

Learning Together

AUSTEN RIGGS ANNUAL REPORT

2009

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FROM THE CHAIR

Lisa Raskin, Ph.D.

CHAIR, BOARD OF TRUSTEES

As we look toward the retirement in June, 2011, of our Medical Director/CEO Edward R. Shapiro, M.D., this year's Annual Report is a thoughtful, comprehensive reflection on his tenure. I have had the privilege of working with Ed for 10 years, the past five of them as Board Chair; working with a leader as extraordinary as Ed has been a delight. One of the ways in which I personally feel Ed's influence is in how he has helped strengthen the Board of Trustees. Not only did he encourage the Board to appoint strong, committed individuals, he encouraged us to take more responsibility for the institution. This is especially important as we embark on a time of major transition.

As we enter our last year with Ed at the helm, we are so very grateful to him for maintaining and strengthening the Austen Riggs Center. From nurturing the clinical ideals for which Riggs is famous, to establishing a series of cost-effective step-down programs, to creating the Erikson Institute for Education and Research, to building a culture of giving with the successful completion of an \$8 million capital campaign, and so much more, Ed has inspired everyone to work at their best. He holds others to the highest standards as those are the standards he holds for himself. During nearly two decades under his leadership, Riggs has thrived despite the many challenges that the institution has faced. I know that all of you who have been with Riggs for these many years join me in thanking Ed for all he has done for the institution. And I thank you for your continued friendship and support.

FROM THE MEDICAL DIRECTOR / CEO

Edward R. Shapiro, M.D.

MEDICAL DIRECTOR / CEO

I came to Riggs in 1991 from McLean Hospital, where I had directed an adolescent and family treatment program for 15 years. Immersed in psychoanalysis, family treatment and group-relations work, I was stimulated by conferences organized by the Tavistock Institute for Human Relations in London and the A.K. Rice Institute in America. I was beginning to see the ways all of us are inevitably and unconsciously embedded in the lives of others and in the larger tasks that organizations take up on behalf of society. Taking in these ideas, I had begun to do organizational consultation with law firms, family businesses and health care institutions, and had just written a book with a young cleric from England, who later became Dean of Westminster Abbey. *Lost in Familiar Places* was the title Wesley Carr and I chose to characterize the experience of individuals attempting to locate themselves in our rapidly shifting social process.

This set of ideas led me to consider leading an institution. I wondered if a shared understanding of the dynamics of social systems could help members of an organization (staff, patients, board members and related outsiders) grasp the larger social context in which patients' struggles and those of their families were embedded. Could discovering the relationship of family and social context to the personality development of individuals lead to a different clinical engagement with severe psychopathology? Could a small institution with a very focused clinical task discover the ways staff and patients were working and learning on behalf of society? Would a commitment to applying our learning to the social problems around us energize and illuminate this very difficult clinical work? Could these ideas be introduced to a real-world organization through a position of authority and leadership





Right: Dr. Shapiro, in 1992, with Dr. Elizabeth Oakes and Joy Bonnavier, R.N. Below: With Dr. Ess White, Board Chair, Philip Winterer



without doing damage to the brilliance of the clinical insights and the depth of the tradition?

In my first months at Riggs, I learned that grasping human systems dynamics and negotiating a shared reality was possible in this setting. One event made it clear:

Prior to my arrival and in response to my inquiry, the hospital administration decided that one of Riggs' five pianos could be located in the medical director's house, located on the Riggs campus. Given the leadership transition, limited discussion about the piano was carried out with patients.

On my arrival, the patients greeted me with outrage that I had "stolen" their piano. Even though they were not using it, the piano "belonged" to them. They saw me as the Medical Director with all my perks and themselves as the abused victims of power.

So the patients and I met—40 of them and me. On the face of it, the question of who controlled the pianos seemed perplexing, since pianos were a resource of the institution, and I was in charge of resources. To take up my authority required me to link available resources to the institution's task. At the moment, however, asserting that would have been simply a power operation. Since I was not about to act without understanding what we were involved in, we were stuck. I tried to listen to how they were right, but could not find the appropriate context.

But then one patient spoke movingly of the terrible sense of helplessness she had felt when the piano was arbitrarily moved without her consent. Though she did not play and knew that other patients didn't use the piano, she felt that something terribly important had been taken away. With a barely perceptible shift, we suddenly found ourselves talking about money, insurance, third-party payers and managed care.

