



AUSTEN RIGGS CENTER

Creating Community Through Engagement

2006 ANNUAL REPORT

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The Austen Riggs Center is a small psychiatric hospital and continuum of care for patients who have not responded to the primarily biological short-term interventions characteristic of other treatment settings.

While we are small, our mission is large: to help “treatment-resistant” patients become people taking charge of their lives.

Founded in 1919, Riggs treatment is organized around a completely open setting, a community of examined living and intensive individual psychodynamic psychotherapy. The therapeutic community provides stability, continuity, engagement and a sense of citizenship for patients as they move from inpatient care through residential settings and into the outside community. Continuity of care with the same clinicians, family engagement, and opportunities for creative expression maximize both the depth of treatment and the strengths of our patients. Riggs’ Erikson Institute applies the distinctive learning from this unique setting to education, research and consultation, both nationally and internationally.

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THE PEOPLE IN OUR COMMUNITY



This year members of the Board of Trustees have been particularly thrilled to watch the transformation of the space behind the Inn: from an empty lot to an original, inventive, and – soon to be – magnificent structure designed by Kyu Sung Woo Architects. The Community Center has been gradually taking shape. If you can imagine the folks at Riggs traipsing through the building site (some even in hard hats?) during the fall wind, winter snow and early spring rain, you'll get a sense of the excitement this new project has generated. The Patient Community Center will be a long-awaited space for communication and interaction. These splendid bricks and mortar represent our strong ties to each other, and the strength and spirit of all who work for Riggs.



The new Patient Community Center addition to the Inn.

Lisa Raskin, Ph.D.

Chair, Board of Trustees

Of course, this would never have been possible without the dedication of all members of the community: a talented staff and our extraordinarily generous friends. That we were able to match the Kresge grant this year to facilitate the building of the Patient Community Center is another indication of how we come together to nurture and support the wonderful enterprise that is Riggs.

The report herein of Dr. Ed Shapiro, Medical Director and CEO, details how Riggs has been flourishing. With the goal of creating the best atmosphere for growth and change, the Riggs staff has continued to strive for excellence in patient care. And the Erikson Institute continues wholeheartedly its mission of research, scholarship and reaching out to a larger community of scholars.

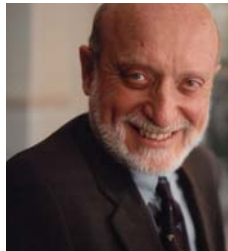
In these following pages I hope you get a flavor of the people who give Riggs its distinction. After all, a community is its people; we are so very fortunate to have such thoughtful, caring, and devoted members in our developing organization.

With profound gratitude,

A handwritten signature in cursive script that reads "Lisa A. Raskin".

Lisa A. Raskin Ph.D.

ONGOING LEARNING AND DEVELOPMENT



Despite our small size and semi-rural location – tucked away in the Berkshire Hills of Western Massachusetts – we were once again listed on the *US News & World Report* “Best Hospitals List” in 2006. This small psychiatric hospital without the resources of a major urban medical center remains an anomaly on that list. I believe that our ongoing effort to connect our work to the

dilemmas of the larger mental health care world is reflected in this recognition—and in our ongoing learning and development.

We continue to seek out partnerships and connections with colleagues and other organizations so that we can place our clinical work with treatment-resistant patients in a larger perspective. Through this engagement we hope to benefit from their experience and find ways to better articulate what we are learning from our unique treatment approach. You will read about some ways we are reaching out in Dr. Fromm’s Erikson Institute report, but here are a few:

Dr. Eric Plakun and I are writing the chapter on residential treatment for the upcoming American Psychiatric Association *Textbook on Inpatient Psychiatry*. In addition, Dr. Plakun is editing a series of papers by Riggs staff on “Treatment-Resistance and Patient Authority: A View from Riggs” for the *Journal of The American Academy of Psychoanalysis*. The series

will include topics ranging from individual psychotherapy, family work, psychodynamic psychopharmacology, the therapeutic community, interdisciplinary team functioning and systems psychodynamics. Also of note, 15 members of our small medical staff published papers in 2006.

Our academic connections have expanded through the Erikson Institute. This year, as part of our Harvard Medical School affiliation, we began discussions with the Cambridge Health Alliance about developing a psychology training program using Riggs teachers and distance learning. We also began an exploration with researchers from the Yale Child Study Center, jointly examining our long-term follow-up research data from the perspective of attachment and reflective functioning.

In the process of being re-accredited by the Joint Commission, we learned how inpatient care in this country is increasingly being defined in relation to patient safety. In Riggs’ completely open setting, we had previously linked our hospital-level care to the periodic need of our patients for increased nursing contact. As a result of our accreditors’ changing focus we have shifted our open hospital orientation to safety, limiting our hospital-level care to those few patients who require it during brief periods of high acuity. These patients may need more structured support to avoid transfer to a locked setting and to continue their work at Riggs. During their brief stays at this level of care, patients collaborate with the staff to set limits in relation to maintaining their safety in our open setting.

Edward R. Shapiro, M.D.

Medical Director/CEO

...this annual report will offer perspectives on our clinical work from staff members in different roles...

We had 146 patients in treatment at Riggs during the year, maintaining a full census in our residential programs, including the new Lenox Program which opened in 2005. We received a Kresge Challenge Grant and completed our Campaign for the Next Generation, meeting our goal of \$8 million to build a new Patient Community Center and expand our education and research programs. Construction began in the spring, and will be completed in the winter of 2008. You will read more about our generous donors who made this campaign possible in this report. We also received grant support from the Suicide Prevention Partnership for our Follow-Along Study, from the Education Foundation of America for the Lenox Residential Program, and from the Nef Foundation for our education and outreach programs.

