

AUSTEN RIGGS CENTER

LOOKING OUTWARD □ 2005 ANNUAL REPORT

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LOOKING OUTWARD: THE RESEARCH, EDUCATIONAL AND OUTREACH WORK OF THE ERIKSON INSTITUTE



The Austen Riggs Center is a small psychiatric hospital and continuum of care for patients who have not responded to the more biologically based, 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.

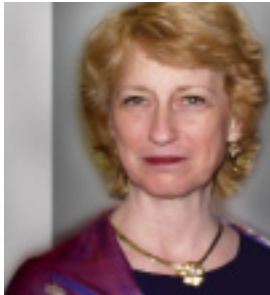
Founded in 1919, the Center’s treatment is organized around a completely open setting, a community of examined living and intensive individual psychodynamic psychotherapy. The therapeutic community provides stability, continuity, engagement and a sense of citizenship for patients as they move from inpatient 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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Looking towards the future



Thanks to the generosity of our supporters, and the intelligent and hard work of our staff, the Austen Riggs Center has had a splendid year. Our Medical Director and CEO, Ed Shapiro, explains in the following pages many of these exciting and important accomplishments.

At year's end we were just shy of meeting our goal of \$8 million for the *Campaign for the Next Generation*. In last year's report we wrote of plans to break ground for the Patient Community Center; we are now looking forward to the completion of the very inspiring building designed by Kyu Sung Woo Architects. With 50% of our patients in residential programs, the new Patient Community Center will provide a necessary dedicated space for all of our patients to come together.

LISA A. RASKIN, PH.D.
CHAIR, BOARD OF TRUSTEES

While our patient-driven ideals continue to strengthen our treatment, our work to enhance the Erikson Institute is thriving. The accomplished staff at Riggs is driven towards excellence in their clinical work, in their pursuit of scholarly ideas, and in the dissemination of this effort to the community beyond Riggs.

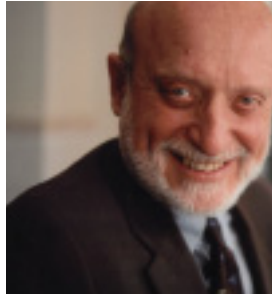
We have been so touched by the outpouring of support for our programs. As we finish our campaign and look towards the future I would like, on behalf of the Board, to pay tribute to you – our friends – who are essential to what we do.

With our deepest thanks,

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

Lisa A. Raskin Ph.D.

Learning and Looking Outward



In the last decade, there has been significant progress in the biological treatment of patients with mood disorders. With these advances has come the recognition that between 15 and 40 percent of these patients – millions of people – do not respond to biological treatment alone. They often require more intensive work, including hospitalization and psychotherapy. When they carry multiple diagnoses, including treatment refractory mood disorders and personality disorders, the struggles these patients live with – and their impact on others – become very intense, with suicide as a significant risk.

Clinicians can feel hopeless about treating these patients: those who survive appear doomed to lead tormented lives of recurrent crises. This year, our long-term, naturalistic Follow-Along Study of Riggs patients is beginning to reveal evidence for hope. Preliminary results show a substantial decrease over time in the frequency of suicidal thinking, feeling and behavior. Several years after beginning treatment at Riggs, most patients report no suicide attempts or self-destructive actions and many report no suicidal thoughts.

Given the positive initial results of our Follow-Along Study, Riggs is working on ways to help more individuals while preserving the unique open treatment environment that was again recognized in the *US News & World Report's* list of Best Hospitals. In 2005, we had 1,705 inquiries about admission, a 6% increase over last year (which

EDWARD R. SHAPIRO, M.D.
MEDICAL DIRECTOR/CEO

was up 20% from the previous year). Eighty-four patients were admitted—an increase of 31%—and the waiting list ranged from 9 to 32 people, with an average wait of 6 weeks.

We increased our fellowship in intensive psychotherapy and hired additional clinical staff members so that we could treat more patients. We began constructing our new Patient Community Center, which will ultimately allow for more patients in our highest levels of care and provide a larger gathering place for patients in all of our step-down programs. We opened two new residential programs: a second program at Lavan Hall in Stockbridge, and a new residential program in neighboring Lenox, expanding our capacity by 13 patients.

Even with this expansion, our ability to impact the immense national population of treatment resistant patients is limited. How can we leverage what we are learning from our uniquely intensive involvement with this group of patients, their families, and their social contexts? How do we join with others outside of Riggs to engage our profession, develop mutual learning and contribute to a broader understanding of the issues that affect our patients' lives?

We are using the resources of Riggs' Erikson Institute to begin to answer these questions. This year's annual report features the research, educational and outreach work of the Erikson Institute, under the leadership of our Evelyn Stefansson Nef Director, Jerry Fromm, Ph.D.

You will read five stories. In addition to the ongoing research of our Follow-Along Study, several clinicians took up independent projects in 2005. We focus on Dr. Jane Tillman, whose research on the impact of a patient's suicide on the clinician has touched

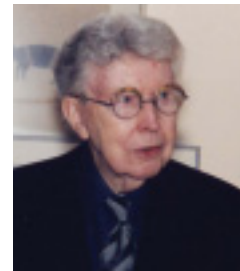
RIGGS LONG-TERM NATURALISTIC
FOLLOW-ALONG STUDY IS BEGINNING
TO REVEAL EVIDENCE FOR HOPE.

many in the field and has been transformed into an outreach tool aimed at helping professionals cope. Two graduating Fellows, Drs. Jesse Goodman and Margaret Parish, describe the rich educational experience offered in our psychology and psychiatry fellowship. Our third story focuses on our efforts to impact the profession. Eric Plakun, M.D., Director of Admissions and Professional Relations, has led Riggs' engagement with the field of psychiatry. A fourth story focuses on organizational dynamics, an area of special interest for many Riggs staff members. Under Dr. Fromm's direction, the Erikson Institute is developing a consultation service, and offered a clinical retreat this year for Ingraham mental health center in Portland, Maine that proved significant for all involved. And finally, we describe one of the ways we connect with the larger society through a profile of our Senior Erikson Scholar, Vamik Volkan, who has built an illustrious career out of applying psychoanalytic thinking and techniques to diverse conflicts around the world.

These stories will give you a glimpse into the tremendous wealth of knowledge and experience among the staff at Riggs. The Erikson Institute is a crucial boundary that connects Riggs to the outside world, articulating the relevance of our treatment approach,

linking this learning with the perspectives of other organizations, and bringing the resources of the outside world into Riggs. You can get a sense of the Institute's reach on our new website: www.austenriggs.org. Developing the capacities of our Erikson Institute is crucial to our mission of helping people take charge of their lives.

