For a young woman suffering from borderline personality disorder (BPD), waiting weeks or months for treatment can be devastating. People with the disorder often harm themselves and are sometimes suicidal, so the scarcity of therapists trained in one of the gold standard treatments—dialectical behavior therapy (DBT)—leaves many vulnerable.

In an effort to meet a growing need for clinicians skilled in DBT, four years ago, McLean created a clinical training opportunity under the direction of master clinician and trainer Michael Hollander, PhD. The donor-funded, highly competitive fellowship trains young clinicians within McLean 3East, a nationally known program providing a continuum of DBT-centered services for adolescents and young women.

“Providing promising young clinicians with a year-long immersion into this powerful therapy creates a broad impact on treatment for adolescents and young women for many years to come,” says Dr. Hollander, director of training, 3East DBT Services.

The fellows work with patients on the 3East intensive residential unit under Hollander and supervisory staff. 3East has hired four of the five psychologists who have completed the program to address its own waiting lists.

The fellowship was established by Barbara Hughey, PhD, and Robert Beckwitt, whose daughter

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Dear Friends,

Finding quality psychiatric care for children and adolescents can be difficult for many reasons, including too few clinicians trained in child-focused therapies and a scarcity of specialized programs. Every day at McLean, we see the benefits of early intervention as well as the pain and suffering when illness goes untreated.

This issue of Horizons highlights the many ways that McLean is bringing the best evidence-based care to young people. You’ll meet Joseph Gold, MD, chief of the Nancy and Richard Simches Division of Child and Adolescent Psychiatry, who is constantly thinking about how to better serve the needs of our youngest patients. That charge led to our creating a new residential program for youth struggling with obsessive compulsive disorder.

You’ll also learn how McLean is addressing the lack of services for teens and young adults with borderline personality disorder and the ways in which supporters like you are helping make all of this possible.

“Training just one fellow can mean treatment for hundreds of young women.... And if that fellow in turn trains other therapists in DBT, the ripples go even further.”

Bob Beckwitt

Learning Through Practice and Mentorship

Current fellow Jody Kemmerer, LCSW, considers the fellowship the best training available anywhere for someone interested in DBT. “I work with an amazing team, and I feel honored every day to be part of it,” she says.

Kemmerer says the girls she and her team treat typically arrive with multiple challenges, which makes the work tough, but gratifying. “There’s often a lot of complexity to why they ended up at 3East: PTSD, eating disorders, substance use, social phobias, obsessive compulsive disorder, trauma and more,” she explains.

Kemmerer recalls one patient who was packing her bags to leave every week. The clinical team responded with unconditional acceptance and encouragement. Ultimately, she decided to stay and work with them. “Like her, a lot of our patients struggle with self-loathing, which can be an obstacle to their wanting to get better,” says Kemmerer, who was initially attracted to DBT because of its roots in Buddhism, which she has practiced for 13 years.

Sara Land, PhD, the program’s inaugural fellow, says the training was a singular opportunity to work

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Supporting McLean Today and Tomorrow: One Donor’s View

Betsy Wilgis is clear about why she has donated to McLean every year since 1999 and written a bequest to the hospital into her will. “They saved my life.”

Mrs. Wilgis, a personal finance and healthcare manager from Baltimore, had been struggling with treatment-resistant depression when her medical team in Baltimore felt that hospitalization was called for. A relative of her husband’s—a McLean psychiatrist—suggested that a visit to McLean’s Pavilion might help get to the root of her illness. Her month-long stay included a thorough psychological and medical workup, talk therapy, medication management, electroconvulsive therapy and long walks on the McLean campus that she grew to treasure.

“My stay at McLean changed the course of everything,” says Mrs. Wilgis, who still needs to keep on top of her depression, but generally feels well. “I had a terrific team and everyone was so understanding and compassionate. My stay was very hard on my family, but my social worker called my husband every single day, and he appreciated the communication a great deal. The doctors at McLean also spoke with my doctors in Baltimore to come up with a good workable plan for my return home.”

Mrs. Wilgis says that it feels so good to support the hospital that gave her back her life. “McLean was there when I was in trouble, and I want to do what I am able to make sure its programs are available for others who need help. I have made provisions in my will for McLean. Just because I am no longer here, mental illness, unfortunately, will still be in great evidence.”

“Mrs. Wilgis’s annual gifts provide flexible resources that we can put to work right away toward our highest priorities,” says President and Psychiatrist in Chief Scott L. Rauch, MD. “Her planned gift is important in a different way. Bequests help institutions like ours ensure the vitality of our work for years to come. Both are wonderful ways to recognize McLean and create a lasting and meaningful impact.”

“McLean was there when I was in trouble, and I want to do what I am able to make sure its programs are available for others who need help.”