And finally, we lost two long-time medical staff members this year: Drs. Martin Cooperman and Elizabeth Oakes. Mentor to a generation of psychotherapists, Dr. Cooperman began his tenure at Riggs in 1968 as Clinical Director and later as Associate Medical Director. Best known for his thinking on the dynamics of the relationship between patient and therapist, Dr. Cooperman helped shape the clinical work at Riggs. Touching many lives as clinician and supervisor, Dr. Oakes served as Clinical Director for 20 years. Many of our patients struggling with the most difficult issues responded to Dr. Oakes' reliable, non-threatening and empathetic way of working.

Riggs also lost Tilo Kaufman, a master craftsman who taught woodworking and sculpture in our Activities Program. He came to work at Riggs during the early 1960s when Joan Erikson was still consulting to the Activities Program. His work is still on display at the Red Lion Inn in Stockbridge.

Less than 150 people make up our entire staff at Riggs, interacting with each other as members of a community dedicated to caring for our patients. In addition to reviewing this year's work, this annual report offers perspectives on our clinical work from four individuals in different roles working with our patients. They share a similar experience: they all work at the Inn in the evenings. Through these stories I hope you will gain a deeper understanding of our efforts to help so-called "treatment-resistant" patients become people taking charge of their lives.



Edward R. Shapiro, M.D.



JAMES L. SACKSTEDER, M.D.
Associate Medical Director/
Director of Patient Care

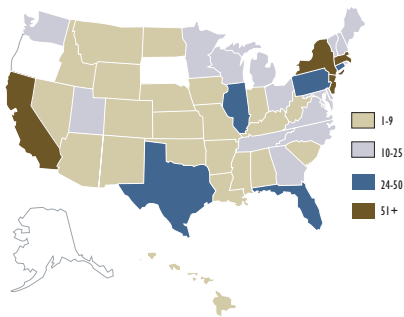


JANE BLOOM, PH.D., R.N., CS
Director of Patient Services



DONNA M. ELMENDORF, PH.D.
Director of Therapeutic
Community Program

As a national referral center for treatment-resistant patients, Riggs continues to receive requests from patients across the country and around the world. We are gradually expanding our census – this year treating 146 patients – and growing our staff as the institution develops. The new Patient Community Center building symbolizes the holding community that makes this intensive work possible. Though each patient has a therapist for intensive psychotherapy, a psychopharmacologist for medication, a social worker to help with family work and discharge planning, and a multidisciplinary team to coordinate the treatment, the patient’s engagement in treatment in this open residential setting is sustained with the support of relationships in the patient-staff community. In the following section, you will get a picture of these sustaining staff-patient connections.



Inquiries about Admission: National and International

TOTAL 1,394

UNITED STATES

AL 9	DE 2	IN 7	MN 12	NH 17	PA 39	VT 19
AR 4	FL 50	KY 6	MO 7	NJ 53	RI 10	WA 13
AZ 13	GA 16	LA 5	MS 3	NM 5	SC 4	WI 10
CA 78	HI 1	MA 115	MT 1	NV 1	TN 12	WV 1
CO 6	IA 4	MD 18	NC 17	NY 145	TX 34	UNKNOWN 462
CT 48	ID 4	ME 13	ND 1	OH 14	UT 13	
DC 5	IL 38	MI 20	NE 3	OK 7	VA 19	OTHER COUNTRIES 31



AN INTIMATE SPACE

Evenings at the Patient Inn

We focus on a particular time of day — the evenings — to give you a snapshot of what the patient experience is like through the eyes of our staff. Nurses, mental health workers, dietary staff and others explain their roles in helping our patients take charge of their lives. Through their stories — and the texture of their day-to-day connections with our patients — we hope you will gain a clearer understanding of how our unusual clinical program helps patients find new solutions, develop self-acceptance, and deal with obstacles to growth, development, self-respect and social engagement.

The Riggs community comes together in the evenings at the Inn. The transition from day to night is a routine much like everyday life at home — dinner, movies, conversation about the day, and friends.

As the day ends, patients gravitate to the community center. The smells of a home-cooked dinner fill the halls as patients wander into the dining room after a day of meetings and groups, therapy appointments, work, and other activities. There's a sense of camaraderie and togetherness among everyone in the building: patients, nurses, mental health workers, therapeutic community and dietary staff.

The evenings also provide time for some of the most intensive work with the nursing staff. "It is a relaxed, mostly unstructured time to be with the patients and hear how they are doing," says Kathleen "Kat" Godfrey, RN. "You have closer relationships with your patients in the evening, because there are more opportunities to get to know them."



KATHLEEN "KAT" GODFREY, RN



JEN BRUGGEMAN
*Program Manager,
Inn Residential Programs*

JEN BRUGGEMAN

I am a consultant to several Inn Residential Program (IRP) meetings per week. *The meetings serve as a space for the patients to get to know each other in a group setting, and find ways to communicate more effectively. The hope is that IRP patients can learn how to depend on each other through their relationships.*

I consult to the here-and-now process of the group. We look at what is unfolding in the room. It used to be that a staff member would go around the room and call on people to participate. But it was hard to get to anything meaningful. Now, by keeping the meetings unstructured, patients are given the opportunity to share something that matters to them and it turns into a richer discussion. They learn how to find their voices in the group.

