Inside: Focus on Youth
A look at several initiatives addressing the psychiatric needs of children and adolescents.
First Class Graduates

After 10 years as a joint program with UConn, the Institute's own four-year Adult Psychiatry Residency Program was re-established in 2002, with the first residents arriving in July 2003. This spring, the program reached a milestone with the graduation of the first class. Graduation ceremonies for the five newly minted psychiatrists were held at the Pond House in West Hartford on June 14. The sixth member of the first class is a resident in the five-year Child & Adolescent Residency Program.

Adrienne Bentman, MD, director of residency training, says that the first class played a unique role in helping to shape the re-established program.

“They were part of a customary process in which a medical student is transformed into an independent, autonomously functioning, deliberative, engaged psychiatrist,” Dr. Bentman says. “But they were also pioneers. They worked closely with me and key faculty to establish the ethos and norms of the program. They have left their mark, and I could not have done it without them.”

The program has attracted exceptionally qualified candidates from the start. Dr. Bentman describes members of the first class as “remarkable in their energy, intelligence, engagement, work ethic, humility, humanity and compassion,” who will be excellent practicing psychiatrists.

Keeping Olmsted’s Vision Alive

The Institute’s gracious grounds, complete with a number of exceptional trees, were designed in 1861 by renowned landscape architect Frederick Law Olmsted. Olmsted, who also designed the grounds of many of the country’s most famous spaces, is today recognized as the founder of landscape architecture in America.

To help ensure that Olmsted’s vision for the IOL campus is preserved for future generations, the Institute has engaged a professional landscape architect. Norma Williams, of Ridgefield, holds a master’s degree in landscape architecture from the University of Virginia with a concentration in historic preservation. She is currently preparing a report describing how the IOL’s landscape has evolved and recommending steps to keep the trees thriving. She is doing historical research on the grounds, using information from sources including the IOL’s “Myths, Minds and Medicine” exhibit and the Hartford Hospital archives.

Ms. Williams points out that Olmsted believed strongly in the power of natural surroundings to promote both physical and mental health, and she plans to investigate that connection. She is working with an arborist to develop recommendations for some of the notable trees on campus, and she will be considering changes in landscape features, such as benches or new shrub and perennial plantings, that could enhance the grounds.

“I hope that one result of this work will be a maintenance plan for the proper long-term care of the trees and suggestions for new plantings,” says Ms. Williams.
Hartford Hospital Named One of Nation’s Best for Psychiatry

Hartford Hospital has been rated one of the country’s top hospitals for psychiatry services in this year’s U.S. News & World Report’s “Best Hospitals” rankings for 2007. This marks the first time that a Hartford Hospital specialty area has made the list. A number of factors contribute to this achievement. These include the explosive growth of our outstanding research programs, with their attendant publications and national and international presentations, and the growing presence of our outstanding residency and postdoctoral training programs. The support that psychiatry programs have received from Hartford Hospital’s administration and Board and from the IOL Board has also been important. But the foundation for this recognition is clearly our reputation for outstanding clinical care. And so, I want to thank and congratulate our faculty, researchers, clinical and nonclinical staff, administrators and every single individual working here as part of Hartford Hospital’s Institute of Living. This recognition is for you. Thank you for all you do!

– Hank Schwartz, Psychiatrist-in-Chief

People and Positions

Karen Bullock, LCSW, PhD, has been named to the newly created position of director of social work training and staff development. In this role, she will oversee the social work internship program and develop ongoing training for social work staff. Dr. Bullock also was recently named 2007 Educator of the Year by the Connecticut Chapter of the National Association of Social Workers.

Kikke Levin-Gerdner, MEd, has been named director of the Institute’s Webb Schools. She succeeds Surrey Hardcastle, who is retiring after 29 years with the schools. Ms. Levin-Gerdner, who has been a teacher and administrator at the Grace S. Webb School for more than a decade, was selected following a national search.

Burlingame Award Given to Hartford Native

Jerrold F. Rosenbaum, MD, has been named the recipient of the Institute of Living’s 2007 C. Charles Burlingame, MD, Award. A native of Hartford who grew up in West Hartford, Dr. Rosenbaum is now Stanley Cobb professor of psychiatry at Harvard Medical School and executive director of the Massachusetts General Hospital Mood and Anxiety Disorders Institute.

Dr. Rosenbaum is recognized internationally as a leader in researching and treating mood and anxiety disorders, with an emphasis on pharmacotherapy. He has also developed innovative educational programs and mentored several of the world’s leading experts in psychopharmacology.

The prestigious Burlingame Award, presented annually since 1998, recognizes outstanding leadership and lifetime achievement in psychiatric research and education. Dr. Rosenbaum will accept his award at a special ceremony in the fall.
Jim Seltzer, PhD, left, and Godfrey Pearson, MD, with a scene from Stigma, a video documentary that was the Overall Winner of the 2007 BrainDance competition. Alexander Yan and Pedro Ondrush, students at Waterbury’s Kennedy High School, created the video.
An IOL program aimed at reducing the stigma of mental illness has expanded dramatically in a short time, capturing the interest and imagination of students and teachers statewide.

Every illness presents challenges to patients and their families. But, for people with mental illness, the stigma too often associated with their diseases represents an extra burden.

