Putting Down New Roots
On the cover: The pecan tree on the Institute’s campus is the largest in New England and one of only five in Connecticut.
If there’s a single, consistent theme in the field of behavioral health, it’s constant change. Today, many of the changes taking place at the Institute of Living relate to the requirements of the federal Affordable Care Act, the law dealing with health care reform.

We have a longstanding focus on quality of care. For many years, we have constantly tracked and monitored quality data with the goal of continuously improving performance. Health care reform legislation requires that, in 2013, all psychiatric units publicly report those quality measures in a format specified by the federal government. We are preparing now to comply with that new reporting requirement.

Integrating psychiatric services is another component of health care reform. The goal is to ensure continuity between medical and psychiatric services by eliminating the barriers that diminish access for patients and communication between providers. This year we pursued several initiatives aimed at integration. One of the most important was the development of an integrated electronic health record system. The system will link behavioral health units at all Hartford HealthCare partner hospitals. The initial phase, which will focus on outpatient care, will go live in 2013.

Integration has also meant greater emphasis on incorporating psychiatric services into general medical services. You’ll read about one example of this in the On & Off Campus piece about the expansion of our Division of Health Psychology. Behavioral health services now extend to services such as transplant, epilepsy, pain medicine, sleep medicine and bariatrics.

Health care reform requires the establishment of health insurance exchanges from which individuals may purchase health insurance. This will affect us, since mental health and substance abuse services have been named as essential health benefits these exchanges will be required to offer.

Unfortunately, it’s likely that reimbursement levels will be less than the cost of providing the services. We will continue to struggle to do more with less and to be ever more efficient, just as this year we are dealing with reduced Medicare and Medicaid reimbursements.

All of these changes are taking place at a time when the demand for psychiatric services and the intensity of patient illness are both higher than ever. Our average daily census is at unprecedented levels, largely because patients are more complex, requiring longer stays. The number of patients presenting in the psychiatric emergency room has increased dramatically. The high demand for emergency psychiatric services has led us to establish the H3W improvement process described on page 5. This will lead to expanded facilities for psychiatric patients in the Emergency Department and enhanced staffing and programming.

Through it all, our research initiatives continue to thrive, as you’ll read in this report. Our investigators continue to publish widely and make important contributions. As we write this, we are completing a multimillion dollar addition that will include a new, 3-Tesla, whole-body MRI scanner. The additional space and technology will open the doors to even more research opportunities and further enhance the Institute’s national standing.

While change is constant in so many ways, some things remain the same. We continue to strive every day to provide every patient with superb care and to treat both patients and families with compassion and respect. Many thanks to all of the outstanding people—clinicians, staff, donors, volunteers and others—who make this achievement possible.

Harold I. Schwartz, MD
Psychiatrist-in-Chief

Robert B. Goode Jr.
Acting Chairman of the Board
The Institute of Living, founded in 1822, was one of the first mental health facilities in the United States and the first hospital of any kind in Connecticut. Today, as Hartford Hospital’s Division of Psychiatry, the Institute is one of America’s leading centers for comprehensive patient care and a nationally recognized research center. With more than 4,200 inpatient admissions annually, the Institute excels at linking cutting-edge research programs with outstanding clinical care.

Clinical Services
The Institute’s spectrum of services includes outpatient, partial hospital, residential (supervised living), inpatient, and consultation, as well as the Grace S. Webb School for elementary, middle, and high school students. Its many specialty centers (see page 3) offer an exceptional array of mental health resources. The Institute continues to pursue its “Depression Initiative.” This major fund development drive, now in its third year, aims to establish new research and clinical programs in the mood disorders.

Research Activities
The Institute of Living has a stellar reputation as a research institution conducting groundbreaking studies to gain a deeper understanding of severe mental disorders. The Institute also conducts clinical trials of investigational new drugs and is a leader in outcome studies. This research occurs in four main centers: the Olin Neuropsychiatry Research Center, the Burlingame Center for Psychiatric Research and Education, the Braceland Center for Mental Health and Aging, and the Anxiety Disorders Center. IOL researchers were awarded $7.7 million in new grants this year.

