accomplishing our mission together
McLean Hospital is committed to providing a full range of high quality, cost-effective, mental health services to our patients, their families and the larger community.

The hospital is dedicated to training mental health professionals, to conducting basic and clinical research to understand the causes of mental illnesses and to developing effective new means for their prevention and treatment.
4 Letter from Scott L. Rauch, MD, and David S. Barlow
7 Mission Possible
8 Integrate
16 Care
24 Discover
32 Teach
37 Financials
38 Leadership
41 National Council and Vision of Excellence
43 Support
44 Dedicate
At McLean Hospital, every day

we are accomplishing our mission to improve the lives of people with psychiatric illness. We are deeply committed to providing increased access to ever-better psychiatric care, engaging in research designed to discover superior modes of treatment or prevention and offering programs to train health-care providers and educate the public. We recognize that this journey never ends, as we perpetually aspire to find better ways to deliver on this precious mission.

In 2009, we made significant progress in implementing our strategic plan. A challenging global economy has constrained resources and reimbursements, thereby precipitating the contraction of much-needed psychiatric services across the nation. Against this backdrop, McLean has maintained a solid financial performance, enabling us to successfully expand, extend and elevate our services. For instance, extensive renovations to our Clinical Evaluation Center and Short Term Unit, coupled with new admissions processes and the installation of electronic medical record-keeping technology, have led to faster, more effective evaluation of patients. These innovations are helping to increase access, reduce waiting time and enhance comfort for patients and families.

In addition, we have increased the number of beds to expand our capacity on existing units and opened novel programs to explore new frontiers. For instance, we have extended our outreach to students in need of mental health services through our pioneering College Mental Health Program. We also have established two residential facilities beyond the Belmont campus to provide an improved continuum of care. These programs, the Gunderson Residence for women with borderline personality disorder and the McLean Residence at the Brook for people
with substance use disorders, are providing a structured transition into the community and on to a healthier life.

With a clear vision, we are focused on integrating compassionate, evidence-based care with cutting-edge research and training by establishing a new divisional structure to support specialized centers of excellence and innovation. In the pages that follow, we describe launching the Division of Psychotic Disorders and the Division of Alcohol and Drug Abuse, highlighting new initiatives and advances reflecting enhanced coordination, collaboration and synergy.

This report, in addition to providing information on a range of endeavors, offers a glimpse at the many remarkable people who make McLean such a special place—from our patients and families whose lives have been affected by mental illness, to our donors and our extraordinary crew of clinicians, scientists and staff who have dedicated their lives to this mission.

We could not have made such exceptional progress in 2009, nor set our sights so high for the future, without the help and inspiration of so many—including the 2009 McLean Award honoree, astronaut Buzz Aldrin. As always, we are grateful to our energetic board of trustees for their devotion and expertise. We also thank you—our friends and patrons—for your unwavering support. As we look to the horizon on this journey of excellence and innovation in psychiatry and mental health, we hope you will travel along with us.
Mission possible
Buzz Aldrin shares his ‘magnificent desolation’

Astronaut Buzz Aldrin may have made it to the moon, but his journey upon returning to Earth was, by his own account, an even greater challenge. When he returned from the Apollo mission in 1969, Aldrin, the second person to walk on the moon, struggled with both the exhilaration and overwhelming public notoriety of having reached the grandest goal of his career at age 39. He plunged into depression and substance abuse that lasted more than 10 years.

On July 14, 2009, Aldrin—astronaut and mental health advocate—became the second recipient of the prestigious McLean Award, which honors individuals who further the public’s understanding of psychiatric illness. The McLean Award was first bestowed upon ABC journalists Lee Woodruff and her husband, Bob Woodruff, in 2008.

More than 300 guests, including McLean donors, National Council members, faculty, staff and trustees, as well as former Massachusetts Governor and First Lady Michael and Kitty Dukakis, gathered at McLean’s annual dinner in Boston to hear Aldrin’s inspirational words as he accepted the award. In his speech, Aldrin recounted personal stories about his family’s history with substance abuse, his mother’s suicide a year before his moon walk and the powerful and difficult experience of returning to Earth as an American hero. “I should have been on top of the world, but there were no roadmaps and few signposts, if any, along the way that could lead me out of the quagmire into which I had tumbled,” Aldrin said.

Aldrin also signed copies of his 2009 New York Times best-selling memoir “Magnificent Desolation: The Long Journey Home from the Moon,” which openly reveals his struggles with psychiatric illness. In the book, Aldrin writes, “From the pinnacle of Apollo, my greatest challenge became the human one—overcoming alcoholism and living beyond depression—a challenge that required more courage and determination than going to the moon.”

McLean President and Psychiatrist in Chief Scott L. Rauch, MD, introduced Aldrin. “By speaking publicly about his experiences, Buzz Aldrin has given a face to mental illness and helped to raise awareness and reduce stigma,” he said. Rauch likened the nation’s and Aldrin’s vision for space exploration 40 years ago with an equally bold vision for mental health today—one that includes broad access to services and research into prevention and improved treatment, as well as freedom from stigma and disease.

“Just as space travel in the 1960s required dedicated men and women to accomplish a seemingly unattainable goal, so too does realizing this dream for mental health,” Rauch said. “It will take the commitment, teamwork, resources, resolve and leadership of those at McLean Hospital and beyond to help these goals become reality.”
McLean’s foremost advances will come through the integration of its tripartite mission of clinical care, research and education, enabling us to provide care at the highest standard. As a team, we will lead the field of psychiatry through excellence and innovation.
Making connections
Divisions advance McLean’s strategic agenda

When Bill and Barbara Boger learned of plans for a Division of Psychotic Disorders at McLean, they saw an opportunity to make a lasting difference through their philanthropy. The Bogers, McLean National Council members and longtime donors, have contributed to many clinical and research endeavors at the hospital over the years, often helping new initiatives get their start. In 2009, they saw the chance to lend both early and enduring support by establishing the Boger Bipolar Disorder Endowed Fund to help McLean launch the new division.

Under McLean’s leadership model that evolved from its strategic plan, the hospital created the Division of Psychotic Disorders, led by Dost Öngür, MD, PhD, and the Division of Alcohol and Drug Abuse, led by Roger Weiss, MD, in 2009. These divisions and others to come are aimed at focusing the hospital’s clinicians, researchers and educators around specific illness areas, encouraging collaborations within and across disciplines and increasing evidence-based treatment practices. Since their inception, the psychotic disorders and addictions divisions each have enjoyed a steady stream of integrative activities.

Öngür, recipient of Harvard Medical School’s 2009-2010 Young Mentor Award, is harnessing efforts around three areas: raising awareness of and monitoring metabolic syndrome, a serious medical condition associated with antipsychotic medications; quantifying practice patterns, principally around patient medication use, to glean information for quality improvement initiatives; and developing a database of McLean patients who are interested in and appropriate for clinical studies designed to further research in psychotic disorders.
In the Division of Alcohol and Drug Abuse, new educational offerings are bringing together clinicians and researchers to share information and insights. “In the past, many of us have worked in relative isolation, not knowing much about the activity taking place outside our building, even among members of the McLean community who share our interests and may be able to participate in mutually beneficial collaborations,” says Weiss, who has served as clinical director for the Alcohol and Drug Abuse Treatment Program for more than 20 years. “The new divisional model is helping us form connections that never before existed.” However, he adds, the model’s greatest beneficiaries are patients. “Patients within the various treatment programs can be assured they are receiving a single standard of high-quality, seamless care based on the latest research.”