The piano had suddenly become less important. We had discovered a larger context; there was a third perspective. We were talking about the task of treatment and the resources for providing it.

The patients knew that crucially important resources could disappear without their input. I readily understood their feelings of helplessness about the encroachments of reality and limited resources; these were feelings I also had as Medical Director. In fact, these feelings had contributed to my wish to provide a formal space with the piano in my home to raise money for the hospital.

When we returned to the piano, the patients and I found that we could negotiate a process for its review, discussion and decision. We had discovered a larger context for



Above: L–R: Drs. Ess White, James Sacksteder, Edward Shapiro, Daniel Schwartz and Martin Cooperman
Right: Dr. Shapiro pictured with Board member Aso Tavitian



negotiating a shared interpretation of reality: the task of treatment we were all engaged in through our various roles.

But how could I be sure that this interpretation was not simply self-serving and designed to mask my own arbitrariness and facilitate my keeping the piano? The evidence that we had found a shared understanding came five months later. The patients left me a Christmas stocking on my office door that contained a beginning integration of ambivalence. Inside the stocking were two offerings: a lump of coal and a beautiful, tiny wooden piano, with a tag that said, “This one’s on us!”

Twenty years later, after applying these ideas in every aspect of the institution, I am gratified by our development of systems thinking and by how much we have been able to accomplish.

My role at Riggs has stretched me; it has stimulated my passion and my thinking. I have had the joy of working with dedicated colleagues, the honor of participating in the professional development of scores of young fellows, and the excitement of learning from devoted board members who are themselves engaged in the world in vastly different ways. I have felt moved by the willingness of all of my colleagues to join with me in this difficult work. And, most of all, I have had the extraordinary experience of working daily with a courageous group of patients and their families as they take the risk in this open setting to face with us the worse terrors of their lives.

There have been sleepless nights and anxious days. The staff has taken very seriously our joint effort to help patients move out of the role of “treatment resistant” patients to a position of taking charge of their lives, and this effort has not been easy for any of us. But we have all learned—and I am sure that Riggs will continue to develop that learning.

I will miss this work—and I will miss all of you. Thank you for giving me this opportunity.

Ed Shapiro

Shaping the Mission

Leadership transition is always a time to reflect on what has been accomplished in order to prepare for what lies ahead. This annual report is an opportunity to review what Riggs has achieved under Dr. Shapiro's leadership over the last 20 years.

Before Dr. Shapiro took over as Medical Director/CEO in 1991, he invited the Board of Trustees, the staff and the patients, both separately and together, to help him articulate the institution's mission, vision and values. While particular individuals held certain beliefs about what Riggs stood for, the institution lacked a clearly defined mission that everyone could recognize and support. The discussions resulted in a mission that is deeply held by all at Riggs and increasingly recognizable to the field.

The mission orients the staff toward improving the lives of emotionally troubled and "treatment-resistant" patients by providing quality and cost-effective treatment. While attending to the use of contemporary psychiatric approaches, the mission spells out the Center's dedicated focus on the importance of human relationships and the responsibility and dignity of the individual. In addition, it underlines the centrality of intensive psychodynamic psychotherapy in an open therapeutic community environment.

"The process of developing our mission, vision and values was absolutely right," says Dr. James Sacksteder, associate medical director. "We crafted a statement that goes beyond words—it is about the value of the human being. I think everyone on the staff

"It took a lot of courage on Ed's part to stick with our mission at a time when other hospitals were either closing or changing the way they provided psychiatric treatment."

feels this very deeply and is committed to the work we do to help our patients face, bear and put in perspective the stresses and traumas of their lives so they can resume their development and take up meaningful lives."

In the late 1980s, before Dr. Shapiro arrived at Riggs, managed care had forced many psychiatric institutions across the country to rethink their models of providing care. Not knowing what the future held for long-term psychiatric treatment, Riggs, too, began looking at ways it could adapt.

Shapiro recognized that the excessive external bureaucratic control emanating from managed care organizations was adversely affecting patient care, but he acknowledged the kernel of truth: resources for health care are limited and must be

carefully managed. In an effort to help patients be more in charge of their treatment, he began to develop ways to help patients and families more tightly manage their resources while extending their care. Initiating a resource management committee, expanding family work and organizing small multidisciplinary teams where the same clinicians could follow patients throughout their treatment at Riggs in newly developed and less costly step-down programs, Shapiro began to adapt the institution to the changing health care field.

