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The novelist Paul Beatty writes of our tendency to “…preen in the mirror, so as to avoid looking in the mirror and remembering where the bodies are buried.”

For a psychiatrist, the process of looking in the mirror comes most profoundly when a patient commits suicide. More than half of psychiatrists will face that loss at some point in their careers. Unlike an oncologist losing a patient to cancer or a cardiologist losing a patient to heart disease, the loss of a patient is not inevitable and psychiatrists are always left questioning whether there was something more they could have done.

Then comes the defensive preening. “I’m a smart psychiatrist and I asked the right questions,” we say. “It was the patient’s choice and I can’t be responsible for what I can’t control.” It’s protective, but it’s a type of preening that prevents a deeper look in the mirror.

For me, this experience came early in my career in the form of a very depressed middle aged man. In the course of an hour he gave me every assurance that he would not kill himself—until he suddenly got up from his chair and said, “You know, doc, I really could do it.”

He quickly sat down and returned to his denial. When I pressed him, he said all the right things to placate my concern. Balancing all his denials with that one admission, I concluded that he was safe and let him go. But an alarm had gone off in my gut, an alarm which I ignored to his peril and my regret.

When a new movement in suicide prevention arrived, Zero Suicide, I initially protested. I resisted the idea of holding ourselves to a standard we can’t meet. It’s counterintuitive, I thought, and if we accept such a standard we will be held accountable when we fail.

My experience showed me what failure felt like and I resisted the thought that suicide could become a never-event. But the suicides keep coming: 44,000 last year and rising. They keep slipping through our fingers and I have gradually come to realize that zero should not be seen as a hard metric but as an aspiration that will lead us to do more and do better.

Looking in the mirror means being willing to stretch, to think outside the box, to accept the risk of being held accountable and, indeed, hold ourselves accountable. If we take this opportunity to look hard in the mirror, we can summon the courage to change—and save many lives in the process.

Hank
Teenager Hannah Baker calmly walks into her family bathroom, runs water for a bath, sits in it with her clothes on and then proceeds to methodically slit her wrists. Her horrified mother finds her dead in the tub moments later.

This extremely graphic scene, part of the controversial Netflix series “13 Reasons Why,” is not real. But it certainly could be.

The number of suicide deaths in the U.S. has increased to 44,000 per year, 105 per day – or one every 12 minutes. They are the result of many things including depression, substance abuse, bullying, traumatic stress disorder – just to name a few.

And as much as some psychiatrists and providers might not want to admit it, even in the best of circumstances suicides can happen under their watch. Research shows that 50-70% of psychiatrists will have a patient commit suicide while in their care at some point in their careers. It’s not easy to take. It’s not easy to talk about. But it needs to be addressed.

At the Institute of Living (IOL) and across the Hartford HealthCare Behavioral Health Network, staff members are working to decrease the number of suicides. They are doing this through the Zero Suicide initiative, an evidenced-based approach to establish more focused assessment and timely follow-up care for patients who are at risk of suicide. A national suicide prevention movement backed by the National Alliance for Suicide Prevention, Zero Suicide involves fact finding, research, education, staff champions and utilizing proven tools to help end the dramatic uptick in suicides.

The IOL was an early adopter of Zero Suicide. In 2015, the IOL was one of the first 20 organizations worldwide to be accepted into and trained by The Zero Suicide Academy, a two-day training for senior leaders of health and behavioral health organizations seeking to reduce suicide among patients in their care and in the community.

Since then, the IOL has implemented what it has learned and is spreading the initiative across the rest of the Hartford HealthCare (HHC) Behavioral Health Network. A “kickoff meeting”
was held in August to engage HHC’s other behavioral health organizations.

Dr. Harold I. Schwartz, IOL Psychiatrist-in-Chief and HHC Vice President of Behavioral Health, said reducing the number of suicides to zero, while not a realistic goal, is an “aspiration that will lead us to do more and do better... and a state of mind that one suicide is too many”.

Dr. Linda Durst, the IOL Medical Director who is overseeing the initiative, said it provides a framework for a focus on safety and error reduction, consistent with HHC’s status as a high reliability organization.

“This is a very comprehensive and methodical way of addressing prevention,” Dr. Durst said. “Before [Zero Suicide], there was an assumption that staff members were trained to assess for suicide risk and knew exactly how we should treat patients at risk. [In the past,] patients at risk were given an assessment but no one was really sure if we were using the results effectively in our efforts to prevent suicide.”

Under the Zero Suicide initiative, a set of best practices and tools are utilized. For example, patients are assessed using the highly regarded Columbia Suicide Severity Rating Scale (C-SSRS). C-SSRS uses a series of simple plain language questions asking patients, for example, whether and when they have thought about suicide; what actions they have taken to prepare for suicide; and whether and when their attempted suicide was either interrupted by another person or stopped of their own volition.

Zero Suicide also includes training clinical and non-clinical staff to focus on suicide risk, establishing policies to ensure safe handoffs between caregivers, and effective engagement of at risk patients – including a follow-up phone call within 24 hours after discharge.

Dr. Schwartz said progress can only begin with conversation, both internally and externally. Internally, you have to be willing to admit that suicides do occur when patients are in the midst of treatment. The HHC Behavioral Health Network is currently conducting a review of patients who have committed suicide either during or after their care. The review includes determining common issues and risk factors so they can be systematically addressed going forward.

However, community conversations are just as important. With rising numbers of pro-suicide websites, new online suicide “games” such as the Russian Roulette-like Blue Whale Challenge and the recent Netflix series “13 Reasons Why,” all of which are just one click away, the IOL is engaging the community in public conversation about suicide – especially as it relates to teens and their vulnerabilities. These Town Hall-style conversations are being held in churches, schools and theaters, from the inner cities to suburbs.

“As with many things in life, connecting with teenagers about suicide and issues that can lead to suicide starts with conversation,” said Dr. Schwartz, who has moderated and served on panels about the Netflix series that captured the attention of teens nationwide. “The ‘13 Reasons Why’ series, despite some negative reviews about its graphic nature, has helped us facilitate that conversation.”