In closing, I would like to acknowledge the passing in 2005 of a beloved member of the Riggs Community, Ess A. White, Jr. Dr. White



ESS A. WHITE, JR., M.D.

spent his entire psychiatric career on the staff of the Austen Riggs Center. He was instrumental in creating the therapeutic community program, a partnership between patients and staff that used people's strengths to maintain the only fully open psychiatric hospital in the country. A psychotherapist, supervisor, teacher and founder of Riggs' Alumni

Association, Dr. White held nearly every administrative position at Riggs during his long career, including Acting Medical Director, Director of Admissions, Director of Education, and Director of Psychotherapy. Dr. White will be honored at a memorial celebration at Riggs in August, 2006.

A handwritten signature in black ink, appearing to read 'E. Shapiro'.

Edward R. Shapiro, M.D.

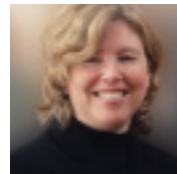
Clinical Program

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



- In 2005 there were 1,705 inquiries about admission, a 6% increase over 2004. (see map below)
- Most of those who first contact us are family members or prospective patients, and most often because they found Riggs on the web.
- 84 patients were admitted to Riggs in 2005, a 31% increase.
- One hundred thirty nine patients were in treatment at Riggs over the course of year (124 in 2004).
- 88% of patients admitted had a mood disorder that was refractory to outpatient and other treatments.
- 67% of patients admitted had a mood disorder combined with a personality disorder.

- 13% had a principal diagnosis of a psychotic disorder (schizophrenia, schizoaffective disorder, delusional disorder or “psychotic disorder not otherwise specified”).
- 52% of our admissions exhibited substance use disorders, 33% had a concomitant eating disorder and 15% had post traumatic stress disorder.
- Sixty five percent of the patients discharged in 2005 paid for their entire treatment through private resources. An additional 23% used a combination of insurance and private funds, with the remaining 12% using insurance alone. Based on need, 28 patients used \$375,000 in patient aid provided by Riggs to pay for a portion of their treatment.
- The median length of treatment of all patients at Riggs on December 31, 2005, in the entire range of programs, was 7.3 months.

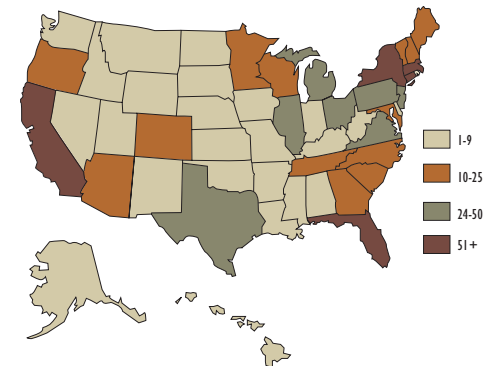
INQUIRIES ABOUT ADMISSION: *National and International* **TOTAL 1705**

UNITED STATES

AK	3	ID	4	MT	2	RI	7
AL	8	IL	37	NC	34	SC	12
AR	2	IN	9	ND	1	SD	2
AZ	24	KS	6	NE	2	TN	11
CA	109	KY	9	NH	13	TX	40
CO	13	LA	8	NJ	50	UT	2
CT	80	MA	150	NM	8	VA	28
DC	10	MD	30	NV	2	VT	13
DE	2	ME	21	NY	172	WA	13
FL	64	MI	37	OH	39	WI	12
GA	23	MN	16	OK	7	WV	3
HI	2	MO	6	OR	9	WY	3
IA	2	MS	2	PA	41	Unknown	462

OTHER COUNTRIES

Australia	3
Canada	17
Cayman Island	1
Croatia	1
Greece	1
India	2
Israel	1
Italy	1
Nepal	1
Puerto Rico	3
Turkey	1
United Kingdom	7



Erikson Institute for Education and Research

M. GERARD FROMM, PH.D.

EVELYN STEFANSSON NEF DIRECTOR
OF THE ERIKSON INSTITUTE



A few years ago, Dr. Otto Kernberg invited us to better articulate what we were “doing so well and so uniquely” in our treatment program. One outcome has been a new curriculum for the Fellows, designed to acquaint them with the theoretical and clinical history of psychoanalysis, and to examine the

part Riggs has played in its evolution: from the groundbreaking insights of Knight, Erikson and others during the heyday of ego psychology to the deeply relational work of Otto Will to the contextual developments of more recent years. Another outcome has been more writing and teaching by Riggs staff and the development of a focused series of papers organized by Dr. Eric Plakun. Treating severe emotional trouble in this setting, where “the other 23 hours” are also available for study, has opened a window for unusual learning.

The natural link between Riggs’ clinical work and the task of the Erikson Institute is embedded in our mission of helping treatment-resistant patients become people taking charge of their lives. My clinical experience convinces me that “treatment-resistance” occurs in response to interventions that neglect the

importance of the meaning of patients’ symptoms and the significance of human relationships to their troubles and their treatment. Riggs works to restore both, along with attention to the patients’ authority to lead their lives and their capacities to use language to communicate their experience.

The Erikson Institute’s task includes the study of the dynamics of early and current relationships and the meanings discovered in treatment, including the impact of trauma across generations, the transformation of action into symbolic expression, and the “holding environments” that facilitate the individual’s capacity to take authority for his or her life.

Riggs has privileged data about how people come to suffer emotionally and how they change. This places upon us the responsibility to bring this experience into dialogue with others for the purpose of learning. Anchored to an Eriksonian aspiration by a Council of Scholars – eminent professionals representing a range of disciplines – we attempt to link this learning in both practical and conceptual ways to other clinicians, institutions and larger societal problems. It is no small feat, in today’s world that Riggs has both survived and thrived as a treatment program of excellence. It is even more stunning that the Board has created within Riggs an Institute devoted to learning. I hope that the stories that follow will bring this learning to you with both texture and clarity. *

Losing a Patient to Suicide

Since 1992 Riggs has been conducting an ongoing Follow-Along Study of treatment outcome. Results thus far indicate that Riggs patients suffer from an average of six disorders at the time of admission. About 80% suffer from treatment refractory mood disorders combined with personality disorders. Many have attempted suicide in the past, and have come to Riggs because their treatments have become mired in recurrent crises, often marked by self-destructive behavior.

With such a patient population in an open setting, clinical staff at Riggs worry about the risk of suicide. In fact, suicide is an occupational (and very personal) hazard for the entire mental health profession. Studies suggest that one in six psychology interns and one in three psychiatry residents will experience the suicide of a patient at some point during their training. Other studies indicate that the risk of a psychiatrist losing a patient to suicide at some point in their career is about 50%.

The suicide of a patient is probably the most painful professional event in the life of a psychotherapist. The impact has been described in the literature through case reports, questionnaires and structured interviews. Yet, there are few systematic studies.