Then, in 1993, Riggs experienced a jolt when President Clinton announced his plans for national health care reform. Within months of this announcement, the patient census at Riggs plummeted by nearly 40% and the institution began to lose one hundred thousand dollars a month. Dr. Shapiro was faced with possibly the toughest decision of his career: was there a way for Riggs to continue its mission, or should the institution respond to the pressures of a health care environment in transition by moving away from its emphasis on providing intensive psychodynamic psychotherapy in an open therapeutic community?

Listening to the staff, the board and the patients, and taking seriously his own professional commitments, Shapiro held firm to what the institution stood for and did best. Facing the crisis, he made the difficult decision to weather the storm. With the board's help, he reorganized the staff and invested in an aggressive marketing campaign defining Riggs as the place, "... where 'treatment resistant' patients become people taking charge of their lives."

"It took a lot of courage on Ed's part to stick with our mission at a time when other hospitals were either closing or changing the way they provided psychiatric treatment," says Eric M. Plakun, M.D., director of admissions and professional relations.

Dr. Shapiro's instincts were on target, and indeed, there proved to be a market for the type of intensive psychotherapeutic treatment that Riggs provides. Health care reform was put on hold, and the patient census climbed steadily over the next 15 years.

"Ed's remarkable ability to listen to how people are right even around difficult challenges helped the institution not only survive but provide better care," says board member, Dwight Jewson. Now, Riggs is consistently listed on the *U.S. News & World Report's* Best Hospitals list. It remains the only free-standing psychiatric hospital in the country dedicated to taking the time necessary for psychotherapeutic treatment to unfold.

A Staff Community



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M.ED.

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M.D.



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DUNDAS,
M.D.

ELLEN
BRODERICK



MARK
HATCH

The Treatment and Study of the Individual in Context

Dr. Shapiro emphasized treating the patient *in context*, which gave renewed vitality to the importance of family work and the community program. And his sophisticated thinking about resource management led to a sharpened therapeutic attention to the way emotional needs can be confused with financial needs. It also led to the development of a series of new step-down programs, which helped many patients extend their stay. In addition, recognizing that an intensive psychodynamic program like Riggs needed to be able to demonstrate its effectiveness, Dr. Shapiro initiated an extensive ten-year follow-along outcome study of Riggs patients.

“[Erik Erikson] taught us (and the world) how people shape and are shaped by their cultural and historical contexts. Through his lens, we could see our clinical work as a laboratory for learning about this interaction, which Erikson called the basic ‘psychosocial’ dimension of human living.”

With the success of the step-down programs came the recognition that the Riggs community was growing beyond the Inn. The Board determined that it made good sense in terms of mission and finances to undertake further institutional growth. Sensitive to the fact that growing too rapidly might negatively affect the therapeutic community, Dr. Shapiro joined with

the Board and staff to manage a process of carefully growing the census. He created a fifth treatment team and increased the clinical staff. Then, in 2001, the board launched a capital campaign to raise funds to build a new Community Center. By 2007, Riggs had raised \$8 million to fund the Community Center and endow the directorship of the Erikson Institute.

“Involving former patients and their families in a capital campaign was a real culture shift for Riggs,” says Shapiro. “Through our newly created Alumni Association and their periodic reunions, our former patients and families made it clear that they wanted to be involved in the institution’s future. The support we’ve received from them has been overwhelming. We now understand how important philanthropy can be to helping build and sustain our research, education and outreach programs and support our clinical work.

Former Medical Director Robert Knight emphasized the importance of publishing and speaking in the field, and he encouraged the medical staff in this direction. These activities flourished during Daniel Schwartz’s tenure as Medical Director. Dr. Shapiro also felt strongly that the unique, in-depth exposure that Riggs clinical staff had to patients, their families and their social context had implications beyond the boundaries of the institution. He recognized that bringing the staff’s clinical experience and learning in contact with other mental health professionals, while remaining open to new ideas from psychiatry and related disciplines would keep the work alive and relevant. Building on the existing Erikson Scholar program, Dr. Shapiro created the Erikson Institute for Education and Research to accomplish these goals.

