
Alan Meeds, Teacher, Grace S. Webb School, Hartford

Nightingale Award for Excellence in Nursing
The Hartford Regional Nightingale Award Program recognizes nurses who demonstrate excellence in clinical practice, leadership, scholarship and/or education. The awards were presented during National Nursing Week, May 4-8, 2009.
Roberta Wood, RN, Donnelly 3 North

Hartford Hospital Nurses’ Week Awards
The Nurses’ Week Awards were reinstituted at Hartford Hospital to celebrate and honor nursing. The awards include the Dedicated to Caring Award and the Linda Richards/June Long Award.

Dedicated to Caring Award
Pamela McKenzie, PAA, Donnelly 1 North
Cynthia Cooper-Durant, Psychiatric Technician, Donnelly 1 North
Brendan McCann, Psychiatric Technician, Donnelly 1 South
Yolanda Rosario, Psychiatric Technician, Donnelly 3 South

Linda Richards/June Long Award
Donna Craven, RN, Donnelly 1 South
Janie Gray, RN, Donnelly 3 South
Lynn Roberts, RN, Donnelly 1 North

Connecticut Association of Private Special Education Facilities Golden Apple Award
An award given by the Connecticut Association of Private Special Education Facilities to school staff members within the association who have made significant contributions to their students and program. Selection is by peer vote.
Emely Ramirez, Teacher Assistant, Grace S. Webb School
Kimberly Marena, Teacher, Grace S. Webb School
Carolyn Heimann, School Clinician, Grace S. Webb School
Deniece Morgan, Student Support Coordinator, Webb School at Cheshire
Kathryn Dooley, Teacher, Webb School at Bloomfield

Psychiatry Residency Training Program Awards
Joelle Pauporte, MD, “Light One Little Candle” Memorial Award
Presented to an outstanding psychiatric resident by fellow residents.
Julie Phenco, MD
Arbor Vitae Award
Presented by graduating residents to recognize an individual’s significance to the development of his or her class.
Theodore F. Mucha, 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 2009”
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 2009”
Based on research commissioned by Hartford Magazine and conducted by Best Doctors, Boston, Mass.
Adrienne L. Bentman, MD
Karen Blank, MD
Joanna Fogg-Waberski, MD
John W. Goethe, MD
Harry E. Morgan, MD
Theodore F. Mucha, MD
Godfrey D. Pearlson, MD
Kenneth S. Robson, MD
Harold I. Schwartz, MD
Samuel M. Silverman, MD

IOL Members Inducted into the Quarter Century Club
Reginal Alston, Treatment Manager, Donnelly 2 South
Annetta Caplinger, Director of Clinical Operations
Virginia Davio, Registered Nurse, Donnelly 2 North
Ida Fischer, Psychiatric Technician, Donnelly 3 South
Nadine Jakymiw, Residential Counselor, Todd Program
Robert Kniep, Locksmith, Engineering Department
Linda Mangiapardo, Principal, Webb School at Bloomfield
Josette Marechal, Residential Counselor, Buckingham Program
Alan Meeds, Teacher, Grace S. Webb School
Gregory Noble, Security Officer

Beth Pizutto, Director of Ambulatory Services
Patricia Reynolds, Treatment Manager, Geriatric Day Program
William Rosario, Transportation Services
Steven Sklar, Registered Nurse, Donnelly 1 North

Additional Distinctions
Karen Blank, MD
American Association of Geriatric Psychiatry: Chair, Public Policy Committee and Communications Committee 2009-2012; Chair, Committee on Diversity, 2005-2009; Co-Founder, Connecticut Doctors’ Orchestra.

Annetta Caplinger, MSN, CS; Theodore F. Mucha, MD; Gail Nelson, MS, RN; and Harold I. Schwartz, MD Recognized by the Hartford Hospital Board of Directors for having provided the extraordinary leadership necessary for the Institute to be named as one of the nation’s top psychiatric facilities by U.S. News & World Report.

David Glahn, PhD
Has received the Society of Biological Psychiatry’s 2010 A. E. Bennett Research Award. The annual award is intended to stimulate international research in biological psychiatry by young investigators. Dr. Glahn was honored for his research into the genetic roots of mood and psychotic disorders.

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

Al Herzog, MD
Connecticut State Medical Society Representative to the Federation of State Physician Health Programs; Member, Glastonbury Ethics Commission; President, Glastonbury Exchange Club.

Pearl Lynch
Treasurer and Member, Board of Directors, Interval House.

Steven H. Madonick, MD
Member, Board of Directors, Mental Health Association of Connecticut.

Harold I. Schwartz, MD
Member of the Advisory Board, Thomas Scattergood Behavioral Health Foundation; Member of the faculty, the Thomas Scattergood Behavioral Health Ethics Institutes; Legislative Chair, Connecticut Psychiatric Society; Member of the Board, Real Art Ways.