My most favorite day to work is Sunday. It is completely different than any other day of the week. Maybe I'll take a group of patients snowshoeing or hiking. We may go out for coffee then end up in the Living Room at the Inn talking. Sundays are the days I have to play and be silly with the patients. The work they are doing in their therapy during the week is so hard. They need that time, and so do I.

Inn Program Manager Jen Bruggeman says, “Evenings feel like a different animal. The dark makes everything feel different. Patients may get frightened about being alone.” But inside the patient Inn, the evening is also a time when patients can have one-to-one and group experiences that are deeply rewarding.

The evening often starts at 4 pm with a Community Meeting in the living room. The center of the therapeutic community, the “CM” is led by a patient who is elected by his or her peers. It is open to patients at the hospital, residential and day treatment levels of care, and is often attended by 40 or more people. The CM is a primary reflective space for the community: the place for full, open discussion about all community issues – it is a center of examined living. In addition to sharing information, solving problems and decision-making, the CM provides time to reflect on the meaning of community events, to hold, develop and question traditions and values, and at times to choose a course of action. After the CM, patients move into dinner.

“It’s a lot like home,” says Jenny Herrick, a dietary staff member who works in the dining room most evenings. “Sometimes I’ll have to nag patients about something, but



JENNY HERRICK,
Dietary Staff

THE CLINICAL PROGRAM :

90% of patients admitted had a mood disorder that was refractory to outpatient and other treatments.



LEE McCLELLAND
Evening Charge Nurse

LEE McCLELLAND

Before Riggs, I was a professional actor. This was my first nursing job 16 years ago, and I've loved it from the beginning. The relationships between the patients and the nurses are intense. The issues that patients are working on in therapy four times a week don't stop when they leave the therapist's office. The work continues from a nursing perspective – a lot of education, how to live, new ways of coping, and emotional support.

Nursing here is very different from a locked psychiatric setting, and you learn about the differences while you are here. My favorite thing about Riggs is that you never stop learning. You learn about yourself, the treatment and people.

The patients here are very brave, very courageous. They've chosen to come here to try to get their lives back on track. None of them knows what they are getting into when they come here. As they get deeper into the work, it is hell. They want to stop; some want to kill themselves. My response to that is, "Wait. Give the treatment a chance to work." I respect them. The patients are extraordinary.

mostly we joke around." All nine members of the dietary team play an important part in creating a home-like environment for patients.

During the evening, the nursing staff and patients come together in the living room for "coffee hour," a cherished hour at the end of the day, when nursing roles are relaxed a bit, and everyone has the simple experience of hanging out together. It is purely a social time. Coffee hour began generations ago, at a time when Riggs was much more formal—crystal chandeliers, demitasse cups, white linens, elegant dining. It is less formal today, but the commitment to the tradition remains firmly in place.

"I'll often share more of myself with patients during coffee hour," says Kat. "We knit with them, share books with them. You get closer to them in that exchange." Director of Patient Care, James Sacksteder, M.D., adds that coffee hour is tremendously important in building a sense of community. "People are connecting with one another, and not necessarily over problems. It is a more intimate way for patients and staff to interact."

In the evenings and nights, the nursing staff's role is particularly critical, since there are no therapists in the house. The nurses, backed up by doctors on call, are



BONSAI COX, RN, B.S.N., M.ED.

THE CLINICAL PROGRAM :

74% of patients admitted had a mood disorder combined with a personality disorder.

10% of patients admitted had a principal diagnosis of a psychotic disorder (schizophrenia, schizoaffective disorder, delusional disorder or psychotic disorder not otherwise specified).



MATT BLAGYS
Psychology Fellow

MATT BLAGYS

As a therapist at Riggs, you learn to hone in on the most important things *more quickly because people are struggling so much. For example, when a patient admits that he or she is suicidal, the first thing I've learned here to think is, "This person is thinking about ending our work together! What's happening between us that's bringing up thoughts of suicide?" Sometimes patients get so hopeless and angry that they want to end their lives. But that thinking doesn't include the fact that there's another person in the room who is affecting them and affected by them. It took me a while to learn this — it's risky. It puts you out there with your patient in a real stressful situation, but it works. You get to how somebody's angry at you, or how something you said or did hurt their feelings. If you get to that point, you can talk with the patient about their feelings and over time the idea of suicide seems to go away.*

Now that my Fellowship is almost over, I'm realizing that it will be a struggle to not get swept up in the speed of life. I'll need to take a few moments from time to time to remember what I've learned here and to think about what I'm learning now.



LEE McCLELLAND, RN.

responsible for patients, and the charge nurse is essential to the smooth functioning of the shift.

“The evenings are not always peaceful and calm,” says Charge Nurse Lee McClelland, RN. “Patients may act out by cutting themselves, threatening to run away, getting into arguments with each other.” The nursing staff helps them to manage this behavior.

“Our nurses are unbelievably important because they are our safety net,” says Dr. Sacksteder. “They must quickly assess a patient who is having a problem and decide on an intervention. I can't stress enough the

THE CLINICAL PROGRAM :

42% of our admissions exhibited substance use disorders, 21% had a concomitant eating disorder, 13% had post-traumatic stress disorder.

A black and white portrait of Clara Fajardo, a woman with long, dark, curly hair, looking slightly to the right of the camera. She is wearing a dark, possibly lace-trimmed, top. The background is dark and textured.

CLARA FAJARDO
Mental Health Worker

CLARA FAJARDO

I spend almost all of my time with the patients: coffee hour, dinner and one-on-one counseling. The counseling time I enjoy the most. I think there's something about me that lets people feel like they can approach me. I really care about the patients at Riggs. I think they can sense that I care about connecting with them. They want to be reached. And they want to connect back. They want to have someone listen to them, be curious about them, and care.