Riggs treatment team leader Jane Tillman, Ph.D. wanted to learn more about how clinicians experience and respond to the loss of a patient by suicide. In her multifaceted phenomenological study, partially funded by the International Psychoanalytic Association and published in 2006 in the *International Journal of Psychoanalysis*, Dr. Tillman interviewed 12 psychodynamic therapists who lost a patient to suicide while in treatment or shortly after leaving treatment. Analysis of the transcripts yielded eight areas of reaction: traumatic responses, emotional responses, effects on personal relationships; effect on relationships with colleagues; feelings of shame and guilt;

risk management concerns; a sense of crisis in the therapist's life; and effects on work with other patients.

Tillman's clinicians had responses ranging from loss of competence, shame, and anger to profound sadness. Left alone with such feelings, clinicians may suffer immensely. The internal work of grieving may further be complicated by reality concerns, such as fears of being sued, no longer getting referrals, or some form of stigma. For clinicians – like patients – turning to others for support can make a difference.

“The difficult work of establishing a safe space to examine the full range of experience requires courage and forbearance both on the part of the clinician losing a patient and the colleagues they turn to following this devastating event,” says Tillman. *

TILLMAN AND HER COLLEAGUES IN THE RESEARCH GROUP AT RIGGS DEVELOPED AN INTEREST IN STUDYING PATIENT SUICIDE. COMING OUT OF THIS DISCUSSION, ERIC PLAKUN, WHO WRITES AND LECTURES ON WORKING WITH THE SUICIDAL PATIENT, DEVELOPED A WORKSHOP WITH TILLMAN AND EDWARD SHAPIRO ON “RESPONDING TO THE IMPACT OF SUICIDE ON CLINICIANS.” THE WORKSHOP HAS BEEN AN EDUCATIONAL OFFERING OF THE AMERICAN PSYCHIATRIC ASSOCIATION’S ANNUAL MEETING FOR THE PAST FIVE YEARS. THE THREE (PICTURED AT RIGHT) HAVE ALSO CONDUCTED THE WORKSHOP AT OTHER INSTITUTIONS, PROFESSIONAL MEETINGS AND GRAND ROUNDS.



Pictured left to right: Drs. Edward Shapiro, Eric Plakun and Jane Tillman

Education as Development

MARGARET PARISH, PH.D. &
JESSE GOODMAN, M.D.

“You learn about human extremes when you train at Riggs,” says Margaret Parish, Ph.D., a psychology Fellow who graduated in ’05. Jesse Goodman, M.D., a psychiatry Fellow who graduated with Parish, agrees. “You hear about and participate in the most troubling aspects of life — it’s a tremendously valuable experience,” he adds. John Muller, Director of Training, notes, “The training experience here is one of formation and personal change.”

What drew both of these young professionals to the fellowship program at Riggs was the opportunity to learn about intensive psychotherapy with very troubled people in a comprehensive way. Parish reflects, “It is unique for psychologists to be a part of a psychotherapy program, psychodynamic in orientation, where you work with patients four times a week.” She adds, “The open setting, therapeutic community and group work make for an extraordinary learning experience.”

“I HAVE LEARNED HOW TO BE A THERAPIST. THIS
CAME ABOUT FROM LEARNING A GREAT DEAL ABOUT
WHO I AM AS A PERSON, MY STRENGTHS, MY VALUES,
AND MY VULNERABILITIES, AND ABOUT THE BASIC
HUMAN EXPERIENCES THAT I SHARE WITH MY
PATIENTS SO THAT I AM BETTER ABLE
TO UNDERSTAND THEM.” –JESSE GOODMAN

Goodman learned about Riggs in his fourth year at Mayo Medical School, in Rochester, Minnesota. He heard about the Harvard Medical School training program that included three years at Cambridge Hospital and four at Riggs. The program intrigued him because of its psychodynamic perspective.

Increasingly, psychiatrists get little or no formal training in psychodynamic thinking, according to David Mintz, M.D., director of residency training. To address the fact that Fellows were arriving at Riggs without having learned the basic concepts in psychodynamic treatment, the curriculum committee began developing a new, expanded curriculum. The courses contextualize the evolution of psychoanalytic thought in relation to changes in the field as well as the specific clinical problems encountered at Riggs, focusing on the intersection of intensive individual psychotherapy, family work and community treatment.

Psychiatrists and psychologists participate equally as therapists in the fellowship, though with different areas of responsibility. Psychiatrists integrate psychopharmacological treatment; psychologists provide psychological testing. The psychiatry fellowship is two years in duration, with the option of an advanced fellowship for two additional years; the psychology fellowship is four years.

A unique aspect of the psychology program is the psychological testing seminar. During the two-hour, weekly seminar Fellows review in detail a patient’s psychological test data in preparation for a case conference. “It is unusual to have such extensive and intensive



Education as Development (continued)

training in projective testing, and to spend so much time thinking in this way about a psyche,” Parish says.

In addition to carrying out intensive individual psychotherapy, group consultation, family treatment, and therapeutic community work, the Fellows participate in didactic seminars addressing psychopathology, clinical theory and technique, developmental research, and group and family dynamics. A highlight of the training program is the two-hour case conference, held twice a week. Case conferences give the entire clinical staff an opportunity to hear, reflect on, and discuss individual cases at length.

According to Parish and Goodman, one of the strengths of the program is the amount of support from clinical supervisors. “There’s always someone to talk to at Riggs,” says Parish. “We learn that we are separate beings with separate minds. At the same time, we learn about community — how it is impossible to do this work alone, and how we are all inter-related.”

“The year before I officially started, I came out to Stockbridge and spent an hour on Fridays with the Fellows talking about cases,” says Goodman. “Sometimes I would go for a walk around town with Dr. Sacksteder. That was a wonderful experience, and a good indicator of the amount of personal interaction and support I was going to receive from the clinical staff throughout my training.”

In addition to becoming accomplished psychotherapists, Fellows learn to work on multidisciplinary clinical teams and with the hospital staff. The core of the fellowship is treating the patient under supervision. After graduating in June, both Parish and Goodman

joined the clinical staff; now they must live up to the reputation of their teachers. On this they both agree — this is no small task. “What stands out in my mind is the clinical supervision. . .it’s the best I’ve ever had anywhere,” says Parish. “The clinical staff is fabulous, every one of them. I think it’s the real strength of Riggs.” *

“THERE’S A WISH THAT OUR PROFESSIONAL TRAINING, SKILL AND LEARNING WOULD BE A MATTER OF LEARNING A TECHNICAL SKILL THAT WOULD FIX PEOPLE. THIS NOTION OFFERS AN ILLUSION OF CONTROL THAT SOME FIND COMFORTING. THE FACT IS, WE HAVE A LOT LESS CONTROL OVER PATIENTS THAN THIS IDEA SUGGESTS. THE OPEN SETTING AT RIGGS CONTINUALLY REMINDS US OF THIS. THE PROCESS OF HOW PEOPLE GET ‘BETTER’ — WHEN THEY FEEL CALMER, MORE CONFIDENT, MORE PRODUCTIVE OR LESS SYMPTOMATIC — IS RATHER MYSTERIOUS AND, TO A LARGE EXTENT, DEPENDS ON SOMETHING INTRINSIC TO THAT PERSON. IN PSYCHODYNAMIC THERAPY AND IN THE THERAPEUTIC COMMUNITY, WE TRY TO CREATE CONDITIONS IN WHICH THIS CAN HAPPEN.” –MARGARET PARISH

