The Record 2016

Because every moment matters

Institute of Living
A Division of Hartford Hospital
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Among the most exciting aspects of working in today’s behavioral health landscape are the opportunities we are seeing to expand services to new populations of people who have long gone unnoticed.

As our understanding of psychiatric and mental health disorders continues to evolve, we are recognizing numerous new populations of people who have suffered in silence for years, quietly assuming that their issues were a mark of personal failure or inadequacy rather than symptoms of a chronic condition.

At the Institute of Living, we are proud to be on the forefront of this effort to reach new groups of people who are in need of behavioral health services. We have a strong track record of creating innovative and pioneering programs for groups such as the LGBTQ (Lesbian, Gay, Bisexual, Transgender and Queer or Questioning) community, young adults struggling with the pressures of college, or young adults with psychosis.

Over the past year, we have extended this effort to another population that has long been neglected and stigmatized by popular notions of childbirth – new mothers with postpartum depression or psychosis.

We are recognizing that the changes in a woman’s physiology in the peripartum period which are responsible for peripartum mood disorders can send a woman into a spiral of depression and psychosis. At a time when people expect a woman to be overcome with joy and happiness, it can seem confounding and even shameful to women who instead experience feelings of profound despair and even harbor impulses to hurt themselves or their newborns. It’s no wonder that women have traditionally struggled to keep such feelings a secret, but more and more, new mothers are finding the courage to explore the symptoms that contribute to their condition, and seek treatment. At the IOL, we started one of the country’s first Peripartum Mood Disorders Programs last year, and it is continuing to expand its reach so that obstetricians and other specialists who care for expecting mothers have the education and resources they need to help identify postpartum depression and direct mothers to the care they need. A recent development was the addition of therapeutic services for the mother-infant dyad.

We should not be surprised about the impact that postpartum depression can have on the fathers of newborns whose spouses or partners are struggling with feelings of hopelessness and disconnectedness. We are just beginning to recognize this population as one that is also vulnerable to depression when wives or partners have a negative reaction to the birth of a child. In this issue, you will hear directly from one couple that struggled mightily with issues related to postpartum psychosis, but found the strength to seek treatment and found their way back to stability and happiness. Stories such as theirs – and others who are emerging from the shadows of shame and despair – are the reason we are here.
When new mothers (and fathers) have more than just the “baby blues”

When it comes to childbirth and new parents, society has been conditioned to expect images of joy, love and family bliss. However, the fact is that a large percentage of new mothers can feel overwhelmed or even afraid – the prospect of caring for a helpless baby can seem daunting. But in most cases, these feelings of being overwhelmed or even afraid are offset by a powerful sense of love, joy and connectedness that mothers have for their babies.

Unfortunately, sometimes the change in a mother’s biochemistry that accompanies a delivery can precipitate a severe change in mood. Twenty percent of new mothers can experience something more drastic – a feeling of disconnectedness and even revulsion for the new baby. In a society where the birth of a child is universally viewed as a joyous and happy occasion, mothers who do not share these feelings about the birth of their new child often feel ashamed and attempt to keep their feelings secret.

This phenomenon is being recognized in medical and psychiatric circles as a condition known as peripartum mood disorders, which could include problems with mood, anxiety or even, most concerning, postpartum psychosis. Instead of being a mark of shame, new mothers are increasingly recognizing that these feelings are symptoms of a change in their biochemistry and psychology that can be treated.

The Institute of Living, in partnership with the Hartford Hospital Woman’s Health Program, last year created one of the few Peripartum Mood Disorders programs in the country, offering a wide range of services designed to help new mothers identify their condition and provide them with the care they need to reconnect with their newborns, as well as the rest of their families.

The goal of the program is to provide evaluation and treatment to women experiencing mood, thought or anxiety problems before, during and after pregnancy, as well as to their family members. In fact, research shows that postpartum mood or anxiety problems not only have a profound impact on new mothers, but on fathers, spouses and partners as well as sibling children. Counseling and other behavioral health services are increasingly being made available to fathers and partners who experience depression as a result of their spouse’s postpartum disorders, including services available at the Institute of Living.

