Child and Adolescent Services Expand to Meet Growing Need

Sarah was diagnosed with a confusing series of psychiatric disorders after showing symptoms as early as second grade. At 14, she spent four months rarely getting out of bed. Desperate for help, her parents found McLean’s Adolescent Acute Residential Treatment (ART) Program. Its short-term, intensive focus helps stabilize teens in crisis, and during Sarah’s three-and-a-half week stay, things finally began to change for the better. Thanks to therapy and the right medications, she began down the path to recovery. Sarah eventually enrolled in the Arlington School, McLean’s therapeutic high school, where she thrived. Now an artist studying in Italy, Sarah says that the staff at ART changed her life, teaching her the skills she needed to become the accomplished and creative young woman she is today.

Sarah is just one of the thousands of young people treated annually through McLean’s child and adolescent programs. They are girls with life-threatening eating disorders, children with crippling obsessive compulsive or anxiety disorders, and youngsters who struggle in schools ill-equipped to deal with autism spectrum disorders. Some have co-occurring substance use, others hurt themselves and some have dropped out of college. The common denominator is that they are all just beginning their lives.

“For the past 20 years, McLean has been at the forefront of behavioral health care for children and adolescents, as well as a leader in training,” said Joe Gold, MD, chief of the Nancy and Richard Simches Center of Excellence in Child and Adolescent Psychiatry and Edward Peabody Lawrence Chair in Psychiatry. “Patients come from all over the world for our innovative, evidence-based treatments.”

Meeting the Need

The growth in McLean’s child and adolescent services has been deliberate and steady. To keep up with the ever-expanding and evolving demand, the hospital has added a new, specialized program nearly every year since 2003. But, according to Dr. Gold, there is still an ocean of unmet need out there, and as quickly as the hospital adds capacity, the demand for services outpaces both resources and space.

“Our partnerships with donors allow us to continue to meet the changing mental health needs of young people. As we look ahead, we hope our donors will help us address our aging infrastructure and bring our historic campus into the modern era.”

Joseph Gold, MD
Dear Friends

Our first edition of 2020 focuses on McLean’s work to address the growing need for more, and better, child and adolescent services. We know that early intervention is the best route to a successful outcome. McLean is committed to identifying and treating psychiatric disorders as soon as symptoms arise — and supporting families through their most vulnerable moments.

You’ll read how, under the leadership of Dr. Joe Gold, McLean’s chief medical officer and the chief of our Simches Center of Excellence in Child and Adolescent Psychiatry, McLean has been steadily and mindfully expanding services over the past two decades. And yet, we know there is still much more to do.

Next, we feature a researcher whose passion is to understand depression in teens. Mentored by Dr. Diego Pizzagalli, Christian Webb, PhD, is using innovative methods to predict depression risk and develop better treatments.

Our third story is a conversation with Dr. Stephanie Pinder-Amaker, director of our College Mental Health Program. She shares new initiatives as well as efforts to scale services in smart and insightful ways.

Finally, you’ll meet a couple who, after providing the best support for their own children, have devoted themselves to giving back.

Enjoy!

Lori Etringer
Senior Vice President and Chief Development Officer

Meeting Growing Needs continued from cover

“Over the years we have hired highly-specialized clinicians and developed cutting-edge programs not found anywhere else in the world,” said Gold. “We’ve been nimble and innovative in our commitment to helping these youngsters turn their lives around.”

McLean’s experience is reflected in the national statistics. One in six youth between ages 6 and 17 experience a mental health disorder each year. Like for Sarah, about half of all psychiatric disorders emerge by age 14, and 75 percent by age 24, making early intervention critical. In recent years, youth suicides have been on the rise and are now the second leading cause of death among teenagers. Concomitant with the rise in need has been the development of more effective treatments, thanks to new skill-building behavioral approaches and improved understanding of the neurobiology of psychiatric illnesses in young people (see research story pp. 4-5).

The generous support of donors has enabled McLean to both expand existing child and adolescent programs and add new ones. In fact, the entire Center of Excellence was renamed and strengthened thanks to an endowment from Nancy Simches, who, together with her late husband Richard, have been long-time donors to the hospital.

