The Record

2019

How one of the nation's first psychiatric hospitals is researching its way into the future

Institute of Living
A Division of Hartford Hospital

contents

Years in the making 2
The eyes have it 5
Keep calm and carry on 6
Skills that pay the bills 8
New chief in town 10
IDA - clinical team of the year 11
BrainDance Awards 12
Farewell, but not goodbye 14
Lifetime achievement 16
Goodrich Fellowship 17
Institute of Living hosts LGBTQ conference 18
Rehab program wins national award 20
Institute of Living awards 22
Olin Research Center 24
Institute of Living Donors 27
Research funding information 28

Institute of Living
A Division of Hartford Hospital

Cover photo:
Dr. Jimmy Choi with the exergaming equipment at the Institute of Living.

Institute of Living
A Division of Hartford Hospital

Harold I. Schwartz, MD
Psychiatrist-in-Chief, Institute of Living
Vice President of Behavioral Health, Hartford HealthCare

A year of change

When the Institute of Living (IOL) opened its doors in 1824 — making it among the first hospitals of its kind nationwide — it marked a dramatic turning point for psychiatric care. Previously, people suffering from mental illness were either locked up or hidden from society, often in unspeakable ways.

The IOL helped break down those barriers and eliminate the stigma of mental illness. It offered hope for recovery, and continues to be at the forefront of psychiatric care through research, innovative programs and some of the best clinical minds in the business.

In this year's edition of The Record, you will learn more about the history of the IOL, its future and what makes it such a special place.

And it is a special place. I have experienced this institution's various iterations as psychiatrist-in-chief over the past 29 years — from the days when we had 450 beds with an average length of stay of six months, to financial crisis to reinventing ourselves during the managed care revolution.

It was never easy. But through it all we never deviated from what is most important — our patients. Despite the challenges of remaining financially viable, we have managed to stay true to our mission to provide the highest quality, humanistic care, based on the latest scientific advances.

Many of those advances are occurring right here at the IOL, where millions of dollars worth of research and learning that I believe will help shape the future of psychiatry is happening. By maintaining physician and nurse residency programs and emulating our centers of excellence across the Hartford HealthCare Behavioral Health Network, one of the largest not-for-profit mental health and addiction systems nationwide, our presence will surely be felt in more ways than ever before — locally, statewide and nationally.

But make no mistake about it, everything that has been accomplished during my 29 years at the IOL was accomplished by a team. It wasn't me. It was we — a magnificent group of doctors, psychologists, nurses, social workers, techs, administrative assistants and so many support staff who take the time to get to know our patients and treat them with the respect and dignity they deserve.

Thank you to everyone who has helped make the IOL one of the pre-eminent psychiatric centers in the country, and welcome to our new Physician-in-Chief John Santopietro, who I am confident will continue our dedication to the psychiatric profession, build the IOL's legacy and keep the focus on our patients that we are so privileged to serve. ■

Hank

Years in the making

The Institute of Living has been a leader in psychiatric care for three centuries

Founded in 1822 and opened on April 4, 1824, the Hartford Retreat for the Insane, now known as the Institute of Living, dramatically changed the delivery of psychiatric care.

"Before that, people with mental illness had been locked away in prisons or poor houses. There was no perception of mental disorder as an illness, rather the signs and symptoms were considered evidence of criminal behavior or demonic possession," said Dr. Harold "Hank" Schwartz, who was psychiatrist-in-chief of the IOL for 29 years before stepping down into semi-retirement in 2018.

It was certainly a different time, with very little resemblance to the behavioral health landscape of today.

The Institute of Living (IOL) was among only four facilities of its kind in the nation. According to historical documents, it was capable of accommodating 40 to 60 patients and patients were segregated by "sex, nature of disease, habits of life and the wishes of their friends."

The weekly cost of care was $3 for Connecticut residents, $4 for those from out of state and $10 to $12 for a suite with an exclusive personal attendant.

Revolutionary care

From the very first patients — a 36-year-old man suffering from "fanaticism" and a 26-year-old woman who had "broken down from overtaxing the intellect with difficult studies" — the IOL changed the treatment and care of the mentally ill in dramatic and progressive ways, Dr. Schwartz said.

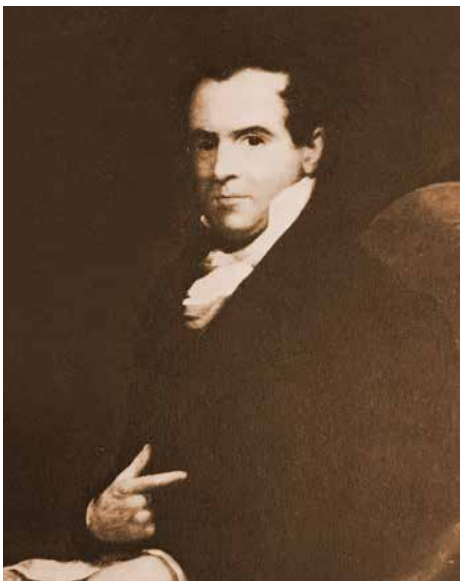
"While both our understanding of mental illness and our ability to treat it have significantly ad-

A historic shot of the Institute of Living grounds.

vanced since then…many of the founding principles that governed the practices of this remarkable institution in its earliest years remain relevant today," Schwartz wrote in the foreword of *Mad Yankees: The Hartford Retreat for the Insane and Nineteenth-Century Psychiatry* by Lawrence B. Goodheart.

The revolution was sparked by Dr. Eli Todd, the institution's first superintendent who became interested in mental illness after caring for a sister who suffered from depression and eventually committed suicide. An empiricist, he championed the concept of mental illness as a disease and promoted the philosophy of moral treatment focused on patients' individual needs.

Such ideals were followed by IOL physicians at a time when the field of medicine was distinguishing itself from religion. In fact, the IOL was the first in the country founded with donations from a state medical society.



Dr. Eli Todd, the first superintendent of the Hartford Retreat, 1823–1833

Dr. Amariah Brigham, the third superintendent who founded the country's first psychiatric journal (now the *American Journal of Psychiatry*), was one of the first neuroscientists and "the father" of social psychiatry, laying the groundwork for what is now called the "biopsychosocial model" of care. He conducted brain autopsies to correlate symptoms with gross anatomical changes in the brain. Analogies can be easily drawn to the many investigations underway today using 3T MRI scanners in the IOL's Olin Neuropsychiatry Center.

The institution experienced waves of immigration during the 19th century, with poor German, Irish and other immigrants stressing its ability to care for those unable to pay for services until the state established public hospitals in the late 1860s, providing the first distinction between public and private care.

Periods of success and struggle marked the end of one century and the beginning of the next. But, in 1867, the grounds of the facility received a huge boost when renowned landscape designer and Hartford native Frederick Law Olmsted created a park-like environment that featured a wide variety of special specimen trees still attracting visitors today. More innovation and evolution was in store for the IOL with the naming of Dr. C. Charles Burlingame as superintendent in 1939. His vision was for the facility to become one-third hospital, one-third university/educational environment and one-third resort. While continuing to ensure quality moral care for patients, some of whom were hospitalized for years, he oversaw a tremendous expansion of services designed to improve their health and keep them comfortable.

This included adding residential cottages, a nine-hole golf course, indoor and outdoor pools and tennis courts, all of which are gone today. Dr. Burlingame added an educational program for patients with lectures and workshops on homemaking and woodworking. Groups of patients were taken to a nearby lake each summer and staff took others on New York City shopping trips. During that time, various Hollywood stars and politicians came to the IOL for treatment, Dr. Schwartz noted.

"Whatever the people wanted, he tried to provide it for them," he said of Dr. Burlingame, who also elicited staff ideas with a suggestion box. One of the most notable ideas was the new name for the facility in the early 1940s.

Dr. Burlingame also expanded research at the IOL with the construction of a dedicated building featuring state-of-the-art equipment.

The expansion of programming continued through the 1980s. Dr. Francis Braceland, for example, oversaw the creation of the Professionals Program to help professionally employed people address their illness without losing their job.

The advent of managed healthcare in the 1980s heralded Dr. Schwartz's arrival from his post as chair of psychiatry at Hartford Hospital.

"There was practically a wall down Retreat Avenue separating the IOL and Hartford Hospital. We shared very little until that point," he remembered.

In the late 1980s, the IOL staffed 450 beds with many patients staying for months and years until managed care forced the facility to downsize an astonishing nine times in just three years. By the early 1990s, the IOL was reduced to 150 beds and had an average length of stay of 28 days.

(continued on next page)

"Managed care eviscerated psychiatric hospitals in America and every hospital had to find its own solution to the challenge," Dr. Schwartz said, adding that the solution at the IOL was consolidating with Hartford Hospital.

The IOL and Hartford Hospital's Department of Psychiatry merged in 1994 and the next year saw a blending of programs, staffs, ideals and goals.

"It was the hardest working year I've ever put in in my life," Schwartz said. "I worked long days to get it right and I think we did get it right!"

As a result of the merger, the IOL could accept Medicaid patients, something private psychiatric hospitals in the United States cannot do.

"Until then, we really didn't treat the community around us. Today, more than one-third of the patients at the IOL are on Medicaid and we are very much focused on our community," he said.