“Society’s misconceptions about mental illness result in a stigma that is a huge problem for patients and families,” says Jim Seltzer, PhD, senior consultant for schizophrenia services at the Institute of Living. “Stigma has a significant negative impact on treatment outcomes. It makes people less likely to come in for treatment and continue treatment, less able to get jobs, and less able to return to their communities and their lives.”

These are some of the reasons why, in 2004, Dr. Seltzer and Godfrey Pearlson, MD, director of the IOL’s Olin Neuropsychiatry Research Center, conceived the idea for the BrainDance Awards. The innovative program was designed to educate people about mental illness and, in doing so, remove the mystery, misconceptions and stigma frequently associated with psychiatric diseases.

The annual BrainDance Awards program offers cash prizes to Connecticut high school and college students who submit creative or scientific projects exploring some aspect of mental illness. The goal is to encourage students to gain knowledge about psychiatric diseases and develop a more tolerant and realistic perspective toward people with severe psychiatric problems. Other goals of BrainDance are to promote students’ interest in careers in mental health and acquaint them with some of the recent neuroscience discoveries about the brain.

The response from students and educators has been tremendous. In 2004, its first year, BrainDance received 40 entries—a healthy number for a fledgling program. But in 2007, the number of entries grew to nearly 200. And quantity wasn’t the only difference.

“The quality and character of entries has changed over the years,” says Dr. Seltzer. “We’ve always had a certain number of students who have submitted excellent projects. But this year, a great many of the entries were absolutely superb. It was clear that the students became very invested in their projects.”
Dr. Pearlson agrees. He notes that the 2007 competition “brought out an unprecedented degree of interest in psychiatric disorders among young people. It has unleashed creativity among both high school and college students in a way that is very impressive to Jim and me.”

Why Students?
The idea for BrainDance originated with conversations Drs. Seltzer and Pearlson had about how to make the public aware of research showing the connection between brain abnormalities and mental illness.

“We wanted people to understand, through their participation in BrainDance, that mental illness often has a physical basis, that it is not mysterious, but more like other diseases people are familiar with, such as diabetes or hypertension,” Dr. Pearlson says. “We believed this knowledge would help de-stigmatize mental illness, and BrainDance offered a practical way to reach out to young people.”

“If you’re trying to change people’s behaviors and attitudes, there’s no point in ‘preaching to the choir,’” says Dr. Seltzer. “We wanted to get to young people—people who wouldn’t ordinarily even think about mental illness. We hoped that, attracted by the cash awards, they’d spend time studying this topic and, because of that exposure, change their ideas of what it’s like to have a mental illness.”

BrainDance is promoted by mailings and e-mails to high school teachers and college and university departments throughout Connecticut. Organizers believe that the dramatic increase in entries this year is due to several factors, including past years’ publicity, more hits on the Olin Center’s Web site (www.nrc-iol.org) and greater awareness by students of the cash awards to be had. Plus, the word has gotten out among teachers,
and they’re encouraging their students to participate. This year, for the first time, the Institute recognized the important role of teachers by offering a continuing education grant to the teacher who had the largest number of students take part.

Dr. Seltzer says that students who’ve participated in BrainDance typically find “it really opens their eyes. They begin to see people with mental illness as people, not stereotypes. They see the challenges that people with mental illness face. They get past ‘they’re just crazy,’ and see them as people who—like all of us—have unique strengths, weaknesses, struggles and achievements.”

The Winners

Entries are judged anonymously by more than two dozen expert clinicians and researchers in the field of mental illness. Projects are rated based on creativity, accuracy of information, scientific rigor and relevance to the issue of stigma. Given the high quality and number of this year’s entries, judges had difficult choices to make. Awards were presented at a ceremony in the Commons Building on April 25. The event also included a grand rounds presentation by Bruce Link, PhD, professor of epidemiology and sociomedical sciences at Columbia University, who spoke on “Understanding Stigma and Its Consequences for People with Mental Illness.”

Alexander Yan and Pedro Ondrush, students at Kennedy High School in Waterbury, won for Overall Best Project ($1,000). The two produced a documentary exploring students' and teachers’ attitudes toward students with mental illness.

In the College Division, Whitney Robinson, a student at the University of Massachusetts, Amherst, won first place for an art project ($500) with her stunning autobiography entitled A Darker Sort of Girl, which vividly describes her own experience as a person with a psychiatric disorder. Brittany Speisman, a student at Wesleyan University, won first place for an academic project ($500) with a research paper investigating the connection between post-traumatic stress disorder/major depression disorder and chronic medical conditions.

In the High School Division, the first place award for an art project ($500) went to Stacey Vishnevetsky and Abby Walworth of the Hopkins School in New Haven. Ms. Vishnevetsky wrote and Ms. Walworth illustrated a book for Ms. Walworth of the Hopkins School in New Haven. Ms. Vishnevetsky wrote and Ms. Walworth illustrated a book for

Looking Ahead

Dr. Seltzer says that, with the success of BrainDance and the knowledge of how to effectively market the program, he may explore opportunities to get other institutions in New England involved in doing similar programs. He and colleagues at the IOL are discussing possible innovations to the program. One is to open the competition to junior high school students.

“The earlier we can get kids to think about mental illness and have exposure to it, the more they’ll see that it’s just like any other condition, and that will change behaviors,” says Dr. Seltzer.