“There is no more important time than childhood to help people affected by mental illness,” said Simches, who was trained as a social worker and knows the value in intervening early. “Dr. Gold is a compassionate leader who always puts children and families first. He and McLean have helped so many, and we are delighted to have played some small role in their efforts.”

McLean Child and Adolescent Programs
McLean’s 3East program, for instance, was launched in 2007 as a treatment setting for early college-age women who exhibit self-harming behaviors and borderline personality disorder (BPD). 3East quickly became a sought-after dialectical behavior therapy (DBT) milieu and saw astonishing success under the direction of Michael Hollander, PhD, Janna Hobbs, LICSW, and Blaise Aguirre, MD. Then, recognizing a nationwide scarcity of treatment facilities for boys with BPD, McLean recruited Alan Fruzzetti, PhD, an expert in DBT for families, and launched the 3East Boys Intensive Program in 2016. As the impact of past trauma on youth with BPD became more evident, Cynthia Kaplan, PhD, stepped in to lead 3East’s blending of trauma treatment and DBT.

More than four million children in the U.S. have diagnosed anxiety disorders and the numbers are increasing. In another example of pivoting to meet a growing need, the hospital established the McLean Anxiety Mastery Program (MAMP) in 2014. MAMP works with children ages 7-19, many of whom are so debilitated by anxiety and OCD that they are no longer attending school and often cannot leave their rooms. Led by Drs. Mona Potter and Kathryn Dingman Boger, MAMP takes a multi-pronged approach to treatment, helping program participants combat anxiety through cognitive behavioral therapy skills training and exposure response therapy, as well as providing parent guidance and medication management.

Amplifying Impact

Another way McLean has sought to scale its services is through training and consultation. For example, McLean has become one of the national centers of training in several gold standard treatments for borderline personality disorder, a challenging illness some clinicians are reluctant to take on. McLean also spreads expertise to wider audiences through programs like the School Nurse Liaison Project, which provides mental health consultative services to school nurses and other school staff, and the School Consultation Service, a broader consultative effort for middle and high schools, often at the district level. At the oldest end of the child and adolescent spectrum, McLean’s College Mental Health program offers a growing range of services aimed at helping college students who struggle with mental illness and adjustment issues (see pp. 6-7).

“Philanthropy has enabled us to create new programs, train the best and the brightest and do the research that will transform treatment,” said Gold. “Our partnerships with donors allow us to meet the changing needs of young people. As we look ahead, we hope our donors will help us address our aging infrastructure and bring our historic campus into the modern era. We need to offer these kids more dignified and better facilities in which to do the hard work of recovery.”

If you are interested in supporting McLean’s capital or programmatic priorities for children and adolescents, please contact Lori Etringer at letringer@partners.org or 617-855-3840.

“There is no more important time than childhood to help people affected by mental illness. Dr. Gold is a compassionate leader who always puts children and families first. He and McLean have helped so many, and we are delighted to have played some small role in their efforts.”

Nancy Simches
Researcher Christian Webb, PhD, who directs the Treatment and Etiology of Depression in Youth (TEDY) lab, is focused on answering these and related questions. TEDY is the newest lab in McLean’s Center for Depression, Anxiety and Stress Research (CDASR), which is revolutionizing our understanding of mood disorders thanks to the leadership of its founding director, Diego Pizzagalli, PhD. Since its founding a decade ago, the CDASR has experienced significant growth. This is largely due to Pizzagalli’s extraordinary talent as a scientist and mentor, and philanthropy has played an important role. The Center was, in fact, launched in 2010 with a bequest from a grateful patient.

The stakes are high: depression is relatively rare in young children, but surges during adolescence, with almost 15% of young people experiencing at least one episode of clinical depression by age 18. Depression also is a huge risk factor for suicide, which is on the rise among teens. After declining for two decades, the suicide rate among Americans ages 10 to 24 increased by 56% between 2007 and 2017, according to the Centers for Disease Control and Prevention.

“Gender differences begin to emerge during the teen years, with girls starting to experience more depression than boys. By the end of adolescence, girls experience twice as much depression as boys, a ratio that persists through adulthood,” said Webb. “So, adolescence is a critical time to intervene, particularly for girls.”