Influencing Psychiatry



Riggs clinicians have always brought their writing and teaching into dialogue with colleagues in the field. But this decade's dramatic shift in American psychiatry toward biology has made these conversations both more difficult and more necessary. Patients who do not respond to psychiatry's

biological and medical paradigms are the focus of Riggs' work; practicing psychiatrists struggle to find ways to help them. In this context, Dr. Eric Plakun has increased his effort to carry Riggs' learning to the field of psychiatry, while representing the standards of psychiatry to Riggs. With 28 years on the staff and a varied background in medicine, including general practice in rural Vermont and training in biological, behavioral and psychoanalytic approaches to mental illness, Plakun is uniquely suited to this role. In his conversations with referring clinicians, he has developed a common language for what Riggs has to offer. "We were already caring for treatment refractory patients," Plakun says. "I just helped shape the message so that psychiatrists could learn what was available for a problem of growing concern to them."

When Riggs began its transformation in the early 1990's from a long-term hospital to a continuum of care, Plakun chaired the program development committee, helping the staff shape Riggs' six-program continuum (including inpatient, residential, day treatment

and aftercare), while holding both the highest standards of psychiatry and Riggs' tradition of providing intensive psychotherapy in an examined social context.

Part of the scientific program of the American Psychiatric Association for over 20 years, Plakun leads an annual, day-long course on "A Psychodynamic Approach to Treatment Refractory Mood Disorders" with Drs. Edward Shapiro and David Mintz. He recently accepted an invitation from the *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry* to develop a series of papers with other Riggs staff on clinical approaches to these patients. An examiner for the American Board of Psychiatry and Neurology, Plakun is also co-chair of the committee of the American Academy of Psychoanalysis and Dynamic Psychiatry that develops connections with the American Psychiatric Association. Active in the American College of Psychiatrists, he has also become involved in the governance structure of the American Psychiatric Association, chairing its Committee on Psychotherapy by Psychiatrists and serving on the APA Council on Quality Care and its legislative body, the APA Assembly.

A regular guest on Northeast Public Radio's medical call-in show, Plakun fields a wide array of questions about mental health. Says Plakun, "We do important and idealistic work at Riggs. The world ought to know about it. Linking our perspective with the everyday concerns of practicing clinicians and laypeople builds an important bridge. *

ERIC M. PLAKUN, M.D.

DIRECTOR OF ADMISSIONS AND
PROFESSIONAL RELATIONS



INGRAHAM STAFF MEMBERS (left to right) Monica Delehanty, John Santopietro, Sarah Cloutier, Roxanne Kenerson, Kirk Little

Helping the helpers: *An Erikson Institute Organizational Consultation*

Thirty-five years ago, a group of eighteen women volunteers in Portland, Maine organized to help troubled girls find employment. Housed in the historic home of Judge Ingraham, the group of women became known as the “Ingraham Volunteers.” Today, the Ingraham mental health center plays a major role in delivering social services and mental health care to the Greater Portland area through seven residential programs, a telephone hotline, suicide intervention programs, and case management services, reaching over 6,000 people a year. “We grew from 15 to 200 employees in the last 15 years,” says Ingraham Medical Director, John Santopietro, M.D. “We grew so fast, we began to question who we were. We were experiencing a slow-brewing identity crisis.”

In 2004, Santopietro began thinking about the possibility of getting an organizational consultation from Riggs through the Erikson Institute. A former psychiatry Fellow, Santopietro knew about the staff’s longstanding interest in group and organizational dynamics.

Under the leadership of Dr. Fromm, Director of Riggs’ Erikson Institute, this interest has taken shape as a growing consultation service. “We are building on our therapeutic community experience to better understand organizational dynamics,” says Fromm. “It’s a short step from an open hospital model to an open systems perspective. The goal of consultation is to strengthen the system’s capacities to successfully accomplish its work; the method is to help make sense of the experience of its members, linking it to their roles and tasks.” Fromm adds, “Having spent most of my career leading the therapeutic community program, I see its importance and uniqueness. Using this knowledge I feel we can make a contribution to other human service organizations.”

In June, 2005, Santopietro and his leadership team brought 27 senior clinical staff members to Riggs for a weekend clinical retreat. Riggs staff provided clinical and organizational training about work with patients with personality disorders. Impressed with the collective knowledge of the Riggs staff about treating seriously disturbed patients, Santopietro was not surprised at the success of the training. What did surprise him was the powerful group process that evolved, engaging the entire group — including himself.

“The individual contributions were breathtaking,” recalls Santopietro. “Everyone was given permission to participate, and they were engaged and held in a way they had never been before as a group.”

“Helping Ingraham get hold of the organizational issues that came with rapid growth allowed them to gain perspective on their resultant confusion, conflict and morale problems. This helped them to more fully grasp their own mission, and consider ways to focus their working lives,” says Fromm.

Six months later, Santopietro’s report is positive. There’s a boost in morale: communication between different levels of authority has improved and his staff is more personally connected to the task. “As an advocacy and needs fulfillment agency, our folks are trained to take care of clients — everything from crisis counseling to supplying them with diapers. They learned at the retreat how to begin to manage the conflicts inherent in their many jobs and address more effectively the powerful and often competing needs of the community.”

“My hope is that we can expand the consultation service to help more organizations deal with the kinds of issues Ingraham faced. There’s a lot of work that can be done, and a lot we can learn about the larger forces affecting the dynamics of human service organizations,” says Fromm. *

Senior Erikson Scholar

VAMIK VOLKAN, M.D.



From his office at Riggs, Vamik Volkan, M.D., looks out at the snow, grateful for the quiet, warm space in which he can relax and think. Retired now, Volkan writes — adding to his impressive bibliography of more than 30 books and 300 scientific papers. He also travels the world, lecturing

and participating in diplomatic discussions and conferences.

Beyond his work as psychoanalyst, supervisor and clinical teacher, Volkan has developed an illustrious career applying psychoanalytic thinking and techniques to the world's conflicts. He believes that universal elements of human nature converge under certain conditions in large groups to give rise to violence and obliteration of individual rights. He has carried out projects in troubled areas around the world, developing psychopolitical theories from his fieldwork and observations. In 2005, he was nominated for the Nobel Peace Prize, both for his extensive “on the ground” work and his rich theoretical contributions.

