A suicidal shooter murdered 26 children and adults in a Connecticut elementary school in December 2012. This tragic event thrust mental health to the forefront of society’s consciousness. It also became a central focus of the Institute of Living this year. As you’ll read in these pages, state and federal leaders turned to the expertise of the IOL to help shape legislation and organize the kick-off of a national dialogue on mental health. Our involvement required the dedication of considerable time and energy. We gave those resources willingly, grateful for the opportunity to advise lawmakers and to call attention to the state of the mental health care system in America.

The country heard news of an ongoing tragedy in the spring, when the Centers for Disease Control and Prevention released data showing a dramatic rise in suicide rates. The IOL had already begun formulating a major initiative on suicide prevention, and these statistics further validated our decision. Although it has never commanded the public attention of other major diseases, suicide is, for many, a terminal illness. It is a tragic occurrence and a major public health issue that must be addressed. The IOL is taking the lead in this effort, as you’ll read in the article on page 6. Suicide prevention will continue to be a major focus of the IOL, joining established initiatives on schizophrenia and depression.

Many of the people who become our patients enter through the Emergency Department of Hartford Hospital. This year, in collaboration with our partners in emergency medicine, we completely re-conceptualized the way we practice emergency psychiatry at Hartford Hospital. In our rigorous, 360-degree re-evaluation, we determined that providing the very best care required a much more comprehensive and up-to-date facility for psychiatric patients in the ED—an area known as the “purple pod.” We have updated and reconfigured that facility to enhance the privacy, safety and dignity of patients and facilitate communication among staff. We have re-engineered how we staff the purple pod and have added more than 20 full-time equivalents. We have also made changes in how we train people and how the service is organized and led. These changes will be fully implemented in the next fiscal year.

Other changes this year include the addition of four new beds in our Geriatric Psychiatry Unit, the expansion of our Young Adult Services (YAS) program, the introduction of an LGBTQ track within YAS, and enhancements to our Child and Adolescent ambulatory programs. These and other activities have taken place in a challenging fiscal environment for all of health care. Yet, thanks to a conservative approach, sustained efficiency and judicious allocation of resources, the IOL’s financial situation is strong.

In the year to come, we look forward to further integrating psychiatric services into the broader Hartford HealthCare system. And, as the national dialogue on mental health takes place, we look forward to contributing to that vital conversation to help advance understanding of mental illness and ensure that appropriate care is available for all who need it.

Harold I. Schwartz, MD
Psychiatrist-in-Chief

Robert B. Goode Jr.
Acting Chairman of the Board
About the IOL

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 4,000 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, 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 fifth year, aims to expand research and clinical programs in the mood disorders.

Research Activities

The Institute of Living has a stellar reputation as a research institution conducting ground-breaking 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 $4.1 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 scores of scientific articles, chapters and books and presented at more than 50 professional meetings on four continents.
Services

• Child and Adolescent
• Consultation/Liaison
• Crisis Intervention/Emergency
• 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

Vocational
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

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

Memory Disorders Center
Karen Blank, MD

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
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
Generous Gift Funds Campus Improvements
A $4.7 million bequest from a patient who was treated at the IOL in the 1940s is improving the way people will experience the campus for years to come. The funds are making it possible for the IOL to make much-needed upgrades to the infrastructure and landscaping on the historic grounds. (1)

Last year, a portion of the bequest was used to plant 17 trees on the famous Frederick Law Olmsted-designed grounds. This year’s projects include major structural and cosmetic improvements to the Terry Building. Further along the well-traveled walkway through campus, visitors will see new landscaping, freshly painted buildings, improved lighting and more. The lobby of the Braceland Building is being refurbished and should be finished in spring 2014. “This is the last lobby we need to renovate,” says Annetta Caplinger, MSN, director of clinical operations. “It is an important priority to bring the lobby in this high-use building up to the same standards as the rest of Hartford Hospital lobbies.”

Burlingame Award Presented
Nora D. Volkow, MD, (2) director of the National Institute on Drug Abuse at the National Institutes of Health, has been honored with the Institute of Living’s 2013 C. Charles Burlingame Award. The prestigious award, presented annually since 1988, recognizes “outstanding leadership and lifetime achievement in psychiatric research and education.”

Dr. Volkow’s work has been instrumental in demonstrating that drug addiction is a disease of the human brain. As a research psychiatrist and scientist, she pioneered the use of brain imaging to investigate the toxic effects and addictive properties of abusable drugs. She has also made important contributions to the neurobiology of obesity, ADHD and aging.