**Behavioral Activation as an Antidepressant**

One of the TEDY lab’s most promising studies examines the efficacy of an evidence-based treatment called behavioral activation to combat depression. Behavioral activation involves getting patients to engage in activities that reconnect them with sources of pleasure. “It’s common that depressed teens will withdraw from activities, isolate from friends, and spend more time alone ruminating about how bad things are,” explained Webb. “In behavioral activation, a therapist works collaboratively with a depressed teen to get them to systematically and gradually re-engage with naturally rewarding activities, hobbies and people and to decrease patterns of avoidance that contribute to and sustain depression.”

After 12 weeks of behavioral activation therapy, adolescents in the study undergo brain imaging to see if the program has had any effect on the circuitry in their brain’s reward center, which is involved in the ability to experience pleasure and interest. (Subjects undergo the same brain scan at the beginning of the study, so a comparison can be made.) The TEDY lab has been able to expand the study to more participants and add a follow-up phase, thanks to the generosity of The Tommy Fuss Fund, a private foundation established by the Fuss family in memory of their son.

“We’ve been impressed with how McLean has been able to leverage our gifts in the past — using them to attract more funding from other sources, so we are pleased to support this study,” said RoseMary Fuss. Like other labs in the CDASR, the TEDY lab uses interdisciplinary investigatory techniques, including machine learning — sophisticated computer algorithms that make sense of large quantities of data. These algorithms get “smarter” as data are added. One TEDY study uses machine learning to predict depression risk in individuals. “If for a given adolescent, we could predict whether they are at high risk of...
developing depression, we could recommend a preventive intervention targeting their specific risk factors,” explained Webb.

In addition to Webb’s TEDY lab, the CDASR includes three other labs that are investigating underlying causes and potential treatments for emotional disorders. “Our goal is to translate new scientific knowledge into improved outcomes for patients,” said Pizzagalli. “Each lab has its unique character and focus. With each of these, philanthropy plays a critical role in accelerating studies, jump-starting projects and enabling the launch of new collaborations.”

Philanthropic support for the Center has totaled more than $3M since its founding. In addition to the Tommy Fuss Fund, a number of other individuals and foundations generously support the Center, including the William Rosenberg Family Foundation.

“My mother and I have been supporting Diego Pizzagalli’s work for years through our family’s foundation. We are drawn to his use of imaging, as well as behavioral and electrophysiological techniques to develop personalized treatments for depression,” said Jill Gotlieb, of the William Rosenberg Foundation. “Diego and his team offer hope.”

Depression and anxiety are two of the most common psychiatric disorders and have become a major public health problem. Mentored by Pizzagalli, Webb and the other talented researchers in the CDASR use multidisciplinary approaches to understand the psychological, environmental and neurobiological aspects of these illnesses in hopes of developing ever-better interventions.

“If for a given adolescent, we could predict whether they are at high risk of developing depression, we could recommend a preventive intervention targeting their specific risk factors.”

Christian A. Webb, PhD

Center for Depression, Anxiety and Stress Research “By the Numbers” in 2019:

- 4 Labs
- 37 Total Staff
- 68 Fellowships/Grants Received
- 47 Peer-reviewed Publications
- 46 Conference Presentations
HORIZONS: We’ve heard you quote the statistic that 70 percent of college students with mental health struggles won’t seek help. What can colleges do about that?

DR. PINDER-AMAKER: This has always been a challenge. That’s why the CMHP’s outreach to college campuses is critical. And it’s also important for schools to lower the barriers to treatment wherever possible. Some schools have moved toward a model that strategically embeds mental health services within the places where students live and learn. More broadly, schools are adopting a campus philosophy that promoting mental health and wellness and creating a caring community is everyone’s responsibility. There’s a role for faculty, staff and students beyond what the counseling center can provide.

HORIZONS: What’s new with the College Mental Health Program?

DR. PINDER-AMAKER: We are preparing to introduce a new, comprehensive, evidence-based, multi-culturally informed model focusing on students’ developmental journeys from high school through college. The Wellness Initiative for Student Equity (WISE) includes a range of resources such as assessment tools, trainings and services to guide schools — high schools and colleges — in promoting mental health more effectively.