Laura Saunders, v, ABPP, a clinical psychologist at the IOL who also served on the panels, agreed that “13 Reasons Why” is helping to create conversations about depression, mental illness and suicide that wouldn’t have happened years ago.

“The conversations are helping to reduce the stigma associated with suicide and mental illness,” Saunders said. “Being depressed is not your fault. Being assaulted is not your fault. People need to hear that.”

Dr. Schwartz said he is convinced that the Zero Suicide Initiative, combined with ongoing community conversations and other measures, can help reduce the rising numbers of suicides.

“In suicide prevention, we must look hard in the mirror at the way we do things and challenge ourselves to change,” he said. “We will all be rewarded with the additional lives saved.”
Institute of Living introduces
‘CSI’-like Forensic Psychiatry

Specialized psychiatry program will provide insight into court claims

It’s not “CSI” yet, but it’s a start. Identifying a growing need in medical, legal and academic circles, the Institute of Living has launched a forensic psychiatry program offering psychiatric expertise in a variety of civil, criminal, and legislative areas.

The new Forensic Consultation Service provides specialized services such as risk assessment, competency to stand trial evaluations, disability assessments, fitness for duty evaluations (including workers’ compensation evaluations), criminal state of mind evaluations (e.g. ‘Not Guilty by Reason of Insanity’ and ‘Extreme Emotional Disturbance’ defenses), evaluations of sex offenders, determination of testamentary capacities, immigration and asylum evaluations, and independent evaluations of Habeas Corpus petitions.

“We are recognizing this as a valuable service that is becoming more in demand,” said John Bonetti, DO, an IOL psychiatrist and associate director of the new Forensic Consultation Service.

As an example of the kind of work the service provides, Dr. Bonetti completed a lengthy evaluation of a person who had filed a claim against an employer after undergoing a traumatic experience in the workplace. Dr. Bonetti was asked to determine if the employee’s psychiatric issues could be directly linked to the workplace incident, or if the employee was exhibiting symptoms beforehand.

Cases such as this, which involve civil claims, make up the bulk of the workload as the service establishes itself and builds a reputation, Dr. Bonetti said. In time the program hopes to expand its services to include more criminal cases, offering psychiatric expertise and other services to law enforcement or prosecutors conducting investigations.

“I think when many people hear the word ‘forensic,’ they instantly think of the “CSI” television shows and that kind of thing, but there is actually a need for this kind of service in a broad range of civil and criminal legal settings,” he said.

Along with Dr. Bonetti, who completed an advanced residency in forensic psychiatry at Yale University, the new service benefits from the expertise and experience of IOL Psychiatrist-in-Chief Harold I. Schwartz, MD and IOL psychiatrist Peter M. Zeman, MD, who is board-certified in forensic psychiatry.

The goal is for the service to become a launch pad for education of staff, trainees and patients, advocacy and policy work, academic publications and presentations, community work within the legal field and law enforcement. In addition, those involved with the program hope to work closely with training psychiatrists, sparking interest in the field and aiding the development of some of the skills needed to practice in this sub-specialty.
The 2017 C. Charles Burlingame Award was presented to Dr. Harold Alan Pincus. Dr. Pincus is professor and vice chair of the Department of Psychiatry and co-director of the Irving Institute for Clinical and Translational Research at Columbia University and director of Quality and Outcomes Research at New York Presbyterian Hospital.

Over a distinguished career, Dr. Pincus has made major contributions to health services and policy research, science policy, research career development and the diagnosis, classification and treatment of mental disorders. He has had a particular research interest in the practice of evidence-based medicine, quality measurement and improvement and the relationships among general medicine, mental health and substance abuse — developing and empirically testing models of care that bridge these domains.

Dr. Pincus delivered the Burlingame Award Lecture in the Commons Building’s Hartford Room on Thursday, Oct. 19. The title of his lecture was, “Integrating Behavioral Health and General Medical Care: Drowning in the Mainstream or Left on the Banks.”

Dr. avi became the 30th recipient of the award, which is possible thanks to generous gifts from the Burlingame family.

Lobotomy cases from the past continue to educate, spark interest

In November 1948, a “psychosurgical showdown” of sorts drew a crowd of the most esteemed neurosurgeons, neurologists and academicians to the Institute of Living’s Burlingame Research Building.

In the building’s newly minted psychosurgery suite — the first and only one of its kind at the time — William Scoville, MD, founder of the Hartford Hospital Department of Neurosurgery, and Walter Freeman, MD, each demonstrated their preferred approaches to the lobotomy on four female patients.

The historical scene, which went on to impact lobotomy technique and eventually modern understanding of memory, was described by Luke Scoville Dittrich to a packed room at the IOL’s weekly Grand Rounds lecture series.

Dittrich, the grandson of William Scoville, is a contributing writer for the New York Times Magazine and author of “Patient H.M.”, from which he shared excerpts during his presentation.

They included a famous 1953 case that has since become the most widely studied in the history of neuroscience. While attempting to surgically cure an epileptic patient named Henry Molaison, Scoville removed his medial temporal lobe. The resulting effect on Molaison was anterograde amnesia, which left him unable to create
long-term memories. Although tragic, his case played an important role in the study of memory and brain function.

The modern lobotomy, which was introduced in 1935 and popularized in the 1940s, was a neurosurgical technique that consisted of the cutting or scraping away of a patient’s prefrontal cortex. The intent of the procedure was to treat and reduce the symptoms of mental illness, but often bore serious implications on the patient’s personality and cognitive function.

That day in 1948 at the IOL, Scoville, Dittrich’s grandfather, was the first to perform a lobotomy. His technique, dubbed the “selective cortical undercutting,” offered a cleaner approach to an otherwise sloppy procedure. Using a drill outfit with a one-and-a-half inch trephine bit, Scoville put two precise holes in his patient’s skull— one over each eye socket. From there, he used a suction tip and spatula to remove the fibers connecting the frontal cortex to the rest of the brain, diminishing frontocortical function while maintaining the physical structure.

Freeman was up next. The man considered the “father of the lobotomy,” who would eventually perform up to 25 lobotomies in a day, had created a quicker and more efficient method called the transorbital lobotomy, or “ice-pick lobotomy.”