Another possibility is giving students the opportunity to interact with some clients of the Institute, perhaps by inviting clients to the awards luncheon or allowing students—with patients’ permission—to sit in on clinical interviews. Research shows that firsthand experiences such as these are most effective in changing attitudes and behaviors.

“The overarching goal is to get people to view individuals with mental illness as people, not just as their disease,” says Dr. Seltzer. “The more our communities can help and support people with mental illness, the better off all of us will be.”

A Darker Sort Of Girl

by Whitney Robinson

They take my belt, but let me keep my shoelaces. The whole place smells of antisepic, masking darker smells. All you have to do is breathe to be reminded that this is a hospital. It's only a small part of a larger medical facility, but this is the only ward where the doors lock behind you. “Upstairs,” they euphemistically call it, because psychiatric wards are nearly always located on the top floor to minimize the possibility of escape.

“You’ll be safe here,” the nurse tells me, emptying my pockets. “The voices can’t hurt you in this place.”

“Au contraire, mon cherie,” they beg to differ.

It is a strange experience, to have someone go through your pants pockets while you’re wearing them. They’re quite professional about it, but it’s still somehow violating, and I grimace as the nurse pulls a tissue out of my back pocket and smooths it out to make sure it’s not concealing a razor blade. It’s not, and she hands it back to me...

University of Massachusetts student Whitney Robinson’s autobiography, A Darker Sort Of Girl, excerpted above, won first place for an art project in the College Division.
Psychologist Mary Anne Lothstein, PhD, research director Michael Stevens, PhD, right, and medical director Robert Sahl, MD, are among the members of the new Autism Consultation Service team.
The Institute of Living has provided services for children and adolescents for many years. It serves young people through inpatient care, an outpatient clinic, day treatment programs, and the combination academic/therapeutic programs offered at the Grace S. Webb School. In addition, the Institute's Child and Adolescent Residency Program prepares tomorrow's psychiatrists to specialize in the treatment of young people. But now the Institute is expanding its focus on youth, with a new Autism Consultation Service and a variety of research projects aimed at identifying best practices in caring for children and adolescents with psychiatric disorders.

“We aim to bring the Institute's exceptional clinical and research talent and the advanced technological capabilities of our Olin Neuropsychiatry Research Center to bear on increasing medical science's understanding and treatment of psychiatric disorders in young people,” says IOL Psychiatrist-in-Chief Harold I. Schwartz, MD.

**Autism Consultation Service**

Autism is a developmental disability often characterized by impaired social interaction, repetitive behavior and abnormalities in verbal and nonverbal communication. It is usually diagnosed in the first three years of life. First identified in 1943, autism is now understood to have a wide range in terms of severity. Children diagnosed today are said to have symptoms that fall at some point on the “autism spectrum.”

“There are many gradations in the disorder. That’s why we call it a ‘spectrum,’” says Robert Sahl, MD, assistant medical director of Child and Adolescent Services at the IOL. “It ranges from very, very mild—in some cases, people who seem just a little eccentric—to quite severe, for example, a child who may sit and watch a fan spin for long periods and who has no verbal communication.”

Autism is a complex disorder that has received a great deal of media attention as society has become more aware of its prevalence among children.

“Many years ago, the prevalence was believed to be about two in every 10,000 children,” says Dr. Sahl. “Now it’s thought to be one in 150. This is probably due to how we’re defining the condition and especially to the greater sensitivity of the instruments we use to diagnose the problem. We’re now identifying many children who are on the much milder end of the spectrum.”

The Institute frequently sees children with autism in its various programs, because they may come in with mood or behavioral disorders or other issues. This led to the recent creation of the Autism Consultation Service, which was launched in March 2007.

“We found in all our programs that there’s a huge need for kids who fall on the autism spectrum to receive a comprehensive assessment, which can then be utilized as a basis for appropriate treatment planning,” says Dr. Sahl, who serves as medical director of the service.
The Autism Consultation Service is available to parents and school systems. It offers a multidisciplinary assessment and consultation service for school-aged children who are within the autism spectrum. The team of specialists includes Dr. Sahl, senior psychologist Mary Anne Lothstein, PhD; educational evaluator/coordinator Stephanie Zapatka, MS; speech and language pathologist Barbara T. Bard, PhD, CCC-SLP; research coordinator Michal Assaf, MD; and research director Michael Stevens, PhD.

Consultations are tailored to each child’s needs and may include: a review of prior records and assessments; rating scales completed by parents and teachers; a planning session with parents; psychiatric and other diagnostic interviews; standardized educational, psychological, and speech-and-language testing; and evaluation using the state-of-the-art Autism Diagnostic Observation Schedule (ADOS). Team member Michal Assaf, MD, senior research scientist at the IOL, has had advanced training in this sophisticated test and is certified to administer and interpret it.

The end product of the comprehensive assessment is “a very practical functional plan and recommendations for how to best manage the child’s behavior and enhance performance,” says Rosemary Baggish, MEd, MPH, a community education consultant who worked with the Institute to establish the service. “The ultimate benefit is improved functioning at home, at school and in the community. The plan achieves this by providing adults with strategies that enable them to work more effectively with the child.”

Research is a major component. By gathering data on behavior, cognition and brain function in children, the program aims to shed new light on autism spectrum disorders. For example, Dr. Assaf is using functional magnetic resonance imaging (fMRI) to compare autistic children’s brain function during social interaction to brain function in unaffected people to try to identify the source of the social interaction impairment typical of the disorder.