From a mental health perspective, the transition between high school and college is a point of vulnerability. The new model focuses on the student experience, beginning in high school and through key milestones such as the college application and decision-making process, and how parents, students, teachers and community members can better support students’ mental health and wellness.

Rather than just looking at how to support colleges and universities at students’ point of entry, we’re attempting to connect the two systems by focusing on the perspective of the student. Currently, there’s a lot of crosstalk, with colleges saying, “we wish high schools would do this” and high schools saying, “we wish colleges did a better job of that,” so we’re trying to address this gap with the new model.

HORIZONS: Where does the equity piece come in, as the model is called the Wellness Initiative for Student Equity?

DR. PINDER-AMAKER: With the WISE model, we’re trying to ensure that the tools — the trainings, services, resources, etc. — are multi-culturally informed. Students bring a broad range of identities relative to gender, sexual orientation, religion, socioeconomic status, race, ethnicity and national origin, so we need to ensure that those identities are taken into consideration.

HORIZONS: The College Mental Health Program has a fairly small staff and the demand for your services is high. Are there plans to scale your work?

DR. PINDER-AMAKER: Yes, that’s another aspect of the WISE model. Up until now, our bandwidth has been limited by both geography and staff size. With the new model, we’ll be able to offer lots of resources that can be accessed from anywhere. For example, there will be videos for colleges on topics such as how professors can support at-risk students and for parents and students on how to navigate hospitalization, leaves of absence and returning to school. We plan to host webinars, live and on-demand, on topics including how schools
can recognize at-risk students. Finally, we’re creating all sorts of written materials on topics ranging from tips on identifying colleges with strong mental health supports to how colleges can better publicize their mental health resources to a diverse student population.

HORIZONS: What role does philanthropy play in the College Mental Health Program?

DR. PINDER-AMAKER: Every time we’ve identified a clinical need, a recurring challenge or a gap, we have received tremendous support from a number of extraordinarily generous donors. Our college readiness consultation service, which evaluates how well, from a mental health perspective, students are prepared to enroll in or return to college, is one good example of this. Without philanthropic support from donors, we could not have developed most of the critical services and resources we offer.

“Bob and I think the CMHP is critically important. The transition to college is such a vulnerable time in a teenager’s life. Once a student is responsible for their own health care decisions, the parent’s role becomes secondary. Dr. Pinder-Amaker and her team are there to advocate for and support students when they need it most.”

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Janie and Jeff Plank had no idea what to do when, in quick succession, three of their four children found themselves grappling with mental illness. “We were tossed into a pool and didn’t know how to swim,” remembered Janie. She turned to her friend McLean National Council member Carroll Pierce. Carroll and fellow National Council member Barbara Bloom were “life-savers” and helped the Planks navigate the unfamiliar territory of supporting a child with mental illness.

Having worked hard to stabilize her own family, Janie is determined to pay it forward and help others. She is upbeat and direct, and proud that her children are committed to reducing stigma by speaking openly about their experiences. “Mental Illness affects the whole family,” said Janie. “We are now a family of advocates, and this lifelong journey has made us who we are today.” Two of her children have chosen to pursue social work or counseling careers as a result of their experiences.

Today, Janie is passionate about supporting McLean with both time and money. She and Jeff are members of the Mary Belknap Society and the McLean Board of Visitors. Janie is on McLean’s Women’s Mental Health Leadership Council (WMHLC) and the Patient and Family Advisory Council (PFAC) and is a board member of the Cole Resource Center which operates at McLean. “McLean’s expertise is unmatched,” said Janie. “We make unrestricted gifts because we trust the hospital’s leadership to direct funds where they are most needed.”

Janie also supports women’s mental health. “I have three daughters, so this is close to my heart. It is critical to understand the differences between the way men and women experience mental illness, and treatment needs to reflect those differences. I love that McLean has a Center of Excellence just for women.”

To join the Mary Belknap Society, McLean’s leadership annual giving group, contact Ben Ogilvy at bogilvy@partners.org or 617-855-3623.