The key to advancing psychiatry and education with an emphasis on supported treatments to patients help us provide these ever-better,
in the 21st century is integrating clinical care, research on translation—bringing innovative, scientifically quickly and effectively. Our divisional structures will evidence-based approaches to care.

Scott L. Rauch, MD
President and Psychiatrist in Chief
Through the donors’ eyes

We are very thankful for the interventions available to those who suffer from psychiatric disorders. However, it has become clear to us, as it has to clinicians, patients and parents, that major advances are still needed. We want to do whatever we can to help further the possibilities.

We do not know the direction these advances will take. By creating an endowed fund under Dr. Öngür’s direction, we are giving the director of the psychotic disorders division the flexibility to use our gift for clinical care and research as he sees fit. Our endowed fund allows us to offer a long-term, sustainable gift to McLean. We hope it will make a difference for years to come.

Bill and Barbara Boger
National Council members
Linking lives, improving care
Online tools provide added efficiencies, enhanced quality

With the introduction of new technology, McLean is advancing communication, increasing efficiency and uniting clinical, research and academic staff and faculty in their collective quest to improve the lives of patients and their families.

In September 2009, the hospital greatly advanced its electronic medical record-keeping capability with the implementation of a computerized physician order entry (CPOE) system and an electronic medication administration record (eMAR) on its inpatient units and Electroconvulsive Therapy Service. The CPOE system, enabling physicians to electronically enter medication prescriptions and other physician orders, and eMAR, an online “file” for tracking the administration of medications, are reducing the chances for medication errors associated with manually processing orders and administration records.

“The hospital generates thousands of medication orders each year so these tools greatly enhance the quality of the medication management process for our patients,” says Michele Gougeon, MSS, MSc, executive vice president and chief operating officer for McLean.

In 2009, the hospital also launched another time-saving resource. HealthStream, an Internet-based learning management system, offers employees the convenience of completing annual training online, rather than attending sessions in person. With the click of a mouse, employees can brush up on patient privacy, infection control, fire and

Among those making technological advances possible, from left, are Alisa Busch, MD, MS, Jennifer Gundy, Mark Fansel, Nancy Haines, MPH, Andrew Laband, MBA, Linda Flaherty, RN/PC, Michele Gougeon, MSS, MSc, Jean Mansfield, Stanley Rosen, RPh, MHA, and John Robards.
laboratory safety, as well as other important information they need to do their jobs, while assuring the accurate and efficient employee compliance documentation McLean needs for regulatory and accrediting agencies, such as The Joint Commission.

Another technological advancement, an integrated McLean intranet site, launched in June 2010. Designed to better connect the McLean community by fostering additional communication and collaboration, the new site, with more than 500 pages of information, is a “one-stop shop for employees to access internal and external resources important to the McLean community,” says Nancy Hoines, MPH, director of Business Development and Marketing. “It’s an exciting project bridging all hospital departments and campuses.”

These infrastructure enhancements are being spearheaded by Andrew Laband, MBA, McLean’s chief information officer, who brings extensive management and technical experience to this newly created position. “My goal is to bring McLean to the next level, where information technology is a strategic asset used to improve patient care, research, training and operations,” he says.
McLean’s fundamental purpose is to improve the lives of individuals with psychiatric illnesses and their families. As the nation’s top freestanding psychiatric hospital, we offer specialized expertise and high-quality services to a diverse population, including the most seriously ill patients.
A step up
Updated facilities, streamlined admissions enhance patient and family experience

In general hospitals across the country, the emergency room (ER) can be a frightening place for families with loved ones in psychiatric crisis. Patients are often distraught and family members distressed. Long waits for psychiatric beds in Massachusetts and beyond can compound this anxiety and fear.

Thanks to the renovation and expansion of McLean’s Clinical Evaluation Center (CEC) and Short Term Unit (STU), patients are being evaluated and admitted to the hospital more quickly and efficiently and with more resources than ever before. In 2009, the CEC, where patients are assessed upon arriving at McLean, was relocated to larger, more modern quarters in the Admissions Building. The new space “is very comfortable and attractive,” says Beth Murphy, MD, PhD, medical director of the CEC. “Families can sit together and talk, watch TV or have a bite to eat. It is much more of a place you would want to wait during a psychiatric crisis.”

Patient evaluations and physical examinations now take place in rooms spacious enough for family members to be involved. Quiet waiting areas help patients stay calm. New computers and larger work stations make it easier for staff to do their jobs.

In conjunction with these physical improvements, new admissions protocols are reducing the time patients in the community must wait for beds at McLean. As part of a 2009 pilot program, patients with low-risk or no underlying medical issues may proceed directly to McLean without requiring an ER medical clearance. This new protocol has been made possible with the help of Partners affiliate Newton-Wellesley Hospital (NWH), whose ER assists the CEC with medical issues of incoming patients. If a patient arrives at McLean needing immediate medical care, NWH will help transfer that patient to its ER.

“These protocols have enabled us to serve more people in need and, when combined with the new physical
surroundings, have resulted in a more user-friendly admissions process,” says CEC Program Director Diane Bedell, LICSW. To compensate for the increased access, the CEC, intake and inpatient staffs at McLean have worked with much dedication to provide the same high level of care, while managing patients who are coping with more challenging psychiatric illnesses. “Our teams have been very responsive,” says Bedell. “They have worked incredibly hard to accommodate our patients and their family members.”

Short Term Unit expands

The Short Term Unit (STU) is just one of the inpatient programs at McLean that has stepped up to accommodate the needs of patients, while undergoing its own transformation. Whereas the STU and CEC had long shared space in the Admissions Building, the STU expanded from 23 to 28 beds in 2009, assuming occupancy of the entire first floor of Admissions. “The STU cares for a large number of patients,” says STU Medical Director Steven Gelda, MD. “The five additional beds have helped tremendously in our ability to treat even more patients. There has always been a need for increased access; now, we have the added capacity.”

The STU features four newly constructed interview rooms, a larger nursing station, additional meeting space for group and expressive therapies, and bright, naturally lit lounge areas. The improvements made to the STU and CEC have greatly enhanced the patient and family experience at McLean, while meeting the overall need for increased access by the greater mental health community. “Our patients are receiving not only the best possible care but in an environment that’s safe and comfortable. That’s an added reassurance,” Bedell notes.