After rendering the patient unconscious through electroconvulsive shock, Freeman used a thin metal tool that resembled an ice pick to enter the patient’s skull through the eye socket, tapping the pick to break through the thin bone behind the eyes. From there, he would swish around, destroying the fibers of the prefrontal cortex, before removing the pick and repeating the procedure on the other side.

The practice of lobotomies was controversial from its inception. The evidence of their risks and negative consequences ultimately outweighed any evidence supporting their utility and it faded from use during the 1950s. However, it’s estimated that almost 40,000 people were lobotomized in the United States during that time.

Scoville’s new method of lobotomy eventually inspired him to explore other regions of the brain, including the medial temporal lobe.

Keeping an eye on mental health

Study of ‘pupillometry’ said to help gauge brain function

Researchers at the Institute of Living are discovering that the eyes may be a window to unraveling the mysteries of some mental health disorders.

“It’s really true what they say, that you can see a lot by looking into someone’s eyes,” said Jimmy Choi, senior scientist at the IOL’s Olin Neuropsychiatry Research Center and Schizophrenia Rehabilitation Program who in the past year led a pioneering treatment study in the field of pupillometry, which involves the measurement of pupil diameter in psychology.

The study, which was published in the Psychiatric Rehabilitation Journal, marked the culmination of extensive research into how pupillometry can help with neurofeedback cognitive training in gauging the brain functions of those with schizophrenia or other neurologic disorders.

Choi said the study of pupils in the context of psychiatry has been around for about two decades, but is just beginning to pay off in terms of providing a solid understanding of how the brain can be trained to help overcome symptoms of a disorder.

Advances in technology are making it possible to provide highly accurate scans of the pupil as mental health patients are tested in cognitive...
The IDEA TEAM at the Institute of Living, which works to devise and implement innovative and humanistic ways to de-escalate extreme behaviors in psychiatric settings, was one of the finalists for Hartford Hospital’s 2016 Team of the Year Award. The annual award is presented to teams within the hospital that best demonstrate the organization’s core values of Integrity, Caring, Excellence and Safety. The IDEA TEAM, which stands for Innovative De-escalation Emergency Assistance, has made tremendous strides in reducing the rate of seclusion and restraint among psychiatric patients over the past year — a major challenge throughout the field. The IDEA team was developed to enhance de-escalation initiatives, and was based on the belief that the earliest intervention focused on the best possible communication with the patient would provide the greatest chance for peaceful problem resolution and an effective means to improve — and ensure — patient and staff safety while supporting the patient’s own coping skills.

functions, Choi said. Devices known as pupillometers can measure the dilation or contraction of the pupils as patients are asked to work on specialized material on computer or tablet screens.

If the pupil shows signs of dilation, Choi said, it can be an indication that the patient is experiencing an overload of information and may become frustrated with the test and decide to quit. On the other hand, if the pupils begin to contract, it can be a sign that the material is too easy, and the patient may lose interest, he said.

“Pupillometry really helps us find that sweet spot where the subject is operating at the highest level of cognitive functioning,” he said. By maintaining cognitive focus over a longer period of time, he said, patients can learn to train their brains to overcome symptoms of their disorder. “It’s like practicing at a sport,” he said.
Could a few minutes of ping-pong, basketball or walking help improve cognition and symptoms of mental health disorders? According to Jimmy Choi, Psy.D., senior scientist at the Institute of Living’s Olin Neuropsychiatry Research Center, the answer is yes.

“We all know physical exercise is good for us, but it is still hard for us to do,” Choi said during an IOL Grand Rounds presentation. “There is a mountain of evidence for this.”

Exercise improves cognition and is an effective treatment for depression and anxiety—and the treatment effect is large. Physical exercise leads to fewer and less severe symptoms, and better overall mental status.

The Institute of Living has long integrated exercise into its treatment offerings. “Ever since way back when the individuals who first formulated treatment plans at the beginning of the Institute of Living talked about the importance of exercise and fresh air,” said Dr. Godfrey Pearlson, director of the Olin Neuropsychiatry Research Center at the Institute of Living. “We’ve come back full circle to those recommendations.”

What are the key elements of an effective exercise program, according to Dr. Choi?

1. **Intrinsic motivation.** “One of the strongest mediators of physical exercise outcome is internal motivation to do the treatment without external reinforcement. It seems like the rest of the scientific world is kind of catching up to the IOL. We’ve been doing exercise for decades, and now exercise is becoming a big part of psychiatric rehabilitation programs all over.”

2. **Choice.** “When you give people a menu of choices, it increases engagement in exercise and improves their adherence. And when people exercise on a regular basis, they’re already supposed to do different things each time to reduce injury and muscle fatigue—so the idea of choice is actually good exercise physiology as well.”

3. **Volitional exhaustion.** “Volitional exhaustion is the point when you get your heart rate to a level that makes the exercise beneficial to your cardiovascular system and to your brain. When you reach volitional exhaustion, through walking, a game of basketball, or even ping-pong, your muscles release a protein that makes its way to the brain and improves brain function. This provides a target for making an impact on symptoms and cognition.”

4. **Integration with other treatments.** “Merging exercise with other therapies encourages synergistic benefits. Different therapies inform each other. For example, volitional exhaustion creates a window of opportunity, usually within a couple of hours, when the brain is more receptive to learning.”

5. **Consultation with experts.** “We have the privilege of having a very well-known exercise physiologist right here at Hartford Hospital, Dr. Beth Taylor. Exercise science can inform us and experts help us provide the best physical exercise program for our patients.”

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**Researcher receives award for pioneering work**

David Glahn, Ph.D, director of the Affective Disorders and Psychosis Laboratory in the Olin Neuropsychiatry Research Center at the Institute of Living, has received the prestigious Joel Elkes Research Award from the American College of Neuropsychopharmacology (ACNP) for his contributions to understanding the roles of genomics and biomarkers in the neurobiology of those with mental illness.

The award is given annually to scientists under the age of 50 who have made outstanding clinical
After years of living in the throes of addiction, Walter Asbury has come to realize that his past is not something to be ashamed of, but to be embraced. “My story is what sets me free,” Asbury told a warm and enthusiastic crowd of fellow graduates and well-wishers at the Recovery University graduation ceremony at the Institute of Living on Dec. 23. “I’ve been in recovery for 12 years and I wouldn’t give it up for the world.”