Symptoms of peripartum mood disorders can range from mild depression to extreme symptoms of psychosis such as delusions and hallucinations.
Left untreated, these disorders are shown to lead to higher incidences of suicidal thoughts, as well as higher rates of infanticide. Symptoms include:

- Trouble sleeping or being exhausted but unable to sleep
- Frequent crying
- Feelings of loneliness, sadness, helplessness
- Frequent mood swings
- Anxiety, panic, excessive worry
- Lack of interest in life, feeling sluggish, fatigued, exhausted
- Having too much energy
- Fidgety or restless; cannot sit still
- Repetitive or suspicious thoughts that won’t go away
- Thoughts of hurting yourself or your baby
- Difficulty bonding with or lack of feeling towards the baby
- Fear of being left alone with baby
- Hearing voices or sounds that other people don’t hear

The team of caregivers within the Peripartum Mood Disorders Program includes both adult and child psychiatrists with training and experience in assessment and treatment of perinatal mood disorders, as well as a social worker on staff.

The program team includes a social worker who does group, individual and family therapy as well as case management. In cases where parents need help bonding with their children, they have access to the IOL’s Child Guidance Clinic for parent-infant dyad therapy, which is provided by IOL child and adolescent psychiatrist Mary Gratton, PhD.

Art Guerra, APRN, the program director, said treatment ranges from medication to individualized and family therapy, which can make an enormous difference in restoring the relationship between new mothers and their babies, as well as the overall health of families.

“We want to work as closely and directly with new mothers and their families as possible, so we can help ease their anxieties and fears about what is happening, and let them know there is care available to them,” Guerra said.

The program also works closely with Connecticut obstetricians and Connecticut Children’s Medical Center neonatologists, providing education on peripartum mood disorders and consultation or treatment for expectant mothers or mothers who have recently given birth.

For more information on the Peripartum Mood Disorders Program, call 860.545.7104.
Heather Quinn had no idea there was a name for the feelings she was experiencing soon after the birth of her second son, Shawn, in 2010.

All she knew was that she did not have the same feelings she had after the birth of her first son, Jack, two years earlier. Instead of feeling awash in joy and love, as she had with Jack, all she wanted was to get away from her newborn second son. All she felt for him up to a year after his birth was revulsion and disconnectedness. All she felt for her older son Jack and her husband, Jeff, were numbness and withdrawal. All she felt for herself was shame and guilt and self-hatred.

“I had no idea what was happening to me, but I knew from the moment they placed him in my arms there was something very wrong,” said Heather. “It is the most unnatural and agonizing thing to feel no connection whatsoever to your newborn. I felt isolated and sad. I was having daily impulses to hurt Shawn and myself. These impulses went much further than just thoughts. They were knee-jerk reactions to do something I had to control. Even today, I wonder what stands between an impulse and an action. I was lost somewhere in that space for the first year of his life.”

It would be an agonizing year of harrowing moments between Heather and her new baby, and Heather and her husband, before the family would learn they were experiencing something that affects millions of other families across the country – a postpartum mood disorder.

Heather and Jeff struggled alone. No one was reaching out offering reasoning, support or acknowledgment of what they were experiencing. Heather self-diagnosed what she went through as postpartum psychosis. After she started feeling more like herself, she and Jeff began presenting on their experience at symposiums, grand rounds and colleges to inform and educate caregivers on how real and common postpartum depression and psychosis is. Heather became a member of the Peripartum Mood Disorders Steering Committee at the Institute of Living, and has become the
The Institute of Living is taking the lead on introducing the Zero Suicide prevention program to organizations across Hartford HealthCare and statewide, raising awareness of the opportunities people have to help prevent others from taking their lives.

“It’s a very exciting initiative, and we’re very proud to be playing a leading role here in Connecticut,” said IOL Medical Director Linda Durst, MD.

The IOL was one of a handful of behavioral health centers across the country to be invited to the National Zero Suicide Academy in 2015. The team of experts who attended included Dr. Durst and other IOL leaders including Nursing Director Ellen Blair, APRN; Director of Outpatient and Rehabilitative Services Nancy Hubbard; IOL Mental Health First Aid Coordinator Patricia Graham; as well as Andrea Duarte from the Connecticut Department of Mental Health and Addiction Services.

Dr. Durst said the philosophy of the Zero Suicide program is to work as much as possible toward eliminating suicides altogether from behavioral health institutions, hospitals and other healthcare facilities. While the zero goal might not be attainable, she said, the number of suicides can be greatly reduced if people work collaboratively toward it.

The program urges healthcare leaders to identify and close gaps in patient care when people are more

program’s voice of the patient, the mom, the survivor.

Postpartum psychosis is an extreme form of peripartum mood disorder that can be marked by thoughts of suicide, homicide, delusions and hallucinations.