Cultivating a Research Culture

Excellent clinical care always has been the hallmark of the Institute. But more and more, the IOL is also becoming known for the breadth and quality of its clinical research. Research activities accelerated with the establishment of the Olin Neuropsychiatry Research Center. The Olin Center features world-class brain-imaging technologies that have opened up vast new possibilities for research. Recently, leaders at the Institute joined forces to build on all these assets to stimulate more research on topics in child and adolescent psychiatry.

Michael Stevens, PhD, director of the Olin Center’s Clinical Neuroscience and Development Laboratory, has been named the Institute’s director of child and adolescent research. In this additional role, he is collaborating with the Child and Adolescent Psychiatry Division’s Dr. Sahl to help develop research projects that build on the IOL’s clinical services.

“Dr. Sahl and I are working to make research an integral part of the culture among clinicians, technicians and administrators throughout the Institute,” says Dr. Stevens.

In addition to conducting his own research projects (see below), Dr. Stevens is assisting others in the Child and Adolescent Division to design research projects and get them up and running.

A highly successful and experienced researcher himself, Dr. Stevens wants to help others realize that valuable clinical research can be done without large expenditures and without taking time and energy away from clinical care. And research enhances clinical care. Information gathered can be quickly translated into better care for young IOL patients, and publication of the findings helps practitioners everywhere implement best practices with their own child and adolescent patients.

One of the first projects to get under way under this new initiative is on an inpatient unit. It is a study of a class of medications that has been shown to reduce nightmares and sleep disturbances in adults with post-traumatic stress disorder and mood disorders. To date, no studies have been done to see whether these drugs relieve symptoms as effectively in children and adolescents. The goal of this project is to gather data on how young patients respond to these drugs.

“The question we hope to answer is, out of a variety of possible medications, which is the one most likely to help the child sleep?” says Dr. Stevens. “If we can determine, for example, that four out of five children respond well to a particular

CARES: New Help for Children in Crisis

The Institute recently received funding from the Department of Social Services and the Department of Children and Families to open a six-bed child and adolescent crisis unit in collaboration with Connecticut Children’s Medical Center. Dubbed CARES, for Child and Adolescent Rapid Emergency Stabilization, the program will evaluate children and adolescents experiencing acute behavioral health symptoms, provide short-term care (up to 72 hours), arrange community-based supports and, when necessary, provide crisis care while an inpatient bed is sought. The unit will be housed in the Donnelly Building and is scheduled to open on Oct. 1, 2007.
medication on the first try, parents will have the comfort of knowing that their child’s doctor doesn’t have to try several drugs before finding the one that works best."

A research project being conducted by child and adolescent psychiatrist Lisa Namerow, MD, continually refines a protocol developed for patients admitted to Connecticut Children’s Medical Center who have eating disorders. The goal of the protocol is to help the patient return to normal eating habits. Child and adolescent psychiatry fellow Zheala Qayyum, MD, is now studying the efficacy of the protocol in terms of reduced lengths of stay at treatment programs CCMC patients enter after being medically stabilized.

Data collection is the lifeblood of research. Dr. Stevens and his colleagues are putting together a new generation of databases for use in various IOL treatment programs. These will be used to collect information that can be analyzed to reveal patterns and draw conclusions. Once databases are established, staff can spend just a few minutes entering patient characteristics and demographics. Under proper supervision by Hartford Hospital’s Institutional Review Board, the resulting information can be used to assess the effectiveness of programs or address future research questions.

“A database is also at the heart of programs such as the Autism Consultation Service,” Dr. Stevens notes. “This was designed with the goal of collecting a standard set of measures that can be stored and studied in order to find out more about the condition and help us better understand diagnosis and treatment.”

No financial resources have been dedicated to these new child and adolescent research initiatives as yet. But Dr. Stevens says these projects are an important beginning and pave the way for external grants by providing pilot data.

“Conducting the research may lead to larger grants,” he notes. “Once we’ve done a study and made a discovery, we can then go to outside sources and ask for funds to help us prove it to the world.”

Ongoing Research Explores Young Minds

Dr. Stevens, of the Olin Center, is the logical choice to spearhead efforts to foster more research on child and adolescent psychiatric issues. He has won millions of dollars in grants for his own research from the National Institutes of Health, Hartford Hospital and other sources, and roughly two-thirds of the projects he is pursuing focus on children and teens.

A clinical psychologist and clinical neuropsychologist, Dr. Stevens is able to employ an array of research tools, including functional magnetic resonance imaging of the brain, electrophysiology, genetics and cognitive testing.

“I approach a psychiatric disorder with the idea that each of these different tools or measures of functioning gives us data we can then synthesize and distill down in order to learn some-thing important that will help us better understand the disorder,” Dr. Stevens says.

A significant portion of his research involves attention-deficit/hyperactivity disorder (ADHD). He is exploring whether ADHD is a single disorder or a combination of several disorders causing similar symptoms but having different causes and requiring different treatment approaches. He’s also studying the relationship between gender and ADHD and trying to determine exactly how Ritalin affects the brain to bring about behavior changes. With a $1 million Career Development Grant from NIH, he is looking for fundamental differences in the brains of young people with ADHD and those with conduct disorder.