Gala to Benefit IOL
Funds raised by Hartford Hospital’s 23rd annual Black & Red gala (3) will be used to support the programs of the Institute of Living, Hartford Hospital’s Division of Psychiatry. The event typically attracts more than 1,200 medical, business and community leaders and raises approximately $1 million.

The 2014 Black & Red will be held on Saturday, Jan. 25, 2014, at the Bushnell Center for the Performing Arts in Hartford. Festivities begin with a reception at 6 p.m., followed by a performance by nationally known vocal group Barenaked Ladies and, finally, dancing to live music on the stage of the Belding Theater.

In announcing the IOL as 2014’s beneficiary, hospital leaders said the funds would help the IOL respond to the national call for action on mental health by improving access to care, especially for adolescents and young adults, and by supporting enhanced research, services and education.

For more information or tickets, visit http://giving.harthosp.org/blackandred.
$2.9 Million NIMH Grant Funds Groundbreaking Study

The Institute of Living’s Anxiety Disorders Center recently received a $2.9 million grant from the National Institute of Mental Health for a first-of-its-kind study of the effects of cognitive behavioral therapy, or CBT, on brain function in people with hoarding disorder. “Neural Mechanisms of CBT Response in Hoarding Disorder” will use functional magnetic resonance imaging to monitor brain activity in patients as they receive CBT.

“This study will help us understand how brain function can change with treatment and help us identify aspects of treatment that are more or less effective in changing how people’s brains function,” says Anxiety Disorders Director David Tolin, PhD. (4) Dr. Tolin is the principal investigator on the study, and Michael Stevens, PhD, is co-investigator.

Research has shown CBT to be effective in reducing the severity of hoarding disorder. Yet, while the average patient experiences improvement, which reduces safety risks and improves quality of life and ability to function, most patients do not experience complete remission. With this new study, Drs. Tolin and Stevens are breaking new ground by using neuroimaging to try to make therapy work better.

The study is timely. Hoarding is listed as a diagnosable mental illness for the first time in the new edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders.

The research project is expected to last five years and involve 120 subjects. The $2.9 million federal grant is the largest awarded to the Anxiety Disorders Center to date.

2013 BrainDance

The Institute of Living/Hartford Hospital sponsors an annual academic and art competition designed to decrease the stigma of mental illness. The BrainDance Awards (5) encourage students to gain knowledge about psychiatric diseases and develop a more tolerant and realistic perspective toward people with severe psychiatric problems. The competition also aims to promote students’ interest in careers in mental health care. This year’s awards were presented at a ceremony on May 30, 2013.

Celebrating Olin Center Expansion

The Institute of Living celebrated the expansion of the Olin Neuropsychiatry Research Center with a formal ribbon-cutting held on Oct. 30, 2013. The project included an addition to the existing Olin Center and the construction of a modern, two-story building. The expansion project roughly doubled the size of the center and enabled the acquisition of a next-generation, 3-Tesla functional MRI scanner. Those taking part in the ceremony included Jeffrey Flaks, chief operating officer of Hartford HealthCare; Bimal Patel, MHA, RPh, vice president of operations; Godfrey Pearson, MD, director of the Olin Center; and Hank Schwartz, MD, psychiatrist-in-chief and vice president for behavioral health.
Suicide in Focus

The Institute is taking a multifaceted approach to understanding and preventing suicide—and helping survivors and clinicians heal in its aftermath.

In spring 2013 the Centers for Disease Control and Prevention released suicide statistics that many found shocking. More Americans, the CDC reported, now die from suicide than from car accidents. In 2010, 38,364 people took their own lives, while 33,687 were killed in auto crashes. Plus, while suicide prevention efforts historically have focused on younger people and the elderly, rates among middle-aged Americans rose by nearly 30 percent from 1999 to 2010. The sharpest increases were among men in their 50s; their rates rose by almost 50 percent over the decade.

As a leading center of mental health, the Institute of Living has long been involved in suicide prevention and research. Today it is placing an even greater emphasis on the issue, engaging the entire community in activities meant to raise awareness and to better avert, understand and cope with this tragic and growing mental health issue.

Prevention and Awareness

Evaluating patients for suicide risk is a major component of the Institute of Living’s Best Practices Model of Care, a comprehensive quality-improvement initiative launched in 2011. The model includes the use of a modified version of the SAFE-T assessment tool to gauge a patient’s level of suicide risk so that appropriate precautions can be taken. Clinicians use the assessment form to evaluate each patient in the Emergency Department, at admission, during team meetings, at critical points in treatment, when the level of care changes and at discharge. As the new model was launched, the IOL extended its focus on suicide through grand rounds and other lectures, symposia and workshops.

