

FROM
Research TO
Real Life

2007 ANNUAL REPORT



McLEAN HOSPITAL
A Harvard Medical School Affiliate



FROM
Research TO
Real Life
2007 ANNUAL REPORT



Contents

- 8 LETTER FROM KATHLEEN F. FELDSTEIN, PhD
- 10 LETTER FROM SCOTT L. RAUCH, MD
- 12 SUBSTANCE USE DISORDERS
- 18 PSYCHOTIC DISORDERS
- 24 CHILDREN AND ADOLESCENTS
- 30 LEADERSHIP
- 32 FINANCIALS
- 34 ENDOWED GIFTS
- 36 NEWS OF NOTE
- 38 PHILANTHROPY
- 39 LOOKING AHEAD



From the Chairman of the Board

Kathleen F. Feldstein, PhD



As I prepare to step down from the Board of McLean

after 15 years as a trustee and eight years as chair, I would like to reflect on the state of the hospital.

Today, McLean is stronger than ever. Nearly 200 years after its founding, McLean continues to introduce innovative clinical programs and conduct groundbreaking research. The Dialectical Behavior Therapy program, a unique residential facility for adolescent girls, is just one example of a new clinical service that has strengthened the hospital. In the last year, McLean neuroscientists also installed a 9.4 Tesla magnet, one of the strongest MRI magnets in the world. We are now in the eighth year of our joint residency program with Massachusetts General Hospital (MGH) and continue to attract and train outstanding young psychiatrists and psychologists from across the country.

McLean's financial position is strong as well. In the last fiscal year, we achieved an operating surplus for the fourth consecutive year. We continued to benefit from a strong tradition of philanthropy, receiving \$10.9 million to support McLean's mission.

Our membership in Partners HealthCare has offered new opportunities to collaborate across its network. For example, McLean recently began a joint effort with MGH and Spaulding Rehabilitation Hospital that we hope will result in a large-scale autism research, clinical care and advocacy project.

It has been a privilege for me to be associated with the people of McLean; the hospital's success rests on the excellence and dedication of its staff at every level. In particular, I have enjoyed my partnership with Bruce Cohen, MD, PhD, and, now, with Scott Rauch, MD, McLean's president and psychiatrist in chief. After an exceptional first year, Dr. Rauch is now leading a dynamic strategic planning process that has engaged the entire McLean community. You will hear more about this plan in the months to come.

The members of the McLean board have been generous with their time, guidance and support, and I am grateful to all of them. Since our last *Annual Report*, Carol Vallone, Thomas Glynn, PhD, and Gus Rimpel, PhD, joined the board and are already proving to be outstanding contributors to McLean. In 2007, we also thanked George Thibault, MD, for his valuable service to us. And now, after nearly 40 years of combined service, Edith Dabney and Kenneth Rossano are completing their terms as trustees; the board joins me in thanking them for their unstinting dedication to our mission. I am also delighted that David S. Barlow will become the chair of the board; his energy and commitment will be tremendous assets to the hospital and I feel confident leaving McLean in his very capable hands.

Finally, I thank each and every one of you—our patients, families, friends and donors—for your support of me and of McLean Hospital. With your help, we will remain the center of excellence in psychiatric research, training and clinical care.

A handwritten signature in black ink that reads "Kathleen F. Feldstein".

Kathleen F. Feldstein, PhD

CHAIRMAN OF THE BOARD



Having recently completed my first year as McLean's president and psychiatrist in chief, I would like to take this opportunity to thank the hospital's dedicated staff, faculty and board of trustees for their tremendous support during this initial phase of my tenure. I am particularly grateful to Kate Feldstein, PhD, who stepped down in May as board chair. Dr. Feldstein has provided outstanding guidance, highlighted by her wisdom and deep devotion to McLean. In collaboration with other talented board members, she has successfully led the hospital through challenging times to the doorstep of a promising and exciting future.

Over the past several years, McLean has strengthened its financial position. Fiscal year 2007 demonstrated growth and vibrancy with the opening of new clinical programs and receipt of more research funding than any other private psychiatric hospital in the nation. From this solid base, McLean is poised to set a bold course that will keep the hospital at the forefront of psychiatric care, research and education throughout the 21st century.

To this end, we are currently immersed in an intensive strategic planning process designed to establish McLean's future direction and a road map of priority initiatives and investments for the years ahead. The plan, due to roll out by early Fall 2008, has engaged more than 200 members of the McLean community who are bringing their best thinking to this effort.

Our strategic thinking is grounded in the realities of contemporary psychiatry and mental health. Although there is increasing public recognition regarding the tremendous personal and societal impact of psychiatric disease, financial resources are constrained and there is a global unmet need for accessible, effective mental health care. Despite these pressures, this is an unparalleled time of opportunity—an era in psychiatry when science is coming of age. While there is still much to discover, we have witnessed an explosion of knowledge, technologies and tools that will enable us to achieve a higher standard of effective care for our patients and their families, the centerpiece of our mission.

As McLean Hospital, we are uniquely positioned to use our distinctive strengths—world-class clinical and scientific resources, a highly regarded brand, our association with Partners and Harvard and most of all, our exceptional staff—to meet our tripartite mission of clinical care, research and education.

McLean's strategic plan will call for continued development of our capabilities in clinical care and basic science. At the same time, we will intensify our focus on translation and education as we drive to revolutionize the field with new approaches and models. Emerging themes of our strategic plan are outlined on the inside back cover of this *Annual Report*. More details will follow in the months ahead.

As we embark on this exciting journey, I invite you—our friends and supporters—to travel with us. In the able hands of our board, led by new chair David S. Barlow, along with our dedicated clinicians, staff and patrons, McLean will set a new standard for excellence and innovation as we pursue our goal to improve the lives of patients and families affected by psychiatric illness.

Scott L. Rauch, MD

PRESIDENT AND PSYCHIATRIST IN CHIEF

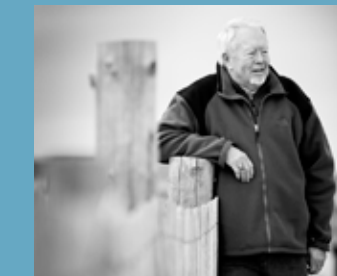
From the President and Psychiatrist in Chief
Scott L. Rauch, MD

From Research to Real Life: Caring for Patients with Substance Use Disorders

In 2007, McLean staff treated more than 2,000 patients in various stages of substance abuse treatment and recovery in programs on and off the hospital's Belmont campus. Our research endeavors also extended beyond McLean to diverse communities of individuals from around the world who share the commonality of addiction.

As you will read in this report, the McLean Center at Fernside, the newest offering in a full complement of substance abuse treatment services, successfully completed its first full year of operation in July 2007. Located in Princeton, Mass., the center is meeting the need for extended residential care for individuals with substance abuse and for those dually diagnosed with addiction and psychiatric illness.

Our treatment and research prowess in addiction extends to such places as Tomsk, Russia, where a collaboration of researchers recently completed its first year of a clinical trial examining the feasibility and effectiveness of delivering alcohol treatment along with routine care to patients with tuberculosis. Closer to home, our clinician-investigators, led by Roger Weiss, MD, reported in 2007 that integrated group therapy is more clinically effective than standard group therapy for patients with co-occurring bipolar disorder and substance dependence. The findings,



highlighted in the January 2007 issue of the *American Journal of Psychiatry*, are particularly relevant to this patient population, in which achieving successful outcomes can be quite difficult.

Over the past three decades, staff members have contributed significantly to the research and treatment of women with alcohol and drug problems. Shelly Greenfield, MD, MPH, one of the nation's foremost clinician-investigators dedicated to the topic of gender differences in substance dependence, published findings in the August 2007 issue of *Drug and Alcohol Dependence* on a promising new group therapy for women with substance use disorders.