Dr. Stevens is keenly interested in mood disorders and is researching major depressive disorder in adolescents. He hopes to identify markers in brain function that will identify young people likely to develop suicidal tendencies.

In all of his work, Dr. Stevens is exploring relatively undiscovered country. And it’s a complicated journey.

“I’m not just looking at what parts of the brain turn on and off, but rather whole neural networks and how they act in concert with one another,” he says. “The brain has a gazillion parts, and we understand only a fraction of them. But what we do know gives us a great deal to look at in terms of learning about a specific disorder.”

With enough research, it’s possible that someday scientists may be able to do a brain scan on a young person and predict whether he or she will develop schizophrenia or be at high risk for depression or another psychiatric disorder and, with that knowledge, begin intervention right away. There’s no guarantee such a thing will happen, but as Dr. Stevens says, “IOL projects will advance our understanding of the issues involved to the point where we can decide whether specific applications like that are really feasible.”
Leaders from the Institute and other private psychiatric hospitals traveled to York, England, recently and found the principals on which their hospitals were founded very much alive.

The Moral Treatment movement, which sprang up almost simultaneously in France and England in the late 1700s, revolutionized the treatment of people with mental illness. For centuries, people with mental illness had been seen either as criminals or as possessed by the devil, and they were customarily locked away, often in appalling conditions. Moral Treatment, however, called for the mentally ill to be treated with humanity and a respect for each person’s dignity. The approach emphasized providing care in an orderly and home-like environment and engaging patients in pleasant activities. In 1792, Quaker philanthropist and businessman William Tuke founded the York Retreat in York, England, on these principals. By the early 1800s, his philosophy had reached the United States, and several psychiatric hospitals in the Northeast, including the Institute of Living, were founded on the principals of Moral Treatment.

Representatives of these early hospitals today constitute the Ivy League Psychiatric Hospital Group. Psychiatrist-in-Chief Harold I. Schwartz, MD, and Director of Clinical Operations Annetta Caplinger, MSN, CS, represent the Institute. Other member institutions are the Brattleboro Retreat, Butler Hospital, McLean Hospital, New York Presbyterian, Sheppard Pratt Health System, the Thomas Scattergood Behavioral Health Foundation and the most recent addition, the York Retreat. The group meets twice a year to exchange ideas and discuss common challenges. In May 2007, the Ivy League met for the first time at the very birthplace of Moral Treatment: the York Retreat.

“We were looking for our compass again. We wanted to go back to our roots in order to improve our care,” says Ms. Caplinger. As it turned out, the visit prompted something of an epiphany.

“It was an extraordinary, eye-opening experience for all of us,” says Dr. Schwartz. “They continue to do Moral Treatment in a way that adheres closely to its original principles. The quality of the facility, the long length of stay, the focus on the autonomy and dignity of the individual—these all differ significantly from the way we’ve come to practice in America.”

Differences Abound

Psychiatric care in the U.S. has been dramatically altered by managed care, notes Dr. Schwartz. Patients are no longer permitted long stays as inpatients; they must be transferred promptly to day treatment and partial hospital programs.

“At York, patients stay six months to a year,” says Ms. Caplinger. “Here, the average length of stay is nine days. In the U.S., private psychiatric hospitals are acute-care facilities. Long-term patients end up in the state system.”

But there were other notable differences, as well. Treatment at York is truly patient-centered, and patients and caregivers collaborate on diagnosis and approaches to care. Each patient is expected to take some responsibility for his or her behavior. Patients are never referred to by their diagnoses. York’s approach to treatment emphasizes, not the disability, but finding and developing each person’s strengths and helping patients master occupations. The goal is not institutionalization, but recovery to the greatest extent possible.

Early proponents of Moral Treatment emphasized the importance of an attractive environment. That’s why the Institute’s early leaders engaged Frederick Law Olmsted to create the hospital’s park-like grounds. At York, great care is taken to make patient rooms and public spaces attractive and comfortable. By contrast, many American facilities have, over time and under pressure to eliminate risk, become stark and institutional.

Going Forward

These and other differences struck a chord with the Ivy League members and will influence the group’s efforts going forward.

“We in the Ivy League are committed to initiating a conversation about how we can apply the lessons learned at York to our environment here,” says Dr. Schwartz. “We hope that this ongoing conversation will lead us to the contemporary meanings of the principles of moral treatment on which we were founded.”

Harold I. Schwartz, MD, and Annetta Caplinger, MSN, CS, were among those who visited the York Retreat. Dr. Schwartz holds the IOL’s copy of Samuel Tuke’s 1813 book describing the revolutionary approach used by the York Retreat in the treatment of mental illness.
As Hartford Hospital’s Psychiatry Division, all of us at The Institute of Living are celebrating a recent report by U.S. News & World Report naming Hartford Hospital as one of the country’s top hospitals for psychiatry services. Of the more than 5,000 medical centers reviewed for the publication’s “America’s Best Hospitals” issue, only 22 made the list for psychiatry services. We are proud to be among this exclusive group, and we are pleased to see the talent, hard work and dedication of our medical staff and employees publicly recognized. We have always known that the Institute provides truly outstanding psychiatric care. Now the rest of the world knows it, too.