National Prominence
The Institute is well-known in the international psychiatric community and among the general public. Institute physicians and researchers are frequent contributors to prestigious journals and presenters at important professional meetings. Last year alone, Institute faculty members published more than 100 scientific articles, chapters and books and presented at more than 80 professional meetings on five continents.
**Services**

- Child and Adolescent
- Consultation/Liaison
  - Evan Fox, MD
- Crisis Intervention/Emergency
  - David Pepper, MD
- General Adult
- Geriatric
- Inpatient
- Outpatient
- Partial Hospital (PHP/IOP)
- Psychological Testing/
  Neuropsychological Testing
- Residential Services
- Therapeutic Special Education

**Institute of Living Leadership**

Harold I. Schwartz, MD  
Psychiatrist-in-Chief, IOL  
Vice President for  
Behavioral Health, Hartford Hospital

Theodore F. Mucha, MD  
Medical Director

Annetta K. Caplinger, MSN, CS  
Director of Clinical Operations

Ellen Blair, APRN, NEA-BC  
Director of Nursing Services

**Clinical Departments**

Nursing  
Ellen Blair, APRN, NEA-BC

Psychology  
James DeGiovanni, PhD

Rehabilitation  
Nancy Hubbard, LCSW

Social Services  
Mary Gratton, PhD  
Carol Mucha, PhD

**Resident Education**

General Psychiatry  
Adrienne L. Bentman, MD

Psychosomatic Medicine  
Evan Fox, MD

Child & Adolescent Psychiatry  
Robert Sahl, MD

**Specialty Centers**

Anxiety Disorders Center/Center for Cognitive-Behavioral Therapy (CBT)  
David F. Tolin, PhD

Autism Consultation Service  
Robert Sahl, MD

Center for Couples and Families  
Carole Mucha, PhD

Dialectical Behavior Therapy (DBT)  
Cheryl Crowe, LCSW

Eating Disorders  
Paula Holmes, MSN, APRN  
Sara Niego, MD

Family Resource Center  
Nancy Hubbard, LCSW

Grace S. Webb Schools  
Kikke Levin-Gerdner, MEd

Mood Disorders  
John W. Goethe, MD

Program for Professionals  
Lee Albert, LCSW  
Alfred Herzog, MD

Schizophrenia Early Intervention and Young Adults  
Steven Madonick, MD  
David Vaughn, LCSW

Schizophrenia Rehabilitation  
Warren Thime, PhD

Somatic Therapies (ECT & TMS)  
Joanna Fogg-Waberski, MD

**Research Centers**

Burlingame Center for Psychiatric Research and Education  
John W. Goethe, MD

Anxiety Disorders Center  
David F. Tolin, PhD

Braceland Center For  
Mental Health and Aging  
and Memory Disorders Center  
Karen Blank, MD

Olin Neuropsychiatry Research Center  
Godfrey Pearlson, MD

**Clinical Program Directors**

Adult Services  
Beth Pizzuto, RN, MSN

Young Adult Services  
Lawrence Haber, PhD

Child and Adolescent Services  
Mary B. Gratton, PhD, LCSW  
Robert Sahl, MD

Geriatric Services  
Joanna Fogg-Waberski, MD
Dr. Beck Receives Inaugural Goodrich Award

The Institute of Living has presented its first-ever Annie Goodrich Distinguished Nurse Lectureship Award to Cheryl Tatano Beck, DNSc. Dr. Beck is a professor at the University of Connecticut School of Nursing and a prolific researcher in post-traumatic stress in childbirth and postpartum depression. The award was presented during National Nurses Week, on May 10, at the Institute of Living.

The award was created to celebrate the accomplishments and legacy of Dr. Annie Goodrich, who served as consulting director of nursing at the IOL from 1938 to 1941 and established its famous postgraduate program in psychiatric nursing. Dr. Goodrich was the organizing dean of the Army School of Nursing and the first dean of Yale University School of Nursing. In 1976 Dr. Goodrich was inducted into the American Nurses Association Hall of Fame. She died in 1954 at the age of 88.

Dr. Beck was chosen to receive the award because she exemplifies Dr. Goodrich’s values: excellence in scholarship and teaching and advancing psychiatric nursing practice.

A room at the Institute of Living Library is being renovated and renamed in honor of Dr. Goodrich, in recognition of all the nurses at the IOL who have dedicated themselves to the care of the mentally ill.

Burlingame Award Announced

A psychiatrist who has been called a “transformational figure for child and adolescent psychiatry” is the 2012 recipient of the Institute of Living’s C. Charles Burlingame, MD, Award.

Honoree Judith L. Rapoport, MD, is the chief of the Child Psychiatry Branch at the National Institute of Mental Health in Bethesda, Md., a position she has held since 1986. She is also professor of psychiatry at George Washington University School of Medicine and clinical professor of psychiatry and pediatrics at Georgetown University Medical School. She received her medical degree from Harvard Medical School and completed her residency and research training at the Massachusetts Mental Health Center in Boston and St. Elizabeth’s Hospital in Washington, DC.