As a leader and participant in the Clinical Trials Network of the National Institute on Drug Abuse, McLean continues its work with academic medical and community centers nationwide to develop and deliver new treatment options to patients in community-level clinical practices. This report outlines just one of these important initiatives.

From research into brain changes caused by addiction, to clinical trials with recovering patients, McLean is improving the outcomes for those whose lives have been touched by addiction. In these pages, you will meet just a few of the clinicians who are actively addressing this complex and debilitating disorder—and one grateful patient who says he owes his life to McLean.

left to right
Marc Kaufman, PhD
William Carlezon, PhD
Roger Weiss, MD



PURE MAGNETISM

Seeing into the brain like never before

Marc Kaufman's work at McLean is literally magnetic. A neuropharmacologist specializing in addiction and director of McLean's Translational Imaging Laboratory, Kaufman, PhD, conducts a variety of research projects using McLean's new 9.4 Tesla (9.4T) Small Bore Varian magnetic resonance imaging (MRI) scanner—one of the most powerful scanners in the world.

To put its strength into perspective, the 9.4T is approximately 160,000 times more powerful than the earth's magnetic field (see page 37). Kaufman, who spearheaded the effort to bring the 9.4T to McLean in August 2007, uses the technology to provide insight into the effects of cocaine, nicotine and opiates on the brain. His current investigation focuses on the chronic damage cocaine causes to the brain's blood vessels.

.....
With the power of the 9.4T, we can look into living brains like never before.

—MARC KAUFMAN, PHD
.....

Specifically designed to image animal brains, the 9.4T is providing Kaufman with precise images of how exposure to drugs and drug treatments affect vascular function. "We can scan animal brains in a way that mimics human studies and look into living brains like never before," he says. And because MRI technology is non-invasive, the animals are unharmed.

By learning more about the accelerated brain deterioration that cocaine induces, Kaufman hopes his work will lead to better treatments for addiction and perhaps, other psychiatric disorders. "The 9.4T is allowing many preclinical investigators at McLean to include translational neuroimaging work in their research. My goal is to characterize what happens in the brain as these disorders progress and ultimately, to translate these findings into developing more targeted and effective treatments."

PLAYING WITH FIRE

Seeking the spark behind substance abuse

To William Carlezon, PhD, studying substance abuse disorders can be like putting out fires. "Looking at the materials used to extinguish a fire may provide valuable information about extinguishing future fires, but it doesn't necessarily tell us how this fire started or how to prevent other ones," he says.

That's why Carlezon and his colleagues in the Behavioral Genetics Laboratory at McLean are taking a different approach—looking for where the "fires" of substance abuse begin in the brain and studying ways to prevent them. Whereas traditional research might focus on how drugs work within the brain, Carlezon is focusing on how the brain works and adapts to experience. "We come at it from a different direction. We are studying how drugs of abuse and stress 'break' the brain and cause it to malfunction," he says.

Carlezon has made some fascinating discoveries while focusing on a key center, called the nucleus accumbens (NAc), within the brain's reward system. He has found that

drugs of abuse and stress trigger molecular changes in the NAc, which correlate with symptoms of addiction-associated depression. Furthermore, these changes, specifically related to a peptide called dynorphin, can be “turned off” by blocking dynorphin receptors in the brain.

We are studying how drugs of abuse and stress ‘break’ the brain and cause it to malfunction.

—WILLIAM CARLEZON, PhD

Carlezon hopes that novel treatments can be used to turn off dynorphin. Through McLean’s Medication Discovery and Development Program, which he also directs, Carlezon is investigating with colleagues Bruce Cohen, MD, PhD, and Cécile Béguin, PhD, a plant called *salvia divinorum*. They hope that this plant’s unique chemical makeup can be used to make new drugs that block dynorphin. Although

preliminary, these studies are showing great promise.

Carlezon believes that studying brain function first, then looking for ways to “fix” dysfunction, is the key to progress. “If we can identify patterns in the brain that cause symptoms of addiction, tremendous advances might be possible. It’s like fire prevention; a thorough understanding of the cause of the fire may allow for earlier and more effective interventions.”

PAIN POINT

Easing prescription drug addiction

Did you know that prescription painkillers—opioids—are the drug of choice for many substance abusers? According to Roger Weiss, MD, clinical director of McLean’s Alcohol and Drug Abuse Treatment Program, prescription pain killers are commonly abused, with the number of addicted individuals growing each year.

Yet, little research has been done on prescription opioid addiction. Although dramatic new therapies for drug addiction abound, many are

based on research on heroin addiction. Until now.

Weiss and his McLean colleagues Jennifer Sharpe Potter, PhD, MPH, and Kristi Prather, MPH, are collaborating with hospitals and drug treatment centers across the country to conduct a first-ever, large-scale multi-site clinical study on prescription opioid dependence. The Prescription Opioid Addiction Treatment Study (POATS) is supported by the National Institute on Drug Abuse’s Clinical Trials Network, an enterprise designed to translate research advances into real-world therapies that can be used at community drug abuse treatment programs, where many drug-addicted individuals receive treatment.

A two-phase study, POATS offers individuals a standard, one-month detoxification regimen using buprenorphine/naloxone (BUP/NX), a medication commonly used to treat drug addiction, and conventional medical counseling; half of the patients also receive more intensive drug counseling. In the second phase, individuals who were unsuccessful

in Phase 1 receive a longer course of BUP/NX, as well as the counseling. Researchers are assessing whether the combination of the detox regimen and drug counseling is effective in treating opioid addiction.

Now in its fourth year, POATS is the largest clinical study of its kind, involving more than 600 patients across 12 drug treatment facilities. POATS is also significant because it is based directly in the community where drug abusers live and work. “Rather than recruiting study subjects, we treat people who seek out community drug addiction programs. It is important to meet patients where they are,” Weiss says.

Researchers hope that by analyzing prescription painkiller addiction in community settings, they will develop a better understanding of “whether the treatment of prescription painkiller dependence is similar or different from the treatment of heroin dependence. We want to accurately assess treatment protocols in order to develop more effective treatments,” Weiss says.



CELEBRATING A MILESTONE

JOHN VENSEL SUCCEEDS AT SOBRIETY

John Vensel spent most of his life in a professional world where social drinking was more the norm than the exception. As a worker and later as an executive in various steel companies, he was entrenched in an industry that conducts much of its business over handshakes and cocktails. “The motto was: ‘If you were old enough to work in steel, you were old enough to drink,’” he says.

So when he ended up in a Syracuse emergency room with internal bleeding at age 71, it never occurred to him that he had a drinking problem. But his doctors and family knew. After attending to John’s urgent medical needs, they sought a rehabilitation program where he could confront his alcoholism. One month after his near-fatal trip to the ER—and just six weeks after the death of his wife—John was admitted to The McLean Center at Fernside, the hospital’s residential treatment facility in Princeton, Mass (*see page 36*).

Now, one year later, he is sober. John says the time he spent at Fernside turned his life around. “My therapists educated me about why I drank, the health hazards, how much better I’d feel if I stopped. They were right. Even though I hadn’t had a hangover in 25 years, I am amazed at how much I enjoy life without drinking,” John says.

John has a lot to enjoy. With several children and grandchildren living nearby, he is happily settled in a senior community in Duxbury, Mass. His case workers at Fernside agree that John has “broken the mold” by starting his life over in a new location, far from his “drinking buddies” in Syracuse, where he had lived for 22 years.

Without the help of his Fernside therapists, John believes he would never have been able to make the sweeping changes that led to his sobriety. “They prepared me to go back into the world. Without them, I probably would not be alive today,” he says.