This year, we continued to provide excellent clinical care and pursue innovative research while managing the institution effectively and efficiently in a very difficult fiscal environment. Research funding remains strong, and papers produced by our talented staff continue to be accepted for publication and presentation in very high numbers.

A notable achievement this year was the completion of the first four-year cycle of our re-established Adult Psychiatry Residency Program. We salute those pioneering graduates as we welcome another new class of gifted residents into the program. Many thanks are due to Director of Residency Training Adrienne Bentman, MD, whose energy and dedication informed every aspect of the program, and to the faculty who give so generously of their time and talent to educate the psychiatrists of tomorrow.

This year saw a change in leadership at the Webb Schools as longtime director Surrey Hardcastle and school administrator Gary Johnson both retired. We thank Ms. Hardcastle and Mr. Johnson for their excellent service and welcome former administrator Kikke Levin-Gerdner as she assumes the directorship. We are proud of the achievements of the Webb Schools, which fill a distinct niche in Connecticut by educating children who have both psychiatric diagnoses and special educational needs.

The launch this year of the Autism Consultation Service [page 7] expands the Institute’s services for children and adolescents and offers more opportunities for research aimed at better understanding autism-spectrum disorders. We look forward to the program’s growth during the coming year.

We are delighted to be able to announce the opening of the CARES unit [page 8]. This innovative program will provide prompt, safe and effective disposition for children in crisis who would otherwise spend extended periods in the Emergency Department at Connecticut Children’s Medical Center.

Plans for this coming year include the introduction of a major new initiative focused on depression. It will involve research on pharmacogenetic approaches to treatment, as well as neuroimaging and psychotherapy research to explore the causes and treatments of mood disorders. We also look forward to the development of a personalized medicine center that will focus on tailoring psychopharmacologic treatments to each patient's genetic makeup.

The leading-edge research and outstanding clinical care that distinguish the Institute would not be possible without the gifted and giving people who make up this hospital community. We thank each and every one of them for helping to ensure that today’s patients and families—and tomorrow’s—receive the excellent care they deserve.

Harold I. Schwartz, MD
Psychiatrist-in-Chief

E. Clayton Gengras, Jr.
Chairman of the Board
Each spring, the Institute holds a festive Awards Day to honor staff members who have demonstrated exceptional excellence, earned community recognition or achieved longevity milestones. The Record salutes all nominees and congratulates the winners for 2006 and 2007.

Arne Welhaven Memorial Award
A humanitarian award given to the staff person who best exemplifies genuine concern, respect and generosity toward patients and a quest for excellence in mentorship or education.
- 2006 – Karen Bidwell, LADC, treatment manager, Professional Day Treatment Program
- 2007 – Catherine (Kate) Morgan, LCSW, school clinician, Grace S. Webb School

Linda J. Stacy Service Excellence Award
An award given by the Advisory Board on the Family to employees who have demonstrated superior understanding of, and compassion for, the unique needs of patients' families, and contributed to improving the quality of the IOL's interactions with patients and families.
- 2006 - Susan Atamian, RN, ECT manager, MSU; Steven Sklar, PA, Donnelly 1 North; Faye Jenkins, AAIII, Geriatric Psychiatry; Stephanie Zapatka, teacher, Grace S. Webb School
- 2007 - Dawn Benson, LCSW, clinician, Grace S. Webb School; Trisha Brainard, psychiatric technician, ECT Department; Larysa Wysznewskyj, LCSW, clinician, CREST Program, Grace S. Webb School

Psychiatrist-in-Chief's Award
Established in 2005, this award recognizes outstanding contributions to psychiatry at the IOL. Awardees may be employees or members of the voluntary staff or community.
- 2006 - Theodore F. Mucha, MD, medical director, the Institute of Living
- 2007 - Adrienne L. Bentmen, MD, director, Adult Psychiatry Residency Program

Hartford Hospital Employee of the Year Award
Presented annually to a peer-nominated employee who demonstrates excellence in performance of his/her duties.
- 2006 – Bevon Blake, AAIII, Child and Adolescent Services, finalist
- 2007 – Dorothy Crampton, coordinator of operations, Administration, finalist

Connecticut Chapter, National Association of Social Workers, Educator of the Year
An award presented by the chapter to an educator who has excelled in the field of social work education.
- 2007 - Karen Bullock, PhD, LCSW, senior research scientist, Braceland Center, and director of social work education and staff development, the Institute of Living

Connecticut Association of Private Special Education Facilities Golden Apple Award
Given to school staff members who have made significant contributions to their students and program. Recipients are selected by peer vote.
- 2006 – Warren Cohen, assistant teacher, Grace S. Webb School; Linda Harrison, teacher, Grace S. Webb School; Ricardo McDonald, student support coordinator, Webb School at Cheshire; Catherine Goralski, teacher, Webb School at Bloomfield
- 2007 – Alison Huckabee, assistant teacher, Grace S. Webb School; Tracy Abbate, music teacher, Grace S. Webb School and Webb School at Cheshire; Margaret Edwards, assistant teacher, Webb School at Bloomfield; Jennifer Quinones, assistant teacher, Webb School at Cheshire

Hartford Hospital Nurses' Week Awards

Nightingale Award for Excellence in Nursing
Awarded to an RN or LPN who demonstrates excellence in clinical practice, leadership, scholarship and/or education.
- 2006 - Jeanne Kessler, RN, Donnelly 1 North
- 2007 - Mary Alice Smith, RN, treatment manager, Adult Day Treatment Program