Betsy Wilgis

Would you consider including McLean Hospital in your estate plans? It’s easy and we can help. Contact Lori Etringer, director of development, at 617-855-3840 or letringer@partners.org.
The Nancy and Richard Simches Division of Child and Adolescent Psychiatry was launched in 2012 through the generosity of the Simches family. The hospital's chief medical officer, Joseph Gold, MD, heads up the division and we sat down with him recently to get an update on its activities.

**Horizons:** What have been the division's greatest accomplishments?

Our team has made state-of-the-art treatment available to thousands of youth and families each year by creating new programs in greater Boston and southeastern Massachusetts.

We have grown our inpatient collaboration with Franciscan Hospital for Children and added an autism spectrum track; expanded our 3East continuum for adolescents and college students with borderline personality disorder; and evolved programs in our Belmont-based adolescent residential unit, Arlington School, Pathways Academy and Klarman Eating Disorders Center.

An anonymous $1.2 million gift allowed us to open a new outpatient clinic this past year, just a few miles from our Belmont campus. We have added elements of the College Mental Health Program and plan to offer specialized parenting groups as well as a clinic for patients who are in the earliest stages of a psychotic disorder.

Last winter, our division moved its Brockton-based programs to a beautifully renovated site in Middleborough, Mass. That move allowed us to expand our adolescent residential services and open a new adolescent day program. It also is home to the new Child and Adolescent OCD Institute (see “Earlier Treatment” on p. 6).

A significant gift from Bob and Nancy Anthony provided the resources to extend our Massachusetts Child Psychiatry Access Program (MCPAP) hub for pediatricians to public school nurses in southeastern Massachusetts, the Cape and Islands.

Finally, we are participating on-site at the Lurie Center for Autism in Lexington, Mass., and are closely linked to McLean’s innovative College Mental Health Program.

McLean has done all of this at a time when many other hospitals and agencies have down-sized or closed their mental health services for children and adolescents.

**Horizons:** Are there notable trends in the world of child and adolescent psychiatry that are playing out at McLean?

Three immediately come to mind: the development of highly effective, diagnosis-specific therapies; a “tidal wave” increase in the prevalence of autism spectrum disorders; and the integration of child psychiatry with primary care and school-based services.

Our division has responded to the surge in Asperger’s and autism disorders by expanding our Pathways Academy day school, adding specialized services to our McLean-Franciscan inpatient unit and joining hands with the Lurie Center to provide diagnostic testing and treatment.

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“Our team has made state-of-the-art treatment available to thousands of youth and families each year by creating new programs in greater Boston and southeastern Massachusetts.”

Joseph Gold, MD

college student support.

And our MCPAP hub now serves nearly all primary care pediatricians and many family practitioners in southeastern Mass., and will soon support the region’s school nurses. We also hope to provide embedded consultative support in the Merrimack Valley in the near future.

Horizons: Given the expansion of programs for children and adolescents, has McLean’s clinical workforce kept pace?

It is a challenge, but we have energetically embarked on training the next generation of child psychiatrists, psychologists, social workers, nurses, educators and line staff in evidence-based treatments. Many of these trainee positions and intensive didactics are funded by the generosity of the Simches family and other donors (see “Fellowship Creates Ripples” on p. 1).

McLean remains a highly sought after training site and has some of the country’s leading experts in treatments like dialectical behavior therapy (DBT) and other new therapies. Philanthropy has enabled a number of creative efforts aimed at disseminating our expertise far and wide.

Horizons: What role has philanthropy—including the Simches family’s—played in the division?

The Simches family’s vision and generosity have been transformative—allowing us to create new programs, train expert clinicians and measure the impact of our therapies. The research funded by the Simches gift—especially the pioneering work of Dr. Randy Auerbach in better understanding and preventing adolescent suicide—has begun to shape the thinking and daily work of our devoted clinical staff.

In addition to the gifts mentioned above, philanthropy has seeded pilot research, underwritten training and enhanced clinical services. Our partnerships with donors have been a major driver of growth and will continue to be important as we seek to address the unmet mental health needs of our youth.

McLean’s new Child and Adolescent Outpatient Service, located on the campus of Sancta Maria Nursing Facility in Cambridge just a few miles from the hospital’s Belmont campus. The site includes a general clinic, neuropsychology testing services, a new McLean Anxiety Mastery Program, a 3East dialectical behavior therapy clinic, and a pilot program with nearby Belmont High School.
A young boy spent eight hours a day on rituals to ensure that his dog was safe, including securing windows and doors and patrolling his home for perceived danger. A teenager’s dread of contracting AIDS cut her off from ordinary experiences like a first kiss. Children and adolescents with obsessive compulsive disorder (OCD) are consumed by performing rituals to make terrifying thoughts and images go away, and thus struggle to enjoy childhood. Developmental milestones are missed, family life can be upended, and physical problems may appear from the constant stress.