From Research to Real Life: Caring for Patients with Psychotic Disorders



Treating acutely ill individuals and getting them back on the road to recovery is a hallmark of McLean. In 2007, staff in the Schizophrenia and

Bipolar Disorder Program treated more than 1,000 patients with varying forms of psychosis at all levels of the continuum.

In McLean's inpatient program, clinicians made significant strides in improving the benefits of group therapy, including increasing patient participation in groups and integrating group-work analysis into daily clinical discussions. Staff also introduced, with great success, a new method of therapy called sensory stimulation, which utilizes the five senses—smell, taste, touch, sight and sound—to induce positive mood and behavioral changes. McLean also invested in a number of physical improvements to its inpatient unit to create a more modern and brighter environment for patients and staff.

The Appleton Continuing Care Program, an acute and longer-term residence, continued to prepare individuals stepping down from inpatient treatment for transition to community life. In 2007, medical director Robert Irvin, MD, expanded the program's integration of cognitive behavioral therapy, while adding a new post-doctoral fellowship. Appleton also underwent major renovations, facilitated through donor contributions totaling \$386,000, including construction of a new solarium.

At the outpatient level, McLean launched a Schizophrenia and Bipolar Disorder Research Clinic. The thrust of this initiative, spearheaded by Beth Murphy, MD, PhD, is on assessing the long-term recovery of individuals with psychotic disorders (*page 22*). This activity complements the Outpatient Clinic and Experimental Therapeutics Unit directed by Franca Centorrino, MD.

In 2007, Ross J. Baldessarini, MD, continued to lead studies of prediction and treatments intended to reduce suicidal risk through the McLean International Consortium for Bipolar Disorder Research, and of long-term patient outcomes through the Harvard-McLean First Episode Project founded by Mauricio Tohen, MD, DrPh.

Other investigators, including Joseph Coyle, MD, and Dost Öngür, MD, PhD, made notable progress in the study of glutamate, a key neurotransmitter believed to play a critical role in the origins of schizophrenia and bipolar disorder. Dean Salisbury, PhD, reported in the *Archives of General Psychiatry* that brain-wave patterns in individuals with schizophrenia seem to change with reductions in brain-tissue volume, highlighting the importance of early intervention in preventing clinical deterioration.

These and other advancements are enabling clinicians and investigators, at McLean and beyond, to better piece together the complex puzzle of psychotic illness—and to develop more targeted treatments that match a person's genetic and personal make-up. They are affording patients and former patients, such as Bryan Koesler (*page 23*), an opportunity to enjoy meaningful, productive lives.

left to right
Francine Benes, MD, PhD
Deborah Levy, PhD
Beth Murphy, MD, PhD



WIRED!

Studying complex brain circuitry is life-long passion

For more than 30 years, Francine Benes, MD, PhD, has been fascinated by the brain's complex neural circuitry. In the 1970s, Benes, then a PhD student at Yale, hypothesized that the thought disorders associated with schizophrenia could be explained by a miswiring of neural circuitry in the brain; by 1992, she had introduced the first neural circuitry model of the disease. "That model, revolutionary at the time, still drives our work," she explains.

The ultimate goal is to discover molecular aspects of brain circuitry and new ways to therapeutically manipulate that circuitry through novel molecular strategies.

—FRANCINE BENES, MD, PhD

As director of McLean's Program in Structural and Molecular Neuroscience and the Harvard Brain Tissue Resource Center, Benes studies how neurotransmitters regulate the molecular machinery that drives brain circuitry. Fifteen years ago, she and her colleagues discovered that one important neurotransmitter, called GABA, functions abnormally in psychotic patients. In 2007, her team gained important new insights into how the dysfunctional GABA circuit affects the entire hippocampus, a region of the brain known to be associated with emotional reactivity, stress and psychotic illness.

Benes' groundbreaking contributions to psychiatric medicine were recognized in 2007 with her selection as the first William P. and Henry B. Test Professor in Psychiatric Neuroscience. Through this conferment of a Harvard Medical School endowed chair at McLean, Benes now has enhanced ongoing support for her research into how dysfunctional brain circuitry contributes to psychotic disorders.

The ultimate goal? "To discover new aspects of how brain circuitry is controlled by cellular and molecular mechanisms and find new ways to therapeutically manipulate that circuitry at the molecular level," she says. With the endowed chair, Benes knows this work will be supported in perpetuity. "Two hundred years from now, the Test professorship will still be driving schizophrenia research at McLean Hospital. That is good news for this field," she says.

TARGETING TRAITS

Unusual genetic patterns provide clues to schizophrenia

Abnormal eye tracking...the occasional odd word usage...a high-arched palate. What could such traits possibly have to do with schizophrenia? Everything, according to Deborah Levy, PhD, director of McLean's Psychology Research Laboratory.

"These traits occur at a much higher rate than schizophrenia does in family members of schizophrenic patients and may help identify genes that make a person more vulnerable to developing the illness," Levy says. "Most individuals with schizophrenia do not have a schizophrenic parent. They also tend to have very low reproductive rates. If genes play a major causal role, how do you account for the persistence of the illness and the genes that give rise to it?"

One hypothesis is that most people who are carriers of schizophrenia genes are not ill with the disease; rather, they are the well parents and siblings—most of whom never show signs of the illness. A critical challenge for genetic studies is to correctly identify well relatives who are gene carriers.

How do you account for the persistence of schizophrenia and the genes that give rise to it?

—DEBORAH LEVY, PHD

To address this issue, Levy and her colleagues at McLean have studied hundreds of patients with schizophrenia and their families, identifying a number of traits that are strongly associated with schizophrenia and that occur in a significant proportion of well relatives; these traits include abnormal eye tracking, idiosyncratic word usage and a certain facial asymmetry. “These traits may be alternative, but barely noticeable, manifestations of schizophrenia genes.

They can be used to amplify the weak genetic signal from schizophrenia alone and thus increase the possibilities of locating schizophrenia genes.” Based on this promising approach, Levy was awarded a \$3-million grant from the National Institute of Mental Health and received widespread media coverage.

“Locating genes is a critical first step. The real challenge is to figure out how those genes actually cause the illness,” she says. “Cures and prevention come from understanding causes. In the case of polio, prevention was made possible by targeting the underlying biological causes. We need to do the same thing for schizophrenia.”

A FOOT IN BOTH WORLDS

Bridging bench research and clinical practice

Beth Murphy, MD, PhD, understands first-hand the multi-faceted pieces of the psychotic disorder puzzle. As assistant medical director for patient admissions and a principal investigator in the Shervert Frazier Research Institute at McLean,

Murphy supervises patient intakes and conducts innovative clinical trials on current and new medications. In these varied roles, she is able to “experience the entire spectrum of McLean”—from working with patients to collaborating with bench scientists.

We put it all together to understand what research still needs to be done.