Staff from the Clinical Evaluation Center and Short Term Unit include, from left: Grantley Taylor, MD, Janet Lawrence, MD, Lorey Bonante, Tito Banda, Gail Levy, RN/PC, Eileen LeDuc, Reggie Silver, Pamela Thompson, LICSW, Steven Gelda, MD, Jeanne McElhinney, RN, Thomas Silva, Courtney Finn, RN, Jill Pokornicki, RN, Michael Leslie, MD, Marilyn Russo, Sandra Thompson, RN, Nicolas Simms and Angela Ficken, LICSW.
Recovery in residence

New program fills gap in addiction treatment in the region

In keeping with its strategic goal of extending services, the hospital has opened the McLean Residence at the Brook, a transitional living program for adults with substance use disorders. The eight-bedroom residence, located in a newly renovated Colonial in Waltham, Mass., offers a structured, supportive homelike environment. With a minimum length of stay of 90 days, the private-pay program is designed especially for individuals who have had persistent treatment relapses, need more psychosocial support than what is typically offered in other sober-living situations or have a co-occurring psychiatric illness (dual diagnosis).

“The Brook completes McLean’s continuum of care and fills an area of substance abuse treatment not currently available in the region,” says Roger Weiss, MD, chief of McLean’s Division of Alcohol and Drug Abuse.

With a counseling staff-to-patient ratio of one to four, the Brook provides highly specialized treatment that includes individual and group therapy, family meetings and psychoeducational and skills training. In addition to treating dual diagnoses, the program also departs from other recovery models by accepting those who are taking medications as part of their ongoing substance abuse treatment. Its expanded milieu allows patients to participate in several group meetings a day, four self-help groups a week, activity-based rehabilitation, including exercise and cooking, educational offerings, volunteer positions or jobs, weekly appointments with psychiatrists and twice-weekly meetings with case managers.

“Because we’re a small program, we are able to tailor treatment to each individual’s recovery needs,” says Susan Rees, RN, MA, program director. “Our residents arrive with their own issues, triggers and stresses. Our staff, backed by the many resources at McLean, has the knowledge and expertise in substance use disorders and dual diagnosis to support people in whatever ways best empower them, at any point in their recovery.”

The program’s framework focuses on “the four Rs” of treatment: regulation, recognition, relationships and responsibility, explains medical director Timothy Benson, MD. Residents learn to regulate their schedules and their emotions, recognize the factors that trigger their addictive behaviors, foster healthy interactions with others and take responsibility for their recovery. “Our model offers flexibility and is designed to work around each person’s ability and desire to transition back to life,” says Benson.
Building bridges to campuses

Partnership with local colleges offers resources, support

For college students diagnosed with psychiatric illness, campus life can be overwhelming. Newly diagnosed students are often confused about how to manage their illnesses while at school; those who have been hospitalized worry about keeping up with their studies and negotiating their social lives.

According to Stephanie Pinder-Amaker, PhD, director of McLean’s College Mental Health Program (CMHP), the number of students living on college campuses with serious mental health issues is increasing at a time when resources are diminishing. “The question of how to help these students—many of whom are at great risk—weighs heavily on the minds of educators, mental health professionals and parents,” she says.

The CMHP, launched with support from an anonymous donor, is aimed at partnering with Massachusetts-area colleges and universities to provide more comprehensive college mental health services. Its goals are twofold: to help students with serious mental health and adjustment issues live more productive lives and to increase their academic success by providing expert, coordinated mental health care.

Pinder-Amaker, a clinical psychologist and former University of Michigan associate dean of students, and her staff are working with campus counseling centers to improve their response to psychiatric emergencies and to provide resources for students who return to school following hospitalization. In 2009, McLean began inviting

On the path to sobriety

A young woman finds renewed hope at the Brook

When Debra Friedman was a junior in high school, her mother found her passed out on a park bench, unconscious from alcohol poisoning. Just a few years later, she almost died from a heroin overdose. Debra recalls these traumatic moments as punctuation marks in her long history of alcohol and drug abuse. “I started drinking when I was 13. In high school, I faked migraines so that I could get prescription pain killers. I smoked pot. I stole my sister’s Adderall. I spent my parents’ money on cocaine.”

Although Debra had tried many residential and rehabilitative school programs throughout her adolescence, it was not until she landed at the McLean Center at Fernside that she began to get control of her drug use. Fernside’s extended-stay model worked well for Debra and she stayed sober after her discharge. A year later, however, as is often the case with addiction, she experienced a relapse. Fortunately for Debra, the McLean Residence at the Brook had just opened and its medical director, Timothy Benson, MD, was also Debra’s therapist. He urged her to try the new program. “Being newly sober was always very challenging for me. I had difficulty doing it on my own,” Debra admits. “But Dr. Benson assured me that the Brook would give me the structure I needed to help me build my life. He was right. It was a perfect stepping stone for me.”

At the Brook, Debra had both the flexibility and support she needed to stay sober as she transitioned back to a healthy life. “It put me on target in the ways of living an honest and productive life—how to be a good person, how to have relationships, how to stay active and be responsible,” she says. The caring and attentive staff, she adds, was “the best in the world.”

As the Brook’s first “graduate,” Debra is proud of the work she accomplished there and the progress she is making. She is in a committed relationship, takes long walks and enjoys going to Boston Celtics games. “This is the best I have ever felt,” she says.
counseling directors from local colleges for tours, walking them through the hospital experience from admission to discharge. Other CMHP initiatives include developing a resource database designed to provide McLean clinicians with campus contacts and policies, and publishing a student guide to help patients, families, and colleges navigate the hospitalization process.

Another important component of the program is the formation of a student-focused treatment group, “Bridge to Campus.” Working with individuals on McLean’s Short Term Unit, “Bridge to Campus” group leaders offer education and support three times a week to student-patients preparing to return to campus life.

With funds from another generous supporter, Pinder-Amaker has hired a college coordinator to further facilitate the transition process. Calling the new position an “important next step in the program’s development,” she is pleased that private donors are showing significant interest in the CMHP.

Robin Cook-Nobles, EdD, director of counseling at Wellesley College, believes McLean is filling an important gap. “McLean offers a wonderful resource when students require a higher level of care than we can offer. We are glad the hospital is partnering with us.” Fisher College counseling director Marcia Winters, LCSW, LMHC, says McLean provides excellent coordination of care and many useful resources, including presentations on the Fisher campus about anxiety and panic disorders. “McLean is the only hospital in the area providing this type of program,” Winters says. “It’s a unique service.”
Safe passage

Gunderson Residence provides supportive, transitional home for women with borderline personality disorder

With the opening of the Gunderson Residence, women with borderline personality disorder (BPD) now have a structured, homelike environment to support them in their recovery. With nine private beds, the residence is designed for women ages 21 and older who need additional structure in making the transition from inpatient to outpatient care.

BPD, a complex illness characterized by dependency, impulsivity, self-destructive behaviors and lack of self-esteem, can be particularly challenging to treat. The residence offers an innovative care model, integrating the evidence-based practices of mentalization-based therapy and other skills-based approaches, such as cognitive behavior therapy, dialectical behavior therapy and psychoeducation, within individual, group and family settings.

“During their stay at the residence, patients benefit from the stabilization of highly structured, individualized care while immersing themselves in treatment,” says Gunderson Residence Medical and Program Director Lois Choi-Kain, MD, MEd. “Because patients typically stay in the program for an average of three to four months, they learn to apply newfound skills before returning to their families and jobs.”