“Ed’s drive and vision transformed Riggs without veering away from its primary purpose — at times leaving the members of the staff and Board breathless but glad to be involved,” says Mary Carswell, board of trustees member. “His participation in the heart of the hospital’s work is admired, not only for its therapeutic value but for its educational brilliance. His achievement is enormous — he leaves his appointment as Medical Director/CEO with the appreciation and admiration of all those who have watched the evolution of Riggs over the past 40 years.”

“We are learning in depth about the troubles in people’s lives and the human contexts that can make their lives better—or worse,” says Shapiro. “This learning must not stay in isolation, nor should Riggs. The Erikson Institute develops these connections by promoting education and research

He recognized that bringing the staff’s clinical experience and learning in contact with other mental health professionals, while remaining open to new ideas from psychiatry and related disciplines would keep the work alive and relevant.

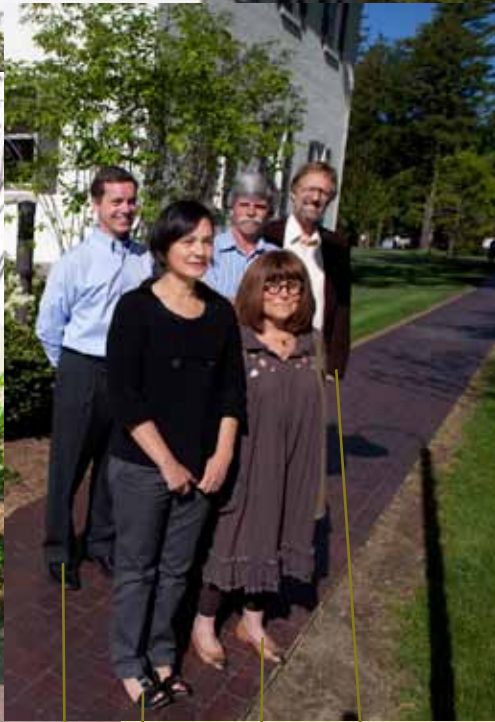
in psychodynamic thought and treatment, by generating interdisciplinary scholarship, and by applying clinical learning to the problems of the larger society.”

Dr. Shapiro also developed the Institute’s Council of Scholars, a group of extraordinary thinkers, each of whom brings together psychoanalysis and a related discipline in their professional work and writing. This group offers guidance to the Erikson Institute, which includes a research department encompassing empirical and clinical studies, a scholar-in-residence program, a Fellowship training program for psychologists and psychiatrists, medical student and research internships, a series of lectures and conferences for the larger public, a consulting service for human service agencies, and societal application projects. In addition, the Institute oversees Riggs’ academic connections to

Harvard and Yale Medical Schools, through the staff’s teaching connections with the Cambridge Health Alliance and the Yale Child Study Center

“Dr. Shapiro recognized that Erik Erikson’s work was a gift,” says M. Gerard Fromm, Ph.D., Evelyn Stefansson Nef Director of the Erikson Institute. “Erikson taught us (and the world) how people shape and are shaped by their cultural and historical contexts. Through his lens, we could see our clinical work as a laboratory for learning about this interaction, which Erikson called the basic ‘psychosocial’ dimension of human living. This perspective allowed us to think in fresh ways about the application of our work to the world.”