—BETH MURPHY, MD, PHD

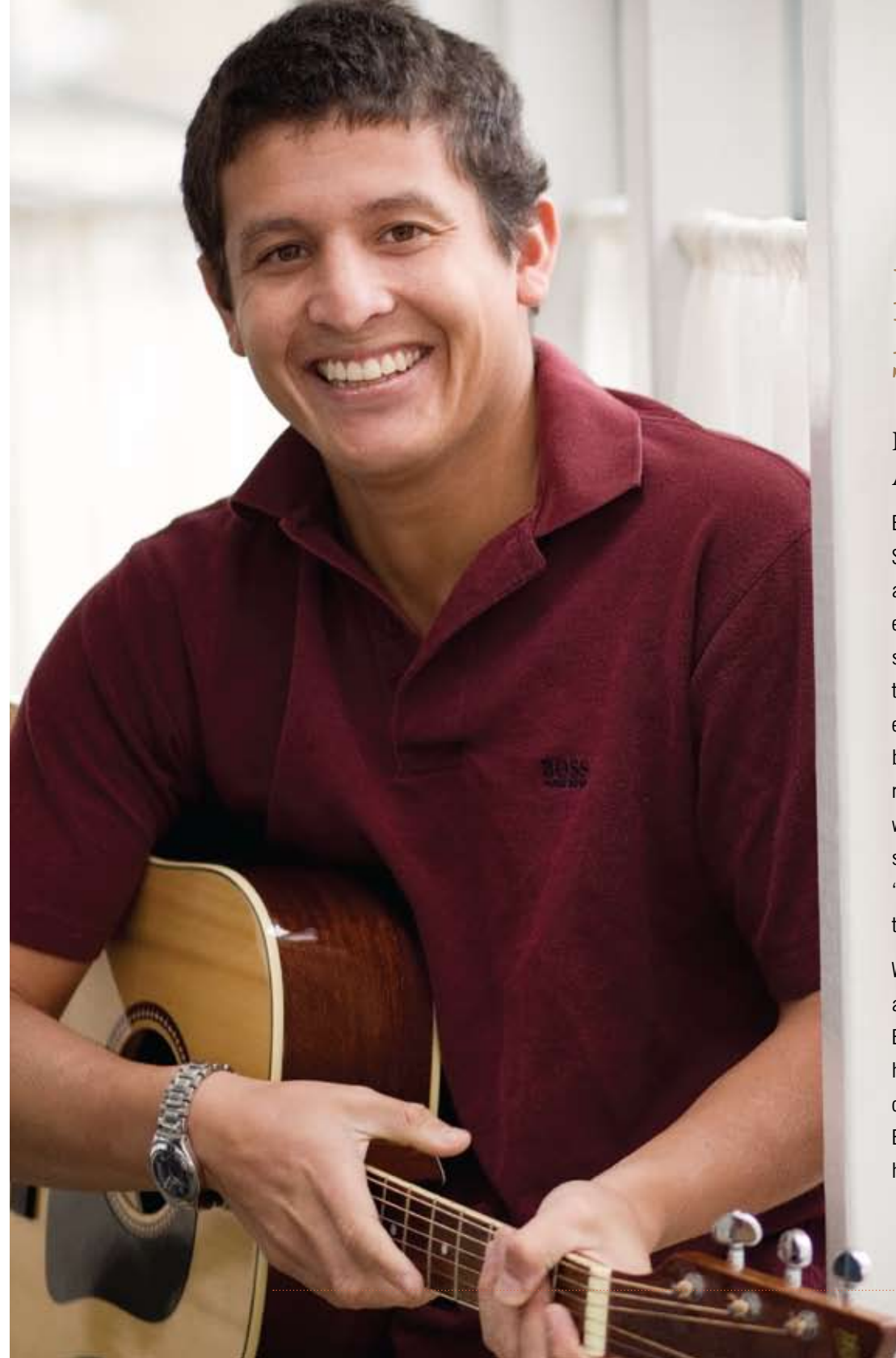
Murphy’s current research focuses on the kappa opiate system, a subtype of neurotransmitter known to affect mood. She is targeting this system with the hope of developing medications that can treat mood disorders without the addictive effects of typical opioid medications such as morphine.

“The lack of opiate treatments for mood disorders is striking, given the abundance of evidence that dysfunction within the opioid system may contribute to these illnesses. Drugs that can effectively modulate this system might offer

novel treatments for bipolar disorder,” she says.

In her kappa opiate and other research, Murphy recruits subjects who are similar to the patients she meets and evaluates during the McLean admissions process. Her clinical role provides her with “a great deal of information about what medications are working, or not working, for patients. They tell me—and I can see first-hand—the symptoms and side effects they struggle with. I take that information to the ‘basic science’ investigators who share what they have learned pre-clinically. We then put it all together to understand what research still needs to be done,” she says.

For Murphy, moving back and forth between the laboratory and the inpatient units is challenging, but necessary, work. “Having a foot in multiple domains can be difficult, but it’s the most effective way to develop new medications to improve patients’ lives,” she says.



PLAYING A DIFFERENT TUNE

BYRAN KOESLER FINDS HOPE AND HEALING THROUGH MUSIC

By the time Bryan Koesler arrived at McLean Hospital in September 2006, he had been in and out of rehab—and in and out of trouble—for nearly 10 years. Early adolescent experimentation with drugs and alcohol had led to a serious addiction and a dark paranoia and depression that Bryan could not shake. After a roller coaster of experiences—run-ins with police, visits to psychiatrists, bouts of panic and drunkenness tempered by periods of relative calm and sobriety—Bryan one day found himself walking barefoot down the middle of the street, guitar slung over his shoulder, high on drugs...and in despair. “I remember calling my mom saying, ‘I’m in the middle of the road. I’m sorry. I just don’t care anymore,’” he says.

With support from his family, Bryan was eventually admitted as an inpatient to McLean’s Schizophrenia and Bipolar Disorder Program, where, he recalls, “I was in horrible shape. I was suicidal, depressed, paranoid—I couldn’t even go outside.” McLean psychiatrists diagnosed Bryan with schizoaffective disorder and went to work, helping him get well.

After a week’s stay on the inpatient unit, Bryan moved to Appleton House, a residential treatment facility on the McLean campus, and began attending group therapy sessions and on-campus Alcoholics Anonymous meetings. Every day, he battled numbing lethargy and depression. “At first, all I could do was pray,” he says.

Soon though, Bryan’s social worker Sharon Berman, MSW, began to notice a positive change in Bryan. She encouraged him to play the piano for residents in McLean’s geriatric unit. A talented musician, Bryan had played his guitar every day at McLean but without much heart. “The music just didn’t feel good anymore,” he recalls. But playing for the elderly residents helped restore his vitality.

Today, the tune of Bryan’s life has changed dramatically. Discharged from McLean in May 2007, he has been clean and sober for 18 months. A junior at the University of Massachusetts/Boston, he is majoring in psychology and hopes to become a drug counselor. “I want to help people the way McLean helped me,” he says.

Bryan credits his supportive family, the dedicated therapists at McLean, faith in a higher power and his love of music for helping him get well. Now living in an apartment with a friend he met at Appleton House, Bryan finds time every day to sit on his porch and play the guitar. “Now, my music is better than ever,” he says.

From Research to Real Life: Caring for Children and Adolescents



As part of McLean's strategic planning initiative, the Child and Adolescent Programs in 2007 conducted an evidence-based practice review of their various services to take stock of recent progress—and those areas that still need addressing.

McLean's now-thriving inpatient, residential, therapeutic schools and community-based programs are successfully treating more young people than ever before.

With an eye towards building a public health system of mental health care, McLean continues to participate in and play a leadership role in the Massachusetts Child Psychiatry Access Project (MCPAP), a statewide initiative that trains pediatricians to identify psychiatric issues at well-child visits, to treat many of these children and to triage and refer the more complex cases. By the end of 2007, MCPAP had enrolled 92 percent of pediatricians in the state. As the Southeastern Massachusetts, Cape and Islands hub, McLean has been well utilized, with surveys showing that primary care providers are highly satisfied.

On our Belmont campus, McLean's treatment options for young people have grown significantly. The October 2007 opening of the intensive Dialectical Behavior Therapy Program for adolescent girls, now named

"3East," represents a breakthrough model for treating young women who exhibit self-injurious behavior or "emerging" borderline personality disorder (BPD). The program also fully integrates BPD research into its clinical activities.

McLean's therapeutic academic environments are thriving as well. In 2007, the Kennedy Hope Academy, McLean's residential school for children with developmental and autism spectrum disorders, introduced new leadership and a new focus on a fully evidence-based, positive behavioral support version of applied behavioral analysis. The Arlington School also has a dynamic new director who has brought exciting improvements to the school's culture and artistic environment.