I think the patients at Riggs are all really struggling. Most of the time, they are trying to take their own initiative. Most patients are struggling until the day they leave. Riggs is a place to get yourself functional and figure out some way to keep your head above water. But when you leave, you are not done. You have a whole other chapter ahead of you.

importance of the charge nurse because he or she is the first person the patient goes to. The charge nurse is going to make the initial determination about how serious the issue is.”

If necessary, a doctor will be called in, but it happens infrequently. “In my entire training, I’ve been called in less than 10 times when I’ve been on call,” says Matt Blagys, Ph.D., a third year psychology Fellow. “When I’ve been called, I know the nurses have exhausted all resources, and they need another perspective.”

Jane Bloom, Ph.D., RN, CS, director of patient services, observes, “Nurses do manage a lot of behavior; it’s different from the role of a therapist. The therapists will make a dynamic formulation about how to place the patient’s behavior in perspective in a clinical meeting; the nurse’s thought is, ‘But I need to manage this.’ It’s the difference between a therapist understanding why the patient is behaving a certain way, and a nurse responding with, ‘What do I need to do to help maintain the patient’s safety?’ It is in this exchange that the open setting at Riggs and the patient’s ability to take responsibility for herself gets tested. Riggs’ small size — less than 80 patients at any given time — allows for both a team and a center-wide approach to addressing such issues, with input from the entire



LIZ AHO, RN, M.S.N.

THE CLINICAL PROGRAM:

65% of the patients discharged in 2006 paid for their entire treatment through private resources.

An additional 15% used a combination of insurance and private funds, with the remaining 20% using insurance alone.

clinical community. “In my experience, nowhere else is there as much professional time dedicated to advancing the treatment of each patient as at Riggs,” says Liz Aho, RN, M.S.N.

With a minimum stay of six weeks, and an average length of treatment of six months in the range of programs, Riggs offers an opportunity to slow things down. Bonsai Cox, R.N., B.S.N., M.Ed., a nurse at Riggs for 19 years says, “You do get attached, and you do become fond of patients.

I wouldn’t change that for anything, because not caring means I’m not feeling and I’m not present. I want to be present for our patients.”

As the evening progresses, the activity begins to slow down and patients meet with nurses for individual check-ins, where they do intensive issue-related work. The quiet takes over, things settle, and the evening nurses turn the house over to the night shift nurses, who help patients make it through until another day.

A PATIENT AT THE AUSTEN RIGGS CENTER

“Every morning I wake up and I make a choice to save myself. I work hard to maintain my alliance, to participate in my therapy, and to be a part of this community. I wish I could send everyone to Riggs.”



EXPANDING OUR CORE PROGRAM



This year we increased our efforts to both bring in and reach out to the outside world. We had two Erikson Scholars (Wesley Carr, the Dean Emeritus of Westminster Abbey and Vamik Volkan, Professor Emeritus of Psychiatry at the University of Virginia), one Tavitian Scholar (Anna Kazanskaya, a psychoanalyst from Moscow) and a Visiting Scholar (Jeff Bloechl, a

philosophy professor from Holy Cross University). Dr. Carr taught seminars on group and organizational consultation and began working with Dr. Shapiro on a book on citizenship. Dr. Volkan continued as senior supervisor and teacher, working with several staff members on upcoming publications. The study group with Williams College, working on the links between psychoanalytic thinking and various academic disciplines, began its fourth year. Our Interdisciplinary Forums addressed societal conflict, the social consequences of the Gulf Coast hurricanes, Lincoln and his depression, and religion and psychoanalysis.

To meet the needs of our growing Fellowship of 10 psychologists and psychiatrists, we restructured the training program as a two-year basic Fellowship and a two-year Advanced Fellowship. The basic curriculum addresses foundations of psychoanalytic psychotherapy, the evolution of

psychoanalytic theory and technique and Riggs staff contributions to this evolution. The advanced curriculum will address selected difficulties in working with “treatment resistant” patients, specialization electives (group and family work, research, admissions work, organizational consultation), and courses designed to facilitate transition to working in other settings.

In addition to expanding our Fellowship, we began a continuous case conference and a supervision seminar. We continued our series of lectures and clinical workshops for the professional public and held the fourth annual Creativity Seminar, this year’s theme being “‘The Play’s the Thing’: Creativity, Psychoanalysis and Play.”

We also continued to offer training programs at national conferences. Jane Tillman’s work on the effects of patient suicide on therapists is a wonderful example of a staff member’s individual interest becoming a research project, leading to a paper published in a major journal. The work was then fashioned into a training program and developed into a major consultative offering to institutions suffering through the disaster of a patient’s suicide.

The first Main Aims paper from our Follow-Along Study was completed and submitted for publication. It documents our patients’ recovery from suicidal thinking, feeling and behavior, and delineates the

M. Gerard Fromm, Ph.D.

*Evelyn Stefansson Nef Director,
Erikson Institute for Education and Research*

...We offered forums on societal conflict, Gulf Coast hurricanes, Lincoln, religion and psychoanalysis...

trajectory of that recovery. Upcoming studies address other aspects of their improved functioning and the variables that correlate with that improvement. If our exploration with the Yale Child Study Center proves fruitful, the extensive data from our Follow-Along Study will link to a robust area of research on attachment functioning.

We held our fifth college counseling service conference involving representatives from Albany Medical College, Bennington College, Boston College, Colgate University, Dartmouth College, McGill University, Simon's Rock College of Bard, Smith College, Vassar College, Wesleyan University, Williams College and Yale University, and continued our organizational consultation service. We also partnered with our Alumni Association to offer a Community Forum on stigma.