Dr. Rapoport’s work has been influential in the areas of diagnosis in child psychiatry, attention deficit hyperactivity disorder, obsessive-compulsive disorder and childhood-onset schizophrenia. She is the author or coauthor of more than 300 scientific peer-reviewed articles and five books.

Former Patient Authors Memoir

David Fitzpatrick, an inpatient at the Institute of Living for more than two years, recently published a book about his struggles with mental illness. The book, entitled Sharp, relates how Mr. Fitzpatrick’s illness led him to cut and burn himself in search of relief from mental anguish and how he eventually reclaimed his life.
Division of Health Psychology Expands

Health psychology is a fast-growing area of applied psychology. It focuses on how biological, psychological, environmental and cultural factors affect physical health and illness. Research shows that behavior and lifestyle are major contributors to chronic illness and death. Psychological factors also affect a range of health issues, including how medically ill patients prepare for and respond to treatment.

Recognizing the importance of this discipline, the IOL has expanded its Division of Health Psychology to include four licensed psychologists: Jennifer Ferrand, PsyD, Jessica Sierra, PhD, Danielle Koby, PhD, and Mona Tieman, PsyD. As members of the health care team, they provide consultation, evaluation and treatment. Division members assess patients prior to procedures such as bariatric or transplant surgery and provide psychological counseling to patients recovering from surgery or dealing with chronic pain or end of life. They also work with patients on issues such as eating problems, smoking cessation and stress management.

In addition to clinical services, the division educates professionals entering the field and has plans to engage in research activities with other disciplines.

Improving Emergency Care

Psychiatric emergency units nationwide are strained by a volume of patients that can be as much as double what the facilities were designed to accommodate. This contributes to dissatisfaction among patients, families and staff.

Hartford Hospital and the Institute of Living are using a proven quality-improvement process to ensure a better experience for psychiatric patients in the hospital’s Emergency Department.

The process, known as H3W—short for How Hartford Hospital Works—brings key people together in a workgroup to focus on a problem and implement steps to resolve it. The ED Behavioral Health Initiative workgroup comprises leadership from the IOL and the “purple pod,” the behavioral health component of the ED. Together, they are identifying ways to make the unit one of the best in the country.

9th Annual BrainDance Awards

Eighty students from 20 Connecticut high schools submitted projects to this year’s BrainDance Awards competition. The program, launched in 2004, aims to eliminate the stigma often associated with mental illness by encouraging young people to learn more about mental health disorders. Students submit creative or scientific projects exploring some aspect of mental illness. Winning projects are selected by a panel of judges comprising IOL staff members and art teachers. Winners receive cash prizes.

This year’s awards were presented on Thursday, May 31. After the presentation, winners toured the Olin Neuropsychiatry Research Center; the Myths, Minds and Medicine Museum; and the notable trees on the IOL campus. The activities concluded with a grand rounds lecture by Bruce Wexler, MD, professor emeritus of psychiatry at the Yale School of Medicine, who spoke on “Harnessing Neuroplasticity for Education and Treatment.”

First-place winners were Kevin Jackson Jr. of Norwich Technical High School, Molly Consoli of Amity Regional High School and Colin Flynn of Fairfield College Preparatory School. The BrainDance Teacher Award went to Mrs. Creighton Paquette-Claman of Bristol Eastern High School, who has had numerous students participate in the program.

Mixed media submission winner Colin Flynn (center) with Godfrey Pearlson, MD, and Nancy Hubbard, LCSW.
A team led by an IOL researcher has made a major advance in the effort to discover the genetic source of depression.

There are certain facts the scientific community knows about depression. Among them are that the disorder is quite common, affecting nearly 20 percent of adults at some point, and that it runs in families, suggesting a genetic cause. Finding the genes that give rise to depression long has been the holy grail of research. Now an Institute of Living researcher and his colleagues have made a discovery that stands to bring that goal within reach.

David Glahn, PhD, of the IOL’s Olin Neuropsychiatry Research Center, led a National Institutes of Health-funded study that for the first time found evidence that a gene, RNF123, plays a role in depression. “Identifying specific genes is critical,” Dr. Glahn says, “because the goal is to come up with treatment strategies that could be targeted to those genes.”

Just as important, Dr. Glahn and his colleagues developed a new scientific approach to ranking biological measurements, an innovation that improves researchers’ ability to identify genes that cause mental illness. “A recent large-scale NIH study [by an unrelated research team] failed to discover any risk genes for depression based on traditional approaches,” says Olin Center Director Godfrey Pearlson, MD. “This makes Dr. Glahn’s novel approach particularly important.”