The Gunderson Residence was made possible by an anonymous donor, who gave a generous $500,000 gift to purchase the property; the residence is named in honor of John Gunderson, MD, often referred to as the father of the borderline diagnosis and a longtime McLean clinician. “We are very grateful to this philanthropist, who clearly recognized the intricacies and difficulties in treating this illness,” he says. “This program, unlike any other, gives patients one foot in treatment and one in the community—a new meaning for the term ‘borderline’—where they can learn to develop healthy, fulfilling lives.”
As a premier research center, McLean is dedicated to a full range of basic and clinical scientific inquiry designed to maximize discovery and lead to enhanced care. Our unique combination of groundbreaking research and innovative care benefits patients and families around the world.
Charting a course to schizophrenia’s core
Research uncovers potential for new treatment mechanisms

Studies being conducted in the laboratory of senior scientist Joseph Coyle, MD, are among the longest-standing, federally funded research initiatives at McLean. For more than a decade, Coyle has been examining the underlying causes of schizophrenia with support from a $19-million National Institutes of Health grant. Recently, he has achieved what he calls “excellent traction” with some breakthrough results.

Coyle and his colleagues in the Mailman Research Center’s Laboratory of Psychiatric and Molecular Neuroscience have developed an animal model that could provide a genetic explanation for why abnormal neurons that control glutamate, a neurotransmitter, are present in the brains of individuals with schizophrenia. This model will help Coyle test for interventions that could reverse this abnormality, leading to better treatment of schizophrenia’s core pathology.

“Many of the drugs used to treat schizophrenia focus on dopamine, another neurotransmitter, which accounts for the psychosis seen in the disease. But psychosis is a symptom, not a cause. We believe that focusing on glutamate pathways in the cortex of the brain addresses the core pathology,” Coyle says.
The pharmaceutical industry seems to agree. New schizophrenia drugs that target glutamate are currently being tested by several companies, with promising results. “It’s encouraging to see new medications that focus on glutamate instead of dopamine,” says Coyle. “These drugs are looking at the exact same pathways we describe in our research.”

Basic research, such as Coyle’s, is instrumental in the quest to find improved treatments for schizophrenia and other forms of psychiatric illness. “An important part of basic research is being able to hand off our findings to drug companies that have the resources to develop breakthrough medications,” he says.

Leveling the playing field
Coaching research finds home at McLean

Although professional coaches have been helping clients improve their work, health and personal lives for decades, there have been few large-scale, well-designed research studies on how coaching positively changes behavior. The newly launched Institute of Coaching at McLean Hospital, a first-of-its-kind academic center for the profession of coaching, is working to change that through research and education. “Our goal is to provide a solid scientific foundation for coaching based on good science, good research and good practice,” says institute director Carol Kauffman, PhD, ABPP, a McLean psychologist and executive coach.

Rooted in the theories of positive psychology, coaching is a professional practice designed to optimize human potential by helping individuals achieve personal and professional goals and enhance their quality of life.

Since the institute’s launch in 2009, it has received 14 grant applications and awarded more than $85,000 to fund coaching-related studies in Portugal, Australia and Great Britain. The studies will address such issues as identifying the elements of the coaching process and examining the role coaching plays in leadership and relationships in the workplace.

According to business psychologist Susan David, PhD, a co-director of the institute, reliable research that advances best practices gives coaches and clients confidence that they are using their time together effectively. “Research helps the profession identify what works, why it works and the best ways to foster interventions that help clients achieve their health, leadership and life goals,” she says.

According to Kauffman, McLean is a perfect fit for coaching’s academic home. “Thirty years ago, very few people knew anything about cognitive behavior therapy, anorexia nervosa or the treatment of borderline personality disorder. McLean helped bring knowledge and understanding of these conditions to the fore. It makes good sense then that a scientific institute on coaching should be housed at a world-class research institution like McLean,” she says.

$2-million gift launches Institute of Coaching

In 2009, the Harnisch Foundation donated $2 million to McLean to launch the Institute of Coaching and fund up to $100,000 in annual research studies. It was Ruth Ann Harnisch, a certified professional coach and trustee of the Harnisch Foundation, who recognized the need to establish an institute dedicated to coaching research and education. Without her vision, these coaching studies and the institute itself would not have been possible.

← From left: Carol Kauffman, PhD, ABPP, Joseph Coyle, MD, and Kevin Hill, MD, MHS.
Fighting the myth of marijuana
Clinical investigator addresses marijuana dependence

As a psychiatrist working in McLean’s Alcohol and Drug Abuse Treatment Program, Kevin Hill, MD, MHS, recognizes the reality of relapse—and the perseverance patients need to overcome their drug dependence. Every day, Hill treats individuals addicted to a range of substances and witnesses their struggles as they battle addiction.

“Compared to other psychiatric disciplines, addiction treatment has a long way to go in terms of targeting effective therapies. For many substance use disorders, there are few FDA-approved medications and the medications that are available for substance use disorders could use improvement,” he says.

In addition to caring for patients, Hill contributes to the addiction knowledge base through his research on marijuana dependence, an often-overlooked problem. Marijuana is the most widely used illicit drug, with 14 million active users in the United States alone; approximately two million of these users meet the criteria for marijuana dependence listed in the American Psychiatric Association’s Diagnostic and Statistical Manual for Mental Disorders.

“The myth about marijuana is that you can’t become addicted to it. Yet more people use this drug than any other illicit drug and for many of them, it is a tremendous problem.”

Kevin Hill, MD, MHS, clinician, researcher Alcohol and Drug Abuse Treatment Program

Marijuana is considered a “gateway” drug that often leads users to other drugs. “Often, when I review the histories of patients coming into our program for treatment for alcohol or opioid dependence, they tell me they used marijuana daily for years before other drugs became an issue,” he adds.

One of Hill’s studies centers on nabilone, a man-made drug structurally similar to marijuana and FDA-approved to treat cancer-related nausea. Similar to the way opiate-based medications are used to treat heroin addiction, Hill plans to study if nabilone can be used to gradually ease patients off marijuana.

A recipient of McLean’s Adam Corneel Young Investigator Award, Hill received funding that enabled him to gather pilot data for his nabilone research—data he can now use to compete for federal funding. “The Corneel fellowship—and being at McLean—have done a great deal to advance my career both as a physician and as a scientist. I am hopeful that my work here will lead to better treatments for the millions of people addicted to marijuana,” he says.
McLean investigators receive Recovery Act support

Approximately 20,000 researchers from across the United States applied for federal grants through the 2009 American Recovery and Reinvestment Act. Only a few hundred of these applicants received awards. The following McLean researchers were among this select group.

Who: Rajeev Desai, PhD, Preclinical Pharmacology
What: Using preclinical animal models to investigate the potential of nicotine-based medications for treating methamphetamine addiction.

Who: Blaise Frederick, PhD, Brain Imaging Center
What: Using the most current, state-of-the-art magnetic resonance spectroscopy to study chemical reactions in the brains of individuals with severe psychotic illness and mood disorders.