Heather and her family are well on the path to recovery now, and the bonds between she and her children, and her and her husband, are stronger than ever. But there were moments over the course of Shawn’s first year where they were not sure they would survive as a family.

Heather could not put into words what she was going through. She could not tell her husband or her physician; she did not want to give any energy to the impulses and deranged thoughts she struggled with. In the weeks after bringing him home from the hospital, Heather was fearful of impulses she was experiencing that could have led her to harm him. Fighting hallucinations and delusions, she withdrew from her family, afraid to share her situation.

“I felt like I was going crazy,” she said.

Jeff Quinn said he was at a loss to understand what was happening to his wife, and he reverted to old habits such as cigarette smoking as he struggled to reconnect with Heather. One day, he said, he came home to find her sitting cross-legged on the kitchen floor, her eyes staring vacantly ahead.

“There was no conversing with her, nothing like that,” he said.

Jeff also found that he was experiencing symptoms of depression and anxiety, and he too sought treatment and counseling.

Heather said she continues to struggle with feelings of guilt connected to Shawn’s birth, but takes pride in her contributions to the Peripartum Mood Disorders Steering Committee. “There is nothing that I can do to change what happened to my family, to make it better,” she said. “We are sharing our story in the hope that we can help the next family find the resources and support that we so desperately needed.”
likely to commit suicide, including discharges from emergency departments and inpatient settings and transitions from inpatient to outpatient care.

At the IOL, new processes are being introduced to help close those gaps, including a newly adopted program in which patients receive regular follow up phone calls after they are discharged. Plans are also underway to identify potentially vulnerable patients through notations on the newly created electronic medical record system (EPIC) at the IOL, which would serve to flag the patients for follow-up calls to check on their well-being. Patients who miss appointments would also receive follow up calls.

Dr. Durst said the program has been embraced across the IOL, where staff members have received training on conducting assessments and leadership has made it a priority on its list of annual goals. Over the course of the next year, she added, the IOL will play a leading role in sharing the Zero Suicide philosophy with other organizations within the Hartford HealthCare Behavioral Health Network and across all of Hartford HealthCare.

Another sign of the IOL’s commitment to suicide prevention is the annual symposium and flag-lowering ceremony held during World Suicide Prevention Week. The symposium in September 2016 was entitled “Suicide Assessment and Prevention: New Solutions to Old Problems,” which took place at the Educational Resource Center at Hartford Hospital. The keynote speaker was Shawn C. Shea, MD, Director of the Training Institute for Suicide Assessment and Clinical Interviewing, who gave two presentations, the first focusing on how suicide can be understood through a powerful planning model called Matrix Treatment Planning, and the second focusing on the importance of understanding and delineating nuances in assessing risk and protective factors.

Participants took a break in the middle of the symposium to gather for a flag-lowering ceremony in front of the entrance to Hartford Hospital, where IOL Psychiatrist-in-Chief Harold I. (Hank) Schwartz, MD, spoke on the importance of being vigilant and compassionate in the effort to prevent suicide. Several of those in attendance were people who have lost loved ones to suicide.
When Raleigh Leggett works with patients struggling with behavioral health issues at the Institute of Living, he thinks back to a day more than 20 years ago when he found his grandmother crying on her bed.

Leggett had lost his infant 8-month-old son in a tragic car crash the year before; a drunk driver had hit the family vehicle that his son was riding in. Ever since then, he had been drowning his grief in alcohol and drugs, getting into fights and pursuing a path of addiction that had claimed the lives of both his parents. His grandmother, a strong woman who had raised him from the age of six, was scared that he too would wind up dead.

“I never saw my grandmother cry like that, it really shook me up,” said Leggett, 48, who now works as a certified peer specialist for the IOL, providing patients with direct support through the eyes of someone who has been there himself. “I was just 20 years old at the time, but at that moment, I felt like I was 50.”

Despite some periods of relapse, that encounter set Leggett on a course of recovery that has grown stronger the more he dedicates himself to helping others. A graduate of Recovery University, he has earned his certification as a peer support specialist and is set to earn his bachelor’s degree at Springfield College in December. He has remained free of substance abuse for the past six years.

In his role at the IOL, Leggett reports to Nancy Hubbard, LCSW, Director of Outpatient and Ancillary Services, who oversees the IOL’s efforts to utilize the unique advantages that peer specialists have in connecting to patients.

“Raleigh is a terrific example of why peer support specialists are so crucial to our mission,” Hubbard said. “Unlike other staff members who work with patients, they have the ability to share lived experience that conveys so much power to someone going through the same thing.”