Under him, new programs such as the Schizophrenia Rehabilitation Program (focusing on cognitive rehabilitation), Anxiety Disorders Center, Early Psychosis Program and LGBTQ offerings, among many others, reshaped the IOL's clinical landscape. Existing research programs were reinvigorated and new ones, like Olin, were established along with the reestablishment of independent residency programs.

Looking ahead

Dr. Schwartz entered semi-retirement in 2018 and Dr. John Santopietro was named the first physician-in-chief of the Hartford HealthCare Behavioral Health Network, a role which now serves to link medical leadership across the system and tie the IOL more closely to Natchaug Hospital and Rushford, as well as services at The Hospital of Central Connecticut, Charlotte Hungerford and Backus hospitals and MidState Medical Center.

"We have an abiding responsibility for the individual," Dr. Santopietro began. "It sounds simple but it's not. There's stigma and the mentally ill are still often treated as non-persons, as 'other.' But, the IOL stands like a beacon for the dignity and humanity of people suffering with mental illness. It is also like an incubator — there has always been fertile soil here for ideas. People came with an idea, planted it in the soil and it grew."

He mentions the Anxiety Disorders Center as an example of a suggestion, this time from Dr. David Tolin, that was fostered and flourished.

Looking at gaps in service, the IOL has created programs for peripartum mood disorders, different tracks for treatment of psychosis, services specifically for the LGBTQ community and a Family Resource Center that organizes about 150 activities each year.

It is an environment, Dr. Santopietro said, that naturally attracts such national initiatives as Zero Suicide, which was adapted slightly by IOL staff to include a Suicide Assessment Model to help people assess an individual's risk for suicide.

The IOL is focused on patient recovery, but also supporting people when they leave. The Schizophrenia Rehabilitation Center, for example, helps people live in the community, leading to a lower mortality rate in this population. The Vocational Rehabilitation Program provides job training skills in the IOL gift shop, greenhouse and cafeteria so patients can transition successfully to a job in the community.

Looking ahead, Dr. Santopietro said there is excitement and a tremendous sense of responsibility to perpetuate the reputation of care and progressive ideology at the IOL. He described the following as drivers for the near future:

- Genetic testing, one of Dr. Godfrey Pearlson's research topics at the Olin Neuropsychiatry Research Center, includes identifying biomarkers to help define diseases and the best medications to treat them for more personalized treatment.
- Increased integration of psychiatric care into the broader Hartford HealthCare system. Dr. Santopietro has experience implementing mental health care in primary care practices and envisioned the same transition locally. The Medication-Assisted Treatment Close to Home (MATCH) program for opioid users, he said, can be easily applied in a primary care setting or with cardiac surgeons treating drug users. He also talked of expanding the health psychology fellowship that trains physicians in a range of medical areas — sleep medicine, orthopedics, headache, epilepsy, movement disorders, neuropsychology and heart transplant — across the system.
- Maintain the practice of moral treatment, which Dr. Santopietro called the facility's "clinical soul."
- Develop a provider wellness initiative at the system level that promotes healing activities in place at the IOL. ■

The eyes have it

Focus on pupillary research provides potential link to brain functionality

The pupil — the dark circle in the center of the eye that flexes in size based on available light — performs a much different role in people with psychosis.

"The pupils are a direct link to the brain. They give away what you're doing, thinking and feeling. It's a biological reaction that you can't control," explained Jimmy Choi, a senior scientist at the Institute of Living's (IOL) Olin Neuropsychiatry Research Center and staff neuropsychologist at the Schizophrenia Rehabilitation Program. "In psychosis, pupils are used to determine how much of the brain is working to complete a task."

Choi, bolstered by a National Institutes of Health grant, is the principal investigator of the "Neurofeedback Processing Speed Training" project studying the use of pupillometry, or the measurement of pupil size and reactivity, in the treatment of patients with neurological conditions like psychosis. First, he employed a device called a pupillometer to gauge pupil changes as people with psychosis performed cognitive exercises. Then, he used the same tool to see if physical exercise on stationary bicycles had more impact on the pupil size.

Most recently, he started incorporating a special exergaming board — purchased with $30,000 from the Hartford Hospital Auxiliary — to see if the gamer's pupils change. The board, about half the size of a ping-pong table, features rows of electronic lights that illuminate in certain orders and at varying speeds. The client stands beside the board and must tap the lights as they illuminate, sometimes tapping multiple times if they flash multiple times. Choi and his research team build an algorithm tailoring the order and speed of the lights based on the participant's specific cognitive deficit, encouraging the brain to react faster and faster. The team also monitors the player's heart rate and the speed at which they perform the tasks, in addition to pupil reactions.

The activity, Choi said, helps clients train their pupils to react differently, which can keep the symptoms of their disease in check.

"In psychosis, people's cognition is severely compromised — memory, attention, problem solving skills. Everything is impaired, including coordination," he explained. "We look at their processing speed or how fast they're thinking. The board also forces them to take the whole area into consideration because psychosis compromises the part of the brain that allows them to focus on the whole picture."

Most clients are encouraged to use the exergaming equipment for two or three hours a week to

(continued on next page)

Dr. Jimmy Choi (left) and Dr. Hank Schwartz (right) with the ExerGame therapy equipment at the Institute of Living.

The Eyes Have It – continued from previous page

glean what he called "real-world benefit." Regular use is needed because he said the effects fade after a week.

Study results, which Choi presented at the International Congress of Schizophrenia Research this year, could be revolutionary in the treatment of people with psychosis, who can often find relief from the voices and other symptoms of the disease with medication but still struggle with cognitive problems.

"If we can improve their cognition, we can get them back into the community. They can go to work or school," Choi said, noting that gaming also has potential to improve the social functioning of people with psychosis, who often struggle in groups because their minds do not process as quickly as others'. "They always feel a step behind in a conversation. I think this would be much more meaningful to them."

Looking ahead, Choi anticipates even more ways to use the gaming concept to help people. He has already compared the exergaming cognition results with those of people doing physical exercise to overcome the effects of psychosis in another of his studies, finding that tapping lights on the exerboard improves cognition 32.7 percent faster. The next step, he said, is to compare the performance of exergamers with psychosis with that of those who do not have the disease.

In addition, while clients can currently use an exergaming program on tablets, Choi said he envisions having a smart phone application that makes access much more convenient and portable.

"We're trying to see if that would help, but it might have something to do with the actual physical movement at the (exergaming) board," he said. "As a scientist, though, we have to be open to the idea that something might not work as well as we thought." ■

Dr. Jimmy Choi demonstrates the pupillometer in his office at the Institute of Living.

Keep calm and carry on

Less in more when it comes to restraining clients

While disruptive behavior can sidetrack an entire classroom from the lessons of the day, the staff at The Webb Schools, part of the Institute of Living (IOL), knew there was a better way to calm situations than restraining or secluding students.

"The goal was to reduce the instances of restraints and seclusions and change how we work with our students," said Dr. Kikke Levin-Gerdner, director of the private special education schools in Hartford, Cheshire and Avon. "It fits with the history of humanistic treatment at the IOL, and we found that people were listening and open to this kind of change."

Past methods of treatment have utilized behavior approaches and reinforcement techniques for change. However, a more relational approach has since proved to be more effective, she said.

"These practices help them break the behavior

and ground them in that moment in reality," Levin-Gerdner said. "Years ago, we thought you could change students by being rigid and inflexible with them."

She began introducing alternatives when she was named The Webb Schools' director 11 years ago, but said staff commitment to creating structured, consistent, but highly positive and nurturing, environment intensified over the last few years.

"We know culture changes take about seven years to really take root. Now, it's the way we do things," Levin-Gerdner said.

The Webb Schools' new practice is PRaIS (Positive Relationships and Intervention Strategies), described as "a behavior support approach that is based in strength-based positive relational intervention practice, attachment theory and trauma-based treatment theory."

"We believe all children and adolescents have an innate desire to be successful," she said of the students, who range from kindergarten to age 21. "We are committed to help them reach their potential."

PRaIS includes such intervention strategies as:

- Active listening
- Respect
- Modeling behaviors through positive staff interactions
- Natural consequences
- Teachable/educational behavioral tactics
- Self-monitoring
- Relationship building and restoration, such as having students repair a relationship by playing a game together
- Sensory modulation such as squeezing a stress ball or chewing gum to calm down
- Mindfulness to help keep them in the moment
- Yoga
- Webb in Motion, which launches each day with a different physical activity for all students and staff
- Student empowering by introducing student advisory boards and other groups
- Building positive behavior intervention plans with student input
- Use of an adventure-based course on the school grounds in Hartford

Morning yoga for all staff and students is one way Webb Schools are reducing the rates of restraints and seclusion.

Restraint and seclusion are still used periodically but only if a student is in imminent danger of hurting themselves or someone else.

"We are proactively working with students so they don't need physical intervention," Levin-Gerdner explained. "They are learning self-monitoring to identify a feeling before it becomes intolerable. Many students don't have words for certain emotions so we help them communicate their thoughts and feelings, then use the coping skills we've taught them."

She credits Webb School teams for the success of PRaIS, which is visible in statistics tracked annually for situations in which seclusion and restraint were required.