In our laboratories, our investigators continue to conduct groundbreaking studies on psychiatric illness in children. Susan Andersen, PhD, and Constance Moore, PhD, are just two investigators who are studying the fascinating changes that occur in the brains of children—and how these changes affect psychiatric disorders. To keep pace with the extraordinary breadth and growth of our child and adolescent clinical programs, McLean will be investing in even more research in this age group in the future.

In the past eight years, McLean's Child and Adolescent Programs have blossomed into a vibrant array of successful treatment options and provided fertile ground for comparable research initiatives. With innovative programming and scientific inquiry, we will continue to improve the lives of young people.

left to right
Constance Moore, PhD
Blaise Aguirre, MD
Susan Andersen, PhD



EAST MEETS WEST

DBT for girls teaches mindful practice

When Blaise Aguirre, MD, was a young man living in South Africa, he had a close friend who suffered from borderline personality disorder (BPD). Her traumatic self-injurious behavior and suicidal thinking led Aguirre to his life's calling—helping others manage this devastating illness.

Today, he is doing just that. As medical director of McLean's new intensive Dialectical Behavior Therapy (DBT) Program, known as 3East, Aguirre oversees a unique residential treatment facility for adolescent girls ages 13 to 19 (see page 36). Launched in October 2007, the program offers intensive, 28-day psychiatric care for young women with emerging BPD, mood disorders, post-traumatic stress disorders or self-injurious behaviors.

Our goal is to help adolescent girls understand their self-injurious behavior and what they can do to diminish it.

—BLAISE AGUIRRE, MD

According to Aguirre, DBT was originally used for suicidal behavior in adults. "Studies showed that 10 percent of adults with borderline personality disorder were committing suicide, so DBT was adapted for this group," he says.

Driven by a high demand for DBT in a much younger population—and limited by managed care's two-week hospitalization restrictions—Aguirre and his staff created 3East as a self-funded program that offers intensive DBT

regimens. "This is a difficult population to treat so we felt it was critical for patients to stay for a minimum of four weeks. The longer stay helps them fully benefit from their therapy," he explains.

Described as a blend of Western psychotherapy and Eastern meditative practice, DBT focuses on patients' current functioning rather than on underlying emotional issues. "Our goal is to help these girls understand their self-injurious behavior and what they can do to diminish it. We teach them to cope in the present rather than concentrating on the past," Aguirre says.

This "mindfulness" training is an essential component in treating suicidal and self-endangering behaviors. "But it takes time," Aguirre says. "It's like an immersion language course. These girls are living and breathing DBT every day."

SOMETHING TO TALK ABOUT

Understanding communication in the adolescent brain

Everyone knows that adolescents think and act differently than adults. But most research attributes these staggering differences primarily to the fact that the adolescent brain is less developed than the adult brain. Susan Andersen, PhD, director of McLean's Laboratory of Developmental Neuropharmacology, has another theory. She suggests the differences lie in how various regions of the adolescent brain "talk" to one another.

According to Andersen, the dopamine system—a neurotransmitter system associated with cognition and mood—goes through abrupt changes during adolescence; this active transitional period affects how the brain communicates with itself and how it responds to its

environment. Andersen hopes that by deciphering these changes, researchers may one day be able to prevent the circuitry “miswiring” that leads to abnormal brain development.

Andersen’s research follows a two-pronged path: a focus on normal developmental changes in the adolescent brain and a study of pharmacological agents that “re-program” the dopamine circuitry. Through pre-clinical animal studies, Andersen is learning about the many changes in structure and function that occur in the normal adolescent dopamine system. “These periods of change create a time when the dopamine system is particularly sensitive. This sensitivity may give us clues about the likelihood of an adolescent developing depression, substance abuse or psychosis,” she says.

Andersen points out that “insults,” or drug exposure, during this developmental period may have a significant impact on how the system develops. Cocaine studies, for example, suggest that adolescent animals’ dopamine circuitry is more sensitive to the drug than that of younger or older animals, indicating that it may

be an adolescent’s vulnerable brain circuitry that makes him or her more susceptible to drug addiction.

Andersen is also considering whether drug therapies—given during these vulnerable periods—can alter brain circuitry for the better. “If you give a medication at the first sign of a psychiatric disorder, perhaps the sensitive adolescent brain can use that information to reprogram itself,” Andersen says. “We are asking: ‘Are there periods of vulnerability, or perhaps windows of opportunity, in which to alter the course of abnormal brain development?’”

UNCOVERING CHEMISTRY

Exploring differences in the brains of children

Distractability, mood swings and difficulty concentrating. Are these symptoms of attention deficit hyperactivity disorder (ADHD), bipolar disorder or could it be a combination of the two? According to Constance Moore, PhD, “If you tick off a child’s symptoms, you will find a large overlap between these

two diagnoses. There is a great deal of controversy around distinguishing between them.”

Moore is uncovering significant details about how the child bipolar brain differs from the adult bipolar brain.

As director of McLean’s Developmental Spectroscopic Imaging Laboratory, Moore is seeking to better understand the complexities of these two illnesses by examining the neurochemistry of bipolar disorder in children. Using a sophisticated imaging technology called proton magnetic resonance spectroscopy (MRS), Moore recently demonstrated that it is possible to distinguish differences in the neurochemistry of children with bipolar disorder and those with co-morbid ADHD. “This finding is important because it might lead us to more precise diagnoses and better treatment options,” she says.

Moore has also used MRS to discover interesting neurochemical patterns in the brains of children and

adolescents with bipolar disorder. From finding low levels of glutamine (a neurotransmitter associated with mood disorders) in children with bipolar disorder to illustrating how different medications influence brain chemistry, she is uncovering significant details about how the child bipolar brain differs from the adult bipolar brain.

Moore’s groundbreaking research has earned her many accolades. The recipient of two Young Investigator Awards from the National Alliance for Research on Schizophrenia and Depression and a prestigious, five-year grant from the National Institute of Mental Health, Moore is a rising star at McLean. She hopes her work will someday yield positive outcomes for both children and adults with bipolar disorder. “By examining children and adolescents with bipolar disorder, I hope to uncover aspects of the illness that may be unique to children, as well as those that may continue into adulthood. If we can highlight these neurochemical markers, perhaps we can develop better medications,” she says.

REWRITING THE SCRIPT

ARLINGTON SCHOOL GIVES JOE GAMACHE A SECOND CHANCE

Joe Gamache plans to spend his life making movies. But it wasn’t long ago that the picture of his life looked quite different. As a freshman in high school, Joe struggled socially and academically and was troubled by disturbing thoughts. Concerned about his extreme anxiety, potentially harmful behavior and disabling mistrust of others and himself, Joe’s psychologist at the time recommended a stay at McLean.

There, Joe learned about the Arlington School. Located on the hospital grounds, the school offers an enriching, creative, therapeutic academic environment tailored to adolescents with psychiatric needs. Joe enrolled at the school and immediately, his teachers saw in him a young man who, while troubled, was nonetheless precociously talented, engaging and a wonderful addition to the school community.

Now a senior, Joe is thriving. He believes his decision to go to the Arlington School, rather than return to “regular” school, changed his life. “I took to the place like a fish to water,” he says. “I’m no longer introverted and I’ve made wonderful connections with other kids who struggle with similar issues. The supportive staff and family atmosphere make me feel comfortable.”

My time at the Arlington School has been a big metamorphosis for me.

—JOE GAMACHE

Perhaps even more important, the Arlington School helped unleash Joe’s passion for film—a passion he plans to pursue this fall at Emerson College’s film studies program. “I’ve always loved old movies, but at Arlington, my teachers really encouraged me to explore my interest. Before long, I was teaching a film class and working on a screenplay,” Joe says.