Reflecting the growing awareness of the value of peer support specialists in behavioral health settings, Leggett serves as a full-time employee who performs a wide variety of roles, including helping patients make the difficult transitions out of discharge or to a new clinical setting.

Leggett said patients frequently tell him they appreciate his observations and support.

“They know I understand on some level what they’re going through, and they can see that I came out alright,” he said. “I tell them that my sole purpose as a human being comes from giving back to others; that’s where all my blessings come from. Many times they understand it, are able to connect, and that’s a great moment.”

Born and raised in Hartford, Leggett is the father of four children – three girls and a boy – and has sole physical custody of two of his daughters. He said he hopes his story sets an example for them and others.

“This is the kind of a job that really isn’t a job,” he said. “This is the kind of job where you can’t wait to get up in the morning and go to work.”
It’s good to have the medical expertise to help someone with behavioral health issues. But when you possess that expertise and you are talking from experience, it’s a powerful combination that can make a big difference for patients.

Reflecting a priority across the Hartford HealthCare Behavioral Health Network in the past year, the Institute of Living assumed a leading role in integrating certified peer specialists into a wide range of departments and programs.

Raleigh Leggett and Mark Bianco were both hired as certified peer specialists, which means they are trained to use their lived experiences as people in recovery to help those who are struggling on the same path. Whereas in years past the IOL and other behavioral health centers have relied on peer volunteers to perform this role, the IOL hired Raleigh and Mark as paid employees to help patients with the crucial process of successfully transitioning from care.

Among their many assignments, the two specialists assist patients being transitioned from the Donnelly Building inpatient unit at the IOL. Discharge can often be a challenging time for patients as they attempt to make the transition from around-the-clock care to a more independent existence. Many times, patients are overcome with fear and anxiety as they wait in the “transition lounge” in the main lobby of the building for a ride to take them home or to their next care facility.

With their training and background, Raleigh and Mark are ideally suited to help such patients deal with their fears and provide assurance that everything will be OK.

The message that peer specialists have to offer is unique and vital to the mission of the IOL. Unlike other staff members, they can tell patients, “I know what you’re going through because I have been there myself. I was able to get through it, and so can you.”

Research shows that message has a powerful impact on those who are struggling to stay in recovery, helping with everything from consistent medication compliance to showing up for appointments.

Winners of IOL’s prestigious Burlingame Award celebrated

The Institute of Living’s annual C. Charles Burlingame, MD, Award, one of the most prestigious annual psychiatric health awards in the nation, was bestowed upon two significant leaders and pioneers of the field in 2015 and 2016. They were honored at programs that included special dinners and formal lectures to honor their achievements.

The program to celebrate the 28th annual award-winner, David A. Brent, MD, took place in October 2015 with a dinner at the Hartford Golf Club that drew more than 230 people. In his address to the gathering, Dr. Brent, who is Academic Chief for Child and Adolescent Psychiatry at Western Psychiatric Institute and Clinic in Pittsburgh as well as Professor of Psychiatry, Pediatrics and Epidemiology at the University of Pittsburgh School of Medicine, spoke about the issues that contribute to teen suicide in the U.S., and the will that is needed to prevent them.

The 2016 Burlingame Award recipient was Steven S. Sharfstein, MD, who retired as president and CEO of the Sheppard Pratt Health System in Baltimore after more than three decades as a leader and innovator in establishing modern and
Addiction, in all its apparent randomness, is ruthlessly non-discriminatory. As if Jeff Hatch didn’t know.

“This is my truth,” said Hatch shortly before taking the stage at the Oct. 16 National Dialogue on Mental Health forum on addiction, sponsored by the Hartford HealthCare Behavioral Health Network. “At 22 years old, I had signed a multiyear, $1 million contract with the New York Giants, I had graduated from the University of Pennsylvania, I was dating Miss Maryland and I had won the President’s Award [for work with the homeless]. I had checked every box that I thought success was. I was 22 and I was completely miserable.”

The National Dialogue forums have been ongoing following the Sandy Hook school shootings, when BHN officials, including Institute of Living Psychiatrist-in-Chief Harold I. (Hank) Schwartz, MD, visited Washington, D.C. to meet with federal officials to develop a plan in the aftermath of Newtown – a plan that included a national dialogue on gun control and mental health. Since then the BHN has held regular community education events drawing speakers such as Hatch.