In 2018, the Hartford school realized a 56 percent reduction in the use of restraint and 29 percent reduction in the use of seclusion. In Avon, there was a 43 percent reduction in restraint and 65 percent reduction in seclusion. In Cheshire, there was a 26 percent reduction in seclusion.

"We are on the forefront of this practice," Levin-Gerdner said. "We look at what the students are trying to tell us with their behavior and then go deeper to understand the psychological issues hidden behind it.

"It's about meeting the needs of individual students. There's nothing cookie cutter about this."

For more information about The Webb Schools, go to **https://instituteofliving.org/programs-services/the-webb-school-programs.** ■

Skills that pay the bills

IOL vocational training program helps clients build confidence to return to the work force

Just the thought of asking a boss questions about what he should be doing at his job made Kevin so uncomfortable he wouldn't apply for the job in the first place.

"It's better to ask questions than make a mistake, but I wouldn't have been able to do that before," he said in a room off of the Institute of Living (IOL) Gift Shop, where he has been working a few hours a week for about six months.

He is not alone, according to Patricia Wardwell, a vocational therapist with the Department of Psychiatric Vocational Services who works with Kevin as part of his participation in the Work Skills Training Program. She described the program as a supportive employment opportunity created to help IOL clients ease into the workforce while seeking treatment.

"Some workers just need to develop confidence before pursuing community employment. Others need to practice social skills or work on strategies to become successful at work. Sometimes, just having a little bit of success can give someone the self-confidence to take that next step towards working in the community, something they would not attempt without it," said Tammy Petrik, a vocational counselor with the program.

Program Manager Laura Mathews said there are three work sites on the IOL property that employ clients. In addition to the gift shop — where Kevin waits on customers, stocks shelves and prices and sorts item — Psychiatric Vocational clients work in the seasonal greenhouse, growing vegetables and herbs from seed and then selling them on campus, and in the cafeteria where they work with employees and visitors, as well as in the back washing dishes and preparing food.

The staff works with the clients to train them and offer insight into real work experience in a safe, encouraging environment," Mathews explained. "For many clients, it's the first paid work experience, while others need the support and guidance to re-enter the job market."

On average, there are 20 vocational employees working across the three sites at any time. Employees come from various outpatient and residential programs at the IOL. There are also opportunities for students of the Grace Webb School to earn credit for working.

According to Wardwell, in order to participate in the program clients must continue to see their IOL clinician at least weekly to ensure an open line of communication for best outcomes. In some of the clinical programs, a vocational

counselor also provides vocational groups for additional support and education about job-related issues. The collaboration of vocational and clinical staff helps clients reach their goals.

For the 25-year-old Kevin, who lives on the IOL campus and attends an outpatient program, working in the gift shop is helping him progress toward plans to work off campus, perhaps in a grocery store because he enjoys stocking shelves, and eventually go to college.

"We always keep in mind to meet clients where they are, to create the just right challenge to start" Wardwell says. "We stress two things above all else — ask lots questions and try your best."

But Kevin has gained more skills than that in just a short time.

"I can count on Kevin to complete all tasks required to run the gift shop," Wardwell noted. "He's very independent and has gained a great sense of confidence and self-esteem in the work place."

A few days after he started as an associate, she said challenges — such as having a new supervisor on site when he arrived — were introduced. Such challenges help mimic real work environments to prepare him for competitive employment.

Kevin was unflustered, however, and noted that, "I try new tasks and try to figure things out for myself."

In the program, and with the help of community agencies such as Easter Seals, clients also create a resume and receive valuable help applying for positions beyond the hospital setting. The result has been up to an 80 percent success rate for those seeking and maintaining jobs in the community, which earned the department a HHC Full Circle Award.

Seton Benjamin of Hartford has been working long enough in a job at an area Staples that she was promoted to a managerial position. Hospitalized at the IOL for 10 months in 2018, she worked in the gift shop then the dish room at the cafeteria.

"The work was tailored to what I could do," the 28-year-old said. "I started only one day a week because I was in an intensive outpatient program to work on my crippling anxiety, borderline personality disorder and bipolar disease."

The Psychiatric Vocational program helped prepare her to return to the work force, even though she had been unemployed for more than a year.

"They set me up properly to determine what I needed and didn't need so I would be able to work," she said. ■

New chief in town

Physician assumes BHN leadership role

The Behavioral Health Network (BHN) experienced a changing of the guard this past fall, although a lasting legacy will remain carved in stone on a building at the Institute of Living (IOL) as a reminder of greatness.

On Oct. 1, long-time IOL Psychiatrist-in-Chief Dr. Harold "Hank" Schwartz stepped down and Dr. John Santopietro assumed the new role of physician-in-chief for the BHN.

To commemorate Schwartz's leadership, which transformed the IOL and earned regional and national acclaim, Hartford HealthCare leadership announced the Commons Building on the IOL campus will be renamed the Harold I. Schwartz Center for Education.

"When I think of the Mount Rushmore of the IOL, I think of the names Todd, Burlingame, Braceland and Donnelly — and I believe Schwartz," said Hartford HealthCare President Jeff Flaks at a September ceremony. "Hank has served here for almost 30 years and has made absolutely invaluable contributions. Hank is our conscience in many ways — he tells us what we need to know, not what we want to know."

Leaving a mark

While Schwartz deflected the praise offered by many — he credited the entire IOL team, saying "It wasn't me. It was we" — his contributions to the institution span the decades and include the introduction of a variety of revolutionary programs. One of the first was the Schizophrenia Initiative, a clinical and research endeavor that eventually led to the creation of the Olin Neuropsychiatry Research Center, which has generated millions of dollars in research funding since 2001.

Dr. Schwartz is also credited with launching a variety of services — the Potential Program to help young people showing the first signs of mental illness, the Anxiety Disorders Center/Center for Cognitive Behavioral Therapy and The Depression Initiative — that were part of the model earning U.S. News & World Report recognition of the IOL. He also oversaw the re-establishment of the IOL residency programs in adult and child/adolescent psychiatry and psychosomatic medicine.

In semi-retirement, Dr. Schwartz plans to continue advocating for behavioral health care, see patients, mentor residents and write.

The new guy

The shoes he stepped into are large indeed, but Dr. Santopietro was enthusiastic about continuing the system's work for people with behavioral health issues. His skill set — adding the perspective of a physician with experience in a variety of systems of care — coincided with a shift in the position's focus from the IOL to the entire HHC BHN.

"John has a career-long track record of leadership that promotes and embraces servant-leadership, feedback and quality improvement based on standard work," says BHN President Patricia Rehmer.

In a nation that treats just 40 percent of people with behavioral health issues, Dr. Santopietro cred-

ited HHC with corralling "extraordinary resources" that he wants to leverage system-wide to reach people across the state. His goal is to breach barriers and deliver care to those who need it.

"The situation as it stands is not OK. The number one need is access. What people don't generally understand is that we have excellent treatment for mental illness and substance use disorders. If you get somebody into treatment at the right time, 60 to 80 percent will recover," he said.

Dr. Santopietro returned to Connecticut as president and medical director of Silver Hill Hospital after a stint as chief clinical officer for behavioral health and chair of the Department of Psychiatry at Carolinas HealthCare System where he spearheaded the integration of behavioral health practitioners in 70 primary care practices. He wants to continue that work at HHC.

"The rates of depression and anxiety, the rates of hospitalization and emergency room visits and patients' diabetic numbers all went down," he notes. "Insurers are starting to see that if they pay for behavioral health, physical health improves and the total cost of care for these patients goes down. They can prevent so much downstream cost and suffering.

"Caring both for a person's physical and behavioral health helps on both sides. The focus needs to be on integration of behavioral health into primary care but also specialties, emergency departments, inpatient and long-term care. Integration with a capital 'I.'"

A graduate of Yale University, Dr. Santopietro earned his medical degree from Northwestern University Medical School, completed residency in psychiatry at Cambridge Hospital and a fellowship at the Austen Riggs Center, both in Massachusetts and part of the Harvard system. He has published and lectured extensively, especially on the use of technology to enhance the delivery of behavioral health services. ■

Hartford Hospital's IDEA team tapped as 2018 Clinical Team of the Year

The IDEA Team, created to help reduce seclusion, restraint and violence, was named Hartford Hospital's 2018 Clinical Team of the Year.

The Institute of Living Innovative De-escalation Emergency Assistance (IDEA) team was awarded the Hartford Hospital Team of the Year award for 2018.

The IDEA team focuses on developing and improving best practices at the IOL for reduction of seclusion, restraint and violence.

The following excerpt is from the nomination submitted for the team:

"Management of violent and aggressive behavior is a major challenge in psychiatry. Traditional approaches frequently include seclusion and restraint; interventions that can be traumatizing for both patients and staff. Seclusion and restraint have been used in the care of the psychiatric ill since the early 1800s when the first of the early 'asylums' were established. However, due to increasing concern that these practices may be counter-therapeutic, dangerous to patients and staff, and often avoidable, the IOL leadership team recognized that seclusion and restraint reduction must be a priority for the IOL and that alternative management strategies to prevent the use of these modalities were critically needed (Blair et al., 2017).