Late last year, IOL leadership took steps to bring the issue of suicide into even sharper focus. At their twice-monthly meetings, members of the executive committee now review and discuss a journal article on suicide. A committee member prepares a summary of the article and poses questions about how the author’s findings might influence practice. The summary is distributed to all clinical staff in a monthly newsletter titled “Suicide (Prevention) Notes.”

“When I go on rounds, I ask people what they think of the articles,” says Psychiatrist-in-Chief Hank Schwartz, MD. “I try to take the pulse of whether the articles are helpful and whether people are talking about them.” Staff are expected to share and discuss the articles at unit meetings.
National Suicide Prevention Week observances at Hartford Hospital included (clockwise from top left), a flag-lowering ceremony in memory of suicide victims; a conference keynoted by suicide expert David Rudd, PhD, (at left, with IOL faculty and staff); and a grand rounds lecture introduced by Hartford Hospital President Stuart Markowitz, MD, and attended by members of the medical staff.
World Suicide Prevention Week

The Institute partnered with the Connecticut Suicide Advisory Board to host a conference on suicide on Worldwide Suicide Prevention Day, Sept. 10, 2013. The program featured a keynote address by University of Memphis Provost David Rudd, PhD, ABPP, an expert in clinical suicidology. Dr. Rudd shared findings from a recently completed study on what clinical interventions are most effective in reducing suicide attempts. The program included a number of case presentations and discussions.

As the conference was being planned, the idea expanded into a full week of events involving all areas of Hartford Hospital and reaching into the community. A flag-lowering ceremony was held in remembrance of the almost 40,000 Americans and the nearly 1 million individuals worldwide who die from suicide each year. The Hartford Hospital Auxiliary directed proceeds from its Sept. 9 golf tournament to renovating the so-called “purple pod,” the psychiatric section of Hartford Hospital’s emergency room, where more than three-quarters of the patients treated are suicidal to some degree. Special presentations on suicide were featured at the hospital’s management forum and medical staff meetings. The IOL held a luncheon program for clinicians who had experienced the suicide of a patient. The September meeting of the hospital’s Schwartz Center Rounds®—gatherings where clinicians talk about the human issues they face in caring for patients—was devoted to a discussion of the impact of suicide on clinicians. The hospital connected with people throughout the region as Dr. Schwartz was interviewed about suicide on a popular public radio (WNPR) program, “Where We Live,” and on other local radio and television news programs.

Ongoing Initiatives and Philanthropy

The IOL’s focus on suicide extends well beyond Suicide Prevention Week. Its Family Resource Center now offers a support group for people who have lost loved ones to suicide. Plans are under way to enhance the IOL’s Dialectical Behavior Therapy program. DBT has proven effective in reducing suicidal inclinations in patients. A group of the IOL’s senior psychiatrists is developing grand rounds lectures to bring understanding of suicide risk and prevention to clinicians throughout Hartford Hospital. New research protocols related to suicide are also being developed.

Learning what causes suicide and understanding the best ways to prevent it takes funding, and Hartford Hospital is active in that area too. Funds raised at the hospital’s annual Black & Red gala in January 2014 will be directed to the Institute of Living. The event typically raises about $1 million. In a longer-term initiative, the hospital’s Fund Development department is conducting heightened fundraising efforts focusing on suicide research and prevention.

Through these and other initiatives, the Institute hopes to save lives, contribute to the mental health community’s understanding of suicide and, in general, bring the subject out of the shadows and into the bright light of day.

“Nobody wants to talk about suicide,” says Dr. Schwartz, “but suicidal behavior is often a terminal illness—one that kills nearly forty thousand people in America every year. We must see to it that it takes its rightful place in our attention alongside other major killers like heart disease and cancer.”
Investigating the Future of TMS

In 2009 the Institute of Living became the first facility in Connecticut to use transcranial magnetic stimulation therapy to treat patients diagnosed with major depressive disorder. TMS, which recently had been approved for depression by the federal Food and Drug Administration, was an important breakthrough, providing a new option for patients who did not obtain relief from medication or who could not tolerate medication side effects. Approximately 80 patients have been treated with TMS therapy at the IOL to date, and research is ongoing to document patient outcomes. Now the IOL is engaged in additional research. Faculty are conducting clinical trials to determine whether TMS would be useful in treating other psychiatric conditions, and the Institute is serving as a beta site for a next-generation TMS device.