Dedicated to Caring Award Recipients
- 2006 - Anna Kinghorn, PAA, Donnelly 1 North; Miriam Velez, PAA, Donnelly 3 North; Brandon Blackak, psychiatric technician, Donnelly 3 South; Inna Roymian, psychiatric technician, Donnelly 1 South
- 2007 - Jose Morales, PAA, Donnelly 2 South; Barry London, psychiatric technician, Donnelly 2 South; Laverne Halliday, psychiatric technician, Donnelly 1 North

Linda Richards/June Long Award Recipients
- 2006 - Cynthia Dubois, RN, Donnelly 1 North; Roberta Wood, RN, Donnelly 3 North
- 2007 - Edward Clukey, RN, Donnelly 3 South; Jean Ficaro, RN, Donnelly 1 South

IOL Members Inducted into the Quarter Century Club
- 2006 - Helen Albert, secretary, Webb School at Cheshire; Thomas Begley, PA, Donnelly 2 South; Raymond Chance, psychiatric technician, Donnelly 1 South; James DeGiovanni, PhD, director of training, Clinical Psychology; Mark Frase, residential counselor, Barnard Program; Marion Meade, PA, Donnelly 1 North; Valerie Miller, PAA, Addiction Recovery Service; Lela Murphy, PAA, Adult Day Treatment Program; Marilyn Newman, RN, Donnelly 2 South; Cheryl Samele, LCSW, treatment manager, Child Day Treatment Program; Claudia Stetson, LCSW, treatment manager, Donnelly 3 South
- 2007 - Edward (Ned) Jaroszewski, MD, interim director, Consultation/Liaison Psychiatry; Olga Dutka, director, Assessment Center and Managed Care; Gail M. Nelson, RN, CNAA, BC, director of nursing, Nursing Administration; Ruth M. Reiser, APRN, Assessment Center; Norman D. Cote, psychiatric technician, Donnelly 3 South; Michael DeCarlo, case manager, Adult Day Treatment Program; Beverly LeMay, administrative assistant, Day Program at Bloomfield
New Psychiatry Research Funding

<table>
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<tr>
<th>Source</th>
<th>Amount</th>
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<tr>
<td>Federal</td>
<td>$7,064,131.00</td>
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<td>Foundation</td>
<td>$51,130.00</td>
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<tr>
<td>Industry</td>
<td>$609,256.25</td>
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<tr>
<td>Collaboration</td>
<td>$68,250.00</td>
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<td>New Investigator</td>
<td>$7,559.00</td>
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<tr>
<td>Open Competition</td>
<td>$74,898.00</td>
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<tr>
<td>Departmental</td>
<td>$13,355.00</td>
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<td><strong>TOTAL:</strong></td>
<td><strong>$7,888,579.25</strong></td>
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**Federal**

**Astur, Robert PhD**
Neuroimaging of Mothers Overcoming and Managing Stress, University of Connecticut, $49,500.00.

**Calhoun, Vincent PhD**
Function BIRN (BioInformatics Research Network) [original title Functional Imaging Research for Schizophrenia Testbed]. Yale, $126,075.00.

**Kiehl, Kent PhD**
Neurocognitive Changes Associated with Behavioral Treatment in Cocaine Abusers. NIDA, $2,647,970.00.

**Pearson, Godfrey M.D.**
Ventral Striatal Functional Deficits and Familial Alcoholism Risk. Yale, $466,956.00.

**Stevens, Michael PhD**
fMRI of CBT and CM Cocaine Dependence. Yale, $172,183.00.
Reward, Impulsivity and Cocaine Addiction: fMRI Studies. Yale University, $1,303,559.00.

**Tolin, David PhD**
Stepped Care for Obsessive-Compulsive Disorder. NIMH, $596,160.00.
Neural Mechanisms of Compulsive Hoarding. NIMH, $1,062,000.00.

**Foundation**

**Kurtz, Matthew PhD**
Cognitive Remediation for Schizophrenia: Effects on Distal Outcome Measures and Relationship to Social-Skills Training. NARSAD, $51,130.00.

**Industry**

**Goethe, John M.D.**
Quetiapine Fumarate Sustained Release as Monotherapy in the Maintenance Treatment of Patients with Major Depressive Disorder. AstraZeneca, $198,000.00.
Asenapine in Elderly Subjects with Psychosis. Pfizer, $47,362.25.
Asenapine with Olanzapine in Subjects who Completed Protocol A7501013 Pfizer, $47,693.00.
Asenapine with Olanzapine in Stable Subjects with Predominant, Persistent Negative Symptoms of Schizophrenia. Pfizer, $86,125.00.
Oral Ziprasidone in Outpatients with Bipolar I Depression. Pfizer, $77,071.00.
Quetiapine Fumarate Sustained Release as Mono-Therapy in the Treatment of Adult Patients with Major Depressive Disorder. AstraZeneca, $96,000.00.
Add-on Oral Ziprasidone in Subjects with Acute Mania Treated with Lithium or Divalproex. Kendle International, Inc., $57,005.00.