Emeritus Professor of Psychiatry at the University of Virginia, Volkan founded the Center for the Study of Mind and Human Interaction, a think tank from which he retired in 2002. Volkan's efforts to achieve a peaceful world began in 1979 when he became involved in unofficial diplomatic negotiations between influential Israelis and Arabs. He has subsequently had contact with world leaders, including Jimmy Carter, Mikhail Gorbachev and Yasser Arafat, and has helped bring a range of leaders and diplomats together to resolve differences.

IN EARLY 2006, VOLKAN WAS APPOINTED THE “FULBRIGHT/SIGMUND-FREUD-PRIVATSTIFTUNG VISITING SCHOLAR OF PSYCHOANALYSIS” IN VIENNA, AUSTRIA, AND WAS NOMINATED FOR THE SECOND TIME FOR THE NOBEL PEACE PRIZE. HIS WRITINGS INCLUDE A NEW BOOK, *KILLING IN THE NAME OF IDENTITY: THE STUDY OF BLOODY CONFLICTS*, TO BE PUBLISHED IN 2006.

“After I retired, Ed Shapiro approached me about joining Riggs. It is a perfect professional home,” he says. Volkan has studied the relationships between individual and large group psychology for over 30 years. “I’ve been inspired by the intellectual excitement at Riggs. Patients come here extremely traumatized, and there is an extended opportunity to examine their social and family contexts. This opens a window to look more deeply at the transgenerational transmission of trauma, and attempt to discover the relevant connections between societal trauma and the individual’s clinical problems.”

“Our Board of Trustees was both generous and foresighted in creating an endowed Erikson Scholar fund, allowing us to bring scholars to Riggs who can link their research with the Center’s ongoing clinical life,” Dr. Fromm says. “I remember Erikson’s hope that ‘a promising person have a real chance, the chance I had when I came to Riggs.’ Vamik has long ago delivered on his promise; his effort to apply his understanding about group trauma is a perfect fit with our clinical work.” *

Campaign for the Next Generation

DIANE WORTIS

DIRECTOR OF DEVELOPMENT
AND COMMUNICATIONS



Continuing our fund-raising efforts for the *Campaign for the Next Generation* was our primary focus in 2005. Our Campaign challenge is to preserve our intimate community, intensive treatment, and open setting while extending our reach outside the institution.

The new Patient Community Center, now being constructed, is one step towards meeting this challenge; expanding our research and educational outreach programs is another.

Thanks to generous support from our extended community, Riggs raised \$884,138, bringing the total Campaign funds committed to \$7,734,580 by the end of the year. Our biggest achievement was the receipt of a grant from The Kresge Foundation. To meet the terms of The Kresge Challenge Grant, Riggs committed to raise the remaining \$500,000 from new private gifts and grants. At the end of 2005, we had \$265,420 left to raise toward our \$8 million goal.

Employees showed their support for the Campaign, with about 45 percent participating in a staff fund-raising effort, committing \$52,815. *

In September, the Board of Trustees, staff, and community members came together to thank our donors. A special tribute was paid to Evelyn Stefansson Nef, Irving and Barbara Gutin and our anonymous donors, who gave at leadership levels. Board Chair Dr. Lisa Raskin thanked donors at all levels, noting particularly the broad range of support from staff, former patients and their families, and Berkshire residents.



(left to right) Donna Elmendorf, Director of Therapeutic Community; Riggs Board Members Aso Tavitiitan and Joan Goodrich; Medical Director/CEO Edward Shapiro and Board Chair Lisa Raskin



Riggs Board member Jean Rousseau and his wife Georgeanne look at architectural model of the Patient Community Center.



Empire Brass plays for the group at St. Paul's Church, Stockbridge.

Operations and Finance



We continued to expand our operations to support a growing patient census. Staffing levels in clinical departments were again increased in 2005 and the number of residential beds grew by 80%, from 16 to 29. Over the past five years, staffing levels have increased by 15% and Riggs has invested

\$8.5 million (\$3.6 million in 2005) in capital improvements, more than double the \$4 million invested over the previous decade. Nearly 50% of this outlay was financed through a \$4 million HEFA (Health Education Facilities Authority) bond obtained in mid-2004. We plan to invest an additional \$10 million in capital improvements over the next few years, focusing on the new Patient Community Center, related landscape improvements, and renovations to our main patient building, the Inn. Our nearly completed capital campaign of \$8 million will help finance these improvements.

Riggs remains in a strong financial position. At year's end, accounts receivable had a balance of \$947,000, representing 27 net days. Endowment and similar funds grew approximately 21% in 2005 to a combined balance of \$11.4 million. A spending rule (4.5%) transfer of \$320,000 from endowment helped support the Erikson Institute and Patient Aid programs. Cost accounting identified approximately 13%, or \$1.9 million of the budget, supporting the Erikson Institute for Education and Research.

CHAUNCEY T. COLLINS
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Operating revenues grew by 14% to \$13 million in 2005. Riggs granted \$536,000 (4.2% of program fees) in fee reductions and payment discounts to patients and their families. There was a 10% growth in operating expenses to \$13.2 million, 70% of which was due to staffing and benefit costs. Depreciation expense rose 41% to \$735,000. Non-operating gains of \$902,000 brought operations to a surplus of \$674,000 for the year. *

"FOR ME, I AM PARTICULARLY GLAD RIGGS IS AROUND TO OFFER LONG-TERM, STRUCTURED PSYCHOANALYTIC TREATMENT IN AN OPEN, THERAPEUTIC COMMUNITY FOR PATIENTS DIAGNOSED WITH BORDERLINE PERSONALITY DISORDER. RIGGS IS UNIQUE: THERE IS NO OTHER PLACE LIKE IT IN THIS COUNTRY. THROUGH GOOD LEADERSHIP, RIGGS HAS REMAINED FINANCIALLY VIABLE DURING CHALLENGING TIMES IN HEALTH CARE DELIVERY." —OTTO F. KERNBERG, MD

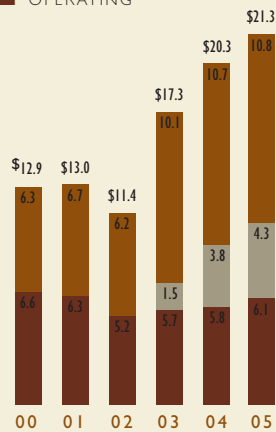
Dr. Kernberg is the Director of the Personality Disorders Institute of NY Presbyterian Hospital, and Professor of Psychiatry at the Weill Medical College of Cornell University. He is one of the world's leading theoreticians about personality disorders and a pre-eminent teacher of object relations theory and psychoanalytic treatment.