Gretchen Dieffenbach, PhD, senior scientist at the IOL’s Anxiety Disorders Center and adjunct assistant professor at the Yale University School of Medicine, is the principal investigator on an internally funded study exploring the effectiveness of TMS in treating generalized anxiety disorder. John W. Goethe, MD, director of the IOL’s Burlingame Center for Psychiatric Research and Education, is the principal investigator on a study examining the use of TMS in postpartum depression. Because it is noninvasive and nonsystemic, TMS, if shown effective, would be a potential choice for nursing mothers, who might be reluctant to take medication. Dr. Goethe’s study is funded by Neuronetics Inc., which manufactures the NeuroStar TMS Therapy device used at the Institute and at nearly 500 locations nationwide.

The Institute is one of fewer than two dozen clinical sites in the country selected to conduct a clinical trial of a new device for delivering TMS therapy.

TMS therapy delivers highly focused, MRI-strength magnetic pulses to stimulate nerve cells in an area of the brain that has been linked to depression. The painless treatment is typically administered five times per week for four to six weeks.
Laura M. I. Saunders, PsyD, ABPP, is clinical coordinator of The Right Track, a new program for young people dealing with mental health and gender-identity issues.
Finding Their Way

A new IOL program—the only one of its kind in the region—aims to help LGBTQ youth and young adults overcome stigma and accept themselves as who they are.

The journey from adolescence to adulthood is complicated. In addition to dealing with hormones, peer pressure and changing family dynamics, young people must figure out who they are and what their place is in the world around them. For young people who are lesbian, gay, bisexual, transgender or self-identified as "queer," these challenges are multiplied many times over. The confusion, isolation, harassment and rejection they often experience can lead to depression, anxiety and other mental health problems. "The Right Track," a new offering within the IOL’s Young Adult Services program, focuses on helping young LGBTQ people gain the strength and perspective to overcome the challenges and go on to lead productive lives comfortable with their own identity. It is the only program of its kind between Boston and New York.

The need for such a program is great. The stigma and stress experienced by LGBTQ youths also place them at heightened risk for suicide. For example, gay middle- and high-school males are six times more likely to report a suicide attempt than their straight counterparts. A 2011 study by the Gay, Lesbian & Straight Education Network showed that students harassed frequently due to their sexual orientation or gender expression had lower grade point averages than students who were harassed less frequently. They were also more than twice as likely to report no plans to pursue postsecondary education, a decision with lifelong personal and economic consequences.

The Right Track aims to change these patterns. It is an intensive outpatient treatment program for people ages 16 to 24 who are referred to the Young Adult Services program based on their need for more treatment than can be provided through weekly outpatient therapy. Patients self-select to participate in The Right Track as opposed to the General track or Substance Abuse track in Young Adult Services. The Right Track meets three days per week for three hours at a time.
Laura M. I. Saunders, PsyD, ABPP, who created The Right Track at the suggestion of administrators in Young Adult Services and now serves as its clinical coordinator, says her goal was to “develop a skills-based program that addresses the unique needs of this population.” By bringing LBGTQ youths together, she says, she hopes to help them validate their experiences, establish some role models and decrease isolation. “These people have a double stigma: mental illness and LGBTQ,” Dr. Saunders says. “We want decreased stigma at all levels. This is one of the overarching goals of the Young Adult Services program.”

Evidence-Based Therapy

Dr. Saunders is a board certified clinical psychologist at the Institute of Living, formerly working on the Child & Adolescent Inpatient Units. She has expertise in child psychopathology, behavior management, mood disorders and family therapy and has been involved professionally with LGBTQ youth for more than 20 years. She presented the treatment model for The Right Track at the March 2013 conference of True Colors, held at the University of Connecticut. The event is the largest LGBTQ youth conference in the country, with more than 2,000 attendees.

In developing The Right Track, Dr. Saunders researched numerous LGBTQ programs. The result is a program that uses evidence-based therapy to address LBGTQ-specific risk factors. Among other things, it seeks to help youths recognize and internalize their positive traits, identify their personal strengths, understand that their feelings and concerns are real and important, and achieve “validation,” that is, come to see that any person in their situation would have similar feelings.

The name “The Right Track” comes from the Lady Gaga song, “Born This Way,” whose lyrics include, “We’re on the right track, baby, you were born this way.” “The program’s name reflects the journey into positive mental health by appreciating and understanding one’s unique emotional, sexual and gender identity,” says Dr. Saunders.

Skills-based therapies such as dialectical behavior therapy and expressive modalities are key components of The Right Track. Participants engage in mindfulness techniques, combined with a movement element, such as yoga, tai chi or stretching. Goals include...
achieving “radical acceptance” of distress, increasing the ability to regulate emotions and let go of emotional suffering, and enhancing effectiveness in interpersonal relationships. Participants learn how to manage stigma by protecting themselves from the harmful effects of negative comments or actions that constitute microaggressions. The program also hopes to incorporate music therapy, art therapy and creative writing. Such activities, Dr. Saunders says, foster growth, development and creative capacity for healing.