The Study
The findings are the result of a six-year study called "Genetics of Brain Function and Structure." Dr. Glahn’s chief collaborator in the study was John Blangero, PhD, director of the AT&T Genomics Computing Center at the Texas Biomedical Research Institute. The study focused on subjects who are members of extended Mexican-American families. Researchers collected blood samples, took family health histories and conducted detailed interviews of the subjects.

“Our goal was to examine very large family structures and look at the genes influencing basic brain structure and function,” says Dr. Glahn. “The families were not selected for any particular phenotype [observable characteristic] such as depression or psychiatric disorder, but because they were large and represented a typically underserved population.”

Drs. Glahn and Blangero found some of the families had high rates of depression. “We went through those families and looked to see whether we could identify genes or ge-
David Glahn, PhD, joined the Institute of Living’s Olin Neuropsychiatry Research Center and Yale University School of Medicine’s Department of Psychiatry in 2008. Dr. Glahn’s research focuses on exploring the neurobiological roots of major mental illnesses through the integration of cognitive neuropsychological, functional and structural neuroimaging, and behavioral and molecular genetic approaches.
netic factors that seemed to be exerting an influence in those families and throughout the sample,” Dr. Glahn says.

The Findings
Dr. Glahn’s team analyzed 40,000 gene transcripts and found that one, RNF123, is associated with an increased liability for depression. RNF123 is involved in the regulation of neurite outgrowth—the part of the neuron that grows out to touch other neurons. It has also been shown to affect the hippocampus, which is altered in people with major depression. And, in studies in rodents, the antidepressant drug sertraline has been seen to bring about changes in the hippocampus.

“What we have found is a gene that is closely associated with risk for depression and that has also been associated with treatment for depression,” Dr. Glahn says. “Because we have this gene as a starting point, we’re proposing a different mechanism from what others are looking at.” It could be, he explains, that antidepressant medications relieve depression symptoms not only by increasing serotonin levels in the brain but by stimulating the growth of neurites and, therefore, affecting the way neurons interact with each other at the structural level.

The process the team developed and used in the discovery was equally innovative. Called the endophenotype ranking value, it represents a new, objective way to identify the biological mechanisms that play roles in mental illnesses such as depression.

Going Forward
Dr. Glahn’s groundbreaking advance has the potential to lead to new therapies and to make it possible to tailor medications to each patient’s genetic makeup. It may even enable clinicians to identify in advance people who may be at risk of developing depression.

The next goal is to replicate the findings from this study. In June 2012, Dr. Glahn’s group began a Hartford Hospital-funded study that will examine 75 Hartford Hospital patients who have symptoms of depression and bipolar disorder.

“If we can replicate this finding in the population here,” Dr. Glahn says, “our goal is to start a larger NIH study to see if RNF123 and other genes help us predict the pathology of depression and help us choose treatment directions for people with the disorder.”
By comparing brain activity in patients with schizophrenia and autism, an IOL investigator hopes to discover a better way to diagnose—and ultimately treat—people with these disorders.

When it comes to diagnosing mental illness, psychiatrists have had little to rely on besides the patient’s symptoms and behavior. That may be changing, and Michal Assaf, MD, a senior research scientist at the IOL’s Olin Neuropsychiatry Research Center, is one of the researchers leading the way.

Dr. Assaf is the lead investigator of a National Institutes of Mental Health-funded study aimed at identifying biological markers that can be used to diagnose schizophrenia and autism and to categorize patients into subgroups so treatment can be better tailored to each patient.

The study, “Social Brain in Schizophrenia and Autism Spectrum Disorders,” is funded by a $2.7 million, five-year, RO1 grant. Dr. Assaf is working with several others at the IOL and with the Department of Psychiatry and the Child Study Center at Yale.

Defining Categories

Until recently, schizophrenia and autism were thought to be two distinct disorders. Now, Dr. Assaf says, researchers believe the two may actually overlap. “Social functioning deficits are core deficits in both schizophrenia and autism,” she says. “Schizophrenia has long been thought of as an illness of adulthood. But we now have evidence that it is as much of a neurodevelopmental disorder as autism. We think the brain abnormalities and genetic predisposition are present at birth.”

By using functional magnetic resonance imaging (fMRI) and event-related potentials (ERP) to observe the brain activity of people with schizophrenia and autism, Dr. Assaf hopes to find out where the disorders overlap or differ and, further, identify homogeneous subgroups within each group. One of the factors suggesting the existence of subgroups is the wide variation in response to treatment among people diagnosed with either disorder.

“It may be that we can’t nail down the best treatment because the groups are so heterogeneous,” Dr. Assaf says. “We want to see if we can use brain activity as a dimensional biological marker to group these patients differently. The current diagnosis is artificial. Using dimensional biological markers, it will be much more natural to classify patients into meaningful groups.”