Condensed balance sheet

CENTER NET ASSETS

Dollars in Millions

- ENDOWMENT
- CAMPAIGN
- OPERATING



CONDENSED STATEMENT OF FINANCIAL POSITION

	2005	2004	VARIANCE
OPERATING ASSETS:			
Operating cash and investments	\$2,288,000	\$4,743,000	(\$2,455,000)
Accounts receivable (net)	947,000	843,000	104,000
Other assets	808,000	1,073,000	(265,000)
Property, plant and equipment	8,867,000	5,922,000	2,945,000
ENDOWMENT AND SIMILAR FUNDS ASSETS:			
Patient Aid	356,000	348,000	8,000
Capital Campaign	4,428,000	3,840,000	588,000
Erikson Institute	10,450,000	10,252,000	198,000
Total assets	\$28,144,000	\$27,021,000	\$1,123,000
LIABILITIES:			
Current Liabilities	\$3,049,000	\$2,821,000	\$228,000
Long Term Debt	3,808,000	3,947,000	(139,000)
NET ASSETS:			
Operating	\$6,053,000	5,814,000	239,000
Unrestricted endowment	7,035,000	6,800,000	235,000
Temporarily restricted endowment	\$5,074,000	4,529,000	545,000
Permanently restricted endowment	3,125,000	3,110,000	15,000
Total liabilities and net assets	\$28,144,000	\$27,021,000	\$1,123,000

CONDENSED STATEMENT OF OPERATIONS

December 31, 2005 and 2004

	2005	2004	VARIANCE
Total operating revenues	\$12,977,000	\$11,372,000	\$1,605,000
Total operating expenses	13,205,000	11,976,000	1,229,000
	(\$228,000)	(\$604,000)	\$376,000
Non-operating gains (losses)	902,000	1,883,000	(981,000)
REVENUE AND GAINS IN EXCESS OF (EXPENSES AND LOSSES)	\$674,000	\$1,279,000	(\$605,000)

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IN PRESS

- Blagys, Matt, Peters, E., Hilsenroth, M., Eudell, E.** Reliability and validity of the Social Cognition and Object Relations Scale in clinical use. *Psychotherapy Research*.
- Hilsenroth, M., Blagys, Matt, Ackerman, Steven, and DeFife, J.** Effects of training in short-term psychodynamic psychotherapy: Changes in graduate clinician technique. *Psychotherapy Research*.
- Irani, G., Volkan, Vamik, and Carter, J.** *Perspectives from the front lines: A workbook of ethno-political conflict*. New York: Prentice-Hall.
- Itzkowitz, N. and Volkan, Vamik.** Psychoanalysis and History. In *Annual of Chicago Institute of Psychoanalysis*.
- Kayatekin, M. Sagman,** Christianity and Islam on the Axis of Balkans. In Salman Akhtar (Ed.) *The Crescent and the Couch: Crosscurrents Between Islam and Psychoanalysis*.
- Perry, J. Christopher.** Cluster C Personality Disorders. In G. Gabbard (Ed.), *Treatment of DSM-IV-TR Psychiatric Disorders*. Washington, D.C.: American Psychiatric Press, Inc.
- Perry, J. Christopher.** Passive Aggressive Personality Disorder. In E. Simonsen, T. Millon, and E. Ronningstam (Eds.), *Educational Program on Personality Disorders, Module II*. World Psychiatric Association and International Society for the Study of Personality Disorders
- Perry, J. Christopher, Sigal, J., Boucher, S., and Paré, N.** The children of Duplessis (les Enfants du Duplessis): Seven institutionalized children and their adaptation in late adulthood. *Psychiatry: Journal of Biological and Interpersonal Processes*.

Staff Publications, Presentations & Honors

Tillman, Jane G. Review of *Madhouse: A Tragic Tale of Megalomania and Modern Medicine* by Andrew Scull (New Haven: Yale University Press, 2005) and *The Lobotomist: A Maverick Medical Genius and his Tragic Quest to Rid the World of Mental Illness* by Jack El-Hai. (Hoboken: John Wiley and Sons, Inc., 2005). In: *Psychoanalytic Psychology*.

STAFF PRESENTATIONS

Steven Ackerman, Ph.D., presented "Human Figure Drawings and Real World Behavior" and "The Ego Impairment Index (EII) and Psychotherapy Attendance: Incremental Prediction of Treatment Outcome in Treatment-Refractory Inpatients" at the Society for Personality Assessment, Annual Scientific Exchange and Workshops, Chicago, Illinois.

Benjamin Addleson, Ph.D., presented "TAT and Clinical Inference" at the Society for Personality Assessment, Annual Scientific Exchange and Workshops, Chicago, Illinois.

Barri Belnap, M.D., presented "The Courage to Hope: Social Collaboration in The Therapeutic Milieu" at The Association for the Psychoanalysis of Culture and Society, Annual Conference on Psychoanalysis and Community at Rutgers University. She co-presented at the New England and New York State College Health Associations, Annual Meeting in Burlington, VT, with M. Gerard Fromm, Ph.D., "The Evolution of A Conference: Four Years of the Bennington College-Erikson Institute Working Conference for College Counseling Services."

Matthew Blagys, Ph.D., presented "Rorschach and Real World Behavior" at the Society for Personality Assessment, Annual Scientific Exchange and Workshops, Chicago, Illinois. He also presented "The Ego Impairment Index (EII) and Psychotherapy Attendance: Incremental Prediction of Treatment Outcome in Treatment-Refractory Inpatients".

Marilyn Charles, Ph.D., was discussant of a paper at the Scientific Meeting, The American Institute of Psychoanalysis of the Karen Horney Psychoanalytic Center, New York. At The Association for the Psychoanalysis of Culture and Society, Annual Conference on Psychoanalysis and Community at Rutgers University, she served as conference coordinator and panel chair, and presented Cultural Definitions: Rescuing the Person from the Prescription,

and 'Helping Professionals': Recognition as an Important Aspect of Building Community. She was panel chair and participant at roundtable on Low-Fee Training Clinics at the same conference. She presented the paper "Terror and Truth" at the Michigan Society for Psychoanalytic Psychology in Detroit.

Virginia Demos, Ed.D., presented "Silvan Tomkins' Affect Theory" at the Massachusetts Institute for Psychoanalysis. She presented a seminar on "The Multiple Uses of Home Observations of Infants and Parents" for The Mother-Infant, Mother-Toddler Program, New York Freudian Society, New York.

Donna Elmendorf, Ph.D., presented "Individual and Community Development: Creating a Space for the Irrational" at The Association for the Psychoanalysis of Culture and Society, Annual Conference on Psychoanalysis and Community at Rutgers University.

J. Christopher Fowler, Ph.D., presented at the Society for Personality Assessment, Annual Scientific Exchange and Workshops in Chicago, "Rorschach and Clinical Inference." He also presented "The Ego Impairment Index (EII) and Psychotherapy Attendance: Incremental Prediction of Treatment Outcome in Treatment-Refractory Inpatients". He presented "Improvements in Psychodynamic Conflicts in Relation to Symptomatic Change and Personality Functioning" and "The Psychogenesis of Perversion: Rating Psychodynamic Conflicts in Subject Reports of Therapy Interactions" at the International Society for Psychotherapy Research in Montreal, Quebec. At the International Rorschach Society held in Barcelona, Spain, he presented "As Good As It Gets? The Mutuality of Autonomy Scale: An Implied Measure of Object Relations".