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

Admissions
Total Admissions During Year 4,281
Average Daily Census 96.0
Average Length of Stay (days) 8.0

Residence on Admission
City of Hartford 37%
Conn. (Excluding Hartford) 62%
Northeast (Excluding Conn)* 1%

*Includes New England, New Jersey, New York, Pennsylvania and RI

Age on Admission**
0-11 5%
12-17 20%
18-25 14%
26-44 28%
45-64 25%
65 and over 9%

**Estimated due to different source data used to compile this information.
Women - 50%, Men - 50%

Ambulatory Statistics

Partial Hospital Programs***
Total Days
Adult Day Treatment 6,384
Eating Disorders 1,852
DBT Program 3,187
Schizophrenia Rehab 3,814
Geriatric Day Treatment 2,228
Addiction Recovery Services 1,833
Professional Day Treatment 3,869
“Child/Adolescent Day Treatment combined” 4,736
Total 27,903

*** Includes Partial Hospital and Intensive Outpatient

Outpatient Clinics

Adult Outpatient 8,748
Geriatric Outpatient 3,616
Child/Adolescent Outpatient 3,374
Adult OPD Total 15,738

ECT ?? 1,966
TMS ?? 231

Institute of Living 2009 Financials
(In thousands)

Income:
Net Patient Revenue $45,947
Other Credits to Expense $16,740
$62,687

Expenses:
Salary (599.21 FTE’s) $41,737
Fringe $9,326
Supplies and Other $1,498
Purchased Services $3,982
Capitol $3,211
Bad Debt $2,685
$62,439
Collaborative
Kirtz, Matthew PhD, Neurological Soft Signs, Neurocognitive Measures, and Everyday Life Skills. Wesleyan University, $703.

Nichols, Mary, Narrative Coherence and Neurocognition in Schizophrenia: The Effects of Illness Duration. Wesleyan University, $600.

Departmental
Stevens, Michael PhD, An fMRI Study of the Effect of Working Memory Training on ADHD Brain Dysfunction, $1,000.

Federal
Glahn, David MD, Influence of Psychosis on Brain-Behavior Endophenotypes for Bipolar Disorder. NIMH/Yale University, $1,351,780.

Pearlson, Godfrey MD, Informed Data-Driven Fusion of Behavior, Brain Function, and Genes. NIMH/MIND Institute, $38,528.00

Tolin, David PhD, Maximizing Treatment Outcome in OCD. NIMH/University of Columbia/Research Foundation for Mental Hygiene, Inc., $34,372.

Foundation
Assaf, Michal PhD, Buspirone Efficacy and its Brain Correlates in the Treatment of Anxiety in Autism. Spectrum Disorders Foundation/Private Donor, $40,000.

Industry
Goethe, John MD, A Phase II-b, Multicenter, Randomized, Double-Blind, Parallel Group, Placebo-Controlled Efficacy and Safety Study of Adjunctive AzD6765 in Subjects with Major Depressive Disorder (MDD) with at Least Moderate Symptomatology and a History of Poor Response to Antidepressants. Industry, AstraZeneca, $109,850.

Tolin, David PhD, A 3-Arm, Double-Blind, Placebo-Controlled Clinical Trial to Assess the Efficacy, Safety, and Tolerability of Pagoclone for the Treatment of Adults with Stuttering. Indevus Pharmaceuticals, $71,688.


Open Competition
Goethe, John MD, Research Infrastructure for the Depression and Bipolar Disorders Center, $49,760.

Stevens, Michael PhD, Linux Cluster Infrastructure Enhancement, $74,513.

Wilber, Charles MEd, Cognitive Training in Elderly with Normal Aging and Mild Cognitive Impairments, $82,487.

Small Grant
Corbera, Silvia PhD, Application of Event-Related Potentials (ERPs) to Evaluate the Effects of Coaching on Cognitive Rehabilitation in Schizophrenia, $300.

Mace, Melanie PsyD, A Survey of Regional Referring Providers’ Use of and Perceived Utility of Neuropsychological Services, $739.

State

Ehret, Megan PharmD, Feasibility of Administering a Pharmacist Consultation Service Targeting Inpatients with Bipolar Disorder, Most Recent Episode Depressed. ASHP, University of Connecticut, $5,000.00

Unfunded
Diefenbach, Gretchen PhD, Unified Treatment for Geriatric Emotional Disorders

Stevens, Michael PhD, ADHD Medications: Are The Benefits Worth The Risks?

Tolin, David PhD, Psychological and Physiological Correlates of Anxiety

David Tolin, PhD, Director of the Institute’s Anxiety Disorders Center, with television personality Oprah Winfrey. Dr. Tolin was invited to appear on “The Oprah Winfrey Show” to share his expertise in the causes and treatment of compulsive hoarding.
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