Who: Ole Isacson, MD, Neuroregeneration Center
What: Using induced pluripotent stem cells to identify biomarkers in individuals with genetic forms of Parkinson’s disease.

Who: Steven Lowen, PhD, Brain Imaging Center
What: Using functional magnetic resonance imaging (MRI) to examine how tobacco-related cues, especially odors, lead to relapse in substance use disorders.

Who: Uwe Rudolph, Dr Med, Genetic Neuropharmacology
What: Using animal models to study the genetics of depression and substance use disorders.

Who: Kai Sonntag, MD, PhD, Shervert H. Frazier Research Institute
What: Using molecular biology to investigate a new concept for the origin of Parkinson’s disease.

Who: Martin Teicher, MD, PhD, Developmental Biopsychiatry
What: Using neuroimaging and motor activity measures to search for definitive biomarkers for attention deficit hyperactivity disorder.

Who: Anju Vasudevan, PhD, Molecular Neurobiology
What: Using cell-migration techniques to elaborate vascular and GABA neuron interactions during brain development to help tailor novel therapeutic approaches for schizophrenia, autism and mental retardation.

Who: Gordana Vitaliano, MD, Brain Imaging Center
What: Using MRI nanotechnology to enhance understanding of drug addiction.

Why: Each of these projects will further the understanding of psychiatric illness and substance use disorders, with the hope of leading to more effective and better targeted treatments.
Stimulating studies
Federal funds accelerate psychiatric research

As part of the American Recovery and Reinvestment Act (ARRA) of 2009, McLean researchers received individual grants totaling an impressive $7.7 million. These highly competitive funds, made available through the National Institutes of Health, are being put to excellent use at McLean where investigators are conducting a range of research initiatives, from searching for biomarkers for attention deficit disorder to exploring the genetic causes of substance abuse.

Elena Chartoff, PhD, an investigator in the Mailman Research Center’s Behavioral Genetics Laboratory, is using equipment purchased with her ARRA grant to further her research on opiate withdrawal. Individuals trying to recover from addiction to opiates, such as heroin and morphine, often relapse because they feel depressed and anxious. Treating these initial withdrawal symptoms, therefore, is critically important, she explains.

Chartoff is exploring how morphine withdrawal causes surges of the neurotransmitter glutamate in regions of the brain associated with depression. “If these surges are responsible for withdrawal-induced depression, then drugs that block glutamate’s actions in the brain might provide an effective treatment,” she says.

Chartoff is hopeful that a clearer understanding of the role glutamate plays in this particular type of depression will lead to more effective, targeted treatments to help minimize relapse.

“People often relapse because they feel physically and emotionally ill as they try to recover from addiction. If we can understand and treat the depression they feel during withdrawal, we may be able to prevent relapse,” she says.

↓ From left are ARRA recipients Ole Isacson, MD, Anju Vasudevan, PhD, Martin Teicher, MD, PhD, Steven Lowen, PhD, Elena Chartoff, PhD, Gordana Vitaliano, MD, Blaise Frederick, PhD, Uwe Rudolph, Dr Med, and Rajeev Desai, PhD.
McLean has a robust research program with many gifted investigators who rely on federal funding to conduct cutting-edge studies. These grants have provided immense opportunities for new research initiatives and, in some cases, for investigators to augment funding for ongoing studies.

Peter Paskevich, MA
Senior Vice President
Research Administration
teach
As an educational organization and the flagship psychiatric hospital of Harvard Medical School, McLean takes great pride in training the next generation of leaders in psychiatry, mental health and neuroscience. We also pledge to heighten awareness, facilitate enlightened policy and eliminate the stigma of mental illness.
On the front lines
Nurses and social workers foster research, education, collaboration from within

Although McLean is a hotbed of psychiatric research, investigations by hospital nurses and social workers represent only a small portion of this work. As part of its strategic agenda, McLean has appointed an Interdisciplinary Research Committee to promote research and professional development among staff in these two important disciplines. “Our goal is to foster collaboration and fortify the careers of our nurses and social workers,” says Margaret Knight, PhD, APRN, co-chair of the 30-member committee.

As part of this endeavor, a new educational research seminar is equipping nurses and social workers with the tools they need to become more active in research, from proposing and designing studies to writing grant proposals. According to Knight, “We are also encouraging those less well-versed in research to get involved according to their own comfort level.”

Another initiative, a quarterly research forum, brings local and regional nurses and social workers to McLean to present aspects of their research or clinical work. These practitioners offer a range of expertise, including diagnostic-specific experience, innovations in clinical practice and research findings. “These activities add to our knowledge base and make our staff more research ready,” says Linda Flaherty, RN/PC, senior vice president of Patient Care Services. “They also give our nurses and social workers ways to think about how they can use research in their practice and collaborate across disciplines,” adds Knight.

Another initiative, a visiting scholars program, invites national and international experts to the McLean campus for multiple day visits, during which they spend time on the units and share clinical best practices and insights. Nursing’s participation in the research forum and visiting scholars program has been made possible by a $25,000 gift from the Pollinator Fund. “Nurses and
social workers are doing the work of clinical care every day. It’s important for us to examine the effectiveness of what we do so that our impact on patients is supported by evidence-based practice,” says Flaherty.

According to Knight, the committee is giving a new voice to these two groups. “We need to be part of the conversation. McLean’s work in advancing social work and nursing education is allowing that to happen,” she says.

From the heart

Caregivers share new experiences during Schwartz Center Rounds

At most hospitals, grand rounds provide a forum for clinicians to learn about and discuss challenging medical cases. At McLean, a new kind of rounds offers something different—a rare opportunity for clinical staff to talk openly about the emotional side of caregiving. McLean is only the second psychiatric site in the country to adopt this form of peer education, an extension of the Kenneth B. Schwartz Center at Massachusetts General Hospital. Launched at McLean in 2009, the Schwartz Center Rounds bring together a cross section of clinical staff in a safe and nurturing environment to discuss common experiences and the emotional challenges they encounter as part of their jobs.

According to Linda Flaherty, RN/PC, senior vice president of Patient Care Services and co-chair of the Schwartz Center Rounds Planning Committee, the sessions have become an invaluable part of the McLean caregiver experience. “They offer a chance to build teamwork, provide support and share ideas in a challenging health-care environment.”

Esther Dechant, MD, medical director of the Klarman Eating Disorders Center at McLean, is a regular attendee of the rounds. She says the forums have helped her and her colleagues become more thoughtful about their work and, by extension, their patients. “In our very busy lives, we often deal with difficult, painful situations we don’t get a chance to reflect on,” she notes. “Through the Schwartz Center Rounds, we take the time to think about how we feel. I then bring that emotional energy back to my work with my patients. I feel more connected to them—and more compassionate.”

“The Schwartz Center Rounds give us time to reflect on our processes and our emotions. That helps me feel more connected to my patients.”

Esther Dechant, MD, medical director
Klarman Eating Disorders Center
Growing the training ground

Expanded fellowship addresses key public health need

More than 20 percent of Americans ages 65 and older have significant psychiatric symptoms that could benefit from treatment. As the population ages, that percentage will only increase; yet, there remains a dearth of psychiatrists trained in geriatric sub-specialties.