M. Gerard Fromm, Ph.D., presented a workshop, "Winnicott and the Middle School of British Psychoanalysis" at the Massachusetts Institute for Psychoanalysis. He participated in an invited panel, "Learning from Serious Disturbance: Three Psychoanalytic Therapists Reflect on Their Work" at the Division of Psychoanalysis Spring Meeting of the American Psychological Association in New York. At the New England and New York State College Health Associations, Annual Meeting in Burlington, VT, he co-presented "The Evolution of A Conference: Four Years of the Bennington College-Erikson Institute Working Conference for College Counseling Services." Participating in the Fourth Pan-Asia Pacific Conference on Mental Health in Shanghai, he presented "The Role of Context in the Development and Treatment of

Severe Psychopathology." He presented a seminar on "Borderline Psychopathology" at the Berkshire Psychoanalytic Institute with Vamik Volkan, M.D. His "Role Analysis Workshop" was presented at the Center for the Study of Groups and Social Systems in Boston. He served as a panel member on "The History of Psychoanalysis in the Berkshires: In Memory of Margaret-Brenman Gibson" at the Western Massachusetts and Albany Association for Psychoanalytic Psychology. He also served on the conference staff for the Group Relations Conference on "Autonomy and Interdependence" of the Center for the Study of Groups and Social Systems (Boston).

Michael Groat, Ph.D., served as panel chair for the "Psychoanalytic Diagnosis and Formulation" session at the American Psychoanalytic Association, Winter Meeting in New York.

M. Sagman Kayatekin, M.D., presented "The Immigrating Therapist" at the Association for the Psychoanalysis of Culture and Society, Annual Conference on Psychoanalysis and Community at Rutgers University.

David Mintz, M.D., presented "How (Not What) to Prescribe: Teaching the Psychodynamics of Psychopharmacology" at the American Association of Directors of Psychiatric Residency Training, Tucson, Arizona. He presented "Meaning and Medication in the Care of Treatment Resistant Patients" for the Department of Psychiatry, Grand Rounds, at the Albany Medical Center. He presented a seminar at Cambridge Hospital on "Psychodynamics and Psychopharmacology," and at The Institute of Living in Hartford, CT, he presented "Meaning and Medication" for PGY-1 and PGY-2 Residents. At the Annual Meeting of the American Psychiatric Association in Atlanta he co-presented a daylong course, "Psychodynamic Approach to Treatment Refractory Mood Disorders".

John P. Muller, Ph.D., served as panel chair on "Psychoanalytic Identity and the Therapy Industry" at the Division of Psychoanalysis Spring Meeting of the American Psychological Association in New York.

Cathleen Morey, LICSW, presented a case presentation, "Impaired Agency in Schizophrenia: Family Therapy with a Young Adult Patient," at the International Conference on Family Therapy, Washington, D.C.

Margaret Parish, Ph.D., served as Conference Administrator for the Tavistock Institute's "Authority, Leadership and Organisation: The Leicester Conference" in England. She presented as panel chair, "Individual

Staff Publications, Presentations & Honors

Action as Group Communication” at The Association for the Psychoanalysis of Culture and Society, Annual Conference on Psychoanalysis and Community at Rutgers University.

J. Christopher Perry, M.P.H., M.D., presented “Childhood Trauma and Adulthood Motives in Treatment Resistant Patients from the Austen Riggs Center” and a Poster Session, “Convergent and Discriminant Validity of the Loevenger Sentence Completion Test (SCT) in a Study of Adults with Treatment Refractory Disorders: Can It Show Developmental Progress?” at the International Society for Psychotherapy Research in Montreal, Quebec. He also co-presented “The Psychogenesis of Perversion: Rating Psycho-dynamic Conflicts in Subject Reports of Therapy Interactions”.

Eric Plakun, M.D., presented at the Annual Meeting of the American Psychiatric Association in Atlanta, a workshop, “Y-Psychotherapy: An Integrated Evidence Based Approach to Revising the Core Competencies,” COPP (Committee on Psychotherapy by Psychiatrists); he co-presented a day-long course, “Psychodynamic Approach to Treatment Refractory Mood Disorders”. He co-presented a workshop on “Responding to the Impact of Suicide on Clinicians,” and another workshop on “Dynamic Therapy with Self-Destructive Borderlines.” He presented “Tibetan Psychiatry: Madness and Its Cure Seen Through the Lens of Tibetan Religious and National History” at the spring meeting of the American Academy of Psychoanalysis and Dynamic Psychiatry in Atlanta, and again as panel chair at the Association for the Psychoanalysis of Culture and Society, Annual Conference on Psychoanalysis and Community at Rutgers University. He co-presented “When A Patient Commits Suicide: Individual and Organizational Responses” at the New England and New York State College Health Associations, Annual Meeting in Burlington, VT. His conference presentation for the Berkshire Area Health Education Collaborative was titled, “Working with Self-Destructive and Suicidal Patients.”

Anne Rocheleau, Ph.D., presented “Bodies Speaking” at the Association for the Psychoanalysis of Culture and Society, Annual Conference on Psychoanalysis and Community at Rutgers University.

James Sacksteder, M.D., presented a seminar on “Comparative Psychodynamic Theories for Clinical Social Work Practice” for the Master’s Program at the School for Social Work, Smith College, Amherst, Massachusetts.

Edward R. Shapiro, M.D., presented “Psychoanalytic Hospitals from Germany to Austen Riggs” at the Winter Meeting, American Psychoanalytic Association in New York. He presented “Introduction to Organizational Dynamics: The Tavistock Group” at the American Group Psychotherapy Association. He gave a case presentation and teaching conference on psychodynamic treatment for psychology residents and interns as the Adam Corneel Visiting Professor at McLean Hospital, Belmont, Massachusetts. At the Annual Meeting of the American Psychiatric Association in Atlanta, he co-presented “Psychodynamic Approach to Treatment Refractory Mood Disorders”, and workshops on “Responding to the Impact of Suicide on Clinicians” and “Dynamic Therapy with Self-Destructive Borderlines”. At the same meeting he was a panelist at a symposium on “Inpatient Treatment”. At the Organization for Promoting the Understanding of Society (OPUS) in London, Dr. Shapiro was the invited keynote presenter, (with A.W. Carr) on “Can Society in Any Sense be Understood?” He served on the conference staff for the Group Relations Conference on Diversity at the Washington-Baltimore Center of the A.K. Rice Institute in Washington, D.C. and presented “Introduction to Organizational Dynamics: The Tavistock Group” at the Washington Psychoanalytic Society’s New Directions Program.