That screenplay not only helped him land an early acceptance to Emerson; it also became an important part of his therapy. “Writing has given me a greater understanding of myself and a healthier attitude toward my life. My time at the Arlington School has been a big metamorphosis for me.”

While Joe will miss the special relationships he has built with teachers and friends at the Arlington School, he is excited to begin his movie-making career. “Ideally, I’d like to write and direct. But anything in film would be just fine with me,” he adds enthusiastically.



Leadership

TRUSTEES

Kathleen F. Feldstein, PhD
Chair (through May 2008)

David S. Barlow
Chair (from May 2008)

Edith L. Dabney

Thomas P. Glynn, PhD
(from January 2008)

Edward P. Lawrence, Esq

Cynthia A. Montgomery, PhD

Scott L. Rauch, MD

Gus Rimpel, Jr., PhD
(from January 2008)

Kenneth R. Rossano

Edward M. Scolnick, MD

Thomas J. Swan, Jr.

George E. Thibault, MD
(through November 2007)

Carol Vallone
(from June 2007)

HONORARY TRUSTEES

Charles D. Baker

Betty Brudnick

Ferdinand Colloredo-Mansfeld

John A. Kaneb

George Putnam

W. Nicholas Thorndike

Rose-Marie van Otterlo

ADMINISTRATION

Scott L. Rauch, MD
President and Psychiatrist in Chief

James A. Chu, MD
Chief
Specialty Services

Catharine Cook
Senior Vice President, Development
Chief Development Officer

Linda M. Flaherty, APRN, BC
Senior Vice President
Patient Care Services

Joseph Gold, MD
Chief Medical Officer

Michele L. Gougeon, MSS, MSc
Executive Vice President
Chief Operating Officer

David Lagasse
Senior Vice President
Fiscal Affairs

Philip G. Levendusky, PhD, ABPP
Senior Vice President
Business Development and Marketing

Peter A. Paskevich
Senior Vice President
Research Administration

CLINICAL and SPECIALTY PROGRAMS

Blaise A. Aguirre, MD
Medical Director
3East

Paul Barreira, MD
Program Director
Waverley Place

Timothy G. Benson, MD
Medical Director
The McLean Center at Fernside

Sara M. Bolton, MD
Medical Director
Clinical Evaluation Center

Diane Davey, RN, MBA
Program Director
Obsessive Compulsive Disorder Institute

Esther Dechant, MD
Medical Director
Klarman Eating Disorders Center

James Ellison, MD
Clinical Director
Geriatric Psychiatry Program

Steven E. Gelda, MD
Medical Director
Short Term Unit

Andrew Gill, MD
Medical Director
McLean at Naukeag

Joseph Gold, MD
Clinical Director
Child and Adolescent Programs

John G. Gunderson, MD
Director
Borderline Personality
Disorder Treatment Center

Robert Irvin, MD
Medical Director
Appleton Continuing Care Program

Thomas Irwin, PhD
Program Director
The McLean Center at Fernside

Michael A. Jenike, MD
Medical Director
Obsessive Compulsive Disorder Institute

Cynthia Kaplan, PhD
Administrative Director
Child and Adolescent Programs

William Krauss, LMHC, LCSW
Program Director
McLean at Naukeag

Edmund C. Neuhaus, PhD, ABPP
Director
Behavioral Health Partial Hospital Program

Dost Öngür, MD, PhD
Medical Director
Schizophrenia and Bipolar Disorder
Program

William S. Pollack, PhD
Director
Centers for Men and Young Men

Bruce H. Price, MD
Chief
Neurology

Jeffrey D. Rediger, MD, MDiv
Medical Director
McLean SouthEast

Stephen Seiner, MD
Medical Director
Electroconvulsive Therapy Service

Arthur J. Siegel, MD
Chief
Internal Medicine

Patricia Tarbox, MSW, LICSW
Program Director
Klarman Eating Disorders Center

Grantley W. Taylor, MD
Medical Director
Community Reintegration Unit

Alexander Vuckovic, MD
Medical Director
The Pavilion

Robin Weiss, RN
Director
Transitional Living Center

Roger D. Weiss, MD
Clinical Director
Alcohol and Drug Abuse Treatment
Program

Sherry Winternitz, MD
Clinical Director
Dissociative Disorders and Trauma
Program; Women's Treatment Program

RESEARCH CENTERS

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

Bruce M. Cohen, MD, PhD
Director
Stanley Research Center and the Shervert
Frazier Institute

Ole Isacson, Dr. Med. Sc.
Director
Neuroregeneration Research Center

Scott E. Lukas, PhD
Interim Director
Neuroimaging Center

Nancy K. Mello, PhD
Director
Alcohol and Drug Abuse Research Center

Roger D. Weiss, MD
Director
Alcohol and Drug Abuse Treatment Center

TRAINING PROGRAMS

Eugene Beresin, MD
Director
Massachusetts General Hospital (MGH)/
McLean Hospital Child and Adolescent
Psychiatry Residency Training Program

Philip G. Levendusky, PhD, ABPP
Director
Psychology and Psychology Training

Christopher Palmer, MD
Medical Director
Post-Graduate and Continuing Medical
Education

Kathy M. Sanders, MD
Training Director
MGH/McLean Hospital Adult Psychiatry
Residency Training Program

Vision of Excellence Award Recipients

McLean Hospital's Vision of Excellence Award is an opportunity for the hospital community to show its appreciation for employees who contribute to the overall excellence of McLean. The six individuals selected in 2007 exemplify McLean's commitment to superior patient care, research and teaching.

Robert Baden
Internal Medicine

Abner Beausejour
Mailman Research Center Animal Facility

Mary Gormley
Appleton Continuing Care Program

Nancy Hoines
Marketing and Business Development

Brenda Snow
Health Information Management

Patti Sullivan
Human Resources

The McLean Hospital Corporation

	2007	2006
Assets		
Current assets		
Cash and equivalents	\$ 8,700	\$ 7,698
Investments	11,189	9,598
Current portion of investments limited as to use	16,158	23,997
Patient accounts receivable, net of allowance for bad debts: 2007 - \$1,948; 2006 - \$1,902	7,687	7,177
Research grants receivable	5,468	2,565
Other current assets	4,439	3,793
Receivable for settlements with third-party payers	-	419
Total current assets	53,641	55,247
Investments limited as to use, less current portion	19,185	11,623
Long-term investments	8,539	6,917
Pledges receivable, net, less current portion	2,197	3,528
Interest in the net assets of The Massachusetts General Hospital	80,436	70,446
Property and equipment, net	55,589	49,438
Total assets	\$ 219,587	\$ 197,199

Liabilities and Net Assets

Current liabilities		
Current portion of long-term obligations	\$ 3,332	\$ 2,529
Accounts payable and accrued expenses	5,044	6,775
Accrued compensation and benefits	7,092	6,172
Accrual for settlements with third-party payers	1,440	876
Unexpended funds on research grants	7,145	9,311
Due to affiliates	1,502	867
Total current liabilities	25,555	26,530
Other liabilities		
Accrued professional liability	800	813
Accrued employee benefits	2,883	2,769
Accrued other	255	243
	3,938	3,825
Long-term obligations, less current portion	22,835	20,890
Total liabilities	52,328	51,245
Commitments and contingencies		
Net assets		
Unrestricted	86,964	74,972
Temporarily restricted	53,453	44,225
Permanently restricted	26,842	26,757
Total net assets	167,259	145,954
Total liabilities and net assets	\$ 219,587	\$ 197,199

Complete financial statements available upon request.

Balance Sheet

Excerpts from financial statements
(in thousands of dollars) for the years
ended Sept. 30, 2007 and 2006.