"Through this exploration, we learned that Butler Psychiatric Hospital in Rhode Island had developed

(continued on next page)

a de-escalation team to reduce seclusion and restraint that had proven very successful. As such, we invited Butler Hospital to visit us in November 2015 to speak with us about this approach. After this visit, and many multidisciplinary discussions involving both leadership and frontline staff, we decided that the de-escalation team was the one practice change we had not yet implemented and therefore, decided to create a pilot. Hence, the IDEA team was born!

"De-escalation of potentially violent incidents is central to reducing seclusion and restraint. The IDEA team was developed to enhance our 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. The philosophy behind the IDEA team is not to 'take over' or control; rather, to collaborate and support. The goal is to avoid physical restraint (except as a last resort), mitigate risk and injury, improve the patient experience, and support the patient's coping skills while enhancing the staffs critical thinking skills and reducing their fear and anxiety. This has resulted in a true 'culture change' at the IOL!

"In the first few months after the IDEA team began, the restraint rate decreased approximately 75%, from 4.77 to 1.239; the seclusion use has decreased substantially as well, from a rate of 2.13 to .48.

"Another important point that must be highlighted is that the members of the IDEA team spend a great deal of time with the patient struggling with agitation. Being available to the patient during this very difficult time conveys not only caring, but true respect for that individual.

"After an event on the unit, the IDEA team debriefs with the staff to analyze the situation (what worked, or what might have been done differently). This dovetails nicely with our quality improvement model at the IOL, as well as with the high reliability organization we are striving for at HH. We also schedule post-incident debriefings, monthly review, and data sharing in our weekly IDEA team meetings and in our IOL Quality Council." ■

Creativity for a cause

BrainDance Award projects contribute to the fight against mental health stigma

Sixteen students and one teacher from schools around Connecticut were honored by the Institute of Living at the 15th annual BrainDance Awards. 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 Harold Schwartz, MD, psychiatrist-in-chief of the Institute of Living and vice president of behavioral health at Hartford HealthCare. "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.

Meredith Kirkpatrick, an AP English teacher at Coventry 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.

"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 Godfrey Pearlson, MD, director of the Olin Neuropsychiatry Research Center at the Institute of Living. "We encourage students to research psychiatric diseases they might not be familiar with and, based on what they discover for themselves, to develop a more tolerant and accepting attitude toward people who have them."

Dr. Pearlson presented the awards along with Nancy Hubbard, LCSW, and Jimmy Choi, PsyD, of the Institute of Living.

Winners joined their teachers, families and classmates for the award ceremony celebration and participated in complimentary educational opportunities, including a panel discussion with mental health professionals and a lecture about teen suicide and psychosis from Dr. Choi.

Attendees were also invited to tour the neuroimaging research center and visit the Myths, Minds & Medicine museum, which highlights the history of mental health care and the IOL. ■

2018 BrainDance award winners

ART

1st Place: The Story Through Music
by Hannah Wheelock from Bristol Eastern High School

2nd Place (tie): The Model
by Erin Collinge from East Lyme High School

2nd Place (tie): Breathe
by Jennifer Santos from Bristol Eastern High School

3rd Place (tie): The Walls
by Mairead Reilly from Woodland Regional High School

3rd Place (tie): Caged Emotion
by Alexa Gosselin from RHAM High School

ACADEMIC

1st Place: Education's Impact on Perceptions About Borderline Personality Disorder
by Ashley Varjenski, Noelis Guzman and Kaitlyn Stripling from Norwich Technical High School

2nd Place: Education Increases Empathy Towards Autism *by Kalli Campbell and Tayler Plante from Norwich Technical High School*

3rd Place: High School Stigma
by Shane Caron from Bristol Eastern High School

MIXED MEDIA

1st Place: #WordsMatter *by Deniz Çamli-Saunders from University High School of Science and Engineering*

2nd Place: Body Dysmorphia
by Jack Souder and Dylan Reilly from Salisbury School

3rd Place: Early Onset Bipolar Disorder
by Miranda Janick and Julia Dimattia from Bristol Eastern High School

Photos top to bottom:

The IOL's Kimesha Morris, LCSW, interim director of social work; Laura Saunders, PsyD, ABPP, assistant director of psychology; and Linda Durst, MD, former medical director joined a panel discussion on mental health during the 15th annual Braindance Awards.

IOL's Jimmy Choi, PsyD; BrainDance Art winner Hannah Wheelock; Nancy Hubbard, LCSW; and Godfrey Pearlson, MD

BrainDance Academic winners; Ashley Varjenski; Noelis Guzman; and Kaitlyn Stripling.

IOL's Jimmy Choi, PsyD; Godfrey Pearlson, MD; Mixed Media winner; Deniz Çamli-Saunders; and Nancy Hubbard, LCSW

Farewell, but not goodbye

Institute of Living education building to be named for retiring leader

Institute of Living Psychiatrist-in-Chief Harold (Hank) Schwartz, MD, is known for speaking his mind, transforming the Institute of Living during a time of crisis, speaking out against the Catholic Church during the priest abuse scandal and his work following the Sandy Hook massacre.

But there is a lot more to Hank Schwartz. In a recent interview prior to him stepping down from his leadership role Oct. 1, Dr. Schwartz talked about his adolescent and young adult years, his early career and what he will remember most from his 29-year career with Hartford Hospital, the Institute of Living and the Hartford HealthCare Behavioral Health Network.

Dr. Schwartz was born in Brooklyn, living in the modest Quonset Huts which were post-World War II housing for returning GIs. He then moved to Queens, where he grew up in a middle-income housing project, before spending a short time on Great Neck, Long Island.

In his junior high, high school and even college years, he had interest in acting. He was a theater and television major in college, and performed in well-known places such as the New York Shakespeare festival in Central Park and summer stock in Delaware.

But by the time he graduated from college, he wanted to be in media and broadcasting. He started working for a consulting company and then as a writer for CBS radio.

"I really kind of bumped around early on," he said.

By the time he was in his early to mid-20s, he was dissatisfied with where his career was going, and decided to go to medical school, most likely influenced by mind and body trends at the time, as well as the fact that his stepfather was a surgeon and his family had always longed for him to take an interest in medicine.

He was older than typical students and had to take two more years of pre-med classes. He was then admitted to the Columbia College of Physicians and Surgeons. Even as early as medical school, he showed an interest in a medical leadership position when he met with the associate dean of students.

He vacillated between internal medicine and psychiatry, but eventually psychiatry won him over. He developed an interest while still in medical school and his residency about the interface between psychiatry, law, ethics and public policy. He started doing research and published his first peer-reviewed articles, which to this day number nearly 100. In addition, he also published columns, letters to the editor, op-eds, blogs, edited volumes, chapters in books, essays and other writings.

He was also regularly quoted as a media expert locally, statewide and nationally in print, radio and television.

Following his residency, he also did a fellowship in forensic psychiatry.

"That's always been an interest of mine and I've always had my hands in some aspect of psychiatry and law in my career," he said.

He then spent five years at Beth Israel Medical Center (New York) and was recruited to Hartford Hospital. Shortly after he arrived, in 1992, merger discussions began between Hartford Hospital and the Institute of Living. The merger was driven by the managed care movement and the major impact it was having on the IOL. At the time, the IOL had an unimaginable 450 beds with an average length of stay of six months. The tradition-laden institute was then downsized nine times in just a few years, with mass layoffs and program declines. By 1992, there were only 140 beds with average length of stay of 28 days.

Suffice to say, employee morale was at an all-time low — which is saying something when you are talking about an institution that is nearly 200 years old.

By 1993, the merger was moving forward and Schwartz moved from Hartford Hospital to the Institute of Living.

"[Hank] almost single-handedly brought the

IOL back to national prominence," said Al Herzog, MD, an IOL psychiatrist who has known Dr. Schwartz for about 30 years.

But there was difficult work to be done initially.

The first job he had was integration between HH and IOL. Every single program had to be evaluated. What programs stay? What go? Which merge? Who is the going to be the leader?

"There were countless personnel and program issues to be contended with," he said. "I think it was the hardest working year of my life. But it was very successful."

Schwartz said it was apparent that IOL staff were worried throughout the process, but came out of the integration feeling that judicious decisions had been made.

"The rest is history for me, and the IOL," Dr. Schwartz said.

The first step was to re-engage staff, and what helped do that was the concept of the Schizophrenia Initiative, a multifaceted process that led to new programs and research which they rallied around. The initiative was developed with the help of a large donation that facilitates research and new programs for patients — some based on the cognitive rehabilitation approach, which at the time was a novel treatment for schizophrenia.

The Schizophrenia Initiative also led to the Olin Neuropsychiatry Research Center, which is doing cutting edge research and generating

(continued on page 31)

Jeff Flaks, left, president and chief operating officer of Hartford HealthCare; and Elliot Joseph, right, chief executive officer of Hartford HealthCare; present Harold (Hank) Schwartz, MD, with a photo depicting the renaming of the Commons Building at the Institute of Living as the Harold I. Schwartz Center for Education. Dr. Schwartz, who is stepping down from his leadership role as psychiatrist-in-chief for the IOL, was honored during a reception Thursday, Sept. 6, at the Bone & Joint Institute.

Lifetime of achievement

Dr. Kenneth Kendler's work in genetics and behavior earns him IOL's Burlingame Award

Hank Schwartz, MD, presents Kenneth Kendler, MD, a plaque at the Institute of Living's 2018 C. Charles Burlingame Award reception at the Hartford Downtown Marriott.