Now 37, Hatch works for The Granite House, a substance abuse treatment facility in Derry, N.H., a long way from a trajectory that began with only two years of high school football at Severn, a prep school in Severna Park, Md. Hatch became a Division I-AA All-American offensive lineman at Penn, drafted by the Giants in the third round (78th overall), with a future seemingly as big as his 6-foot-6, 302-pound physical presence. He now speaks to students in local schools, at community forums like the BHN event and wherever else he can offer, as he describes it, service to his fellows. “That’s the thing that brings me the most joy,” he says. Even before the NFL draft, Hatch was filmed as part of a CNN documentary — and was featured in another by ESPN as a rookie — yet he played only four games with the Giants, his career finished two years later in 2005. He endured multiple injuries, including a debilitating spinal fusion that ended his career. Along the way, the drugs that aided his physical recovery also fueled an addiction.

“The bottom line,” he said, “is that there’s a huge problem with opiates in the NFL. You’re asked to be superhuman and you have 300-pound men running into each other at full speed 65 times in a row. A lot of people end up on opiates to help control the pain they’re in.”

He never played in the Super Bowl, but he won’t
forget the 2006 game: He watched from a Florida hospital bed, recovering from a drug overdose. "It was one of those light-bulb moments," he said, "that was so powerful, so in my face, that I couldn't hide from it. There were a few of those moments."

Hatch’s drugs of choice were opiates and alcohol, but he said the drug is less consequential than the addiction. "My disease was in me long before I had a drink or took a drug," he said.

Hatch sought help after the 2006 overdose at a Louisiana substance abuse facility, which offered him a job when he completed treatment. When he bought a house in the area, a symbolic achievement as he rebuilt his life, his parents shipped some of his belongings in storage from the Annapolis, Md., area, where he grew up.

“One of the things that I found was a sketchpad from when I was 11 years old," he said. “I open the sketchpad and there are three drawings in it. The first drawing was a man hanging from a cliff. The second was a man behind a cage screaming. The third was a half-devil, half-person. That’s when I was 11.”

He said he would have become an addict even if he hadn’t played a down in the NFL. “Absolutely,” he said. “I’m an addict and an alcoholic. Opiates were the substance that made me the most comfortable in my skin, which is the ultimate goal for those of us who have the disease. That’s what we’re looking for.”

BHN Senior Vice President Patricia Rehmer, who moderated the forum, said public perception prevents many addicts from confronting their disease. “This is not only about stigma, which is how the person feels about their addiction and the shame they experience,” she said. “It’s really about discrimination. There’s not a city in Connecticut that has not been connected by this. It’s still something people are not willing to talk about and share.”

Connecticut public health officials estimate more than 830 deaths this year from substance abuse overdose, an increase from 700-plus in 2015. The best hope for those who do seek help, Rehmer said, is medication-assisted treatment.

“We see some people struggle with this for 10 years, as Jeff did,” she said. “There’s an 87 percent better chance of getting into recovery and staying in recovery if you’re treated with some medication that helps you stay away from drugs and alcohol.”
An EPIC achievement at IOL

The Institute of Living has been at the forefront of many trends in the field of psychiatry over the years. Add electronic medical records to the list.

The IOL converted to the EPIC EMR in 2016, following many months of hard work and preparation by clinical departments throughout the organization working closely and collaboratively with EPIC specialists who helped with the digital integration of clinical records.

The large number of challenges and details that needed to be addressed to achieve a successful go-live in August meant that many clinical staff members had to spend less time on their everyday patient care responsibilities to receive the training they needed to become familiar with the new system. That meant that other staff members, including organizational leaders, needed to step in and make sure patient care was not impacted before, during or after the conversion.

The goal behind the EMR conversion is to improve the overall experience for patients by making sure there are no gaps in their records as they progress through treatment. EPIC eliminates the need for multiple medical charts and redundant paperwork as patients navigate the healthcare system; and by giving providers easy access to medical history and records, the likelihood of repetitive medical tests and medication errors is greatly reduced.

Natchaug Hospital, Hartford HealthCare Medical Group, Hartford Hospital, MidState Medical Center and Windham Hospital also went live during fiscal year 2016. Plans are in the works to roll out EPIC at all Hartford HealthCare institutions over the next few years.
Schizophrenia program makes great research contributions

The Schizophrenia Rehabilitation Program (SRP) at the Institute of Living has made significant contributions to research and clinical understanding of schizophrenia over the past two decades, producing or participating in several dozen research studies and conferences that have helped improve treatment and outcomes for patients.