By the Numbers

10.1.06 to 10.01.07

Average Beds in Service	172
Admissions	5,426
Inpatient Days	54,643
Partial Hospital Days	58,234
Partial Hospital Visits	203,818
Outpatient Visits	35,122
Child/Adolescent Days	14,007
Residential Days	37,739

Statement of Operations

Excerpts from financial statements
(in thousands of dollars) for the years
ended Sept. 30, 2007 and 2006.

Staffing

Physicians and Psychologists	190
Residents	25
Fellows	70
Nurses	155
Clinical Social Workers	90
Mental Health/Community Residence Specialists	234
Other	542
Total (FTEs)	1,306

The McLean Hospital Corporation

	2007	2006
Operating revenue		
Net patient service revenue	\$ 91,562	\$ 84,321
Direct academic and research revenue	37,206	36,363
Indirect academic and research revenue	12,818	13,002
Other revenue	10,404	9,917
Total operating revenue	151,990	143,603

Operating expenses

Employee compensation and benefits	70,002	63,090
Supplies and other expenses	31,423	28,758
Direct academic and research expenses	37,206	36,363
Depreciation and amortization	5,029	5,455
Provision for bad debts	1,903	2,159
Interest	1,122	1,203
Total operating expenses	146,685	137,028
Income from operations	5,305	6,575
Nonoperating gains (expenses)		
Income from investments	7,308	1,062
Gifts and other	(352)	(140)
Academic and research gifts, net of expenses	292	2,288
System development funding	(2,740)	(2,636)
Total nonoperating gains, net	4,508	574
Excess of revenues over expenses	9,813	7,149
Other changes in net assets		
Change in net unrealized appreciation on marketable investments	-	(3)
Funds utilized for property and equipment	2,028	545
Transfers from affiliates, net	1	4,999
Other	-	(578)
Change in funded status of defined benefit plan	150	-
Cumulative effect of accounting changes	-	(1,113)
Increase in unrestricted net assets	\$ 11,992	\$ 10,999

Complete financial statements available upon request.

The silver lining in Jonathan’s tragic story is that he was a catalyst for good things to come. —LIZ BROOKING

Endowed Fund Creates Lasting Legacy

Shortly before Jonathan Brooking committed suicide in 1985 at age 28, he told his mother Ruth: “If you ever have money to donate, give it to mental health research.” Years before he took his own life, Jonathan had suffered a severe psychotic break and had been hospitalized for 18 months at McLean, where he was diagnosed with paranoid schizophrenia. “To see Jonathan felled by this illness was a sad and shocking experience for us all,” says his sister, Liz Brooking. “He had always been so strong, sensitive and creative. The disease made him a different person.”

Although his life ultimately ended tragically, his family is nonetheless grateful for the hospital’s extraordinary efforts in treating Jonathan. “Everyone took such wonderful care of him,” Ruth recalls. “The doctors and nurses at McLean brought Jonathan back to himself better than we ever expected and for that, I’ll always be thankful.”

To express their gratitude and to honor Jonathan’s wishes after his death, the Brookings established an endowed fund in Jonathan’s name with a \$20,000 gift from his grandmother. Faithfully supported by family and friends over the past 23 years, the endowment has

increased to a market value of more than \$700,000. The interest it yields annually provides much-needed funding to promising investigators conducting psychiatric research at McLean.

The Brookings have a special relationship with McLean and are committed to supporting mental health research. Jonathan’s grandfather donated his brain to the Harvard Brain Tissue Resource Center at McLean, a worldwide resource for neuroscientists investigating the origins of psychiatric illnesses; Ruth and Liz are on the center’s list of potential donors. In addition, both women have participated in genetics studies on schizophrenia being conducted by Deborah Levy, PhD (*see page 21*).

“It’s a privilege to be able to contribute to this cause in any way we can—whether with money, participation in clinical trials or brain donation,” Liz says. “Our gifts to McLean enable Jonathan to live on and represent all the good that he was.”

Jonathan was an “outdoor boy” but because of his illness, he was often restrained. He could be irrational and frightening at times. I remember one day at McLean, he desperately wanted to go outside. His aide was so kind. She said to him: ‘I’m not afraid of you. I’ll take you out.’ Jonathan was so happy just looking at the trees and being outdoors. He had a smile on his face that could make you weep.

Jonathan was a dear, kind, generous person—but in the end, this disease devastated him. It is my hope that our contributions to McLean will help put an end to that kind of suffering. Someday, maybe doctors will find a way to eliminate mental illness. Wouldn’t that be wonderful?

—RUTH BROOKING

THROUGH THE DONORS’ EYES

Despite what my brother endured, I think there was a grander purpose in his abbreviated life—to suffer so others wouldn’t have to. The silver lining in his tragic story is that he was a catalyst for good things to come.

I’d like to think that if we can continue to bring the subject of mental illness out of the shadows and apply brilliant minds to the task, we might see some real progress: de-stigmatize the disease and possibly find a cure. That would be a wonderful legacy for Jonathan.

—LIZ BROOKING

Donors Liz and Ruth Brooking





A sense of home, comfort and tranquility are key elements to the treatment philosophies of both 3East (photo insets) and The McLean Center at Fernside (above).

News of Note

New programs target specific needs of teen girls, adults

McLean successfully launched two residential programs during fiscal year 2007: 3East for adolescents, located on the McLean campus, and The McLean Center at Fernside for adults, located 55 miles west of Boston. Both programs are self-funded.

The eight-bed 3East is designed for adolescent girls and young women, ages 13 to 19, who have persistent and pervasive emotional dysregulation and have not been amenable to previous treatment efforts. It places heavy emphasis on the use of dialectical behavior therapy (DBT).

Because it is self-funded, 3East affords patients the time they need to prepare themselves for the road to recovery beyond McLean. "With insurance-funded programs, some adolescents are discharged prematurely before they, their families and their caretakers have had the full opportunity to learn the skills and strategies necessary to achieve progress," says 3East Medical Director Blaise Aguirre, MD.

To afford patients this time, Aguirre, along with Janna Hobbs, MSW, director of clinical services for 3East, and Cynthia Kaplan, PhD, administrative director of McLean's Child and Adolescent Programs, designed the program around a four- to six-week length of stay.

Treatment components include individual DBT therapy, group skills-based therapy, individual skills coaching and family therapy, which emphasizes parental skills development. Additional treatment components consist of case management, psychopharmacology evaluation and treatment, milieu and recreational therapies, as well as tutoring and academic programming if necessary. Specialty consultations are available as needed in the areas of eating disorders, neurology, trauma, attention deficit disorder and other child and adolescent psychiatric disorders.

The McLean Center at Fernside, located in Princeton, Mass., specializes in caring for adults with substance use disorders and those with dual diagnosis. The program can accommodate up to 10 patients. As with 3East, the program offers extended lengths of stay of four to six weeks or longer.

"In today's managed-care environment, extended treatment for substance use disorders is no longer an option through private insurance. The center has helped fill this void," says Roger Weiss, MD, clinical director for the Alcohol and Drug Abuse Treatment Program at McLean.

The McLean Center at Fernside offers empirically tested, evidence-based treatment methods and strategies, including individual and group therapy; family education and counseling; gender-specific treatment; consultations with

specialists in neurology, brain imaging and neuropsychology; and rehabilitative, therapeutic support services and activities, such as stress-reduction techniques, health education, coping skills, lifestyle management, fitness and exercise.

The center is housed in a 170-year-old historic Federal mansion, a former nationally recognized bed and breakfast, which has been carefully restored to its original grandeur.