Kenneth S. Kendler, MD, Banks Distinguished Professor of Psychiatry and professor of human genetics at the Medical College of Virginia and Virginia Commonwealth University in Richmond, Va., was the 2018 recipient of the Charles Burlingame, MD, Award — an annual national honor in recognition of outstanding leadership and lifetime achievement in psychiatric research and education.

Over a distinguished career, Dr. Kendler has been engaged in studies of the genetics of psychiatric and substance use disorders, including schizophrenia, major depression, alcoholism, personality disorders and drug abuse and dependence. He has utilized methods ranging from family studies to large-sample population-based twin and adoption studies to molecular genetic studies including linkage, association, GWAS and whole genome sequence aimed at identifying specific genes that influence the vulnerability to schizophrenia, alcoholism, depression, personality disorders and nicotine dependence. Data collection for these studies has been completed in Virginia, Ireland, England, China, Norway, Finland and Sweden.

He has published more than 1,000 articles, has received a number of national and international awards for his work, is a member of the National Academy of Medicine, and is editor of *Psychological Medicine* among many other achievements. He has been actively involved in DSM-III-R, DSM-IV and DSM-5 where he chaired the Scientific Review Committee and currently is vice-chair of the APA DSM Steering Committee. Since 1996, he has served as director of the Virginia Institute of Psychiatric and Behavioral Genetics. His scientific work has been cited over 129,000 times.

The C. Charles Burlingame, MD, Award and its presentation have been made possible by gifts from the Burlingame family.

When C. Charles Burlingame, MD, came to The Hartford Retreat (now the Institute of Living) in 1931 as superintendent, he was taking on what he described as a "stunning challenge." The stock market crash of 1929 and the death of hospital superintendent Whitefield Thompson, MD, in 1930 had taken its toll on the spirit of The Retreat. Dr. Burlingame was well suited for the task. He had been director of the medical and surgical departments of the American Red Cross and the Bureau of Hospitals during World War I.

During his tenure, the medical and nursing staffs were increased and additional personnel were brought in to carry out ambitious programs of patient education. At the same time, an aggressive program was begun to improve the hospital facilities. Within six years, Dr. Burlingame had created a model community where patients could receive the best in psychiatric treatment, while relearning the skills of daily living.

Although 65 years have passed since Dr. Burlingame's death, his mark is clearly visible on the institution to which he devoted the last 19 years of his life. Today, the Institute of Living serves as the behavioral health division of Hartford Hospital and the anchor facility of Hartford HealthCare's Behavioral Health Network. Each year, The Institute of Living acknowledges its debt to his vision and dedication with the C. Charles Burlingame, MD, Award. ■

From left are, Cynthia Belonick, APRN, IOL nurse educator; Ellen Blair, DNP, APRN, IOL director of nursing; Suzanne Femino, APRN; Emily Farb, N-P, APRN, Annie Goodrich psychiatric nurse fellow; Morgan Madore, APRN; and Annetta Caplinger, MSN, vice president of clinical operations at the IOL.

Nurse graduate awarded Goodrich fellowship

In September, the Institute of Living welcomed Emily Farb, N-P, APRN, to the Annie Goodrich Psychiatric Nurse Fellowship Program.

Farb, a graduate of the Yale University School of Nursing, is the second-ever nurse practitioner to participate in the program, which is one of the few nurse fellowships in the country. She will serve in the child and adolescent division, and, in October 2019, fellows will be accepted into both the adult and geriatric divisions.

The fellowship is a nine-month intensive program, which includes inter-professional education with post-graduate physicians and psychologists. It was named after Annie Goodrich, MD, an internationally-known nurse scholar and visionary, who was the first dean of Yale University School of Nursing and consulting director of the nursing service at the Institute of Living's Neuropsychiatric Institute from 1938-1941. ■

Honoring victims of suicide

The Institute of Living and Hartford Hospital staff honored World Suicide Prevention Week, Sept. 10-14 with a number of events, including a flag lowering ceremony held in front of Hartford Hospital on Friday, Sept. 14. Other activities included a conference focused on grief in suicide survivors and other education and awareness events.

IOL hosts own LGBTQ conference

More than 120 providers from across Connecticut attended an Institute of Living conference focused on treating and supporting the LGBTQ community in the healthcare setting on Friday, Oct. 26.

"I do many speaking engagements in schools and other clinical institutions in the greater Hartford area, and frequently, people would ask about an all-day training. Since I didn't know of any and I feel very passionately about educating clinical providers on LGBTQ-informed care, I decided to make our own conference," said Laura Saunders, PsyD, ABPP, assistant director of psychology and clinical coordinator for The Right Track/LGBTQ Specialty Track.

The conference, which was presented by the IOL's Family Resource Center and The Right Track/LGBTQ Specialty Track, offered providers training not traditionally available in journals and clinical publications, including sessions on transgender care and identity development, advice for supporting and treating LGBTQ patients and families, and the nuances of behavioral health treatment for LGBTQ individuals.

"As the LGBTQ community has increased their visibility over the last 10 years, it has allowed many people to take steps to seek therapeutic help," said Dr. Saunders. "However there are certain risk factors and stressors that are unique to this population, so it really takes extra work and training to be more sensitive, similar to work with veterans or other specialized populations."

LGBTQ individuals carry additional stressors — social stigma, minority stress and family rejection — that cause them to be overrepresented in the mental health population, explained Dr. Saunders. This is why behavioral health providers need to be

Above: Sarah Gilbert, LCSW, presents "Transgender Affirmative Care" at the Institute of Living's "Treating the Whole Person: LGBTQ Identity Development from a Clinical Perspective" conference.

Left: Laura Saunders, PsyD, ABPP, speaks at the conference.

particularly attuned to the needs of the community.

"I have always thought of behavioral health as having a responsibility to lead the way on issues such as LGBTQ care," said John Santopietro, MD, DFAPA, physician-in-chief for the Behavioral Health Network and senior vice president for Hartford HealthCare, who gave opening remarks at the conference. "Behavioral health and psychiatry, from its origins over 200 years ago, have always been, in part, about social justice. We have always fought for better treatment for groups that have been marginalized."

Although mental health and addiction treatment remained the focus of the conference, overall healthcare delivery remains a challenge for the LGBTQ community – particularly those who identify as transgender.

In her presentation on transgender affirmative care, Sarah Gilbert, LCSW, from Transitions Therapy, shared that in a 2008 survey of more than 7,000 transgender individuals, 50 percent reported having to teach their medical providers about transgender healthcare.

This lack of understanding, coupled with the uncomfortable questions that transgender individuals often face, can prevent people from seeking the healthcare services they need, explained Gilbert.

"A transgender male needs to have a place to go for primary care that will understand his unique physical needs, but that means that all healthcare providers need to have more sensitivity to the LGBTQ community," said Dr. Saunders. "It starts with your paperwork, your front office staff, and being able to validate people's identities and ask direct questions about their lifestyle without shame."

The conference was an important step in sharing information and best practices in treating the LGBTQ community across the Behavioral Health Network and Hartford HealthCare, said Dr. Santopietro.

"We are still not where we need to be nationally around regular education and training on LGBTQ healthcare issues," said Dr. Santopietro. "There is a sense of urgency about this, and I'm proud that HHC is responding and being proactive." ■

Schizophrenia rehab program wins national award

The Schizophrenia Rehabilitation Program (SRP) at the Institute of Living/ Hartford Hospital is the 2018 recipient of the Program of the Year Award from the Association of Ambulatory Behavioral Health. This award is given annually to a program demonstrating outstanding advocacy for partial hospitalization and intensive outpatient programs, innovation in program, or excellent patient outcomes.

SRP is a three-day per week intensive outpatient program that offers comprehensive, long-term psychiatric rehabilitation services to adults ages 21 to 55, with schizophrenia spectrum disorders who have functional community goals such as school, work or independent living.

Treatment includes computerized cognitive rehabilitation, individual psychotherapy, group-based therapies and skill building, medication management, physical exercise, educational tutoring, vocational counseling, transitional work therapy, case management, and family meetings.

The Institute of Living Work Skills Training Program and Easter Seals are integrated collaborative partners with SRP to provide vocational and educational counseling and support for clients pursuing these community goals.

SRP is a contemporary psychosocial treatment program incorporating cutting-edge therapies that are "hot off the press." Empirical research is conducted by staff under the supervision of Dr. Jimmy Choi to inform practices that meet the highest standards of evidence-based care, thus creating a modern program that is always up to date with the latest scientific findings. At this time, SRP is the only psychiatric program in the nation to use the following innovations:

- SRP promotes the synergistic value of combining physical exercise and cognitive rehabilitation using virtual-reality technology called "exergaming." Exergaming is interactive exercise equipment connected to a computer and monitor so the patient is engaged in a mentally stimulating game while exercising. For example, while pedaling on a specialized exergaming stationary bike, they "race through the countryside" while using a virtual reality headset.

- SRP's neurofeedback cognitive rehabilitation is a program that uses a psychophysiological measure of task engagement and cognitive resource allocation (pupil dilation) to gauge the difficulty and stimulation of training exercises, and automatically adjusts these exercises to hit the "sweet spot" so the training is challenging and stimulating but not so difficulty or overwhelming that clients disengage. This training (see page 5) is delivered on tablets, and it is the first ever neurofeedback training developed for psychosis.