I'll close this report with comments from another visiting scholar, a Professor of Comparative Literature and psychoanalytic candidate at Emory University, who spent a month at Riggs in a clinical internship. Claire Nouvet offered us a refreshing way of thinking about our work, illustrating the mutual interdisciplinary learning the Erikson Institute exists to foster. She wrote, "To my surprise, a 'community' can be defined by something much more elusive and forceful than a therapeutic consensus on how things should be done: a commitment on the part of each member of the clinical staff to open a space both in themselves and

among themselves to think about the various relations that compose the therapeutic 'institution'. It is impossible to anticipate the demand that such relational thinking puts on anyone who comes to 'observe' the work that is being done at Austen Riggs. I have been stunned to see a therapeutic group opening a space where loss could be acknowledged and where silence in front of loss could be allowed to resonate, unmitigated. One of the most invaluable 'lessons' that I take from Austen Riggs is that a clinician must be able to speak from that silence and from that loss, and not simply against it. I felt that there was a space at Austen Riggs where one could speak of literature — where it was profoundly relevant, as long as one does make the point that literature is not about finding pretty words but about fighting for the right of one's singular experience to exist in the world."



Building the new Patient Community Center represents the largest construction project the Center has undertaken since the Medical Office Building was built 50 years ago.

Over the past three years, Riggs has invested \$9.4 million in capital improvements. With ongoing support from our donors as well as other funding initiatives, more capital projects are on the horizon. Following the completion of the Patient Community Center in late 2007, the Board will review the strategic plan and set goals and priorities for additional renovations, including upgrades to our primary patient residence (the Inn) landscaping and major campus reconfiguration.

In the past two years admissions have increased 45 percent over the previous five-year average. This is primarily due to increased bed capacity in the Lavan Residential Program and the opening of the Lenox program, allowing more patients the option to “step-down” to less costly programs and sustain their longer-term treatment. This transition also opened patient rooms in the Inn, enabling us to reduce the time patients must wait for admission.

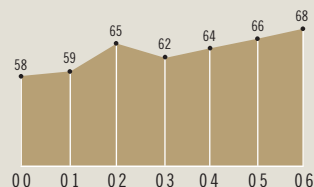
Chauncey T. Collins
Director of Operations and Finance

Over the past decade the patient census has steadily increased by approximately 1.5 patients per year, from 52 in 1997 to 68 in 2006. We anticipate this growth to accelerate slightly over the next few years until the census reaches 80.

The Austen Riggs Center's financial position and statement of operations remain strong. Accounts receivable balance is \$923,000 or 25 net days. Endowment and similar funds have a combined balance of \$11.5 million. A spending rule transfer of \$350,000 from these funds supported some of the expenses for the Erikson Institute for Education and Research and Patient Aid. The Erikson Institute makes up nearly 14% or \$2 million of Riggs' overall operating budget. Riggs granted \$791,000 in fee reductions and payment discounts to patients and their families.

In 2006, operating revenue grew 7% to \$13.9 million while expenses grew 6% to \$14 million. The revenue growth was due to an increase in admissions and patient census. A major factor in the growth of expenses is the significant investment in capital projects, which has doubled depreciation over the past two years. Non-operating gains (investment income and donations) of \$1.3 million offset the operating loss.

CENSUS



EXPENSES

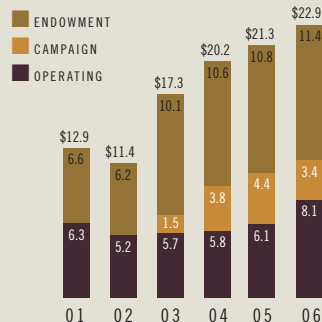
Millions



ANNUAL INCREASE 13% 9% 10% 7% 11% 6%

NET ASSETS

Millions



CONDENSED STATEMENT OF FINANCIAL POSITION

	2006	2005	VARIANCE
OPERATING FUND ASSETS:			
Operating cash and investments	\$ 2,321,000	\$ 2,288,000	\$ 33,000
Accounts receivable (net)	923,000	947,000	(24,000)
Other assets	763,000	808,000	(45,000)
Property, plant & equipment	10,795,000	8,867,000	1,928,000
ENDOWMENT AND SIMILAR FUNDS ASSETS:			
Patient Aid	380,000	356,000	24,000
Capital Campaign	3,411,000	4,428,000	(1,017,000)
Erikson Institute	11,039,000	10,450,000	589,000
Total Assets	\$ 29,632,000	\$ 28,144,000	\$ 1,488,000
LIABILITIES:			
Current Liabilities	\$ 2,529,000	\$ 3,049,000	(520,000)
Long term debt	3,674,000	3,808,000	(134,000)
NET ASSETS:			
Operating	8,599,000	6,053,000	2,546,000
Unrestricted endowment	7,521,000	7,035,000	486,000
Temporarily restricted endowment	4,193,000	5,074,000	(881,000)
Permanently restricted endowment	3,116,000	3,125,000	(9,000)
Total Liabilities and Net Assets	\$ 29,632,000	\$ 28,144,000	\$ 1,488,000

CONDENSED STATEMENT OF OPERATIONS

December 31, 2006 and 2005

Total operating revenues	\$ 13,892,000	\$ 12,977,000	\$ 915,000
Total operating expenses	14,018,000	13,205,000	813,000
	(126,000)	(228,000)	102,000
Non-operating gains (losses)	1,331,000	902,000	429,000
REVENUE AND GAINS IN EXCESS OF (EXPENSES AND LOSSES)	\$ 1,205,000	\$ 674,000	\$ 531,000

SUPPORTING THE WORK OF RIGGS

Lisa Lewis

Interim Director of Development and Communications



2006 marked continued progress for fundraising to support the work at Riggs. Our most significant accomplishment was the completion of the Campaign for the Next Generation. In the past few years, we have raised \$8,024,000 for the construction of our new Patient Community Center and to support research and education through the

Erikson Institute. The highlight of the end of the Campaign was our success in meeting the Kresge Foundation Challenge grant. Construction on the Patient Community Center is underway and we look forward to celebrating the opening in Winter, 2008.