Asbury was one of 27 people who earned their Recovery University graduation diploma after completing an 80-hour course training them to become recovery support specialists, working directly to help those who are struggling with the same challenges they have faced.

The course is offered through Advocacy Unlimited Inc. of Connecticut and co-directed by Karen Kangas, PhD, director of peer recovery programs for the Behavioral Health Network. Many of the graduates have been able to get into recovery and stay on track thanks to treatment and care they received at BHN organizations. Kangas and fellow director Paul Acker hugged each of the graduates as they received their diplomas, with family members and friends filling the room with applause.

“Rushford was where it all started for me,” said graduate Edward F. Skifflington, who also is a leader on the Rushford Client Advisory Committee. “Now I feel like I am an agent of change. My whole purpose in life is educating others and giving hope.”

Harold I. Schwartz, MD, psychiatrist-in-chief at the Institute of Living, said his organization was proud to host the latest Recovery University graduation ceremony, which is held at various locations. “I congratulate the work you have done and the great achievement in making the most of your experience and bringing it to bear on behalf of others,” he said.

Kangas, who is herself a person in recovery, said the graduates were among the most impressive class she’s seen since the program began 10 years ago. “You are all living proof that there is always hope, there is always recovery,” she said.
The New England Association of Directors of Healthcare Volunteer Services (NEADHVS) chose the Institute of Living’s Peer Volunteer Program as the recipient of its annual President’s Award for Outstanding Program Development in the category of High Impact Volunteer Services.

NEADHVS is an affiliate chapter of the Association for Healthcare Volunteer Resource Professionals that works to develop, establish, recommend and implement best practice standards in healthcare volunteer services management. The award recognizes the IOL’s peer volunteer program as an innovative and effective initiative in the realm of volunteer work.

“I want to recognize this vitally important work by the entire team,” said Dr. Stuart Markowitz, former president of Hartford Hospital and senior vice president of Hartford HealthCare. “You have a lot to be proud of and we are all so proud and thankful for this program and the impact it is having on our staff and our community.”

The program was implemented on the IOL campus in 2014 by Nancy Hubbard and Patricia Graham of the Family Resource Center. The program has vastly improved patient experience by incorporating individuals who have lived experience with mental illness into inpatient and outpatient environments.

“This is truly a wonderful and well-deserved recognition of a terrific program,” said Dr. Harold Schwartz, psychiatrist-in-chief at the Institute of Living and vice president of behavioral health for Hartford HealthCare. “The peer program is central to our increasing involvement in the recovery movement. This is a great example of leadership and discretionary effort.”

People living with mental illness often face discrimination, which may add to the belief they are alone in their suffering. Despite good intentions, friends, family and other members of the community may struggle to connect during these difficult times and unknowingly create an even deeper divide between ‘us’ and ‘them’ based on their misperceptions of experience.

In this unique IOL program, volunteers work directly with patients in inpatient and outpatient settings, including the Emergency Department at Hartford Hospital. These remarkable volunteers, who each bring first-person knowledge and their own diverse experiences into their work, help instill hope and show that recovery is possible through peer-led support groups, one-on-one support and even yoga.

The formal and informal activities help patients feel less isolated and more connected to real people who have been through what they are going through.

“By rejecting the ‘us and them’ mentality, the peer movement humanizes a patient and creates a reality where those suffering from mental illness can truly get better and lead more fulfilling lives,” said Patty Graham, case worker at the Family Resource Center.

Along with staff members Laura Durst and Paula Rego, and up to 30 peer volunteers, the Institute of Living is delivering important services typically found only in community settings.

The award was given during the NEADHVS annual spring conference in May. The Family Resource Center from the Institute of Living will present details of the program at the organization’s fall conference on October 27 in Nashua, New Hampshire.
When Annetta Caplinger first came to the Institute of Living as a nurse in 1984, she had already worked at several psychiatric healthcare centers in locations from South Carolina to Hawaii. But as soon as she stepped foot on the IOL’s historic grounds, she knew she had found her professional home.

“I instantly loved the environment on the campus, and the culture of the people who work here,” said Caplinger, the IOL vice president of clinical operations who in the past year was elected to the Board of Directors for the prestigious National Association of Psychiatric Health Systems.

The NAPHS advocates at a national level for psychiatric centers such as the IOL, and Caplinger’s appointment is a reflection of a life dedicated to understanding the needs of people with behavioral health issues, and creating the best possible setting for them to recover and realize their full potential. Here are some of her thoughts on her appointment to the board, and the philosophy she brings to her job.

Q. How did you find out you had been named to the NAPHS Board, and what will that role entail for you?

A. I’m really pleased to serve because I love this organization and the opportunity it gives me to connect with others who are in a similar field and have similar positions. I learn from and share information with them, as well as advocate for health systems like the IOL and Hartford HealthCare. I’ve been a member of the NAPHS Behavioral Health Services Within General Healthcare Systems Committee for the past seven years, and it’s given me a chance to develop expertise and awareness on issues ranging from electronic medical records to the current political climate and advocacy issues. My term on the board is for three years. There are 22 people on the board from organizations across the country, so it will be an exciting opportunity to represent the IOL and the BHN at that level.

Q. How did you get into the field of psychiatric care and behavioral health administration?

A. Even when I was growing up I knew I wanted to be in healthcare. When I was training to become a nurse I was drawn to psychiatric health because it gave me the best chance to interact with patients in a meaningful way. You’d be surprised, on most of the general hospital floors I worked on in my early career, I didn’t really get much time to get to know patients on a personal level. With behavioral health, it’s my job to do that! Getting to know their stories is amazing to me. People are people. I love finding out what their needs are, and trying to help them.