Once subgroups are identified, patients who would not traditionally have been grouped together, will be. For example, patients with schizophrenia “A” may share characteristics with patients who have autism “C.” The next steps would be to identify the best treatment for each subgroup and then try to find common genetic abnormalities.

Gathering Data

To conduct the study, Dr. Assaf and her colleagues will administer several social tasks that will assess distinct but related processes associated with social cognition: theory of mind processes, social judgment and empathy. “We’ll use fMRI and ERP while he or she is doing a task, so we can relate brain waves and activity to what’s happening during the task,” Dr. Assaf says. “We’ll look at all these in the different groups and combine them into one database to see if we can find different groupings of patients.”

Dr. Assaf anticipates having preliminary results within two to three years and to have the full results in 2017.
With twice the space and new, leading-edge technology, the Olin Neuropsychiatry Research Center is dramatically expanding its research capabilities.

It’s been only 10 years since the Olin Neuropsychiatry Research Center was founded, yet the center has already made a name for itself on the national and international scenes. Its faculty members publish widely and regularly speak at professional conferences. It attracts an exceptional level of research funding, and the quality and productivity of its research are second to none. The center has grown rapidly in its first decade; having started with five staff members, it has 55 today.

The Olin Center is marking its 10th anniversary with a major expansion and technology upgrade that will open the doors to a vast new array of research possibilities and allow it to make an even greater contribution to the field of neuroscience. The expansion was made possible by two grants. One was a $3.2 million building grant from the federal government’s economic stimulus program, the American Reinvestment and Recovery Act. The other, a $2.2 million award from Hartford Hospital, enabled the center to acquire a next-generation, 3-Tesla functional MRI scanner. It also enhanced the overall project. “Hartford Hospital helped us significantly by expanding the initial economic stimulus grant into an overall scientific infrastructure project that was markedly bigger and better,” says Olin Center Director Godfrey Pearlson, MD.

**Bigger, Better Facilities**

The expansion project roughly doubles the size of the Olin Center. The first construction phase added a large bay to the existing Olin Center building.

“The spacious bay is wonderful,” Dr. Pearlson says. “Staff can move very efficiently between the two scanners and work with research subjects in a common area.” The bay and the new scanner are expected to become fully operational in December. The second phase involved the demolition of the old Huntington Building opposite the Olin Center’s
main entrance and, in its place, the construction of a modern, two-story building. The first floor features a DNA repository, ample space for interviewing and assessing patients, and a transcranial magnetic stimulation room designed for TMS research. The second floor of the new Huntington Building is dedicated to postdoctoral space.

“We have numerous postdoctoral fellows who study with us,” Dr. Pearlson says. “This space will enable them to work together, interact and share ideas. It’s tremendous to be able to give them prime space, because they’re very valued in our community here.”

The location, near the IOL’s Anxiety Disorders Center, is also expected to promote collaboration among researchers from the two centers.

New Scanner: Faster, More Flexible
The Institute is the first facility in the Northeast to acquire the Siemens Skyra scanner—the flagship model of the company’s new line. The new scanner is markedly faster than the old one, so subjects spend less time in the scanner, and more scans can be performed in a day. The new model scans the whole body, while the old one scans only the head. The machine’s extra-wide bore reduces risk of claustrophobia, so it’s better for people with that sensitivity and for children, who are often uncomfortable in a confined space. It can also accommodate patients who weigh as much as 550 lbs. This is important because people with schizophrenia often experience significant weight gain as a result of their medications. The more spacious machine also allows Olin Center investigators to begin a newly funded project on the neuroscience of obesity.

The machine’s faster throughput positions the Olin Center to participate in the sort of studies neuroscience is moving toward. “A lot of what we do now are large-scale, multi-site projects that require us to scan hundreds or thousands of people,” says Dr. Pearlson. “This is where the field is headed—large-scale epidemiology studies looking at hundreds of thousands of individuals with unaffected family members to study the brain and genetic risk markers that tell you about a person’s predisposition to have a certain disorder.”
New Technology Multiplies Research Possibilities

The Skyra’s advanced technology allows the Olin Center to do more sophisticated research than ever before. “For example, the new scanner can do MR spectroscopy,” Dr. Pearlson says. “It measures the concentration of the chemicals of life inside the brain that tell you about the brain’s metabolic activity.”

It will also create new avenues for collaboration with other disciplines. In collaboration with Hartford Hospital’s Surgical Weight Loss Center, the Olin Center obtained a grant to scan the brains of patients having bariatric surgery to try to find predictors of success for long-term weight loss. With a grant from Hartford Hospital, the Olin Center is studying bariatric patients before surgery to find out how their brains’ reward centers respond to food.