For years, McLean has offered one of the only geriatric psychiatry training fellowships in the greater Boston area. In 2009, to provide the greatest scope of educational training for geriatric psychiatrists, the McLean-based fellowship joined three other Partners hospitals to design an integrated program. Led by James Ellison, MD, MPH, clinical director of McLean’s Geriatric Psychiatry Program, the expanded fellowship includes post-residency fellowship training at Massachusetts General Hospital, Brigham and Women’s Hospital and Faulkner Hospital, as well as at McLean. The first trainee in the integrated program began in July 2010.

“The needs of geriatric psychiatry patients are very different from those of other adult psychiatric populations,” says Ellison. “This fellowship offers the depth of expertise necessary to provide the highest quality care possible, while providing a rich, instructional experience.”

Since seniors represent the fastest-growing segment of the U.S. population, the fellowship’s expansion comes at a good time, according to Shelly F. Greenfield, MD, MPH, McLean’s chief academic officer. “Our ability to address an area of such great public health significance through improved care and training is integral to the McLean mission,” she says.

Coming in handy

Pocket guide gives young doctors a primer in psychiatry

While psychiatry residents at McLean, Sherry Nykiel, MD, and Niels Rosenquist, MD, PhD, realized that residents would benefit from a quick, practical guide to psychiatric practice. Now only one year after completing their residency training, they have published the Massachusetts General Hospital/McLean Hospital Residency Handbook of Psychiatry, featuring information on treatment approaches and diagnoses, as well as tips on managing crises and special patient populations, among other helpful topics. “Writing this book came from our own experience of ‘I wish I had known that when I was a resident,’” says Nykiel, who has joined the McLean staff.

The authors garnered information for the handbook from as many McLean and Massachusetts General Hospital residents as possible to include a broad range of perspectives. They also asked some 40 faculty to review the material. Calling the book “a useful reference for everyone—from medical students to residents to emergency room staff—who interfaces with psychiatric patients,” Nykiel says the book has received favorable reviews. “It’s exciting to go online and read comments from people who are finding the book helpful.”

Sherry Nykiel, MD, and Niels Rosenquist, MD, PhD
Statement of Operations
For the fiscal years ended September 30, 2009 and 2008.
In thousands of dollars.

Income Statement

<table>
<thead>
<tr>
<th>FY2009</th>
<th>FY2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues</td>
<td></td>
</tr>
<tr>
<td>Net patient revenue</td>
<td>$103,021</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>54,732</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td><strong>157,753</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee compensation, benefits, supplies and other</td>
<td>142,723</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>6,747</td>
</tr>
<tr>
<td>Provision for bad debt</td>
<td>2,616</td>
</tr>
<tr>
<td>Interest</td>
<td>920</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td><strong>153,006</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income/(loss) from operations</th>
<th>FY2009</th>
<th>FY2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,747</td>
<td>$4,859</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total non-operating gains (expenses), net</th>
<th>FY2009</th>
<th>FY2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>($404)</td>
<td>($1,975)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Excess of revenues over expenses</th>
<th>FY2009</th>
<th>FY2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,343</td>
<td>$2,884</td>
<td></td>
</tr>
</tbody>
</table>

Balance Sheet
For the fiscal years ended September 30, 2009 and 2008.
In thousands of dollars.

<table>
<thead>
<tr>
<th>FY2009</th>
<th>FY2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets</td>
<td></td>
</tr>
<tr>
<td>Cash and investments</td>
<td>$6,464</td>
</tr>
<tr>
<td>Patient accounts receivable</td>
<td>8,680</td>
</tr>
<tr>
<td>Other current assets</td>
<td>17,791</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td><strong>32,935</strong></td>
</tr>
<tr>
<td>Investments limited as to use</td>
<td>1,776</td>
</tr>
<tr>
<td>Long-term investments</td>
<td>3,730</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>59,938</td>
</tr>
<tr>
<td>Other assets</td>
<td>65,448</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$163,827</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and Net Assets</th>
<th>FY2009</th>
<th>FY2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$17,399</td>
<td>$16,043</td>
</tr>
<tr>
<td>Current portion of accrual for settlements with third-party payers</td>
<td>147</td>
<td>507</td>
</tr>
<tr>
<td>Unexpended funds of research grants</td>
<td>5,418</td>
<td>7,069</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td><strong>22,964</strong></td>
<td><strong>23,619</strong></td>
</tr>
<tr>
<td>Other long-term liabilities</td>
<td>5,399</td>
<td>3,661</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>15,736</td>
<td>19,372</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td><strong>119,728</strong></td>
<td><strong>114,488</strong></td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$163,827</strong></td>
<td><strong>$161,140</strong></td>
</tr>
</tbody>
</table>

The Numbers
10.1.08 to 9.30.09

Staffing
Total (FTEs): 1,311

- Average Beds in Service: 174
- Admissions: 5,951
- Inpatient Days: 56,452
- Partial Hospital Days: 39,151
- Partial Hospital Visits: 197,875
- Outpatient Visits: 38,709
- Child/Adolescent Days: 12,362
- Residential Days: 17,187
- Physicians and Psychologists: 182
- Residents: 26
- Fellows: 54
- Nurses: 162
- Clinical Social Workers: 93
- Mental Health/Community Residence Specialists: 258
- Other: 536

Financials
TRUSTEES
David S. Barlow, chairman
Jeanne E. Blake
John F. Brennan, Jr
Thomas P. Glynn, PhD (from May 2010)
Edward P. Lawrence, Esq
Cynthia A. Montgomery, PhD
Robert W. Pierce, Jr (from September 2010)
Scott L. Rauch, MD
Auguste E. Rimpel, Jr, PhD
Edward M. Scolnick, MD (through April 2010)
W. Lloyd Snyder, III (from March 2010)
Thomas J. Swan, Jr
Carol A. Vallone

HONORARY TRUSTEES
Charles D. Baker
Betty R. Brudnick
Ferdinand Colloredo-Mansfeld
Edith L. Dabney
Kathleen F. Feldstein, PhD
John A. Kaneb
George Putnam
Kenneth R. Rossano
W. Nicholas Thorndike
Rose-Marie van Otterloo

PRESIDENT’S CABINET/ADMINISTRATIVE LEADERSHIP
Scott L. Rauch, MD
President and Psychiatrist in Chief
Catharine Cook
Senior Vice President Development
Linda Flaherty, RN/PC
Senior Vice President Patient Care Services
Joseph Gold, MD
Chief Medical Officer

Michele Gougeon, MSS, MSc
Executive Vice President
Chief Operating Officer
Shelly F. Greenfield, MD, MPH
Chief Academic Officer
David Lagasse, MA, MHSA
Senior Vice President Fiscal Affairs
Philip Levendusky, PhD, ABPP
Senior Vice President Business Development and Communications
Peter Paskievich, MA
Senior Vice President Research Administration