Q. How did you decide to dedicate your career to the IOL?

A. I was born in the Midwest, and my husband was career Navy. He was stationed on nuclear submarines, so we moved around a lot during our early years. When my husband was stationed at a power plant in Windsor Locks, a colleague of mine at Medical University of South Carolina told me “go to the IOL, it is the best place.” I did just that. Within a year I was head nurse. By 1994, the IOL had supported me through graduate school and leadership at the time thought enough of me to put me in charge of the new assessment center, and that’s how I found myself on the administrative side. The organization has gone through a lot of changes during my career here, but it still has that special culture of caring and smart people I get to work with every day. It’s got a great heart to it.
IOL takes lead role in impact of marijuana
When it comes to driving under the influence, a lot is known about the effects that alcohol can have on drivers, and the best tests to use to determine if a driver has been drinking too much.

But it’s a different story with marijuana, which impacts people in different ways than alcohol and can be challenging in terms of testing for impairment.

That’s why the federal government has turned to the Institute of Living to conduct two groundbreaking new research studies to explore the hazards of driving under the influence of marijuana.

“We are seeing an increase in marijuana use across the country, which is only natural when you think about how it is being decriminalized and legalized and normalized throughout society,” said Godfrey Pearlson, MD, the Director of the Olin Neuropsychiatry Research Center at the IOL, who is leading the research efforts along with Michael Stevens, PhD. “It’s a growing public health question, and we’re happy to contribute to a better understanding of it.”

The first project, a 5-year study requested by the National Institute on Drug Abuse, is focusing on the impact that marijuana has on the brain’s cognitive and motor functions while driving a motor vehicle. The research, which began just a few months ago, aims to determine changes in brain functions based on dosage levels of THC, which is the psychoactive chemical in marijuana. Other factors and variables are also being considered, including whether a user has a long history and if marijuana has different impacts on men and women.

Over the next five years, volunteers will take part in the study by being given a controlled amount of marijuana and then being asked to interact with a video simulation that gauges their ability to operate a motor vehicle. The subjects lie on a table with a video screen above their heads that features many random situations that a driver might encounter, and tests their reactions. Subjects are also given MRI scans with simulated driving scenarios to identify any changes in their brain functions.

The second marijuana study the IOL is conducting was requested by the National Highway and Traffic Administration to determine the best way to test drivers to see if they have been using marijuana and if it has caused them to be impaired. As with the first study, this one scientifically examines impacts by testing for drug levels in the blood and saliva during driving simulation scenarios. This study also evaluates the impacts when marijuana is combined with alcohol, which is common for many users.

Dr. Pearlson said the study asks subjects to stay in the clinical research center at Hartford Hospital for five consecutive days to determine the various impacts that marijuana can have on motor skills and cognitive function depending on levels of THC in the system. Various tests are being devised and initiated to find out how effective they are in determining if a driver’s marijuana usage, with the goal of potentially helping police officers test drivers in traffic stops, Dr. Pearlson said.
For Karen Kangas, Ed.D, the Behavioral Health Network’s New Director of Recovery and Family Affairs, hope is the best tool you can give to a person battling addiction and mental illness.

She speaks from experience. Kangas is in recovery herself and has spent the past 25 years advocating for individuals with mental health and substance abuse disorders and sharing her story of recovery.

Kangas had a comfortable career as a school principal before mental illness and addiction took hold. She lost her job in education, was diagnosed with bipolar disorder, and became addicted to alcohol, which she said she used for self-medication. It was a low point for Kangas, and she knew she needed help to get her life back on track.

While spending time in rehabilitation in Colorado she had an epiphany. “The doctor told me I’d never work again. I said ‘no’. The time is now. I absolutely decided that I was going to start sharing my story and fighting for the rights of people [with mental health and substance abuse disorders],” she said.

Kangas said it was the influence of the many people she met in treatment that helped her arrive at that life-changing decision.

“‘The people who influenced me the most were people who had similar experiences. They said to me, ‘you can work again,’ ‘you can have a life.’ That’s the message I have for people today,” Kangas said.

While back in Connecticut visiting family, Kangas saw an ad in the Hartford Courant for an agency seeking “a person with a history of mental illness.” She applied for the position at Fairfield Hills, the former state psychiatric hospital in Newtown, and began her career in recovery.

Over the years, she served in various roles at the Department of Mental Health and Addiction Services (DMHAS), most recently as DMHAS Director of Recovery Affairs and a member of the Commissioner’s Executive Leadership Team before her retirement in 2006. After retirement, Kangas served as the executive director for Advocacy Unlimited where she developed the Recovery University curriculum teaching others in recovery to become peer support specialists. In her role with the BHN, Kangas uses her experience to assess Behavioral Health Network programs and services to ensure they are recovery focused.

Behavioral Health Network President and former DMHAS Commissioner
Recovery is Michael Meheran’s passion. Now, the Hartford Hospital Engineering Department staff member would like to make helping people find the peace he’s experienced in sobriety a career.

Meheran is enrolled in Recovery University, an 80-hour advanced training and certification program for persons with mental health and addiction histories. The program, created by Advocacy Unlimited, allows participants to be certified as Recovery Support Specialists with the hope of finding a job within a behavioral health agency.

Now 13 years sober, Meheran says his alcoholism led to four DUIs, 120 days in jail and losing a job. He turned to Alcoholics Anonymous where he says he met a network of people to support him in his recovery.

“I could have easily died because of this, the depression and the mental illness. I didn’t know if I had a purpose. I didn’t know if I wanted to live. I have four kids and a wife but I just felt like I wasn’t worth saving,” he says.

Meheran says he immersed himself in AA, especially the Twelfth Step: “to carry this message to alcoholics, and to practice these principles in all our affairs.” He says he found comfort in the support he was providing and wanted to make it his life’s mission.

After a few years of sobriety, Meheran found work in Hartford Hospital’s Engineering Department. He says he was open about his struggles and is so grateful that the hospital took a chance on him.

Meheran is also thankful that he was allowed to utilize Hartford HealthCare’s Tuition Reimbursement Program to help him earn his associate’s degree in drug and alcohol counseling from Tunxis Community College. Meheran worked nights while going to school during the day.

“That’s one reason I like working at Hartford Hospital. [My managers] were so accommodating and supportive,” he says.

Still employed in Hartford Hospital’s Engineering Department, Meheran also works part-time as a driver at a drug and alcohol treatment center in Canaan, Connecticut. He’s hopeful to find a full-time job helping people find joy and success in recovery.