“This would not have been possible before the new scanner,” Dr. Pearlson says. “We hope to use this study as the basis for a larger National Institutes of Health grant in the next couple of years.”

Other obesity studies are also planned, including one that will try to determine if obesity is more like an addictive disorder or more closely resembles a mood disorder. Again, the large-bore scanner makes such studies possible.

The center is conducting a collaborative study with Hartford Hospital’s Department of Neurosurgery to do functional brain mapping. The larger scanner is able to accommodate the equipment presurgical patients often need. It’s also roomy enough to accommodate a steering wheel needed for a planned study of intoxicated driving.

Paul Thompson, MD, who heads Hartford Hospital’s Department of Cardiology, is interested in studying the effects of statin drugs on patients’ brains and muscles. With the new whole-body scanner, the Olin Center can now study muscular reactions.

Dr. Pearlson notes that “both cardiology and psychiatry are interested in how exercise affects brain function. We can now look at how exercise affects the brain and the muscles and the interaction between the two.”

These and other collaborative studies will “cement the relationship between the Olin Center and other parts of Hartford Hospital,” says Dr. Pearlson.

The implications reach far beyond Hartford, however, according to IOL Psychiatrist-in-Chief Harold Schwartz, MD. “This will undoubtedly raise our profile among our many research colleagues nationwide,” Dr. Schwartz says. “The doubling of the Olin Center’s capacity will also lead to many more grant opportunities, even in the current difficult grant environment. The Olin Center will grow in both staff and output. As terrific as the output has been so far, it is going to get even better.”
David Tolin, PhD, director of the Anxiety Disorders Center and the Center for Cognitive-Behavioral Therapy, was named president-elect of the American Psychological Association’s Clinical Psychology Division. He received the award for Distinguished Contribution to the Practice of Psychology from the Connecticut Psychological Association and the Self-Help Book of Merit Award from the Association for Behavioral and Cognitive Therapies for his recently published book, *Face Your Fears: A Proven Plan to Beat Anxiety, Panic, Phobias, and Obsessions*. Dr. Tolin was interviewed by multiple national and international media outlets.

Godfrey Pearlson, MD, director of the Olin Neuropsychiatry Research Center, was appointed to the Board of Physicians of the Connecticut Department of Consumer Protection’s Medical Marijuana Program. Under Dr. Pearlson’s leadership, Olin Center researchers generated the four largest NIH grants (and six of the 10 largest) awarded to Connecticut hospitals this past year.

David Glahn, PhD, an investigator at the Olin Neuropsychiatric Research Center, was appointed to the Scientific Program Committee and the A.E. Bennett Award Committee of the Society for Biological Psychiatry. He also serves on the Liaison Committee of the American College of Neuropsychopharmacology.

Ellen Blair, APRN, director of psychiatric nursing, with Karen Larsen, RN, and Cynthia Belonick, APRN, contributed a chapter, *The Patient in Pain*, in a book entitled *Inpatient Psychiatric Nursing: Clinical Strategies and Practical Interventions*. With others, they contributed a second chapter entitled Management of Barriers to Being Therapeutic. Ms. Blair published an article on Understanding Depression: Awareness, Assessment, and Nursing Intervention, in the *Clinical Journal of Oncology Nursing*. She also collaborated with Bonnie Szarek, RN, Stephen Woolley, DSc, Theodore Mucha, MD, Olga Dutka, MSN, MBA, Harold Schwartz, MD, and John W. Goethe, MD, to give a poster presentation on Variables Associated with Falls among Psychiatric Inpatients: The Institute of Living Falls Intervention Initiative, at the annual meeting of the American Psychiatric Association.
Putting Down New Roots

New trees and a long-range plan will preserve the Institute’s historic landscape for future generations.

Celebrating the planting of 17 new trees on the IOL campus are Harold Schwartz, MD, psychiatrist-in-chief; Ed Richardson of the Connecticut Botanical Society; Lee Monroe, director of marketing; Annetta Caplinger, MSN, director of clinical operations; Michael Mathews, Horticulture Program coordinator; and Jeffrey Flaks, president and CEO of Hartford Hospital.
It’s a notable coincidence that both the Institute of Living and Frederick Law Olmsted were born in Hartford in 1822. Olmsted would go on to become famous as the founder of American landscape architecture and the designer of some of the country’s most famous outdoor spaces, including New York’s Central Park and the grounds of the U.S. Capitol. In the 1860s, Olmsted returned to the city of his birth to design the grounds of the Institute of Living. The result was an oasis of natural beauty in the midst of an urban setting and a remarkable collection of noteworthy trees. More than a century later, Ed Richardson of the Connecticut Botanical Society Notable Tree Committee says the campus has “the most old, notable trees anywhere in the state.”