REPRESENTATIVES TO PRESIDENT’S CABINET
Diane Bedell, LICSW
Francine M. Benes, MD, PhD (through December 2009)
William Carlezon, PhD
Joseph Coyle, MD (from January 2010)
Dost Öngür, MD, PhD (from January 2010)
Roger Weiss, MD (through December 2009)

SENIOR ADMINISTRATION
Alisa Busch, MD, MS
Director, Integration of Clinical Measurements and Health Services Research
James Chu, MD
Assistant to the Chief Medical Officer (through October 2009)
Catharyn Gildesgame, MBA
Director, Strategic Implementation
Andrew Laband, MBA
Chief Information Officer
Gail Tsimprea, PhD
Chief Quality and Risk Management Officer

LEADERS EMERITI
Bruce M. Cohen, MD, PhD
Steven Mirin, MD
Shervert Frazier, MD
Francis de Marneffe, MD

CLINICAL SERVICES
Adult Ambulatory Psychopharmacology Program
Gopinath Mallya, MD, director
Adult Consolidated Ambulatory Team
Susan Kattlove, MD, director
Adult Partial Hospital and Residential Services
Mark Robart, LICSW, director
Ambulatory Services
Diane Bedell, LICSW, director
Behavioral Health Partial Hospital Program
Thröstur Björgvinsson, PhD, ABPP, director Lynne Kopeski, RN/PC, nurse director
Center for the Treatment of Borderline Personality Disorder
John Gunderson, MD, director

Dialectical Behavior Therapy Program
Elizabeth Murphy, PhD, director
Gunderson Residence (Cambridge, Mass.)
Lois Choi-Kain, MD, MEd, medical director Karen Jacob, PhD, clinical director

Intensive Outpatient and Ambulatory Clinic
George Smith, LICSW, director

Child and Adolescent Program
Joseph Gold, MD, clinical director
Cynthia Kaplan, PhD, administrative director

Adolescent Acute Residential Treatment Program (Belmont, Mass.)
Julie Van der Feen, MD, medical director Paul Jay, LCSW, MEd, residential director Susan Mandelbaum-Cohen, LICSW, program and clinical coordinator

Adolescent Acute Residential Treatment Program (Brockton, Mass.)
Charles Moore, MD, medical director Mark Picciotto, PhD, program director Kristen Lancaster, RN, clinical coordinator

Ambulatory Outpatient Services
Karen Monroe, MD, medical director

Arlington School
Suzanne Laughlin, APRN, BC, program director/clinical director Maureen Principe, MEd, educational administrator

Camp New Connections
Roya Ostovar, PhD, director
Leadership

McLean Center at the Brook (Waltham, Mass.)
- Susan Rees, RN, MA, program director
- Timothy Benson, MD, medical director

Partial Hospital and Residential Program (Belmont, Mass.)
- Judith Faberman, LICSW, director

Division of Psychotic Disorders
- Dost Ongür, MD, PhD, clinical director

Appleton Continuing Care Program
- RobertIrvin, MD, medical director
- Sharan Berman, LICSW, program director

Community Reintegration Unit
- Grantley Taylor, MD, medical director
- Karen Sfika, RN/PC, nurse director

Schizophrenia and Bipolar Disorder Program
- Dost Ongür, MD, PhD, medical director
- Catherine Cookley, RN, MS, nurse director

Schizophrenia and Bipolar Disorder Specialty Clinic
- Francia Centorrino, MD, director

Geriatric Program
- James Ellison, MD, MPH, clinical director

Neuropsychiatry Unit
- Maureen Malin, MD, PhD, medical director
- Lesley Adkison, MSN, RN, nurse director
- Sheila Evans, RN/PC, associate nurse director

Older Adult Unit
- Ann Rapoport, RN/PC, nurse director

Outpatient Programs
- James Ellison, MD, MPH, clinical director

Hill Center for Women
- Sherry Wintertmirtz, MD, medical director
- Allison Berger, PhD, program director

Klarman Eating Disorders Center
- Patricia Tarbox, LICSW, program director
- Esther Dechant, MD, medical director

McLean SouthEast (Brookton, Mass.)
- Jeffrey Rediger, MD, MDs, medical director
- Joan Kovich, RN/PC, nurse director
- Mark Longso, LICSW, program director

Neuropsychotherapy
- Donald Davidoff, PhD, director

Obsessive Compulsive Disorder Institute
- Diane Davey, RN, MBA, program director
- Michael Jenike, MD, medical director

Orchard House
- Diane Davey, RN, MBA, program director

Psychiatric Neurotherapeutics Program
- Stephen Seiner, MD, medical director
- Paula Bolton, RN/PC, nurse director

Electroconvulsive Therapy Service
- Stephen Seiner, MD, medical director

Transcranial Magnetic Stimulation Service
- Oscar Morales, MD, medical director

Short Term Unit
- Steven Gelda, MD, medical director
- Claire Sellig, RN/PC, nurse director

The Pavilion
- Alexander Vackovic, MD, medical director
- Mark Robart, LICSW, program director

Waverley Place
- Dana Holley, LICSW, program manager
  (through June 2010)
- Paul Barreira, MD, program director

RESEARCH ADMINISTRATION
- Peter Pasekovich, MA, senior vice president
- Raquel Espinosa, associate director
- David Brendel, MD, PhD, chair,
  Institutional Review Board
- Edward Meloni, PhD, chair,
  Institutional Animal Care and Use Committee

RESEARCH CENTERS
- Alcohol and Drug Abuse Research Center
  - Nancy Mello, PhD, director

- Alcohol and Drug Abuse Clinical Research Center
  - Roger Weiss, MD, director

- Center for Depression, Anxiety and Stress Research
  - Diego Pizzagalli, PhD, director (from July 2010)

- Mailman Research Center
  - Conte Center
  - Joseph Coyle, MD, director

- Harvard Brain Tissue Resource Center
  - Francine M. Benes, MD, PhD, director

- Udal Neuroregeneration Center
  - Ole Iacson, MD, director

- Neuroimaging Center
  - Scott Lukas, PhD, director (from April 2010)
  - Diego Pizzagalli, PhD, director (from July 2010)

- Shervert H. Frazier Research Institute
  - Bruce M. Cohen, MD, PhD, director

RESEARCH PROGRAMS
- Adult Development
  - Mary Zanarini, EdD, director

- Affective Neuroscience
  - Scott L. Rauch, MD, director

- Affective and Translational Neuroscience
  - Diego Pizzagalli, PhD, director (from July 2010)

- Alcohol and Drug Abuse Clinical and Health Services Research and Education
  - Shelly E. Greenfield, MD, MPH, director

- Behavioral Genetics
  - William Carlezon, PhD, director

- Behavioral Psychopharmacology
  - Scott Lukas, PhD, director

- Biological Psychiatry
  - James Hudson, MD, ScD, director
  - Harrison Pope, Jr, MD, director