“After a few years of sobriety, I found there was hope and I wanted to give that hope to other people,” he says.
The BrainDance Awards encourage high school students to learn about psychiatric conditions and develop a more tolerant and realistic perspective toward people with severe psychiatric problems. The competition also aims to promote student interest in careers in mental health care.

“Each project celebrated at the BrainDance Awards encompasses our mission of decreasing stigma and discrimination, and increasing the involvement of students in the lives and issues that face those with mental illness,” said Dr. Harold I. Schwartz, psychiatrist-in-chief and vice president of behavioral health at Hartford Hospital. “This is an important part of getting students involved not just in mental illness, but in mental wellness for a lifetime.”

Awards and cash prizes were given to first, second and third-place finishers in the Art, Academic and Mixed Media categories, and the students presented a brief overview of their projects.

The projects were judged by expert clinicians and researchers in the field, who determined winners based on creativity, accuracy, scientific rigor and relevance to the issue of mental health stigma.

Mrs. Michelle Papa, an advanced creative writing teacher at Woodland Regional High School, was also honored for her support of the BrainDance Awards and the work she has done to help stop the stigma of mental illness.

Awards were presented by Dr. Godfrey Pearlson, director of the Olin Neuropsychiatry Research Center at the Institute of Living and Dr. Philip Corlett, assistant professor in the Department of Psychiatry at Yale University.

“The BrainDance Awards are designed to make students more aware – and get them more passionate and caring about – mental health issues while having fun and being creative,” said Dr. Pearlson. “Stigma is kind of a polite word for discrimination. So what we strive to do is encourage students to research psychiatric diseases they might not be familiar with and, based on what they discover for themselves, develop a more tolerant and accepting attitude toward people who have them.”

Winners joined their teachers, families and classmates for the award ceremony celebration and participated in complementary educational opportunities, including a panel discussion with mental health professionals and a Grand Rounds Lecture from Dr. Corlett entitled, “Perceiving and Believing: Understanding Hallucinations and Delusions.” Attendees were also invited to visit the Myths, Minds & Medicine museum that highlights the history of mental health care and a tour of the neuroimaging research center.

Inset: Dr. Godfrey Pearlson shows a piece of student art at the 2017 BrainDance Awards at the Institute of Living.
Hartford is often discussed in terms of poverty, violence, and lack of resources. These stereotypes have serious implications for personal sense of worth and overall mental health of city residents.

To combat these stereotypes, youth from the Institute of Living’s TOPS Extended Day Treatment Program used photography to share the ways they experience Hartford as a beautiful place. The TOPS participants used disposable cameras to photograph beautiful things in their community and their artwork was displayed at the ‘Heart of Hartford’ photography exhibit on Friday, April 21 at the Commons Building.

The project was a joint effort by Dorothy Manley, Haley Rice and Tatiana Martínez, students from Smith College School for Social Work and TOPS Extended Day Treatment Program. Funding from Hartford HealthCare made this event possible.

“It is crucial to acknowledge the impact of adverse narratives as it fails to recognize the many positive aspects of the Hartford community,” said Tatiana Martínez, MSW intern in the child and adolescent outpatient clinic at IOL. “By empowering Hartford youth to define themselves and their city, it is our hope that stereotypes will be challenged and a stronger sense of community will emerge.”

After the exhibit, the artwork will be displayed throughout the IOL.
The Netflix original series “13 Reasons Why,” based on a young-adult novel of the same name, has captured the attention of adolescents and adults alike since its release. Many have criticized the series for glamorizing suicide and risking an increase in copycat suicides. But is there anything the series gets right?

The Hartford HealthCare Behavioral Health Network hosted an event in the National Dialogue on Mental Health series in June 2017 at Real Art Ways in Hartford. The evening featured a screening of an episode of “13 Reasons Why” and a town hall-style community forum led by experts from the Institute of Living.

According to Dr. Hank Schwartz, IOL psychiatrist-in-chief and vice president of behavioral health at Hartford HealthCare, the series shows a dramatic example of suicide: the revenge fantasy suicide. Adolescents and troubled young adults are particularly vulnerable to this type of suicide because they think there is gratification in controlling the living after death and in leaving behind people tormented by the knowledge that they may have played a role.

“The episode we chose to show isn’t so much about why Hannah kills herself, but about the power of suicide to inflict pain on the people around us,” Schwartz said. “However, I think one of the strengths of ‘13 Reasons Why’ is trying to balance our understanding of Hannah and how she arrived at her decision with the horrendous damage that Hannah has caused by committing suicide.

What’s wrong (and right) with “13 Reasons Why”
“The depiction is brutal, graphic and almost unwatchable, and we’re all concerned that kids may emulate it. But that depiction of the horror of what you can do to others is so powerful that I hope it actually has a deterrent effect.”

While some clinicians have reported a spike in suicide attempts since the release of “13 Reasons Why,” Dr. Lisa Namerow, child and adolescent psychiatrist at the IOL and Connecticut Children’s Medical Center, has seen that deterrent effect among some of her patients.

“After watching the show, I started asking questions about the themes of the show,” Namerow said. “Several adolescents told me they struggle with very similar things as Hannah: bullying, peer rejection, and that no one is listening to them. But those children also told me the series has shown them that suicide is not an option.”

Dr. Laura Saunders, child and adolescent psychologist at IOL, highlighted the benefits of using “13 Reasons Why” as a conversation starter between children and the adults in their lives.

“We live in a world where a show like this is literally two clicks away,” Saunders said. “We don’t always know what our kids have access to, but we do have control over creating a dialogue. We need to create a non-judgmental space to allow that conversation to happen, without throwing criticism and without trying to fix it. Listening is hard, but that’s what they need—and that’s one of the important things ‘13 Reasons Why’ shows us.”

The Hartford HealthCare Behavioral Health Network will continue hosting town hall discussions about ’13 Reasons Why’—IOL panelists participated in them in West Hartford and Norwich Free Academy. These conversations are being held in partnership with local school districts to help students and parents around the state discuss what’s wrong – and right – with the series, which is expected to have a sequel sometime in 2018.