In addition, Riggs received several grants for its ongoing work:

- **\$30,000 from the Suicide Prevention Partnership for the Follow-Along Study**

This grant supports one aspect of the Riggs Follow-Along Study, exploring the effects of type of treatment chosen on the treatment outcome of previously suicidal and self-destructive patients.

- **\$40,000 from the Evelyn Stefansson Nef Foundation**

This grant continues Nef Foundation support for the Erikson Institute's public programs and provides increased support for Riggs to pilot two new initiatives: online continuing education programs and early childhood development Interdisciplinary Forums, in conjunction with the Riggs Montessori School.

- **\$35,000 from the Educational Foundation of America to support the Lenox Residential Program.**



In August, over 200 friends and colleagues came to Riggs to commemorate Dr. Ess A. White, Jr.'s contribution and dedication to Riggs. Through the generosity of his friends we have established the Ess White Fellowship Fund to support our Fellowship training program.



Above: (left to right) Skip Meade, John Muller, Jerry Fromm, and Bill Allison wearing ties from the Ess White Collection. **Below:** The Graveside ceremony at Stockbridge Cemetery.

DONORS

CAMPAIGN FOR THE NEXT GENERATION

Benefactor

Irving and Barbara C. Gutin
Evelyn Stefansson Nef
1 Anonymous Donor

Patron

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Volkan, VD. Aufgeklärte Beschneidung. Die Psychoanalyse erreicht in der Türkei nur jene, in deren Alltag die Religion keine Rolle spielt – die Tradition aber sehr wohl. *Die Zeit*, 18 Mai, 38 (Germany).

Volkan, VD. Slobodan Milošević and the Serbian chosen trauma. *Clio's Psyche*, 13 (1) pp. 19-22.

Volkan, VD. What some monuments tell us about mourning and forgiveness. In *Taking Wrongs Seriously: Apologies and Reconciliation*, Elazar Barkan and Alexander Karn (eds.), pp. 15-131. Stanford, CA: Stanford University Press.

STAFF PRESENTATIONS

Steven Ackerman, Ph.D., co-presented "Somasochism, Object Relations, and the Mutuality of Autonomy Scale" at the Midwinter meeting of the Society for Personality Assessment.

Barri Belnap, M.D., co-presented "What's in a Name: An Identity Process Group with Psychiatric Patients," The Spring Symposium, Center for the Study of Groups and Societal Systems (Boston) and the A.K. Rice Forum (Chicago). She co-presented "Women Working Together: Conflict, Power, Authority, and Betrayal," at The Association for the Psychoanalysis of Culture and Society Annual Meeting.

Marilyn Charles, Ph.D., co-chaired the Association for the Psychoanalysis of Culture and Society Annual Meeting, presented "What's the Difference? Engaging with Our Patients through Kleinian, Winnicottian, Lacanian, and Relational Theories," led a discussion, "Courting Destiny: Women, Submission, and Self-Destruction," chaired "Discovering Self Through the Arts," and co-led "Women Working Together: Conflict, Power, Authority, and Betrayal." At American University in Washington, DC, she presented, "Pattern as Inspiration and Mode of Communication in the Works of Van Gogh;" presented "Clinical Workshop and Case Consultation," at Michigan State University Psychological Clinic; and co-presented "Exploratory Conjoint Principal Components Analysis of Westen's ORSC and Cramer's DMM in a Student Population" at the Society for Personality Assessment. At the annual meeting of APA Division 39 she was Chair and participant in "Disruptions, Repair, and Development: Being and Becoming a Psychodynamic Psychotherapist," Chair of "Young Clinicians' Encounters with the Therapeutic Process," Chair and presenter of "The Insidious Stretching of the Envelope: Coping with Disregulation, Demands, and Other Assaults on the Analytic Mind" and panelist on "Silent scream: The cost of crucifixion." She also presented "The Waves: Tensions between creativity and containment in the life and writings of Virginia Woolf" at the Clinical Sandor Ferenczi Conference in Baden-Baden, Germany.

A. Jill Clemence, Ph.D., was a co-presenter of "The naturalistic course of suicidal and self-destructive phenomena in treatment resistant patients seeking residential treatment: The Austen Riggs Follow-Along Study I." at the American Association of Suicidology, Annual Meeting.

J. Christopher Fowler, Ph.D., co-presented the paper, "Somasochism, Object Relations, and the Mutuality of Autonomy Scale" at the Midwinter Meeting of the Society for Personality Assessment. He also was a co-presenter of "The naturalistic course of suicidal and self-destructive phenomena in treatment resistant patients seeking residential treatment: the Austen Riggs Follow-Along Study I," at the American Association of Suicidology Annual Meeting.