- Bio-Organic and Natural Products
  - David Yue-Wei Lee, PhD, director

(continued on page 40)
DEPARTMENTS

Administrative Services
Thomas Velenc, MA, director
Archivist/Registrar
Terry Bragg, MA, MSLS
Business Development and Marketing
Nancy Hoines, MPH, director
Communications
Cynthia Lepore, director
Compliance
Marcia Widmer, MPP, officer (through April 2010)
Sheila Flewelling, interim officer (from May 2010)
Development
Lori Erringer, MBA, director
Facilities
Andrew Healy, director
Health Information Management (HIM) and Privacy
Mary Lemoine, director, HIM, and privacy officer (deceased February 2010)
Keith Conant, MSW, interim director, HIM (through June 2010)
Marcia Widmer, MPP, interim privacy officer (through April 2010)
Patricia Murphy, MA, director, HIM, and privacy officer (from June 2010)
Human Resources
Jean Mansfield, director
Internal Medicine and Primary Care
Arthur Siegel, MD, chief
Managed Care and Business Development
Sally Jenks, MPH, director
Media Relations and Special Events
Adriana Bobinchock, director
Mental Health Services Evaluation
Thomas Idicula, PhD, director
Neurology
Bruce Price, MD, chief
Nursing
Linda Flaherty, RN/PC, director
Operations
Keith Conant, MSW, director
Operations/Business Development
Cecelia O’Neal, MPP, operations director
Operations Improvement
Lisa Horvitz, MSc, director
Pharmacy
Stanley Rosen, RPh, MHA, director
Psychology
Philip Levendusky, PhD, ABPP, director
Quality and Risk Management
Gail Tsimplis, PhD, chief
Social Work
Joan Cotler, LICSW, director (through October 2009)
Susan Krueger, LICSW, director (from July 2010)
McLean’s Vision of Excellence Award is an opportunity for the hospital community to show its appreciation to employees for overall excellence. Those selected in 2009 were:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judith Brown</td>
<td>Telecommunications</td>
</tr>
<tr>
<td>Lori Etringer, MBA</td>
<td>Development</td>
</tr>
<tr>
<td>Mary Jo Iacoboni, RN</td>
<td>Geriatric Neuropsychiatry Unit</td>
</tr>
<tr>
<td>Maureen Medeiros</td>
<td>Structural and Molecular Neuroscience Laboratory and Harvard Brain Tissue Resource Center</td>
</tr>
<tr>
<td>Pamela Woleyko, RN</td>
<td>Obsessive Compulsive Disorder Institute</td>
</tr>
</tbody>
</table>
Schizophrenia is a horrific illness. Watching my daughter suffer through it was pure hell. I hold my breath every day. I will always worry about my daughter. Today, she is doing well, thanks to her own personal courage, our family’s support and McLean Hospital. My family and I will be eternally grateful.

Georgie Ashforth
Endowed fund benefits patient care at Appleton

When Georgie Ashforth sent her youngest daughter off to college, it was a joyous occasion; the idea that her daughter would soon develop schizophrenia was the farthest thought from her mind. “At first, we didn’t realize there was something wrong; but after several episodes, we saw our daughter become a different person. We were scared,” says Georgie.

After visits with the family physician and many psychiatrists, Georgie’s daughter was diagnosed with schizoaffective disorder and the Ashforth family was thrust into the terrifying world of psychiatric illness.

Georgie’s daughter was eventually stabilized, though she had difficulty tolerating the antipsychotic medications that irritated her stomach, made her lethargic and caused her to gain considerable weight. With amazing courage and constant family support, she completed college and obtained two graduate degrees. Still, the illness persisted and she struggled constantly with paranoid delusions, fearing that the people she loved were trying to kill her.

In 2005, after her daughter’s frequent hospitalizations, Georgie learned about the Appleton Continuing Care Program at McLean, where her daughter resided for seven months. “Appleton was just wonderful,” Georgie recalls. “The staff there helped my daughter accept her illness and manage her medication. They never, ever gave up on her.”

Fortunately, Georgie’s daughter is doing well now. “There is no doubt in my mind that the people at McLean saved her life,” says Georgie. To express their gratitude, the Ashforths established the Georgie Ashforth Family Fund for Financial Aid, to help defray the cost of long-term care for Appleton patients in need. The endowment, a commitment of $250,000 over five years, is funded by members of the Ashforth family. In 2009, the first monies were awarded, paying for two weeks of care for a grateful young man.

“When my daughter was at her sickest, I always thought that if she could recover, I would do what I could to help others,” Georgie says. “I hope our gift has made a difference for this patient and his family.”

George Ashforth
Philanthropy enhances McLean mission

Philanthropy helps McLean improve the lives of individuals with psychiatric illnesses through treatment, research and education. We invite you to support our mission in any of the following ways:

The McLean Fund
Unrestricted gifts to the McLean Fund help us deliver better care, make novel discoveries and educate mental health professionals and the broader public.

Special Project Funds
Project funds strengthen specific programs or spawn new strategic initiatives throughout our clinical, research and educational efforts.

Endowed Funds
Endowments (minimum contribution of $50,000) nurture an aspect of McLean’s work in perpetuity. The principal is preserved and the income supports purposes specified by the donor.

Capital Donations
Capital gifts for building construction, equipment or renovation help McLean provide quality patient care and conduct world-class research.

Naming Opportunities
Gifts of $25,000 or more enable donors to name an area of the hospital’s clinical or research facilities or to support clinical care, research or education.

Legacy Gifts
There are many planned giving options that can benefit both McLean and the donor and may enable donors to make a larger gift to the hospital than their present financial situation would otherwise permit.

Gifts can be cash or stock, or made through an annuity, trust or bequest. Checks may be made payable to McLean Hospital and mailed to: The McLean Hospital Development Office, 115 Mill Street, Belmont, MA, 02478. Donate online at www.mclean.harvard.edu/gift.

For Further Information
For additional information on making a gift to McLean or to inform us of a bequest, please call the Development Office at 617.855.3415.

Please write to the Development Office at 115 Mill Street, Belmont, MA, 02478, if you wish to have your name removed from the McLean distribution list.
On the Cover

Top row, (l–r): Reggie Silva, Pamela Thompson, LICSW, Steven Gelda, MD, Janet Lawrence, MD, Lorey Bonante, Tito Banda, Marilyn Russo, Sandra Thompson, RN, Courtney Finn, RN, Jill Pokornicki, RN, and Michael Leslie, MD.

Middle row, (l–r): Alisa Busch, MD, MS, Grace Masters, Franca Centorrino, MD, Dost Öngür, MD, PhD, Karen Slifka, RN/PC, Christopher Will, Roger Weiss, MD, and Patricia Diaferio, LICSW.

Bottom row, (l–r): Steven Lowen, PhD, Elena Chartoff, PhD, Gordana Vitaliano, MD, Sheila Evans, RN/PC, Mark Longsjo, LICSW, Kristin Beville, LICSW, MPH, Catherine Coakley, RN, MS, Judith Faberman, LICSW, Lynne Kopeski, RN/PC, Scott Provost, MSW, Susan Kreuger, LICSW, and Thomas Idiculla, PhD.
McLean Hospital is consistently ranked first among the nation’s freestanding psychiatric hospitals.

— U.S. News & World Report