Since 1997, researchers associated with the IOL’s rehabilitation program have produced studies and findings in 26 clinical publications in the field, while participating in more than 50 conference proceedings before peers and experts in a variety of events and settings.

“This is a remarkable scholarly output for a program built around clinical care and treatment, and I applaud the researchers on our staff who have dedicated themselves to advancing our understanding of schizophrenia,” said Harold I. (Hank) Schwartz, MD, psychiatrist-in-chief at the IOL.

Warren Thime, PhD, program manager for the SRP, said he and his team strive to make research a priority while also maintaining the program’s primary function as a treatment and rehabilitation program providing clinical and skill-building services to individuals and families dealing with the impact of a schizophrenia spectrum disorder.

Thime praised researchers Matthew Kurtz, PhD, Silvia Corbera, PhD and Jimmy Choi, PsyD, for their commitment to adding to the body of research over the past several years.

“Theyir work with patients and their collaboration with colleagues in the SRP, the Olin Center and other treatment programs continues to add to the body of scientific knowledge and our own understanding regarding schizophrenia and its impact,” Thime said.

Healthcare Heros at IOL

Two leaders at the Institute of Living were named Healthcare Heroes for their work on behalf of mental health education at the Annual Meeting for the Connecticut Hospital Association in June 2016.

Harold I. (Hank) Schwartz, MD, IOL psychiatrist-in-chief and vice president of the Hartford HealthCare Behavioral Health Network, was recognized for his state and national leadership in crafting public policy and launching a national dialogue on mental health following the Sandy Hook tragedy.

Jeanne Kessler, RN, a nurse manager at the IOL, was recognized for a variety of work, including her studies and treatment of dementia patients and her extensive work with and education of volunteers, including establishing a patient safety/fall prevention program (resulting in an 80 percent decrease in falls), a geriatric visitation program for those with dementia, and the Meal Mates program.

She also was recognized for piloting a new volunteer program, Personal Touch, to determine whether or not having a multi-trained volunteer assigned to a specific unit for an entire shift is more effective than having a variety of volunteers.
For Patricia Brousseau, a senior at RHAM High School in Hebron, mental illness can seem like a fog that settles over someone’s mind, darkening their spirit in ways that those around them cannot see.

“Always, always, the fog returns...then one day, you find a lantern,” Brousseau wrote in an essay called “Fog” that won first place in the Art category for the Institute of Living’s 13th annual BrainDance Awards, which are given out annually to high school students who submit works on mental health issues.

Brousseau, whose award came with a $500 prize, recited her essay at the Institute of Living’s April 21 BrainDance award ceremony, which attracted a crowd of students, teachers, parents and other well-wishers from across the state.

Another first place winner was Emma Grimaldi from Coventry High School, who won in the Academic category for her report “Gender Dysphoria: A Revolutionary Transformation” examining the impact of discrimination on those who identify as transgender.

Also winning first place were Emily Denote and Hannah Grabowski from Bristol Eastern High School in the Mixed Media category for their video “A Road of Constant Fear,” which combined graphics and music and video to show the challenges faced by those with Post-Traumatic Stress Disorder.

In the Art category, second place went to Stanislav Yarmoussik of Fairfield College Preparatory School for his artwork “How Do You See Me” while third place was shared by Riley Trowbridge of Bristol Eastern High School for her essay, “Anorexia: Silently Crying Out” and Joseph Hopkins of Fairfield College Preparatory School for his essay “Eyes.”

In the Academic category, second place went to Alexandra Smith of Norwich Technical High School for her report “Clinical Depression,” while third place was shared by Cheyenne Johnson of Norwich Tech High School for her report, “Listen to Autism,” and Shelline Jeanty of Norwich Technical High School for her report, “Stigmas Associated with Bipolar Disorder.”

In the Mixed Media category, second place went to Catie Allison of New Fairfield High School for her work, “Generalized Anxiety Disorder,” while third place went to Morgan Martin of Bristol Eastern High School for her work, “Stigma of Anxiety.”
IOL Recognizes Excellence with Annual Employee Awards

The Institute of Living held its annual Employee Awards and Recognition Day June 14. The awards and their recipients are:

**Psychiatrist-in-Chief Award**, recognizing outstanding contributions to psychiatry:
- Dr. Joanna Fogg-Waberski, associate medical director, Institute of Living, and medical director, Geriatric Services