- Along these lines, SRP incorporates the exergaming and neurofeedback cognitive rehabilitation into an overall treatment algorithm using decisional informatics. Decisional informatics is SRP's cyber system that informs real-time clinical decision making that allows the treatment to evolve as the client progresses through various stages of recovery.

Performance data from exergaming and cognitive rehabilitation are automatically entered into a database, and a computerized formula based on current scientific literature then outputs a suggested course of treatment. The staff considers this information in reformulating the client's cognitive treatment for the following week. For example, the computerized formula will suggest that a client requires additional lessons in a certain memory skill instead of moving to the next lesson. Staff will then create a schedule in the cognitive skills group that allows the client to work on the specific memory skill until ready to advance. This is a tailored and highly personalized client-centered approach. ■

Special contributors honored with IOL Awards

The annual Institute of Living Awards and Recognition Day was held June 27, in the Commons Building.

Harold I. Schwartz, MD, psychiatrist-in-chief of the Institute of Living, and Bimal Patel, president of the Hartford Region, joined other Hartford HealthCare leaders to congratulate employees who went above and beyond the call of duty in the areas of patient care, research, family support and more.

"We are truly a team, but some individuals stand out and deserve special appreciation from time to time," said Dr. Schwartz. "It's a great pleasure to be able to provide that recognition during this special event."

Strawberry shortcake was served to attendees who turned out for the popular event and many honorees had the opportunity to take photos with their managers and presenters. Throughout the ceremony, speakers introduced 16 winners in eight award categories.

James DeGiovanni

The Psychiatrist-in-Chief's Award was established by Dr. Schwartz to recognize outstanding contributions to psychiatry at the Institute of Living and Hartford Hospital. This year's winner was **James DeGiovanni, PhD,** director of psychology and psychology education.

Mallory Fergione

The Arne Welhaven, MD, Memorial Award is a humanitarian award that honors the outstanding accomplishments of Dr. Arne Welhaven. This year's winner is **Mallory Fergione, LCSW,** a clinician working in Young Adult Services.

Arthur Guerra

The Ned Graffagnino, MD, 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 **Arthur Guerra,** APRN, director of Adult Outpatient Clinic & Peripartum.

Marilyn Finkelstein

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 toward improving the quality of The Institute of Living's interactions with its patients and their families. This year's winner is **Marilyn Finkelstein, LCSW,** of Young Adult Services.

Paul Paseos

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 **Paul Paseos,** RN, of Donnelly 1 North.

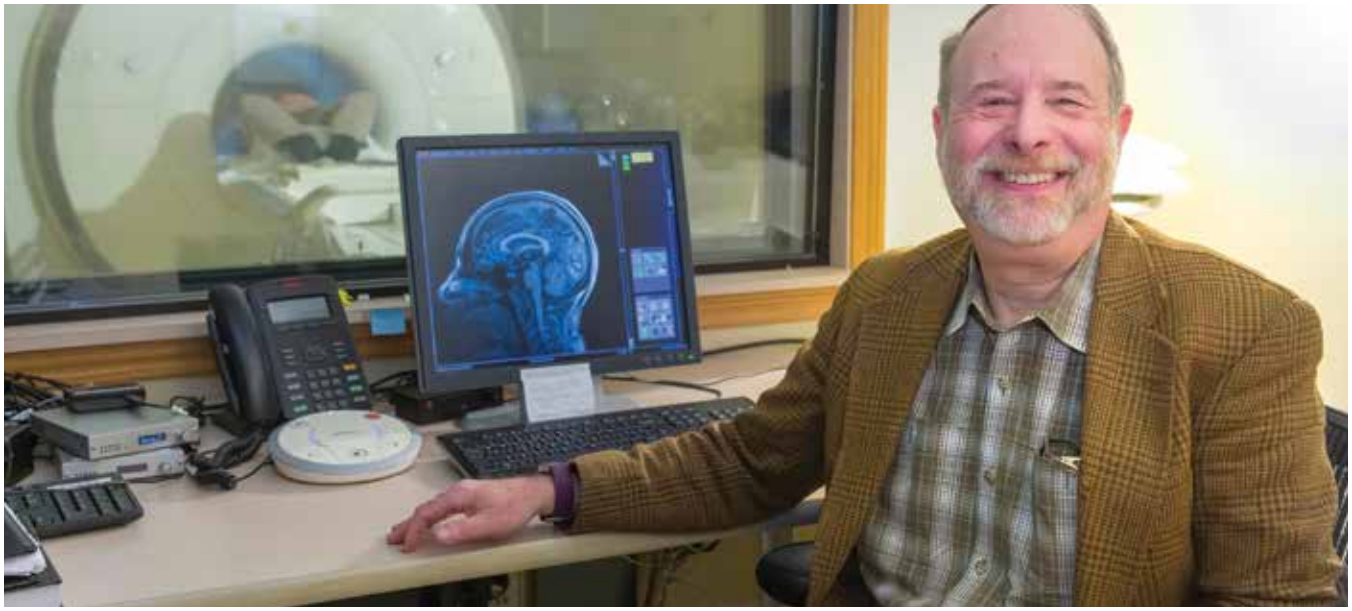
The Bert Woodcock Award in Nursing Education was awarded to **Cathy Chance,** RN, from Donnelly 2 South.

Victoria Grier

Ashley Dennis

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 **Victoria Grier, PAA,** of Donnelly 2 South; **Ashley Dennis, PAA,** of Donnelly 3 South; **Jonathan Guzman,** psychiatric technician, of Donnelly 1 South; and **Myriam Monterroso,** psychiatric technician from CARES.

The Connecticut Association of Private Special Education Facilities Golden Apple Award is given by the Connecticut Association of Private Special Education Facilities to school staff members within the association who have made significant contributions to their students and program. This year's winners are **Elizabeth Cappiello,** student support coordinator at the Grace S. Webb School; **Warren Cohen**, assistant teacher at the Grace S. Webb School; **Jennifer Haddock-Demers,** assistant teacher at the Grace S. Webb School; **Mark W. Taylor,** assistant teacher at the Grace S. Webb School; **Jasmine Gonzales,** assistant teacher in Cheshire; and **Zachary Keys,** assistant teacher in Avon. ■



Dr. Godfrey Pearlson, director of the Olin Research Center at the Institute of Living.

Olin Research Center undertaking wide array of studies

Attracting almost $40 million in grant funding in its 17-year existence, the Olin Neuropsychiatry Research Center has become a driving force for the advancement of diagnostic and treatment tools for behavioral health disorders and addiction.

According to founding Director Godfrey Pearlson, MD, the four separate labs that make up Olin are focused on various aspects of cognitive function — memory, language, attention and aging — in depression, schizophrenia, Alzheimer's disease, manic-depressive illness and substance abuse. Researchers use functional magnetic resonance imaging (fMRI), electro-encephalography (EEG), genetics and other tools to study brain activity that can help understand and even predict behavior.

As an overview, Dr. Pearlson described the following key projects from among many in process or being reported out of the Center's labs.

• A series of studies into ways to identify marijuana intoxication in drivers. As marijuana is legalized in more states for recreational or medicinal use, there will be a greater need for tools that law enforcement officials can use to identify those who are a danger behind the wheel. The tools used to detect illegal levels of alcohol do not work with marijuana.

A grant from the National Institute of Drug Abuse is funding Olin research into brain activity when someone has used marijuana acutely. A second grant, from the National Highway and Traffic Safety Administration, is financing a look into roadside tests that could identify the presence of marijuana through brainwaves measured in EEG and transmitted via Bluetooth and an iPod-like device to measure body movement associated with marijuana intoxication. Still another grant is being used to develop an app that would scan a person's pupils with a smartphone and read their heart rate through a small bracelet, giving law enforcement key indicators of sobriety.

• Ongoing work as part of the Bipolar and Schizophrenia Network on Intermediate Phenotypes (BSNIP) consortium through which five sites across the country are studying 50 biological measures of patients with major mental illness to develop a biological fingerprint for each disease. Three distinct "biotypes" have been identified and the next step is developing unique treatments for each one.

• Dr. Michael Steven's lab focuses on attention-deficit/hyperactivity disorder (ADHD). In the paper "Functional Neuroimaging Evidence for Distinct

Neurobiological Pathways in Attention-Deficit/Hyperactivity Disorder," he identifies three subgroups of ADHD with different associated brain dysfunctions despite similar clinical appearances. This information can guide providers to creating more tailored diagnoses and treatments for their patients.

• "Longitudinal Influence of Alcohol and Marijuana Use on Academic Performance in College Students." Drawing on a cohort of students at Trinity and Central Connecticut colleges in the Brain and Alcohol Research in College Students (BARCS) study, researchers led by Shashwath Meda, MD, published an article in PLOS One confirming earlier findings that moderate to heavy substance abuse led to lower grade point averages.

• Drawing 600 students from the BARCS group, Alecia Dager, MD, led a team publishing "fMRI Response to Alcohol Pictures Predicts Subsequent Transition to Heavy Drinking in College Students." Participants submitted to an electroencephalogram (EEG) test while being given visual cues and other tasks. Brain activity noted when images of alcohol were shown led researchers to assert they can predict which students would develop subsequent alcohol use problems.