Supporting the Work



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Learning from the Family

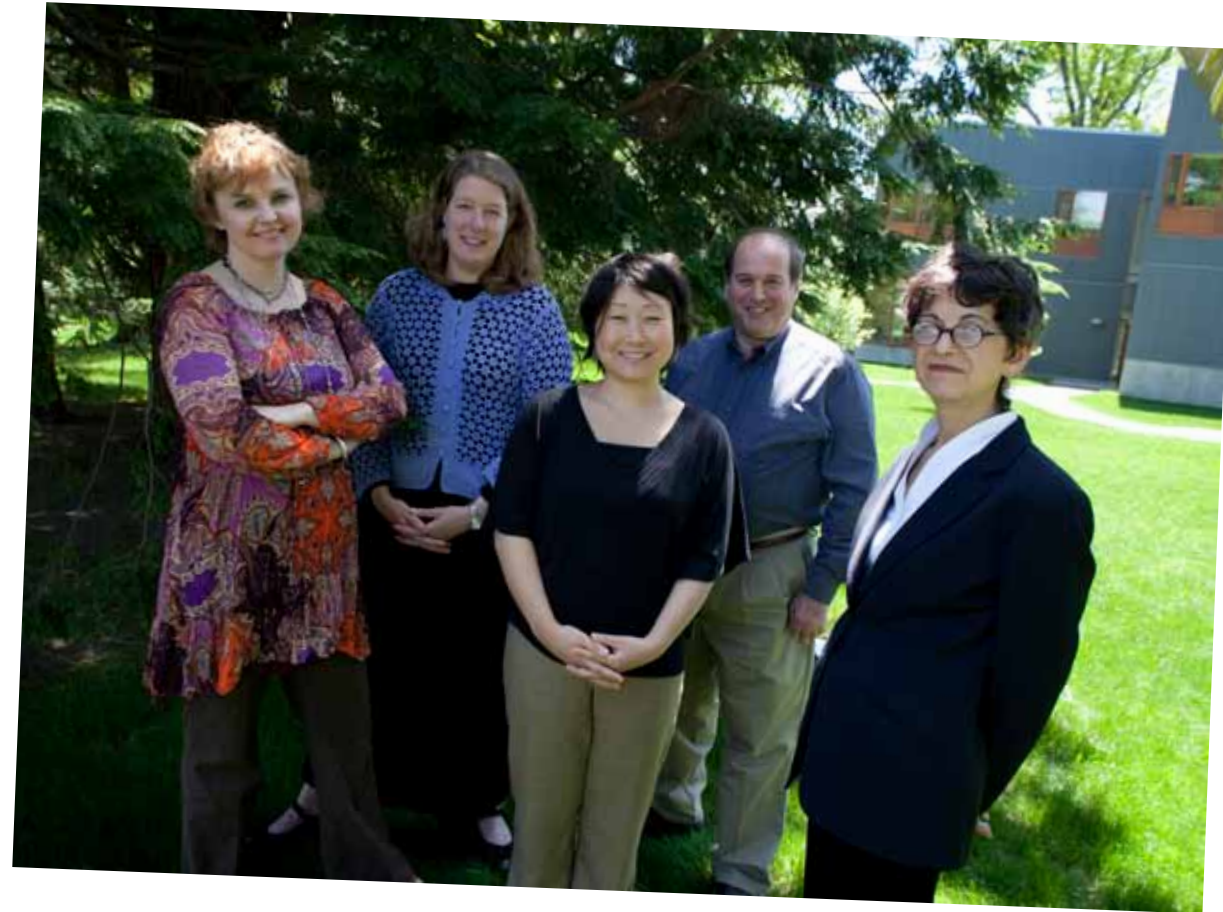
Dr. Shapiro begins his book on families, organizations and society by noticing, “The family is the first and most basic organization we encounter. Whether . . . secure and well-managed or fragile and disorganized, each of us begins life in some sort of family.” Studying the family system and its relation to severely disturbed individuals forms a central pillar of Shapiro’s psychiatric career. He notes, “An individual’s

...the task of family therapy is to help families make sense of the impact of shared family dynamics on the struggles of the individual patient.

experience is the primary data source for any interpretive effort, yet by itself it is incomplete. In order to make sense of it, the individual’s experience needs to be placed in context.”

Dr. Shapiro teaches about the importance of the family group in helping family members master developmental tasks. When they are working together well, families can be a crucial resource. When families are in trouble, however, their reactions to stress can make individual treatment problematic. Under these conditions, resistance to treatment is not only seen in the therapeutic relationship between therapist and patient, it is manifested in the interaction between the family, the patient and the clinicians.

When Dr. Shapiro arrived at Riggs 20 years ago, family work was not a consistent part of the treatment program. Traditional psychoanalytic treatment, focusing on the individual, ignored the potential helpfulness of families. In fact, Freud once referred to families as “an external resistance to treatment”. In 1991, there was one social worker on staff who handled discharge planning



Members of the Social Work staff: Margaret Kotarba, Cynthia Mulder, Emily Bloom, Ave Schwartz, and Arlene Levinson (absent: Cathleen Morey)

and case management. Today, there are six social workers, whose primary responsibility is working with patients and their families.