Since family rejection is a stressor for many LGBTQ individuals, The Right Track emphasizes family support. “The goal is to have a shared family experience for the participants, re-creating a ‘family of choice,’” Dr. Saunders says. “LGBTQ folks who struggle with mental illness may come from dysfunctional and at-risk families and not have that sense of family connection. Many individuals in the LGBTQ community who don’t have supportive family members seek out family of choice—people who support and honor them and their identity.” Each participant identifies a family member/support person to work with them and be part of the program. Family members learn how to identify and reduce specific rejecting behaviors and how to guide and support the young person’s emotional health and identity development.

Creating a Network
When patients have completed The Right Track or other programs provided by Young Adult Services, they are transitioned to care in the community. So it’s important that there be a critical mass of providers equipped to meet the unique needs of the LGBTQ population. In June 2013, the Institute’s Family Resource Center and Dr. Saunders collaborated to host a networking event for community clinicians. More than 40 psychologists, social workers, and marriage and family therapists attended the event to learn about The Right Track and about LGBTQ services offered through Young Adult Services and the Family Resource Center. “My philosophy,” Dr. Saunders says, “is to create a network of providers in Greater Hartford—and in Connecticut—so that we as providers have a support network and so we have referral sources for our patients as we move them to other levels of care.”
Shaping a Response to Tragedy
On Dec. 14, 2012, a 20-year-old gunman walked into Newtown, Conn.’s, Sandy Hook Elementary School and within minutes murdered 20 first- and second-graders and six adults. The tragedy stunned the world and left people across the state and the nation with urgent questions: What combination of circumstances could culminate in such violence? What steps could be taken to reduce the chance of it ever happening again? Within days, faculty at the Institute of Living had been enlisted to lend their expertise to efforts to answer these pressing questions.

State Initiatives
Harold I. “Hank” Schwartz, MD, the Institute’s psychiatrist-in-chief, and Adrienne Bentman, MD, director of the IOL’s Adult Psychiatry Residency Program, were chosen by Connecticut Gov. Dannel Malloy to serve on his newly created Sandy Hook Advisory Commission. “The commission comprises 16 individuals with backgrounds in mental health, school safety, education, public safety and more,” says Dr. Schwartz. “We were charged with reviewing events at Sandy Hook from all perspectives and making recommendations with regard to gun violence, mental health and school safety.”

The commission held its first meeting in January 2013 and soon began meeting weekly, each time for a full day. The commission was required to deliver an interim report—limited to recommendations on gun violence and school safety—by mid-March so that its recommendations could be considered during the legislative session. The Connecticut General Assembly, which had formed a Bipartisan Task Force on Gun Violence Prevention and Children’s Safety, held a number of public hearings, weighed the commission’s recommendations, and responded by enacting a law titled “An Act Concerning Gun Violence Prevention and Children’s Safety.”

The new law makes major changes to the state’s firearms laws. Among other things, it expands the ban on the sale of assault weapons, prohibits the sale or purchase of large-capacity magazines and establishes a registry of people who have committed assault with deadly weapons. The law’s mental health provisions include the creation of
a task force to study the provision of behavioral health services in Connecticut, focusing especially on ensuring that 16- to 25-year-olds have access to behavioral health services.

The law also calls for mental health first aid training for public school teachers, administrators and staff to equip them to identify children who may have mental health problems and intervene to help them get the services they need quickly. The Institute of Living wasted no time in contributing its expertise to that effort. “We have already joined with the state Department of Mental Health and Addiction Services to sponsor training in mental health first aid for approximately 30 individuals in the community who will go into schools and practice what they’ve learned,” Dr. Schwartz says. The Institute and its partners plan to offer additional training in mental health first aid and other related mental health issues in the future.

The Sandy Hook Advisory Commission, which continues to meet weekly, has invited national and international experts in school safety, gun safety and mental health to make presentations on key topics. “This has been an incredible educational opportunity for the commission members,” says Dr. Schwartz.

“It has been an honor to serve on the commission with experts in such diverse fields,” Dr. Bentman says. “Beyond expertise, the commissioners bring their humanity, wisdom and invaluable common sense to our discussions. I hope our report will assist those hoping to learn from this terrible event and that it will stand as a worthy tribute to all who died at Sandy Hook.”

Dr. Schwartz adds that he is personally grateful for the opportunity to serve on the commission. “When something tragic happens, we want to do something to make a difference, but, as individuals, we often feel limited,” Dr. Schwartz says. “This has given me the opportunity to channel my talents, creativity, insights and knowledge of mental health issues into something that can be a helpful—and even hopeful—response to this tragedy.”