According to program director Thomas Irwin, PhD, in addition to world-class care, Fernside patients may enjoy many of the amenities once provided by the luxury inn. These include private rooms and baths, gourmet meals prepared by an award-winning chef, 15 acres of private grounds and hiking trails, a library, limousine transportation, an exercise room and access to a modern fitness facility and pool.

Heavy load results in scientific advancement

In August 2007, after four years of detailed planning, McLean Hospital welcomed its newest tool in the quest to better understand psychiatric illnesses—one of the most powerful, actively shielded magnetic resonance imaging (MRI) scanners in the world.

The 9.4 Tesla Small Bore Varian MRI, weighing in at 34,000 pounds, is some 160,000 times more powerful than the earth's magnetic field. It is enabling McLean researchers to obtain high quality images of animal models of such illnesses as attention deficit hyperactivity disorder, autism, anxiety, obsessive compulsive disorder, and Alzheimer's, Huntington's and Parkinson's diseases.

"The new magnet is an exciting addition to our imaging program. Our investigators are now able to conduct experiments that visualize the living brain at a level of resolution that was not previously possible," said Scott Rauch, MD, president and psychiatrist in chief for McLean.

Added Peter Paskevich, senior vice president for Research Administration: "This is one of only a few actively shielded magnets of this bore size and field strength that has ever been built. It will enable McLean to remain at the cutting edge of research and its translation to better care."



McLean mourns loss of a leader

JACK MENDELSON: 1929-2007

On Aug. 15, 2007, McLean and the broader scientific community lost one of its pioneers in substance abuse research. Jack H. Mendelson, MD, co-founder and co-director of McLean's Alcohol and Drug Abuse Research Center (ADARC) and a professor of psychiatry at Harvard Medical School, died at age 77.

A leader in the investigation of the behavioral and biological aspects of substance abuse, Mendelson was among the first to bring multidisciplinary

collaboration of modern technology and organized research administration to this field of study. According to Scott Rauch, MD, president and psychiatrist in chief for McLean, "Dr. Mendelson's findings not only revolutionized scientific understanding of substance use behavior, they also stimulated a new generation of behavioral and psychosocial researchers."

In 1973, Mendelson and his wife Nancy K. Mello, PhD, founded McLean's ADARC, a program that burgeoned under the couple's leadership. Today, the center consists of four complementary laboratories that are continuously funded by competitively obtained, peer-reviewed federal grants and contracts.

In addition to authoring more than 480 original peer-reviewed articles, Mendelson served on 11 editorial boards and held editorial positions on *Psychosomatic Medicine*, *Pharmacology*, *Biochemistry & Behavior* and the *Journal of Studies on Alcohol*. Throughout his celebrated career, he also earned numerous awards and was often sought out for his expertise by key policymakers in Washington, DC. Just prior to his death, he and his wife were honored with the prestigious Nathan B. Eddy Memorial Award from the College on Problems of Drug Dependence.

Known for questioning conventional wisdom when others would not, Mendelson will be remembered as one of the first to understand that alcoholism was an addiction, not a character flaw. "His personal and scientific contributions to the field of substance abuse research and treatment, coupled with his devotion to mentoring young investigators, will serve as a lasting legacy," says Rauch.

Philanthropy Advances McLean Mission

Promoting excellence in psychiatric medicine

McLean Hospital requires a solid base of support to carry out its mission of psychiatric treatment, research and education. You can strengthen the hospital's ability to change the lives of individuals affected by psychiatric illnesses by participating in any of the following ways:

The McLean Fund

Unrestricted gifts to the McLean Fund are essential to helping caregivers find better treatments, encouraging researchers to discover fresh insights into brain disorders, and nurturing young professionals as they develop their skills. Each year, the McLean Fund supports activities that are urgent, unanticipated or pioneering – and always a high priority.

Specific Project Funds

A donor can contribute to a wide range of clinical, research or educational programs consistent with his or her personal interests. Opportunities include improving current programs or helping spawn new strategic initiatives identified by hospital leadership.

Endowed Funds

With a minimum contribution of \$25,000, made as an outright gift or by a bequest, a donor can establish a named endowed fund that will nurture an important aspect of McLean's work in perpetuity. The principal is preserved and the income supports the purposes of the fund as specified by the donor.

Capital Donations

Capital gifts for building construction, equipment or renovation support McLean's ability to provide the best inpatient care and to conduct world-class research.

Naming Opportunities

With a minimum contribution of \$25,000, an area of the hospital's clinical or research facilities may be named for the donor or someone to whom the donor wishes to pay tribute. Also, a donor can establish a named fund to support clinical care, research or training. The gift can be cash or stock, or made through an annuity, trust or bequest.

Legacy Gifts

Donors who arrange legacy gifts make a lasting contribution to McLean. There are many types of planned gifts that may allow a donor to make a larger gift to the hospital than his or her present financial situation would otherwise permit. A donor can make a bequest through a will or make a gift now that may provide a lifetime income and potential tax advantages.

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.

Gifts may be made payable to McLean Hospital and mailed to: The McLean Hospital Development Office, 115 Mill Street, Belmont, MA 02478.

Gifts may also be made online at www.mclean.harvard.edu/gift.

Please write to the Development Office at 115 Mill Street, Belmont, MA 02478 if you wish to have your name removed from our distribution list for future fundraising materials designed to support McLean.

Looking Ahead

McLean's dynamic strategic planning process will establish the future direction of the hospital and define the initiatives in which it will invest. The plan spans McLean's tripartite mission of clinical care, research and education, and is reflective of the hospital's dedication to lead the field through excellence and innovation. Resonant with these core elements of its mission, McLean will commit to:

- ▶ providing clinical care at the highest standard, while integrating research and education to progressively elevate that standard at McLean and beyond;
- ▶ offering specialized expertise and services to a diverse population, including the most severely afflicted patients;
- ▶ conducting a full range of basic and clinical scientific research, designed to maximize discovery and translational impact;
- ▶ training the next generation of leaders in revolutionary approaches to psychiatry; and
- ▶ providing public education to heighten awareness, facilitate enlightened policy and eradicate stigma.

These foundational tenets are guiding a strategic plan that will transform McLean to confidently meet its mission in the future. To date, a number of significant themes have emerged from the planning process:

- ▶ McLean will build on its strengths in basic neuroscience to increase the understanding of the brain and mental illness. While fundamental discovery will remain a significant focus, the relevance of clinical and

translational research is a growing priority. This will entail a deeper integration of clinical care and research. Translational efforts will emphasize application of basic science discoveries to mankind and the application of clinical research findings to clinical practice. McLean will systematically promote evidence-based practices in its clinical settings and leverage practice-based evidence to develop and refine innovative approaches to care.

- ▶ McLean will invest substantially in its infrastructure, including information systems and facilities, in order to provide the contemporary environment and tools necessary to accomplish its mission.

- ▶ McLean will embrace large-scale collaborative efforts with its partners to provide a more seamless and comprehensive continuum of care, as well as to create greater opportunities for accelerating research progress.

Indeed, McLean's aspirations necessitate a bold and purposeful strategic plan—one that will enable the hospital to make a quantum leap forward in leading psychiatry and mental health throughout the 21st century.

McLEAN HOSPITAL

A HARVARD MEDICAL SCHOOL AFFILIATE

CONSISTENTLY RANKED THE NATION'S

TOP FREESTANDING PSYCHIATRIC HOSPITAL

~U.S. News & World Report

Executive Editor: Cynthia Lepore :: Principal Copywriter: Leslie Goldberg :: Principal Photography: Tom Kates Additional Photography: Joel Haskell Page 8 Dave Moser Page 35 :: Design: Cahoots :: ©2008 McLean Hospital

www.mclean.harvard.edu



McLEAN HOSPITAL

A Harvard Medical School Affiliate

115 Mill Street :: Belmont, MA 02478