Stefanie Spanburg, MSW, co-presented “The Ego Impairment Index (EII) and Psychotherapy Attendance: Incremental Prediction of Treatment Outcome in Treatment-Refractory Inpatients” at the Society for Personality Assessment, Annual Scientific Exchange and Workshops in Chicago. She co-presented “The Psychogenesis of Perversion: Rating Psychodynamic Conflicts in Subject Reports of Therapy Interactions” at the International Society for Psychotherapy Research in Montreal, Quebec.

Jane Tillman, Ph.D., presented “Professional Identity and the Trauma of Patient Suicide” at the World Congress of the International Psychoanalytic Association, Rio de Janeiro, Brazil. She co-presented “When A Patient Commits Suicide: Individual and Organizational Responses” at the New England and New York State College Health Associations, Annual Meeting in Burlington, VT. At the Annual Meeting of the American Psychiatric Association in Atlanta, she co-presented a workshop on “Responding to the Impact of Suicide on Clinicians.” She participated in roundtable discussions on “Post-Graduate Training Opportunities” at the Division of Psychoanalysis Spring Meeting of the American Psychological Association in New York.

Vamik Volkan, M.D., presented a seminar on “Borderline Psychopathology” at the Berkshire Psychoanalytic Institute. He presented at the International Psychoanalytic Association (Rio de Janeiro, Brazil); the International Group Psychotherapy meeting (Molde, Norway); for the Izmir Psychoanalysis and Psychotherapy Days (Izmir Turkey), at the Psychoanalytic Views meeting (Istanbul, Turkey), and presented three public lectures at the University of Ankara. He presented at the UCLA Medical Alumni Annual Meeting in Los Angeles; at Bowdoin College in Maine; for the Florida Psychoanalytic Society in Miami; and at four meetings on terrorism in Washington, D.C.

STAFF AWARDS AND OFFICES

Marilyn Charles, Ph.D., became a Scientific Affiliate of the American Academy of Psychoanalysis and Dynamic Psychiatry. She joined the editorial boards of the Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry, and the Israel Annual of Psychoanalytic Theory, Research and Practice.

M. Gerard Fromm, Ph.D., began a two-year tenure as President of the Board of the Center for the Study of Groups and Social Systems at the Boston Affiliate of the A.K. Rice Institute.

The American Psychoanalytic Association, Committee on University and Medical Education, has included in its list of “Sixty Essential Papers in Psychoanalysis,” Meaning and Medication in the Care of Treatment Resistant Patients” by **David Mintz, M.D.**

Eric M. Plakun, M.D., was inducted as a Fellow in the American College of Psychiatrists. He was appointed by the American Psychiatric Association as Chair of the Committee on Psychotherapy by Psychiatrists.

Edward R. Shapiro, M.D., was the Adam Corneel Visiting Professor at McLean Hospital, Harvard Medical School.

Vamik Volkan, M.D., received the Austrian Fulbright Commission/Sigmund Freud Society-Privatstiftung Visiting Scholar of Psychoanalysis Award for a project on “Psychology of International Relationships.” Dr. Volkan received Ankara University’s President’s Medal (Ankara, Turkey), presented the Melitta Sperling Lecture for the New York Psychoanalytic Association, and was elected to the Board of Directors of the Freud Foundation (Vienna, Austria).

Erikson Institute Conferences, Lectures & Seminars

Bion Aboard the USS Cole: Responding to a Terrorist Attack Armed with Group Relations, John S. Kennedy, M.D., Clinical Programs Officer, Headquarters U.S. Marine Corps (Health Services) Washington, D.C.

Diagnostic Concepts and Controversies: The Psychoanalytic Challenge to Descriptive Psychiatry and workshop on **Mending The Split: Working With Patients with Schizoid Dynamics**, Nancy McWilliams, Ph.D., Professor, Graduate School of Applied and Professional Psychology, Rutgers University

Narcissism and Narcissistic Disorders and workshop on Clinical Work with Patients with Narcissistic Disorders, Ron Britton, M.D., Training Analyst, Institute of Psychoanalysis, London; President, British Psychoanalytic Society.

Societal Breakdown and the Seeds of Violence, Interdisciplinary Forum, James Gilligan, M.D. Visiting Professor of Psychiatry and Social Policy at the University of Pennsylvania, a Distinguished Visiting Scholar and Adjunct Professor at New York University, and President of the Center for the Study and Prevention of Violence; and Vamik Volkan, M.D., Senior Erikson Scholar, Professor Emeritus of Psychiatry and founder of the Center for the Study of Mind and Human Interaction at the University of Virginia.

The Psychological and Neurobiological Substrate of Early Parenting, Linda Mayes, M.D., Arnold Gesell Professor of Child Psychiatry, Pediatrics and Psychology, Yale Child Study Center, Chair of Directional Team, Anna Freud Centre.

Seven Principles of Successful Psychotherapy, Todd Davison, M.D., Clinical Professor of Psychiatry and Family Practice, Medical College of Wisconsin.

Creativity Seminar, “Mahler, Freud and the Symphony of a Thousand,” with Tina Packer, Artistic Director, Shakespeare & Company; Stuart Feder, M.D.; Michael Gandolfi, Composer; Stefan Asbury, Conductor; Gail Newman, Ph.D.; John Muller, Ph.D.; Maureen O’Flynn, Opera Singer; JoAnne Spies, Music Instructor; Austen Riggs Center Staff; Rita Omark, M.L.S., Program Administrator and M. Gerard Fromm, Ph.D., Director.

Fourth Working Conference for Counseling Services, M. Gerard Fromm, Ph.D., Director.

Some Technical Implications of Klein’s Concept of Premature Ego Development, Judith Mitrani, Ph.D., Training and Supervising Analyst, Psychoanalytic Center of California; Los Angeles Institute and Society for Psychoanalytic Studies; and Psychoanalytic Institute of Northern California.

Erikson Institute Annual Fall Conference, “Personality Disorder: Learning from the Clinical Laboratory,” with Anthony W. Bateman, M.A., FRCPsych.; Otto F. Kernberg, M.D.; Christopher Perry, M.D., M.P.H.; Edward R. Shapiro, M.D.; Sue von Baeyer, Ph.D.; Austen Riggs Center Staff; Rita Omark, M.L.S., Program Administrator and Christopher Fowler, Ph.D., Director.

From Grievance to Grief to Perplexity: Masculinity and Crossing Gender’s Divide and workshop on **Boys’ Hoods: Masculinities as Pleasure and Defense**, Ken Corbett, Ph.D., Editor, Studies in Gender and Sexuality.

Beyond the Reflection: The Role of Mirrors in Clinical Practice, Paulina Kernberg, M.D., Professor of Psychiatry, Weill Medical College of Cornell University.

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 public.



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