• Dr. Meda has also discovered that excessive alcohol consumption actually shrinks sections of the brain related to memory as outlined in the paper "Longitudinal Effects of Alcohol Consumption on the Hippocampus and Parahippocampus in College Students."

• Collaboration with HHC's Bariatric/Metabolic Surgery division using functional MRI before surgery correctly predicted 69 percent of the 12-month post-surgical outcome in obese subjects undergoing bariatric surgery. ■

Marijuana study looks at memory function

From the control room of the functional MRI (fMRI) at the Olin Research Center, Alecia Dager, PhD, watches the monitor for signs of activity in the portion of the brain that controls memory, curious as to how marijuana impacts this process.

This is part of research conducted at Olin, recruiting participants ages 18 to 22, some of whom admit to being heavy marijuana users and others who do not use, to compare function in the brain's frontal lobe and hippocampus, where memories are made.

"My primary hypothesis is that marijuana users will show poor memory function and less brain response in the hippocampus during memory tasks," Dr. Dager said. "For this, there would have to be changes in the neurochemicals."

The fMRI examines neurochemical activity in the brains of participants in her "Marijuana Memory Study," fueled by a $658,940 grant from the National Institute of Drug Abuse. After launching in 2015, the study will run through June 2019 and enroll 72.

"I'm hoping this will give us a better understanding of the memory dysfunction in marijuana users," Dr. Dager said. "I'm using the spectroscopy to better understand it and find better treatments.

"Ultimately, I want people to know the effects. With marijuana's legalization, people's perception is changing and they think it's harmless.

(continued on next page)

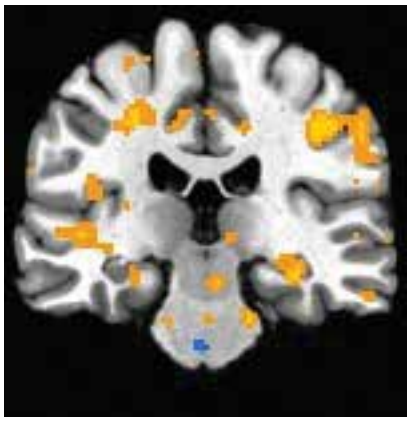
Marijuana study – continued from previous page

It's becoming more acceptable and usage is increasing."

She chose to focus on younger people because their brains are still developing and marijuana could permanently impact their function.

"We know peak marijuana use is at that age with 20 percent saying they had used in the previous month," Dr. Dager said. "It's also the time when the processes that help the brain be more efficient, plan for the future and be responsible are developing."

Cognitive ability is critical to everyday functioning, especially for college students, which prompted her to zero in on the brain's ability to make and store memories.



The orange areas on this brain scan show regions where marijuana users have less brain activity than nonusers while trying to recall information.

"Memory function is the most consistently observed cognitive deficiency from marijuana use," she said, adding, "Some research shows that if adults stop using, their memory returns. It's not clear if that happens in young adults.

It may have a longer lasting impact on them."Study participants are given a fMRI scan while memorizing information. They are then asked to remember the information while Dr. Dager watches the scanner for break-downs in brain function.

The fMRI also examines the brain's neurochemistry, specifically metabolites critical to various brain processes in the frontal lobe and hippocampus. She hopes to link their function to the presence of THC and CBD, chemicals found in marijuana. ■

Institute of Livi

Irshad Ahmed, MBBS
Mr. and Mrs. Edward D. Allen
Dr. and Mrs. Paul Altonji
Mrs. Deborah Arsenault
Mr. and Mrs. Adrian Atkins
Mr. and Mrs. Richard M. Balogh
Mr. and Mrs. Craig R. Banks
Mr. and Mrs. Gary J. Barwikowski
Major Nicholas Barwikowski
Mr. and Mrs. Howard S. Bidwell
Mr. and Mrs. Jeffrey Bowen
The Budd Family Fund at the Hartford Foundation for Public Giving
Mr. and Mrs. John E. Burnosky
Mr. Philip Calabrese
Annetta and Mike Caplinger
Mr. and Mrs. James F. Caughman
The Cheryl Chase and Stuart Bear Family Foundation, Inc.
Estate of Edward Cohen
Ruth H. Cohn Trust
Mr. and Mrs. Anthony J. Cosentino
Covestro, LLC
Mrs. Patricia C. Covington
Mr. Stephen Covington
Mr. Joseph DeBiase
Deer Valley Townhomes, LLC
Mr. and Mrs. James C. DeGiovanni
Mr. and Mrs. John D. Dewitt
Mr. and Mrs. Mark L. Diciancia
Mr. and Mrs. Mitchell Dlubac
Mr. Michael Dos Santos
Mrs. Celeste Dunn
Mr. Kevin Edwards
Mr. and Mrs. Kyle Ellingsen
Mr. and Mrs. Michael F. Enright
Bob and Kathanne Fowler
Ms. Mary C. Fox and Mr. Paul Fox
Mr. and Mrs. Mark Friese
Mr. and Mrs. E. Clayton Gengras, Jr.
Mr. and Mrs. Ronald L. Gingras
Lee and Bob Goode

ng Donors 10/1/17 – 9/30/18

Gorham/Windham Professional Firefighters Local 4095
Mr. Anthony Hans
John L. Harrington, MD
Hartford Foundation for Public Giving
Mr. and Mr. Ernest N. Herrick
Mrs. Eunice Higgins
The Hoffman Family
Mr. and Mrs. Mark D. Holland
Mr. Frederick A. Holybee
Ms. Anna Jarnutowski
Mr. and Mrs. Christopher G. Kelly
Ms. Doris A. Kinsley
Mr. and Mrs. Raymond W. Knapp, Sr.
Mr. and Mrs. Simon Konover
Mrs. Kim Kosis
Richard E. Lautenbach, PhD
Mr. and Mrs. Jeffrey D. Lee
Legg Mason, Inc.
Mr. and Mrs. William Lewis
Ms. Amanda K. Liedke
Ms. Margaret A. Long
Mr. Marcos Lopez
Mr. and Mrs. Dominick Lucenti
Ms. Pelagia C. Lynch
Mr. Frank Magisano
Ms. Carolyn M. Marchand
Ms. Jeanne Marchand-Massey
Mr. and Mrs. Christopher Markiewicz
Mrs. Christine Marotta
McGann, Bartlett & Brown, LLC
Mr. Michael McGrath
Mrs. Isabel Meagher
Mr. and Mrs. F. Tyler Morrison, III
Carole M. Mucha, PhD and Theodore F. Mucha, MD
Mrs. Kathleen A. Mullen
Ms. Sally S. Murray
Mr. and Mrs. Rodney Nosal
Mr. and Mrs. Daryl A. Orlich
Mr. Michael Orlowski
The Pfizer Foundation
Mr. and Mrs. Bobby C. Pierce
Claire M. Pryor
Mrs. Donna Revoir
Mr. Brian D. Ross and Mrs. Judy A. Graham
Rowland Technologies
Ms. Ann Russell
Ms. Susan G. Samsel
Mr. and Mrs. Joseph Santalucia
Dr. and Mrs. William V. Sardella
Mrs. Mary T. Sargent
Saturday Morning Group
Dr. and Mrs. Edward S. Sawicki
Harold I. Schwartz, MD and Ms. Lee Monroe
Ms. Novelette N. Shields
Ms. Elise E. Sinha
SLAA Tuesday Night Group
Mr. Peter Smith
Mr. and Mrs. Mark St. Pierre
Mr. David Stainback
Sunday Night Todd Building Group
Mr. Richard Tashjian
Mr. and Mrs. John C. Taussig
Mr. and Mrs. Kenneth Tellier
Ms. Cynthia Thompson
Leonard M. Troub Foundation, Inc. Trust at the Hartford Foundation for Public Giving
Mr. Jose Ubides
UnitedHealthcare
Mr. and Mrs. Joseph R. Voelker
Mr. and Mrs. Douglas A. Weeks
Karina Weiss, MD
Mr. and Mrs. W.J. Wienke
Ms. Dolores M. Wienke
Ms. Kelly Williams
Windham Hospital
William A. & Shirley P. Yolles Support Foundation
John P. Yonkunas
The Zachs Family
Mr. and Mrs. Karl Zielinski
Mrs. Daniel J. Zimonis
Anonymous (47)

Research funding information FY18 **Psychiatry**

Federal $1,722,461.00

Psychiatry $1,722,461.00

Choi, Jimmy PsyD

Neurofeedback Processing Speed Training to Improve Social Functioning in Teenagers and Young Adults at Clinical High Risk for Psychosis

National Institute of Mental Health (NIMH), $958,169.00

Pearlson, Godfrey MD

2 R01 MH077945-05A1 entitled 3/5 Bipolar-Schizophrenia Network for Intermediate Phenotypes 2

Beth Israel Deaconess Medical Center, $132,627.00

Metabotropic Glutamate Receptor-5 (mGlur5) Effects on Reward-Related fMRI-BOLD activation in FHP and FHN