“It’s not just okay, it’s important to be talking about these things with our kids,” Schwartz said, “and it’s important to be doing it in a way that captures the complexity and the nuance of these issues.”

Understanding the “gender revolution” doesn’t just ease discrimination, it can save lives.

Transgender people are more likely to be unemployed, homeless and living in poverty. They are often victims of harassment, health care discrimination, housing inequality and family rejection, which appears to contribute to greater suicide attempts among transgender individuals.

These startling revelations have led to calls for people to be more open to different gender identities, especially those that do not fit the male and female categories people have grown accustomed to.

On June 6, 2017 the Family Resource Center at the Institute of Living offered an exclusive screening of Gender Revolution: A Journey with Katie Couric at Real Art Ways in Hartford.

The screening of the National Geographic documentary film, which aims to foster conversation on gender issues and promote understanding of the notion that gender exists on a spectrum, was followed by a panel discussion featuring members of the community and experts from the Institute of Living at Hartford Hospital and Connecticut Children’s Medical Center.
Dr. Karen Blank was named the 2017 recipient of the Alzheimer’s Association CT Chapter Physician’s Leadership Award. The award was presented to Dr. Blank at the annual Brain Ball V.I.P. cocktail reception.

This award recognizes physicians and medical professionals that go above and beyond in their patient care and diagnosis of persons with dementia by referring them and their families directly to the Alzheimer’s Association for continued support through their journey with the disease.
People grappling with mental health issues often take on new activities that can aid the healing process. For some, writing and journaling is helpful; for others, exercise or other hobby activities might offer the fulfillment they need while they learn strategies to cope with their conditions.

Gardening has emerged as another therapeutic option, and one in-patient psychotherapist at the Institute of Living has helped bring this activity to patients on Donnelly 2 South.

Sunshine Finneran, LCSW has led the charge in growing a garden on Donnelly 2 South, now called the Sensory Integration Garden, since 2013. The patients admitted to 2 South assist in planting, watering and care of the garden, allowing them tranquil access to the outdoors.

“Being involved in the garden invites patients to engage in a sensory experience,” Finneran said, “filled with the aroma of lavender, lemon verbena, mint, oregano, to name a few.”

Spending time in the garden promotes healing in many of its patients. Agitation and restlessness are common throughout the treatment process, but even something simple like watering the garden stimulates a bodily experience that creates a sense of purpose and grounding.

Patients have responded positively to the garden. “It helps to think about something else, one person said, “it breaks up the monotony of being in here.”

“Everyone loves the Lambs Ear herb,” said another. “It’s so soft and everyone likes to touch it.”

Today, the Sensory Integration Garden is in its fourth year. It has become a large part of milieu therapy on Donnelley 2 South. During the spring, summer and autumn, the garden helps patients feel calmer and centered, advancing the recovery process for patients struggling with mental health issues.
Movies and television have long featured people suffering from common mental health conditions. Hoarding disorder is no different. It has been highlighted on programs including The Dr. Oz Show, The Oprah Winfrey Show and the A&E series Hoarders.

Although these representations may focus on extreme examples of people suffering from hoarding disorder, they often attempt to confront the misconception that hoarders are lazy or sloppy by showing that hoarding disorder is a legitimate mental illness that requires treatment. Fortunately, there is now evidence that people with hoarding disorder can be helped.

A new, two-volume book on the condition, authored by David Tolin, PhD, ABPP, director of the Anxiety Disorders Center at the Institute of Living; Blaise Worden, PhD, and Christina Gilliam, PhD, both staff psychologists at the Institute of Living’s Anxiety Disorders Center; along with former IOL postdoctoral fellow Bethany Wootton, offers an evidence-based treatment approach and practical steps to help people living with hoarding disorder.

CBT for Hoarding Disorder: A Group Therapy Program offers a comprehensive cognitive behavioral therapy approach for people struggling with hoarding disorder, which includes a guidebook for therapists and a workbook for patients.

The book was released in September 2017. “Hoarding disorder is a relatively new diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) that is characterized by difficulty letting go of possessions or discarding possessions, resulting in clutter that impacts a person’s ability to function or be safe in their home,” said Dr. Tolin. “The best estimate we have is that about three percent of adults in the United States suffer from hoarding disorder.”

Until recently, a person with hoarding disorder was treated the same way as a person with obsessive compulsive disorder (OCD). That approach proved disappointing because hoarding and OCD are different. For example, people with hoarding disorder often do not have obsessive thoughts and compulsive behaviors that are typically associated with OCD.

“We’ve developed a new model of understanding hoarding that largely focuses on problems of emotion regulation and difficulty with effective decision making,” Tolin said. “As a result, we have conducted research using cognitive behavioral therapy, which is a form of counseling that involves teaching people how to apply new patterns of behavior and to challenge maladaptive ways of thinking. We have tested it in the group therapy setting and found that it is effective in a controlled trial.”

CBT for Hoarding Disorder is expected to make an impact on clinical practice right away because it is an approachable source of best practices.

“Clinicians in our field often use treatment manuals as a guide for implementation of effective treatments,” said Dr. Worden. “Since research efforts on hoarding disorder are relatively new in the field, there are very few protocols or manuals to guide mental health providers as they treat hoarding disorder. In our research and that of our colleagues, we have found our cognitive-behavioral hoarding treatment to be among the most effective of treatments available, and we are happy to share it with mental health providers and the scientific community as a whole.”

The Institute of Living’s Anxiety Disorders Center has long been a pioneer in understanding and treating this condition.

“We are one of the few sites in the nation that does both treatment and research on hoarding and related issues, and we have been doing so for almost two decades,” said Dr. Worden. “I’m proud to be a part of it.”
Event recognizes special contributions, Honors at Institute of Living

The annual Institute of Living Awards and Recognition Day was held June 27, and IOL and hospital leaders were on hand to congratulate employees who went above and beyond in the areas of patient care, research, family support and more.

“The work that you do is probably among the most challenging in healthcare,” said Dr. Stuart K. Markowitz, former president of Hartford Hospital and senior vice president of Hartford HealthCare’s Hartford Region and now senior vice President and physician chief for Strategic Imaging. “Your tireless commitment to this work is more important today than ever before. You all are making an incredible difference in this community and in the world.