The commission will issue its full report to Gov. Malloy late this year.

Obama Administration Response

The Sandy Hook tragedy prompted President Barack Obama to call for a national dialogue on mental health, and he charged Vice President Joe Biden with organizing its inaugural event, a National Conference on Mental Health. Dr. Schwartz and his colleagues provided the vice president’s office with consultation that helped shape the kickoff event. Dr. Schwartz was among the approximately 150 people invited to attend the conference, which was held on June 3, 2013, at the White House.

“We were addressed by the president early in the day and by the vice president at the end of the day, and we heard presentations on innovative mental health programs around the country,” Dr. Schwartz says. “It was very exciting to hear the president and vice president commit themselves to improving mental health care.”

Dr. Schwartz, in collaboration with others in Hartford HealthCare’s Behavioral Health Network, prepared a position paper for the vice president’s office outlining what the network proposed to do to advance mental health awareness, services and research. Elements included mental health first aid training, community mental health lectures and a commitment to raise $3 million over the next three years to fund further research on mental health issues.
President Barack Obama addresses participants at the June 3, 2013, National Conference on Mental Health, held at the White House. Institute of Living Psychiatrist-in-Chief Harold I. Schwartz was among the invited guests.
Presurgical Brain Mapping in Epilepsy

Drs. Michal Assaf and Inam Kureshi are co-investigators on a study of presurgical brain mapping for patients with epilepsy.
Hartford Hospital’s Institute of Living is one of only two centers in the state with a dedicated, multidisciplinary team studying presurgical brain mapping.

For several years the Institute of Living’s Olin Neuropsychiatry Research Center and the Department of Neurosurgery at Hartford Hospital have been working together to research the use of functional magnetic resonance imaging, or fMRI, to identify critical areas of the brain prior to surgery. It’s a model few other institutions have in place.

“We are one of only two centers in the state with a research team dedicated to doing fMRI and brain mapping procedures in a collaborative, multidisciplinary way and analyzing and reporting our findings,” says Neurosurgery Chair Inam Kureshi, MD, who is co-investigator on the project with Michal Assaf, MD, director of the Olin Center’s Autism and Functional Mapping Laboratory.

The team includes professionals in neurology, neurosurgery, neuropsychology, neuroradiology and other fields. Their collaboration blends research with clinical practice.

With the launch last fall of Hartford Hospital’s Epilepsy Monitoring Program, the team is now using its expertise to map the brains of patients with epilepsy whose only hope of relief from seizures is surgery.

Patients whose seizures are not controlled by medication are admitted to the Epilepsy Monitoring Unit, where specially trained nurses and doctors use video recording and brain wave monitoring to identify the area of the brain causing the seizures. Depending on the location of the triggering lesions, some patients are candidates for an operation—most commonly amygdalohippocampectomy—that can eliminate seizures. Hartford Hospital is one of only about 150 hospitals in the country that can perform this procedure. But before moving ahead with surgery, it’s important to determine whether it is likely to affect the patient’s memory, language or motor skills. That’s where fMRI can help.

“Many of the lesions that cause seizures are in areas of the brain that are concerned with verbal or nonverbal memory,” says Dr. Assaf. “The big question is, ‘If we operate and take out this area, are we going to cause severe memory impairment?’ We bring fMRI to this, because it’s noninvasive and easy on the patient to do a memory test so we can see where memory is located.”

While under fMRI, patients are asked to do various language and memory tasks. Dr. Assaf and her colleagues then process and analyze the data extensively and compile the findings.

The goal of the study is to gauge the effectiveness of fMRI in pinpointing the location in the brain of key functions. If fMRI proves to have a high degree of accuracy, it would be an improvement over the Wada test, which also aims to identify the location of brain functions, but is an invasive procedure that carries a degree of risk not associated with fMRI.

With information gained from fMRI, Dr. Assaf says, “the neurosurgeon, the patient and the family can make a more informed decision as to whether to have surgery or live with the seizures. We’re trying to give the patient as much information as possible before surgery so they can make the most informed decision.”
Family Resource Center Expands Offerings

Well into its second decade, the FRC is unique in the nation.

The Institute of Living’s Family Resource Center, long a source of information and support for those affected by a loved one’s mental illness, is ramping up its activities to include even more offerings in more locations for an even broader audience. “It seems as if we’re doing something new every day,” says Nancy Hubbard, LCSW, director of outpatient and rehabilitation services. “We’re such an important resource to so many people, that we’re trying to do more and more.”