Now, thanks to the dedication of several staff members and a generous bequest from a former IOL patient, Olmsted’s vision and the IOL campus have been given new life and a bright future with the planting of 17 new trees. Some of the new trees replace original specimens that were lost to old age, lightning strikes or disease. Others were planted to eventually replace trees that are still alive but coming to the end of their life spans.

Ensuring the continued health of the campus’s trees is in keeping with the mission of the Institute, says Psychiatrist-in-Chief Harold I. “Hank” Schwartz, MD. “The Institute of Living has always embraced our historical relationship with Olmsted and his philosophy that the natural beauty of the landscape and individuals’ capacity to enjoy it contribute significantly to mental well-being,” Dr. Schwartz says.

Annetta Caplinger, director of clinical operations at the IOL, says that those receiving care at the facility, largely outpatients and Webb School students, use and enjoy the space. But they’re not the only ones. During lunch hours, staff often don their sneakers and walk the roughly one-mile circumference of the campus. The restoration project, Ms. Caplinger says, “was an incredible morale-booster for employees.”

Champion Trees
Even before the new trees were planted in the spring of 2012, the IOL campus was home to some very special ones, including a ginkgo tree near the Center Building that was part of the original design. The Connecticut Botanical Society has designated the ginkgo the Connecticut State Champion because it is the largest of its kind in
Connecticut. Ed Richardson says it “may be the largest in the country.” However, the national distinction can’t be documented because the nonprofit conservation group, American Forests, which lists the country’s largest trees, ranks only native trees. Because the ginkgo is native to China, it is considered an “exotic.”

An enormous pecan tree, a rarity in the Northeast and one of only five reported in Connecticut, is a New England Champion. So is the Japanese zelkova near the middle of the campus. A bur oak, almost certainly among those chosen by Olmsted, is a New England Co-Champion. Two unusual lindens, the big-leaf and the Crimean, are State Champions.

Two of the newly planted trees—a Rohan purple beech and a yellow bird cucumber magnolia—became State Champions right away because they are the largest of their species reported to exist in Connecticut.

Tree Champions
The roots of the restoration process go back several years. In the 1990s, Lee Monroe, then director of public relations at the IOL, took an interest in the unique trees. Working with the botanical society’s Ed Richardson, she developed a brochure outlining a self-guided walking tour of 30 notable trees. The inaugural walk attracted 300 participants.

Five years ago, the IOL engaged a landscape architect, Norma Williams, to do a comprehensive study of the property and make recommendations for its future. Subsequently, Dr. Schwartz, Ms. Monroe, Ms. Caplinger and Michael Mathews, coordinator of the IOL’s Horticulture Program, formed an informal group focused on replacing deceased trees so the beauty of the space could continue into the future. When the October 2011 snowstorm destroyed still more trees—white birches and a sugar maple—the group decided it was time for action.

“I was tasked with getting some trees in the ground,” says Mr. Mathews. “We had a very small budget. We planned to plant small trees—about two every year.”

Then the unexpected came their way in the form of a $4.7 million bequest from the estate of someone who had been a patient at the Institute in the 1940s. IOL leadership decided that the funds should go toward long-term improvements to the facilities. The first allocation was approximately $100,000 for the renewal of the campus park.

With the funds now in hand, Mr. Mathews collaborated with Ms.
Williams and Mr. Richardson to develop a larger-scale plan for installing mature trees that were both beautiful and unusual. Mr. Mathews found an excellent source in Stonegate Gardens Inc., a specialty nursery in Granby. Owner Don Ford had growing on his property all the trees the team was looking for. And they were well-established—some more than 30 years old. IOL administration approved the plan in early 2012, and the trees were planted over a two-week period in May and June. A formal dedication was held on June 15.

Looking to the Future
Even the healthiest tree doesn’t live forever. “There are still age issues with trees, and it’s tough to watch,” says Mr. Mathews. Still, he’s philosophical about the inexorable cycle of life. “We’ve got new trees coming up, and we’re doing the best we can to take care of the old ones. And we’re looking to the future to continue to replace trees.”

The Institute has put together a strategy for planting replacement trees so they have time to mature before the older ones die. Mr. Mathews and others are developing an updated tree walk, so everyone can enjoy the space, which continues to reflect Olmsted’s vision.

“We need to look forward,” says Ms. Caplinger, “to keep up the momentum of understanding this history and maintaining the park for future generations.”
Federal


State

Kurtz, Matthew PhD, Remediation of Processing Speed Deficits in Schizophrenia. Wesleyan University, $500.