“Whether they are being honored for their skill, for their commitment, for their longevity or for the compassion they bring to the work each and every day, I want to offer my personal congratulations to all the people who were recognized today,” Dr. Markowitz added.

“We want to express our admiration for everything you all do,” said Dr. Harold Schwartz, psychiatrist-in-chief at the Institute of Living and vice president of behavioral health for Hartford HealthCare. “We are truly a team, but some individuals stand out and deserve special appreciation from time to time, and it’s a great pleasure to be able to provide that recognition today.”

The Psychiatrist-in-Chief’s Award was established by Schwartz to recognize outstanding contributions to psychiatry at the Institute of Living and Hartford Hospital. Past awardees have been selected from a diverse group of employees, voluntary staff and members of the community.

This year’s Psychiatrist-in-Chief’s Award winner was Ellen W. Blair
DNP, APRN, NEA-BC, director of nursing at the IOL.

"I am so surprised and so honored," Blair said. "I love working with all of you, it’s a pleasure for me every day."

Throughout the ceremony, speakers introduced more than thirty winners in more than a dozen award categories.

The Arne Welhaven, M.D. Memorial Award is a humanitarian award that honors the outstanding accomplishments of Dr. Arne Welhaven. It is given each year to a staff person within the Department of Psychiatry who best exemplifies genuine concern, respect and generosity toward patients and a quest for excellence in mentorship or education. This year’s winner is Linda Bosnak, special education teacher at the Grace S. Webb School.
The Ned Graffagnino, M.D. Honorary Award honors the outstanding accomplishments of Dr. Ned Graffagnino, former division chief of Child and Adolescent Psychiatric Services. It recognizes an individual employee who has demonstrated distinguished service or job performance in the areas of community-oriented work or collaborative efforts with other mental health professionals, especially in the area of training. This year’s honoree is Patty Graham, case worker at the Family Resource Center.

The Linda J. Stacy Service Excellence Award is given by the Family Resource Center Board to employees who have demonstrated superior understanding and compassion for the unique needs of patients’ families, and towards improving the quality of The Institute of Living’s interactions with its patients and their families. This year’s winners are Linda Bosnak, teacher at the Grace S. Webb School; Anna Kinghorn, administrative associate II in the Donnelly Building; Junior Lawrence, ED security officer; Paula Rego, case worker at the Family Resource Center; and Justine McGowan, LMSW, Young Adult Services.

The Nightingale Award for Excellence in Nursing recognizes nurses who demonstrate excellence in clinical practice, leadership, scholarship or education. This year’s winner at the IOL is Tiffany Otto, RN, of Donnelly 1N.

The Professional Practice Nursing Award was presented to Lorraine Moustakakis, RN, of Donnelly 2N.

The Dedicated to Caring Award recognizes PCAs and Psych Techs who support the Hartford Hospital values of integrity, safety, excellence and caring. Employees who develop collaborative working relationships with patients, families and healthcare team members and actively seek new skills that contribute to positive patient outcomes and experiences while encouraging others to learn are among those chosen for the award. This year’s honorees are Inna Roytman, psych tech, D1S; Emily Maldonado, psych tech, D2N; Awilda Almonte, PAA, D1S/CARES; Myriam Monterroso, psych tech, CARES.

The Every Moment Matters Award recognizes an employee who goes above and beyond in the jobs they do, making a difference either for the patients they serve, earning customer loyalty or for their colleagues, ultimately connecting to employee engagement. This year’s winner is Faye Jenkins.
IOL researchers have found that patients with different types of attention-deficit/hyperactivity disorder (ADHD) have impairments in unique brain systems, indicating that there may not be a one-size-fits-all explanation for the cause of the disorder. The study has the potential to radically reframe how researchers think about ADHD.

The study was published in an article for Biological Psychiatry: Cognitive Neuroscience and Neuroimaging by Michael C. Stevens, Godfrey D. Pearlson, Vince D. Calhoun and Katie L. Bessette. “This study found evidence that clearly supports the idea that ADHD-diagnosed adolescents are not all the same neurobiologically,” said first author Michael Stevens, PhD, director of child and adolescent research at the Institute of Living. “Ultimately, by being open to the idea that psychiatric disorders like ADHD might be caused by more than one factor, it might be possible to advance our understanding of causes and treatments more rapidly.”

Dr. Stevens led the research through his role as director of the clinical neuroscience and development laboratory at the Olin Neuropsychiatry Research Center.

“Olin Center researchers have contributed hundreds of leading articles to journals around the world,” said Dr. Hank Schwartz, psychiatrist-in-chief at the Institute of Living. “People like Dr. Stevens have lectured in visiting professorships nationally and internationally and made key contributions to our understanding of psychotic illnesses, affective and substance use disorders and other conditions using brain imaging and genetic analytic techniques.”
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## Research funding information
### FY17 Psychiatry

### Federal

**Psychiatry**

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<td>Pearlson, Godfrey M.D.</td>
<td>Examine the Feasibility of a Standardized Field Test for Marijuana Impairment: Laboratory Evaluations</td>
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### Industry

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<td>Winokur, Andrew M.D.</td>
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### Medical Staff/Research Committee

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<td>Psychophysiological Assessment of Emotional Regulation and CBT Response in Anxiety Disorders</td>
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Departmental ................................................................. $18,744.00

Psychiatry ........................................................................ $18,744.00

Stevens, Michael PhD
Changes in Brain Function through Repeated Emotion Regulation Training $8,744.00

Young, Kevin PhD
Neural Correlates of Acute Suicide Risk $10,000.00

Unfunded ................................................................. $0.00

Psychiatry ........................................................................ $0.00

Namerow, Lisa M.D.
Exploration of targeted questions to identify patients with Cytochrome P450 gene vulnerabilities $0.00

Saad-Pendergrass, Dahlia M.D.
Survey of perceived value of psychiatrist participation on tumor boards $0.00

Tolin, David PhD
Reliability and Validity of a Structured Interview for Anxiety, Mood, and OCD and Related Disorders for Children and Adolescents $0.00
Contact us at:

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nrc-iol.org (The Institute of Living’s Olin Neuropsychiatry Research Center)