**Arne Welhaven, MD Memorial Award**, recognizing individuals or groups who best exemplify concern, respect and generosity toward patients and a quest for excellence in mentorship or education:
- Robert Sahl, MD, associate medical director, Institute of Living, and medical director, Child & Adolescent Services
- Mentors: Cynthia Belonick, Ellen Blair, Linda Durst, Ed Cluckey and Jamie Santaniello

**Linda J. Stacy Service Excellence Award**, recognizing superior understanding and compassion for patients and their families, given by the Family Resource Center Board:
- Jodi Peck, LCSW, Memory Disorders Center

**Ned Graffagnino, MD, Memorial Award**, recognizing distinguished service/job performance in community-oriented work and/or collaborative efforts with other mental health professionals:
- Ed Cluckey, RN, nurse manager on D3N

**Blue Ribbon Award from Division 40, Society of Clinical Neuropsychology**
- James Choi, MD

**Golden Lamp Award**
- John W. Goethe, MD, Director of Clinical Research

**Inducted into the Johns Hopkins Society of Clinical Neuropsychology**
- Godfrey D. Pearlson, MD

**PCA/Psychiatric Technician Dedicated to Caring Award**
- Brendan McCann, Psych Tech, D1S
- Shelly Molina, Psych Tech, D3S
- Robert Renstrom, Psych Tech, CARES
- Semonea Virgo, PCA, D2N

**Nightingale Award for Excellence in Nursing**
- Kathryn DePucchio, BSN, RN

**Hartford Hospital 2016 Employee of the Year**
- Joseph Pedemonti, Educational Services

**CT Association of Private Special Education Facilities Golden Apple Award**, recognizing staff members who have made significant contributions to their students and program:
- Joy Sperry, school nurse, Grace S. Webb School
- Marie Reynolds, assistant teacher, Grace S. Webb School
- Becky Lyman, teacher, Grace S. Webb School
- Beth Farber, student support coordinator, Grace S. Webb School
- Jen Taylor, assistant teacher, Webb School at Cheshire
- Stephanie Royka, assistant teacher, Webb School at Cheshire

**National Program of the Year Award – Association for Ambulatory Behavioral Health**, recognizing a program that exemplifies innovation, excellence and/or advocacy:
- Institute of Living’s Young Adult Services (YAS) Program (award accepted by Larry Haber, director of Ambulatory, Young Adult and Health Psychology, and David Vaughan, LCSW, program manager, Young Adult Services)

**Members Newly Inducted into the Quarter Century Club this Year**
- Dr. Adrienne Bentman, director, Adult Psychiatry Residency Program
- Linda Harrison, Grace Webb School, Physical Education Teacher
Dr. and Mrs. Farough Abed
Adam Zielinski Bus Trip
Mr. and Mrs. Craig R. Banks
Mrs. Barbara R. Basch
Mr. Samsaim P. Bianchi
Mr. and Mrs. Alan S. Bitzer
Lee and Ellen Blair
Mr. and Mrs. Angelo C. Bramucci
The Budd Family Fund at the Hartford Foundation for Public Giving
Mr. and Mrs. John E. Burnsosky
Annetta and Mike Caplinger
Mr. and Mrs. Maro H. Chapman, Jr.
Mr. Gregory C. Crane
Mr. and Mrs. William A. Eichner
Mr. and Mrs. Michael J. Fedoras
Ms. Mary Gonzalez
Ms. Nicole C. Gonzalez
Mr. and Mrs. Charles W. Haldeman
John L. Harrington, MD
Ms. Jeanne Harris
Mr. Douglas J. Hart
Hartford Foundation for Public Giving
Mr. Paul Havermale
Aaron Hollander Fund
Mr. and Mrs. Timothy A. Holt
Mr. Frederick A. Holybee
John H. Houck, MD
Mr. and Mrs. Scott D. Houghton
Institute of Living CARES
Mr. and Mrs. Patrick L. Jennings
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Ms. Jaclyn Kalita
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Ms. Doris A. Kinsley
Ms. Leslie G. Kirkwood
Mr. and Mrs. Simon Konover
Mr. Wayne J. Landry
Ms. Candace Langlois
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Harold I. Schwartz, MD and Ms. Lee Monroe
Simsbury Radio Control Club, Inc.
Simsbury Soccer Club
SLAA Tuesday Night Group
Ms. Marjorie K. Solomon
Sorenson Pearson Family Foundation, Inc.
Mr. and Mrs. Mark St. Pierre
The Smith STEM School
Mr. and Mrs. Gregory R. Strich
Sunday IOL Todd Building Group
Target Take Charge of Education
The TJX Foundation, Inc.
Leonard M. Troub Foundation, Inc. Trust at the Hartford Foundation for Public Giving
Mr. and Mrs. Joseph R. Voelker
Mr. Thomas E. Waltman
Mr. and Mrs. William Wienke
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William A & Shirley P Yolles Support Foundation
Mr. Gary Wolff
Ms. Joanne F. Wright
Estate of Edward C. Wynne
John P. Yonkunas
The Zachs Family
Mr. and Mrs. Karl Zielinski
Anonymous (8)
## Research Funding Information