M. Gerard Fromm, Ph.D., was a staff member at a group relations conference on Leadership, Engagement and Accountability at Work in an Uncertain World, sponsored by Group Relations Netherlands in cooperation with the Utrecht School of Governance, and was a member of the President's Panel at the A.K. Rice Forum, Chicago. He co-presented "What's in a Name: An Identity Process Group with Psychiatric Patients" at the Spring Symposium of the Center for the Study of Groups and Societal Systems (Boston) and at the A.K. Rice Forum (Chicago). He presented a workshop on the Tavistock Large Group at the Northeastern Society for Group Psychotherapy Conference, and moderated a keynote presentation at "Belgirate II: Adaptation and Innovation in Theory, Design and Role-Taking in Group Relations Conferences and their Applications."

Sagman Kayatekin, M.D., presented a workshop on psychotherapy for residents of Department of Psychiatry, Hacettepe University Medical School, "Psychoanalytic Approach in the Practice of Psychiatry," First Ahmet Gogus Memorial Conference, Ankara, Turkey.

David Mintz, M.D., co-presented a daylong course, "A Psychodynamic Perspective on Treatment Refractory Mood Disorders" at the Annual Meeting of the American Psychiatric Association, and gave a three-hour course, "The Psychodynamics of Psychopharmacology" to PGY-1 psychiatry residents at The Institute of Living.

STAFF PUBLICATIONS, PRESENTATIONS & HONORS

Margaret Parish, Ph.D., presented a paper "On the Impossibility of Social Change" at The Association for the Psychoanalysis of Culture and Society Annual Meeting.

J. Christopher Perry, M.D., M.P.H., Co-presented "Recovery in personality disorders," and "The future of psychotherapy in psychiatry: the patients will decide," at Vinderen Psychiatric Institute, University of Oslo, Norway. He co-presented of "The naturalistic course of suicidal and self-destructive phenomena in treatment resistant patients seeking residential treatment: the Austen Riggs Follow-Along Study I," at the American Association of Suicidology Annual Meeting. He moderated the panel, "Sustained Recovery and Healthy Functioning: The Long and Short of it," at the Annual Meeting of the American Psychiatric Association, and was co-moderator of five panel presentations. He presented "Treatment of Cluster C personality disorders and its empirical support," as part of the Symposium "APA update of the treatment of Personality Disorders." At the Annual Meeting of the Society for Psychotherapy Research, Edinburgh, Scotland, he was moderator and panel presenter on "Improvement and recovery in personality disorders: Psychotherapy, medications, suicidal and self-destructive phenomena;" and co-presented three panel presentations. He also presented "Remission and sustained recovery from suicidal and self-destructive phenomena in two treated samples." at Psychotherapy Service Rounds, Institute of Community and Family Psychiatry, S.M.B.D. Jewish General Hospital.

Eric M. Plakun, M.D., presented a workshop on "Teaching the Therapeutic Alliance Across Schools of Psychotherapy," at the American Association of Directors of Psychotherapy Residency Training Annual Meeting. At the Annual Meeting of the American Psychiatric Association in Toronto, he directed and presented a daylong course, "A Psychodynamic Perspective on Treatment Refractory Mood Disorders." He also co-presented workshops on "Principles in the Psychotherapy of Self-Destructive Borderline Patients," "Responding to the Impact of Suicide on Clinicians," and "Teaching the working alliance as a core process across schools of psychotherapy." At the APA Institute on Psychiatric Services in New York he presented an invited workshop on "Responding to the Impact of

Suicide on Clinicians." He made regular appearances on the medical call-in show, "Vox Pop - Medical Monday," WAMC, Northeast Public Radio.

Edward R. Shapiro, M.D., presented "Psychoanalytic Hospitals from Germany to Austen Riggs" at the Winter Meeting, American Psychoanalytic Association in New York. At the Annual Meeting of the American Psychiatric Association in Toronto, Canada, he co-presented a daylong course, "A Psychodynamic Perspective on Treatment Refractory Mood Disorders" and co-presented workshops on "Self-Destructive and Suicidal Borderlines" and "The Impact of Suicide on Clinicians." He was a staff member at a group relations conference on leaders in changing organizations, Tavistock Institute, London.

Jane Tillman, Ph.D., co-presented "The Impact of Suicide on Clinicians" at the Annual Meeting of the American Psychiatric Association in Toronto, Canada. She also presented "Behavioral Emergencies" at Fairview Hospital's EMT class.

Vamik Volkan, M.D., gave a lecture on "Extreme Religious Fundamentalism and Violence," at the NATO and Turkish Sociology Association sponsored international meeting on terrorism in Ankara, Turkey. At the Fulbright Seminar in Austria, he presented, "Why do we need a large-group psychology in its own right?" He gave an address to the Swedish Psychoanalytic Society on "Baatn Death March and Animal Killings" in Stockholm. Also in Sweden at a public lecture, he presented "Large-Group Psychology." At a panel discussion in Austria, he discussed "Art and Diplomacy." As a celebration of Sigmund Freud's 150th birthday he brought psychoanalysts and diplomats from around the world together for a dialogue, "Psychoanalysis and Politics. Violence-Aggression-Regression," at the Bruno Kreisky Forum for International Dialogue and Sigmund Freud Foundation in Vienna. Also in Austria, he presented "Failure of diplomacy: Psychoanalytic aspects of ethnic conflict and conflict resolution," "Human Aspects of International Relationships," and "From Tsunami to Ethnic Cleansing." In Hungary, he presented "Shared mental representation of history: Its reactivation and influence" at the Europe: Myths and Realities, European Transcultural

Group Analytic Association meeting. He was the keynote speaker at Cape Town University honoring Nobel Laureate Archbishop Desmond Tutu. He also presented "The psychology of modern nation-state" at an interdisciplinary panel discussion of "Balkanization, and the concept of boundaries" at the Philoctetes Center for the Multidisciplinary Study of Imagination, New York Psychoanalytic Society, NY.