The FRC has provided a resource library, educational programs, support groups and more for many years and has become a model for other institutions nationwide. When Ms. Hubbard took the helm in 2012, she conducted a needs assessment of IOL clinicians and did research on and site visits to similar centers. The results gave rise to additional innovations. New support groups have been introduced focused on suicide survivorship, dementia and LGBTQ issues, as well as a group, “Issues of Suicide,” for IOL staff who have had patients commit suicide. The center is also launching support groups and/or lectures on anxiety, grief and loss, trauma and suicide prevention, among other topics.

This past spring, the FRC organized a highly successful, first-of-its-kind networking conference for community mental health practitioners who work with LGBTQ individuals. (See p. 13.) A new Health & Wellness Series is under way, with lectures on topics such as parenting, nutrition, fitness, stress management and yoga. The talks are free and open to the public. In September, the center held an event called “On Campus.” Deans of students and resident assistants from colleges and universities statewide were invited to hear presentations and panel discussions by IOL experts on subjects that often affect college-age people, such as eating disorders and emerging mental health issues. More than 40 people attended.

While most of the FRC’s programs have traditionally been offered on the IOL campus, Ms. Hubbard says that she and her colleagues are planning to use space at Hartford HealthCare satellite facilities to make programs accessible to more people in more communities.

A major innovation outlined in the FRC’s five-year strategic plan is the adoption of a “peer-to-peer” approach. This would involve recruiting a group of people who have had mental health issues in the past and preparing them to help support people more recently diagnosed. “It’s all about recovery,” Ms. Hubbard says. “If someone is coming out of the hospital and going into a program, they may be able to have extra support, in addition to their doctor and therapist. Or peers may facilitate support groups with our staff. This is a long-term goal, and we’re still thinking about how it would work.”
Theodore F. Mucha, MD, medical director of the Institute of Living, is retiring after 48 years of distinguished service. A psychiatrist with a specialty in psychoanalysis, Dr. Mucha is a revered teacher who has been a cornerstone of the psychotherapy training program for IOL residents throughout his career.

Adrienne Bentman, MD, was appointed to the Governor’s Sandy Hook Advisory Commission* and was installed as president of the American Association of Directors of Psychiatric Residency Training at the association’s 42nd annual meeting in March 2013.

Ellen Blair, APRN, NEA-BC, received the Doris Armstrong Nursing Leadership Award in May 2013.

John Goethe, MD, was an invited speaker at the World Health Association annual meeting, presenting “The Need for a Psychoanalytic Perspective in Clinical Trials.” He presented a second paper, entitled “The Case for Routine Genotyping in Major Depressive Disorder.” Dr. Goethe is a co-investigator on “Pharmacogenetic Decision Support IT System for Psychiatric Hospitalization.”

Steven H. Madonick, MD, was nominated for a second term as vice chairman, Board of Directors, Mental Health Association of Connecticut.

Michael Stevens, PhD, is co-principal investigator on the $2.9 million NIMH grant, “Neural Mechanisms of CBT Response in Hoarding Disorder.” (See page 4.)

David Tolin, PhD, was elected president of the Society of Clinical Psychology (the clinical psychology division of the American Psychological Association) and appointed as a reviewer for the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders. He won the Self-Help Book of Merit Award from the Association for Behavioral and Cognitive Therapies and was awarded the Connecticut Psychological Association’s Distinguished Contribution to the Practice of Psychology Award. He also served as guest editor of the Journal of Clinical Psychology. He recently received a $2.9 million NIMH grant. (See page 4.)

Gualberto Ruano, MD, PhD, of the Genetics Research Center was awarded a $1.25 million grant from the Agency for Healthcare Research and Quality for the study, “Pharmacogenetic Decision Support IT System for Psychiatric Hospitalization.”

Harold I. Schwartz, MD, was appointed to the Governor’s Sandy Hook Advisory Commission*. He gave expert testimony at a Field Hearing of the Congressional Gun Violence Task force and was an invited guest at the White House Conference on Mental Health.

Peter Zeman, MD, was appointed to the Connecticut Medical Examining Board.

*The Governor’s Sandy Hook Advisory Commission was established by Connecticut Gov. Dannel Malloy. It was charged with reviewing the mass murders committed at Sandy Hook Elementary School in Newtown, Conn., and making recommendations with regard to gun control, school safety and mental health issues.

Institute of Living faculty members are widely recognized for their accomplishments, leadership and contributions to their fields. Here are some examples:

Theodore F. Mucha, MD, medical director of the Institute of Living, is retiring after 48 years of distinguished service. A psychiatrist with a specialty in psychoanalysis, Dr. Mucha is a revered teacher who has been a cornerstone of the psychotherapy training program for IOL residents throughout his career.