OCD is one of the most common childhood psychiatric illnesses, yet it often takes more than a decade from onset to receive appropriate treatment. For the majority of patients, OCD symptoms appear between ages 8 and 12 or in the late teens and early 20s.

Expanding Early Treatment Access
McLean’s new Child and Adolescent OCD Institute, located at McLean SouthEast in Middleborough, Mass., was created to bring the most effective evidence-based treatment to patients as early as possible in the trajectory of the illness. Because a dearth of trained therapists makes effective OCD treatment hard to find, the program was intentionally designed to accept private insurance, thereby increasing access to care.

“Patients in our adult OCD program often describe developing their symptoms as kids and, as in any illness, the earlier you catch it, the more effective the treatment will be,” explains Diane Davey, RN, MBA, program director of McLean’s adult program, the Obsessive Compulsive Disorder Institute. “They couldn’t go to school or didn’t have typical social interactions, so they developed problems in addition to the OCD. They are often depressed because their lives are not what they had hoped they would be.”

The new program, affectionately nicknamed “OCDI Junior” by its staff, is unusual by virtue of its mere existence: the only other residential program for youth with OCD in this country is in Wisconsin. McLean’s 12-bed facility, which was designed to feel more like a home than an institution, accepts patients between ages 10 and 17 and already has 40 youngsters on the waiting list.

Research and Outreach
McLean hopes the new program also will become a research hub and an anchor for OCD educational outreach.

“We can’t solve the access problem only through the residential program,” points out Lisa Coyne, PhD, program director of the Child and Adolescent OCD Institute.

“We also need to be doing research and lots of community outreach—including free programs for parents and consultations with local providers. Philanthropy will

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Measuring outcomes will be an integral part of the program as well. By collecting data on these young patients, McLean will arguably have the richest trove of information in the country about OCD across the lifespan, according to Davey. “That will help us find answers to some of the most vexing questions, such as what causes OCD? Why do some people respond well to treatment and others don’t? How do we tailor treatments to the individual to make them more effective?”

The Child and Adolescent OCD Institute treatment approach is rooted in two complementary therapies that have produced impressive outcomes for many people. Exposure and response prevention (ERP) encourages patients to do the things they fear then helps them refrain from the ritualized behavior that quells the resultant anxiety. Meanwhile, acceptance and commitment therapy (ACT) teaches patients to tolerate the unsettling feelings their obsessions provoke and helps them focus on the long-term payoff of treating their illness. ACT is particularly helpful with children, who often have trouble tolerating ERP.

The program also educates patients’ parents about ERP and ACT, so the children can continue their progress when they return home, explains Coyne.

Coyne often thinks about the boy who feared for his dog’s safety. The child’s other obsession with rule-following had prevented him from playing sports with other kids. Coyne asked his mother to visualize what a life free of OCD would look like for her son.

“She started to tear up and answered: ‘I have this picture of him in his soccer gear, on a sunny day and he is running and laughing. He is full of joy.’”

“Patients in our adult OCD program often describe developing their symptoms as kids and, as in any illness, the earlier you catch it, the more effective the treatment will be.”

Diane Davey, RN, MBA

If you would like to hear about opportunities to support the research or clinical goals of the Child and Adolescent OCD Institute, please contact Ronna Woodward at 617-855-4595 or rgwoodward@partners.org.
Fellowship Creates Ripples
Continued from page 2

with Hollander, a world-renowned expert in DBT. And while she arrived at McLean with some expertise in DBT, her experience had been limited to working with adults.

“I really wanted to round out my training and work with adolescents and families as well,” explains Land, who now is a full-time psychologist with the 3East program. “You have to be spontaneous and have a lot of humility when you work with teenagers,” she says. “But there is a lot of playfulness, too. Even when they are going through very dark times, there is still laughter and so much creativity on the unit.”

Transforming Lives
Developed in the late 1970s, DBT teaches patients skills to cope with stress, regulate emotions and improve relationships. For adolescents, treatment typically includes once- or twice-a-week individual therapy, family meetings and training sessions

where patients learn skills such as distress tolerance, interpersonal effectiveness, emotion regulation and mindfulness.

Land admits the work can be daunting because the stakes are so high, but that nothing feels better than when a former patient is thriving. One such 3East patient—who at one time was suicidal—regularly sends her updates and told her recently that she was “committing” to another year of life. “It was a beautiful thing to hear,” says Land. “She went off to college, works and is developing a quality of life she never thought she could have.”

Like Land’s patient, Hughey and Beckwitt’s daughter is now thriving, and they see their gift as ensuring that other young women benefit from the same superb treatment. “We like leveraging our philanthropy by supporting things that can help a lot of people,” comments Beckwitt. “Training just one fellow can mean treatment for hundreds of young women suffering with borderline personality disorder. And if that fellow in turn trains other therapists in DBT, the ripples go even further.”

Learn more at mcleanhospital.org