Foundation


Sahl, Robert MD, Co-Management of Psychiatric Treatment. Children’s Medical Center - Child Health and Development Institute, $3,000.

Industry (MultiCenter)

Winokur, Andrew MD, A Phase 3, Randomized, Double-Blind, Parallel-Group, Placebo-Controlled, Fixed-Dose Study Comparing the Efficacy and Safety of 2 Doses (10 and 15 mg) of Lu AA21004 in Acute Treatment of Adults with Major Depressive Disorder. Takeda Global Research & Development Center Inc., $142,674.

A Phase 3, Open-label, Multicenter, 12-month Extension Safety and Tolerability Study of SPD489 in Combination With an Antidepressant in the Treatment of Adults With Major Depressive Disorder With Residual Symptoms or Inadequate Response Following Treatment With an Antidepressant. Shire Development Inc., $197,452.

Industry


Malik, Salma MD, Efficacy and Safety of 3-Week Fixed-Dose Asenapine Treatment in Pediatric Acute Manic or Mixed Episodes Associated with Bipolar I Disorder. Schering Corporation, $68,145.

A 26-Week Open-Label, Flexible-Dose Trial of Asenapine Extension Treatment to P06107 in Pediatric Acute Manic or Mixed Episodes Associated With Bipolar I Disorder. Schering Corporation, $69,972.

Winokur, Andrew MD, A Phase 3, Long-Term, Open-Label, Flexible-Dose, extension Study Evaluating the Safety and Tolerability of LuAA21004 (15 and 20 mg) in Subjects with Major Depressive Disorder. Takeda Global Research & Development Center Inc., $226,570. A Phase 2, Multicenter, Double-blind, Parallel-group, Randomized, Placebo-controlled, Forced-dose Titration, Dose-ranging Efficacy and Safety Study of SPD489 in Combination with an Antidepressant in the Treatment of Adults with Major Depressive Disorder with Inadequate Response to Prospective Treatment with an Antidepressant. Shire Develop-
ment LLC, $152,357. A randomized double-blind, placebo-controlled, relapse prevention study with vilazodone in patients with major depressive disorder. Forest Research Institute, $625,313.

Small Grant (Medical Staff)

Diefenbach, Gretchen PhD, Emotion Regulation Processes in the Anxiety Disorders. Hartford Hospital Cost Transfer - 126177, $1,369.

Stevens, Michael PhD, Preliminary Data Collection for fMRI Fear Conditioning Studies of Specific Phobia. Hartford Hospital-Endowment Funds (SG)-129512, $9,590.

Tolin, David PhD, A Pilot Study of Assertive Case Management for Hoarding Disorder. Hartford Hospital-Endowment Funds (SG)-129512, $9,309.

Open Competition


Diefenbach, Gretchen PhD, Effectiveness and Neuropsychological Predictors of Guided Self-Help for OCD. Hartford Hospital-Endowment Funds (OC)-129513, $58,944.

Glahn, David MD, Biomarkers for Mood Disorders. Hartford Hospital-Endowment Funds (OC)-129513, $59,967.

Worden, Blaise PhD, Development of an Anxiety Sensitivity-Based Intervention for Substance Use and Anxiety Comorbidity. Hartford Hospital-Endowment Funds (OC)-129513, $56,697.

Departmental

( Neurophysiology) Stevens, Michael PhD, Functional and Structural Brain Changes in Pediatric Athletes Recovering from Concussion/Mild Traumatic Brain Injury. Hartford Hospital-CostCenter-121963, $3,000.

Stevens, Michael PhD, Functional and Structural Brain Changes During Acute Recovery from Closed-Head Mild or Moderate Traumatic Brain Injury. Hartford Hospital-CostCenter-121963, $6,98. IOL Mood Disorder Research Registry/Repository Protocol Hartford Hospital. Hartford Hospital-CostCenter-153670, $1,000. rTMS Treatment of Teens with Depression. Hartford Hospital Cost Center-121963, $4,500.

Hartford HealthCare


Diefenbach, Gretchen PhD, The Transcranial Magnetic Stimulation Research Program, $796,323.

Pearson, Godfrey MD, Hartford Hospital Interdisciplinary Center on Obesity Research, $881,671.

Unfunded

Assaf, Michal MD, Autism Brain Imaging Data Exchange (ABIDE).

Santos, Melissa PhD, A Chart Review of Children and Adolescents Enrolled and Not Enrolled in a Family Based Weight Management Program.

Stevens, Michael PhD, Voluntary Modulation of Neural Activity in Response to Errors.
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