Dr. Mucha has been the recipient of numerous awards, including three teaching awards. He has been active in several professional organizations and given numerous presentations across the country. He served as trustee, secretary, vice president, and president and chairman of the Board of Trustees for the Western New England Institute for Psychoanalysis, and he served as vice president and president of the Western New England Psychoanalytic Society. Dr. Mucha was a lieutenant commander in the U.S. Naval Reserve, where he served as head of the Psychiatry Branch of the U.S. Naval Aerospace Medical Institute.

A graduate of Jefferson Medical College, Dr. Mucha completed an internship at Bryn Mawr Hospital in Pennsylvania; a residency at the Institute of Living, where he also served as chief resident; and a fellowship at the Western New England Institute for Psychoanalysis. He is a board-certified psychiatrist and an associate professor of psychiatry at the University of Connecticut School of Medicine. He is a distinguished fellow of the American Psychiatric Association and a member of the American Psychoanalytic Association.
Federal


Tolin, David PhD, Neural Mechanisms of CBT Response in Hoarding Disorder. NIMH, $2,797,297.

Foundation


Kurtz, Matthew PhD, Methods for Remediation of Theory of Mind (ToM) Deficits in Schizophrenia. Wesleyan University, $2,500.

Pearlson, Godfrey MD, The Relationship between Hormone Levels and Bariatric Surgery Outcomes. Yale University, $6,984.

Industry (Investigator Initiated)

Goethe, John MD, An Open-Label Study to Evaluate the Efficacy and Safety of the Neuronetics Neurostar® TMS Therapy System in Patients with Major Depressive Disorder (MDD) with Postpartum Onset (Protocol Number 44-03014-000). Neuronetics Inc., $64,188.

Industry (MultiCenter)

Tolin, David PhD, Investigation of the Canary Breathing System for Treating the Symptoms of Panic Disorder. Palo Alto Health Sciences, $47,125.

Industry


Winokur, Andrew MD, A Randomized, Double-Blind, Placebo-Controlled, Phase 3 Study to Evaluate the Efficacy and Safety of Once-a-Day, TAK-375 (Ramelteon) Tablet for Sublingual Administration (TAK-375SL Tablet) 0.1 mg and 0.4 mg as an Adjunctive Therapy in the Treatment of Acute Depressive Episodes Associated with Bipolar 1 Disorder in Adult Subjects. Takeda Global Research & Development Center Inc., $227,225.

Open Competition

Bragdon, Laura MA, A Transdiagnostic Exploration of Intolerance of Uncertainty Using fMRI. Hartford Hospital-Endowment Funds (OC)-129513, $8,725.

Corbera, Silvia PhD, Combined Cognitive Remediation with Generalization Training to Increase Functional Outcomes in Schizophrenia. Hartford Hospital-Endowment Funds (OC)-129513, $27,691.
Namerow, Lisa, MD, CYP450 Genotyping for Enhancing Depression Treatment in Child Psychiatry. Hartford Hospital-Endowment Funds (OC)-129513, $51,080.

Worden, Blaise PhD, A Pilot Study of Contingency Management for Hoarding Disorder. Hartford Hospital-Endowment Funds (OC)-129513, $11,158.

**Departmental**


**Hartford HealthCare**


Koby, Danielle PhD, Cognitive Behavioral Therapy for Non-Epileptic Spells: Reducing Symptoms and Identifying Mechanisms of Action. $93,268.

**Unfunded**

Oakes, Howard MD, Natural Actions Tasks in Individuals with Traumatic Brain Injury.

Pearson, Godfrey MD, Neural Correlates of Decision Making Processes.

Saunders, Laura PsyD, Readmission Factors on a Child and Adolescent Inpatient Unit.

Stevens, Michael PhD, Effect of Trait Anxiety on Neuropsychiatric Performance in Adolescents with and without ADHD.

Tsang, Kevin PsyD, Survey of Pediatric Psychology Inpatient Consultation Practice.

Walmer, Scott DO, Call a Psychiatrist! Improving Subjective Experiences of Psychiatry Resident ER/CL Call: A Pilot Study.

Wootton, Bethany PhD, An Evaluation of the Efficacy of a Transdiagnostic Bibliotherapy Program for Anxiety Disorders.

Young, Kevin PhD, 1. Montreal Cognitive Assessment performance in a Psychiatric Inpatient Population. 2. Understanding the Barriers in Mental Health Treatment for Single Mothers.
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This leaf is from the pecan tree on the Institute’s campus. The tree is the largest in New England and one of only five in Connecticut.
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