Yale University, $50,830.00

Stevens, Michael PhD

Optimal Outcomes in ASD: Adult Functioning, Predictors, and Mechanisms

University of Connecticut Health Center, $168,604.00

Tolin, David PhD

Mechanisms of Hyperventilation in Anxiety Disorders

National Institute of Health (NIH), $412,231.00

Industry $1,151,551.00

Psychiatry $1,151,551.00

Loftus, Mirela MD

A Double-blind, Randomized, Psychoactive Placebo-controlled, Study to Evaluate the Efficacy and Safety of 3 Fixed Doses (28 mg, 56 mg and 84 mg) of Intranasal Esketamine in Addition to Comprehensive Standard of Care for the Rapid Reduction of the Symptoms of Major Depressive Disorder, Including Suicidal Ideation, in Pediatric Subjects Assessed to be at Imminent Risk for Suicide

Janssen Research and Development, $487,773.00

A Multicenter, Randomized, Double-blind, Placebo- and Active-controlled Trial to Evaluate the Efficacy of Brexpiprazole Monotherapy for the Treatment in Adolescents (13-17 years old) With Schizophrenia

Otsuka America Pharmaceutical, $45,591.00

A Long-term, Multicenter, Open-label Trial to Evaluate the Safety and Tolerability of Flexible-Dose Brexpiprazole as Maintenance Treatment in Adolescents (13-17 years old) With Schizophrenia

Otsuka America Pharmaceutical, $99,931.00

Winokur, Andrew MD

A randomized, double-blind, placebo-controlled trial of adjunctive BHV-4157 in Obsessive Compulsive Disorder

Biohaven Pharmaceutical Holding Company Limited, $319,205.00

A Randomized, Double-blind, Placebo-controlled, Multicenter, Efficacy and Safety Study of Rapastinel for Rapid Treatment of Symptoms of Depression and Suicidality in Adult Patients with Major Depressive Disorder Study #RAP-MD-20

Naurex, an indirect subsidiary of Allergan, plc., $199,050.00

Foundation $35,012.00

Psychiatry $35,012.00

Assaf, Michal PhD
Peripheral Versus Central Levels of Phospholipids and Related Compounds: Validating Potential Biomarkers of Affective Disorders Using a Combination of Mass Spectrometry and MR Spectroscopy

Brain & Behavior Research Foundation, $35,012.00

Hartford Hospital Medical Staff Funded $88,089.00

Psychiatry $88,089.00

Aberizk, Katrina BA
Developing Image-Based Biomarkers for Adolescent Onset Psychosis to Facilitate Diagnostic and Treatment Decisions

Hartford Hospital Medical Staff, $8,030.00

Assaf, Michal PhD
Outcomes and Neural Mechanisms of Emotion Regulation Therapy in Young Adults with Autism: A Pilot Feasibility Study

Hartford Hospital Medical Staff, $29,000.00

Book, Gregory MS
Motion Quantification from 3D MRI Images

Hartford Hospital Medical Staff, $14,168.00

Davies, Carolyn PhD
Frontal EEG Alpha Asymmetry in Anxiety Disorders

Hartford Hospital Medical Staff, $9,200.00

Domakonda, Mirjana MD
Impact of Adult Bariatric Surgery on Memory and the Hippocampus: An fMRI Pilot Study

Hartford Hospital Medical Staff, $8,500.00

Levy, Hannah PhD
The Relationship between Endogenous Estradiol and Cognitive Restructuring Skills Acquisition in Anxiety Disorders

Hartford Hospital Medical Staff, $9,577.00

Meda, Shashwath MS
Association of Cross-Disorder Polygenic Risk Score with Resting State Connectivity in Psychosis

Hartford Hospital Medical Staff, $9,614.00

(continued on next page)

Research funding information FY18 **Psychiatry** *(cont.)*

Departmental Funds.....$81,085.00

Psychiatry $81,085.00

Assaf, Michal PhD

Validating Social Subtypes in Community Samples — *Departmental,* $2,500.00

Stevens, Michael PhD

tDCS Augmentation of Voluntary Neuromodulation in Healthy Adults — *Departmental,* $7,048.00

Executive Working Memory Training — *Departmental,* $5,217.00

Mechanical Turk Reward System Study — *Departmental,* $16,320.00

Tolin, David PhD

An Initial Feasibility Study of Brief Cognitive Behavioral Therapy for Suicidal Inpatients — *Departmental,* $50,000.00

Unfunded $0.00

Psychiatry $0.00

Allen, Adrienne PsyD

Trauma and suicide: An assessment of risk in adults diagnosed with schizophrenia spectrum disorders — $0.00

Calnan, Sarah DO

Emergency Medicine Residents' Attitudes Towards Difficult Patients, of Their Own Well-Being, and of the Doctor-Patient Relationship: Surveying the Effectiveness of a Balint-like Group — $0.00

Diefenbach, Gretchen PhD

The Geriatric Anxiety Inventory Data Sharing Project — $0.00

Levy, Hannah PhD

RA Pilot Study of the Relationship between Endogenous Estradiol and Fear Extinction in Exposure Therapy — $0.00

Majeed, Muhammad Hassan MD

Pain Management Training during Psychiatry Residency: A Survey of Psychiatric Residency Program Directors — $0.00

Pearlson, Godfrey MD

7 Tesla Measures in B-SNIP Biotype Subjects — $0.00

Posada, Carolina PhD

Neuropsychology Inpatient Database/Registry — $0.00

Addenbrooke's Cognitive Assessment – Revised (ACE-R) performance in an inpatient stroke population

Young, Kevin PhD

Psychometric properties of the Montreal Cognitive Assessment (MoCA) across pediatric settings — $0.00

Personality organization and treatment outcome in an intensive outpatient program — $0.00

(Farewell but not goodbye – continued from page 15)

millions of dollars in grants, which Schwartz said is more than some medical schools with major research departments can claim. In total, there has been more than $80 million in research funding generated by the IOL, $38 million of which was generated specifically by The Olin Neuropsychiatry Research Center since 2001.

He is also very proud of the Potential Program, which helps young people showing the first signs of mental illness. Like many illnesses, catching it early increases the chances of positive results.

There has also been the Anxiety Disorders Center/Center for Cognitive Behavioral Therapy, the Depression Initiative that enhanced mood-disorder programs, *U.S. News and World Report* recognition and the re-establishment of the IOL's residency programs with three tracks — adult, child and adolescent and psychosomatic medicine.

He also served on the Governor's Blue Ribbon Commission on Mental Health in 2000, which helped pass mental health laws that have benefited patients to this day.

As the leader of the Institute of Living, the oldest psychiatric hospital in the state and third oldest in the nation, everything mentioned above would have been enough to close out a career.

But then came the Sandy Hook shooting, a horrific massacre of students and teachers in Newtown that shook Connecticut and the nation to its core.

This is where his early interest in forensics came back in full force. Dr. Schwartz played a major role in the aftermath of the event, serving with 16 others on the Sandy Hook Advisory Commission. The commission issued a report that made recommendations on school safety, mental health and gun violence. He also co-authored a report issued by the state Office of the Child Advocate.

But he did not stop there. His interest in forensic psychiatry and law kicked in, so Dr. Schwartz did his own scholarly analysis of shooter Adam Lanza and others, producing a presentation, "The Mind of a Mass Shooter," which he has delivered locally and nationally.

Part of its focus is the impact of the change from face-to-face conversation and social interaction to isolation caused by cellphones, video games and social media. He also went on to consult with federal officials on the National Dialogue on Mental Health and the Obama administration response to Sandy Hook. And in 2016, he consulted with Sen. Chris Murphy on the Mental Health Reform Act of the 21st Century, also known as the Cures Act, which authorized $6.3 billion in funding, much of which was for mental health.

In 2002, Schwartz was one of the few who spoke out against the Catholic Church. In stories that appeared in the *New Yorker* and the *Hartford Courant*, the Catholic Church's use of psychiatry — or, allegedly sending priests suspected of having molested minors to psychiatrists and psychologists instead of informing appropriate authorities — became an issue.

Dr. Schwartz was quoted saying that in "many instances" Church officials did not reveal specific information about allegations of abuse and only sent priests to the IOL for other mental health conditions, which allowed some priests to be returned to the ministry without proper assessment or treatment.

"Hank is our conscience in many ways," said Hartford HealthCare President Jeff Flaks. "He tells us what we need to know, not what we want to know."

In his semi-retirement, Schwartz said he will continue to be an advocate, see patients, mentor residents, write and — of course — speak his mind. ■

Congratulations!

American Psychiatric Association

175th Anniversary

As a place preparing for its 200th anniversary, we want you to know that you don't look a day over 174.

The Institute of Living, part of the Hartford HealthCare Behavioral Health Network, congratulates the American Psychiatric Association on its 175th anniversary. We are proud to join you in focusing on research, education and innovation.

Hartford HealthCare
Behavioral Health Network

Institute of Living

A Division of Hartford Hospital

Institute of Living
A Division of Hartford Hospital

200 Retreat Avenue
Hartford, CT 06106

NON-PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
HARTFORD, CT
PERMIT NO. 4361

Contact us at:

860.545.5000

Instituteofliving.org (main site)

Nrc-iol.org (The Institute of Living's Olin Neuropsychiatry Research Center)

13143 7.19