### FY16 Psychiatry

<table>
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<tr>
<th>Federal</th>
<th>$968,018.00</th>
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- **Assaf, Michal M.D.**
  - Neurochemical and Functional Correlates of Memory in Emerging Adult Marijuana Users.
  - *Yale University, $1,771,191.00*

- **Pearlson, Godfrey M.D.**
  - Unified multivariate data-driven solutions for static and dynamic brain connectivity.
  - *MIND Institute, $69,307.00*
  - Examine the Feasibility of a Standardized Field Test for Marijuana Impairment:
  - *Laboratory Evaluations, $570,191.00*

- **Stevens, Michael PhD**
  - Functional Neuroimaging of Alcoholism Vulnerability: Glutamate, Reward, Impulsivity, and Pavlovian-to-Instrumental Transfer (PIT), Part II – Saracatinib.
  - *Yale University, $149,413.00*

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- **Blank, Karen M.D.**
  - *American College of Radiology, $75,000.00*

- **Ferrand, Jennifer Psy.D.**
  - Adverse Interpersonal Experiences and Health in Bariatric Surgery Patients: A Pilot Project.
  - *University of Connecticut, $2,500.00*

- **Kurtz, Matthew PhD**
  - The Effects of Intrinsic versus Extrinsic Motivation on a Cognitive Remediation Task Targeting Working Memory in Patients with Schizophrenia.
  - *Wesleyan University, $1,587.50*

- **Pearlson, Godfrey M.D.**
  - Structural and Functional Biomarkers of Aesthetic Creativity and Imagination.
  - *Wesleyan University, $57,500.00*
Industry $437,600.89

Psychiatry $437,600.89

Tolin, David PhD
Mindyra Life Satisfaction and Impairment Index: Studies 1-2. Mindyra, LLC, $4,676.00
Mindyra Life Satisfaction and Impairment Index – Adult Version. Mindyra, LLC, $2,750.00

Winokur, Andrew M.D.

Unfunded $0.00

Psychiatry $0.00

Stevens, Michael PhD
Cognition-Emotion Interaction in Alcohol Users – Data Analysis. $0.00

Tolin, David PhD
Anxiety Disorders Center Research Registry. $0.00

Young, Kevin PhD
An Examination of the Relationship Between Aspects of Mentalization Derived from TAT Narratives and Key Rorschach Variables. $0.00
For far too long, there were walls between primary care and behavioral health. Those walls have been broken down – literally and in theory.

Clinicians across the Institute of Living and the Hartford HealthCare Behavioral Health Network continued with their work to integrate behavioral health specialists in primary care settings in 2016, as the IOL in September hosted the first of a series of trainings on the program’s new standardized curriculum. The setting was fitting, as the IOL has long been a leader in breaking down the siloes in the field of medicine and behavioral health.

The Primary Care-Behavioral Health initiative (PCBH) embeds behavioral health clinicians in primary care settings to provide consultations, diagnosis, treatment and referral for behavioral health issues. The program underwent a major expansion with grant support from the Connecticut Health Foundation in 2016, helping to increase the number of sites participating in the initiative from three to 12, with sites in downtown Hartford, New Britain, Willimantic and West Hartford.

“When PCBH was a small pilot program with three clinicians, we had confidence that each therapist understood the model and practiced it with fidelity,” said James O’Dea, PhD, MBA, vice president of operations for the BHN. “Now that we’re undergoing a major expansion, we recognize that we need to build training and ongoing support for these new clinicians so we can continue to see the same positive results.”

The new PCBH curriculum was developed by Barbara Ward-Zimmerman, PhD, a clinical psychologist and consultant with experience in integrating behavioral health into the primary care setting.

Since its inception in 2015, the PCBH initiative has been a tremendous success. Patients referred to the on-site behavioral health clinician were significantly more likely to attend their first visit (80 percent attendance as compared with 30 percent attendance for traditional referrals.) A reduction in emergency department utilization and inpatient admissions was also observed among patients who were referred to the embedded clinician.