**Collaboration**

**Kiehl, Kent PhD**
Functional Magnetic Resonance Imaging Correlates of Decision-Making. Yale University, $50,000.00.

**New Investigator**

**Ferrand, Jennifer Psy.D.**
Long-term Psychological Adjustment in Patients with Implantable Cardioverter Defibrillators. Hartford Hospital, $7,559.00.

**Open Competition**

**Tolin, David PhD**
Neuropsychological Functioning in Compulsive Hoarding. Hartford Hospital, $74,898.00.

**Departmental**

**Astur, Robert PhD**
fMRI of Virtual Reality Navigation. Hartford Hospital, $2,000.00.

**Calhoun, Vincent PhD**
fMRI of Brain Activation During Menstrual Migraine, $8,955.00.

**Kiehl, Kent PhD**
Brain Mechanisms of Interpersonal Judgment, $2,400.00.
Inpatient Population

**Admissions**
Total Admissions During Year 3,816

**Residence on Admission**
City of Hartford 32%
Conn. (Excluding Hartford) 66%
Northeast (Excluding Conn)* 1%
Other 1%

**Age on Admission**
0-11 100
12-17 330
18-25 560
26-44 1,423
45-64 1,106
65 and over 455

* Includes New England, New Jersey, New York, Pennsylvania and RI
** Women - 51%; Men - 49%

Ambulatory Statistics

**Partial Hospital Programs***
- Adult Day Treatment 7,798
- Eating Disorders Program 4,098
- Schizophrenia Rehab 3,434
- Geriatric Day Treatment 2,510
- Adolescent Partial Hospital 1,096
- Addiction Recovery Services 3,877
- Professional Day Treatment 2,769
- Child Day Treatment
  (Child/Adolescent combined in Bloomfield & Cheshire) 3,862

**Total** 29,444

**Outpatient Clinics**
- Adult & Geriatric Outpatient 13,695
- Child/Adolescent Outpatient 2,324

**Total** 16,019

*** Includes Partial Hospital and Intensive Outpatient

Inpatient Population: Five Year Analysis

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>01-02</th>
<th>02-03</th>
<th>03-04</th>
<th>04-05</th>
<th>05-06</th>
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<tbody>
<tr>
<td>Total Admissions</td>
<td>3,953</td>
<td>3,311</td>
<td>3,293</td>
<td>3,439</td>
<td>3,816</td>
</tr>
<tr>
<td>Average Daily Census</td>
<td>111.8</td>
<td>113.3</td>
<td>114.0</td>
<td>112.7</td>
<td>102.3</td>
</tr>
<tr>
<td>Average Length of Stay (days)</td>
<td>10.2</td>
<td>12.3</td>
<td>12.3</td>
<td>11.5</td>
<td>9.5</td>
</tr>
</tbody>
</table>
Services

Certainties Treatment
Consultation/Liaison
Electroconvulsive Therapy
Inpatient
Outpatient
Partial Hospital (PHP/IOP)
Psychological Testing/
Neuropsychological Testing
Residential Services
Therapeutic Special Education

Institute of Living Leadership

Harold I. Schwartz, MD
Psychiatrist-In-Chief, IOL
Vice President for Behavioral Health, Hartford Hospital

Theodore F. Mucha, MD
Medical Director

Annetta K. Caplinger, MSN, CS
Director of Clinical Operations

Gail M. Nelson, MS, RN, CNAA, BC
Director of Nursing and Residential Services

Clinical Departments

Nursing
Gail M. Nelson, MS, RN, CNAA, BC

Psychology
Leslie M. Lothstein, PhD, ABPP

Rehabilitation
Sherry Marconi, MS, CRC, LPC

Social Services
Eugene P. Hickey, LCSW

Specialty Centers

Addiction Recovery
Sandra Moehle, LCSW
Julian Offsay, MD

Autism Consultation Service
Robert Sahl, MD

Center for Couples and Families
Carole Mucha, PhD

Dialectical Behavior Therapy (DBT)
Penny Barnum Young, BSN, RNC
Angela Cappiello, MD

Eating Disorders
Paula Holmes, MSN, APRN
Sara Niego, MD

Electroconvulsive Therapy (ECT)
Joanna Fogg-Waberski, MD

Family Resource Center
Lawrence Haber, PhD

Grace Webb Schools
Surrey Hardcastle, MA, CAGS

Program for Professionals
Lee Albert, LCSW
Alfred Herzog, MD

Schizophrenia Early Intervention
Steven Madonick, MD

Schizophrenia Rehabilitation
Warren Thime, PhD
Julian Offsay, MD

Resident Education

General Psychiatry and Psychosomatic Medicine
Adrienne L. Bentman, MD

Child & Adolescent Psychiatry
Adele L. Martel, MD

Research

Director, Clinical Research, IOL
Director, Burlingame Center for Psychiatric Research and Education
John W. Goethe, MD

Anxiety Disorder Research and Treatment Center
David F. Tolin, PhD

Braceland Center for Mental Health and Aging and Memory Disorders Center
Karen Blank, MD

Olin Neuropsychiatry Research Center
Godfrey Pearlson, MD

Clinical Program Directors

Adult
Beth Pizzuto, RN, MSN

Assessment Center and Managed Care
Olga Dutka, MSN, MBA

Child and Adolescent
Mary B. Gratton, PhD, LCSW
Robert Sahl, MD

Geriatric
Eugene Hickey, LCSW
Joanna Fogg-Waberski, MD
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