RECOGNITIONS

Marilyn Charles, Ph.D., was elected a Fellow of the Section on Psychoanalysis of the Canadian Psychological Association.

M. Gerard Fromm, Ph.D., was elected President of the Board of the Center for the Study of Groups and Social Systems, the Boston affiliate of the A.K. Rice Institute.

David Mintz, M.D., was recognized as a Psychoanalytic Member of the American Academy of Psychoanalysis and Dynamic Psychiatry.

Eric M. Plakun, M.D., served as chair of the APA Committee on Psychotherapy by Psychiatrists, was an examiner for the American Board of Psychiatry and Neurology and Editorial Board member, *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*.

Jane Tillman, Ph.D., was board certified in psychoanalysis by the American Board of Professional Psychology.

Vamik Volkan, M.D. received an Honorary Doctorate Degree, University of Ankara. He received a Lifelong Achievement Award, Eastern Mediterranean University (Republic of Northern Cyprus), and received the Fulbright/Sigmund Freud Privatstiftung Visiting Scholar of Psychoanalysis Award (Austria). He also received the outstanding contributions to the psychoanalytic study of society, recognition by Natur och Kultur, Stockholm (Sweden).

ERIKSON INSTITUTE CONFERENCES & LECTURES

The Natural Law of Reparation, C. Fred Alford, Ph.D., Professor of Government and Distinguished Scholar-Teacher at the University of Maryland, College Park.

Interdisciplinary Forum **The Dynamics of International Relations**, C. Fred Alford, Ph.D.; Vamik Volkan, M.D., Senior Erikson Scholar; and Joseph Montville, Ph.D., Senior Fellow, Center for World Religions, Diplomacy, and Conflict Resolution, George Mason University.

The Annual Yasmin Roberts Memorial Lecture: Funeral March with Introductory Polka: Grief, Loss, and the Creative Process, Nicholas Holliday, M.D., Assistant Director of Admissions, Austen Riggs Center and Artist.

Dialogues in Black and White, Kimberlyn Leary, Ph.D., Director of Psychology and Psychology Training, Cambridge Health Alliance.

Interdisciplinary Forum **Critical Moments as Relational Moments: The Centre for Humanitarian Dialogue and the Conflict in Aceh, Indonesia**, Kimberlyn Leary, Ph.D., Director of Psychology and Psychology Training, Cambridge Health Alliance.

Falling Out of the World: An Existential View on Space, Time and the Experience of Trauma, Alfred Margulies, M.D., Training and Supervising Analyst, The Psychoanalytic Institute of New England; Associate Professor Harvard Medical School at The Cambridge Health Alliance.

“Miss Lonelyhearts” Visits the Hospital, Carl Elliott, M.D., Professor, Center for Bioethics, University of Minnesota.

Interdisciplinary Forum **Lincoln’s Melancholy: How Depression Challenged a President and Fueled His Greatness – A Conversation with the Author**, Joshua Wolf Shenk, Historian John Demos, Ph.D. and Psychoanalyst Edward R. Shapiro, M.D.

Interdisciplinary Forum **Reflections on Katrina: What Kind of Disaster Was It?** Kai Erikson, Ph.D., the Erikson Institute Council of Scholars and Austen Riggs staff.

Creativity Seminar **“The Play’s The Thing”:** **Creativity, Psychoanalysis and Play**, with Eric Hill, Director; Leah Kreutzer Barber, Artistic Director and Founder of LKB Dance; Tina Packer, Artistic Director, Shakespeare & Company; Jo Ann Rothschild, Artist; Stephen Schlein, Ph.D.; Rolf Smedvig, Musician and Founder of The Empire Brass Quintet; Karen Telis; Austen Riggs Staff; and M. Gerard Fromm, Ph.D., Director.

Interdisciplinary Forum **Psychoanalysis and Religion in the 21st Century**, Wesley Carr, Ph.D., Erikson Scholar, Former Dean of Westminster Abbey, Richard Ford, Ph.D., and Jane Tillman, Ph.D..

Hate and Containment, Patrick J. Casement, Training Analyst, British Psychoanalytic Society.

Clinical Workshop **Internal Supervision in Process**, Patrick J. Casement, Training Analyst, British Psychoanalytic Society.

Community Forum on Stigma in collaboration with the Austen Riggs Alumni Association, James Gilligan, M.D. and panelists.

“A College Student Goes to the Hospital” *Counseling Service Conference*.

The Yasmin Roberts Memorial Lecture: Inevitable Uncertainty, Inevitable Loss: Challenges to Practitioner and Patient in Therapy and Analysis, Nancy J. Chodorow, Ph.D., Member and Faculty, Boston Psychoanalytic Institute of Psychoanalysis: Lecturer in Psychiatry, Harvard Medical School.

Clinical Workshop **The Fault Lines and Vulnerabilities of Masculinity**, Nancy Chodorow, Ph.D., Member and Faculty, Boston Psychoanalytic Institute of Psychoanalysis: Lecturer in Psychiatry, Harvard Medical School.

The Vicissitudes of Social Trust After Trauma OR Blowing Up the DSM Nosology, Jonathan Shay, M.D., Ph.D., Staff Psychiatrist, Department of Veterans Affairs Outpatient Clinic, Boston.

Erikson Institute Film Forum Each month, a film is presented by an Austen Riggs Center staff member who then facilitates a discussion. The Forum is free and open to the public.



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