Along with staff from the therapeutic community program, social workers are responsible for helping to make sense of the contexts that patients come from and the ones they create. Social workers help patients and families manage discharge planning and, in those cases where families decide to enter family therapy, social workers become co-therapists with the individual therapist.

According to Dr. Shapiro, the task of family therapy is to help families make sense of the impact of shared family dynamics on the struggles of the individual patient. “For example,” he

continues, “a young college student became psychotic at exam time, at the same time that his father developed an acute medical illness. Overwhelmed, the mother helped her husband get medical treatment as she helped her son gain admission to Riggs. In family treatment, they explored the multi-generational pressures that had contributed to excessive performance demands on both father and son. The mother was able to use her intense pre-admission experience of having to manage more than she could handle to help family members see the stressful ways they all managed their lives. This helped her son to separate his own needs from the family’s expectations and opened space for him to take charge of his individual psychotherapy and begin to choose his own direction.”

“With Dr. Shapiro’s leadership, we have learned that integrating an understanding of family dynamics into the patient’s treatment process can assist the patient and family in creating new opportunities for change,” says Senior Social Worker, Ave Schwartz. “These opportunities emerge from the development of new understandings, meanings, and skills through the work of family treatment.”

Resource

Limitation

Meets Mental

Health Care

Hospital and residential treatment is expensive and, inevitably, Riggs patients and their families are confronted with the limitations of their financial resources. Their conflicted feelings about using these resources can make it hard for them to think clearly. This is true whether the resources are derived from college funds, retirement funds, other family resources or insurance.

Early in his tenure at Riggs, Dr. Shapiro recognized that intense conversations within patients' families, between families and clinical staff, and between the Center's business staff and families were being carried out through the language of money without attending to the language of feelings. To address this, he brought together a small group of business and clinical staff to help patients and families face the facts of limited finances and the feelings involved in decisions about how to use them.

At Riggs, the resource management group helps members of the treatment team bring these issues into the family work to support a conversation in which available resources are acknowledged, realistic needs laid out, and emotional conflicts articulated. This negotiation, where everyone's financial and emotional needs and limitations can be faced and a new solution reached, has become an important aspect of treatment at Riggs.

Sam's parents wanted to support his treatment and were taking money out of their retirement accounts. Sam felt in need of his parents' support but guilty about taking their limited resources. In response to his guilt, he requested to step-down to a less intensive program at Riggs to save money, but his clinical status required more nursing care than the step-down program offered. In part, his suicidal feelings were related to his view of himself as the cause of family stress. His parents also felt guilty because of their recognition that their own limited emotional availability had contributed to Sam's difficulties. They were, however, trying their best to provide the necessary financial resources for Sam's treatment.

Facing Limitations

No family member was able to think clearly about this situation because – out of their conscious awareness – “limited resources” was a notion that referred both to a concrete financial reality and to their emotional availability. In the absence of clarification of the concrete and emotional meanings of the cost of treatment, they were unclear about which one they were discussing.

“With these issues on the table, patients can become active agents in grappling with the reality of limitations—financial and otherwise—giving them the opportunity to recognize and face their feelings in the family context and plan their treatment course with more clarity and authority,” explains Dr. Shapiro. “Helping our patients and their families face realistic limitations in their relationships and in their resources maximizes their capacities for change.”



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NANCY PECK

Members Of The Resource Management Committee with Dr. Shapiro

FINANCIAL HIGHLIGHTS

Condensed Statement of Financial Position December 31, 2009 and 2008

	2009	2008
Operating Fund Assets		
Operating cash and investments	\$3,380,000	\$2,580,000
Accounts receivable (net)	1,253,000	1,202,000
Other assets	681,000	715,000
Property, plant & equipment	15,067,000	14,816,000
Restricted Cash	3,099,000	3,514,000
Endowment and Similar Funds Assets		
Patient Aid	282,000	228,000
Capital Campaign	26,000	79,000
Erikson Institute	9,889,000	8,184,000
Total Assets	\$33,677,000	\$31,318,000
Liabilities		
Current Liabilities	\$ 2,622,000	\$ 2,361,000
Pension Benefits Liability	3,486,000	5,063,000
Long term debt	6,991,000	7,268,000
Net Assets		
Operating	2,887,000	2,313,000
Pension Plan	(3,486,000)	(5,063,000)
Property & Equipment	10,980,000	10,885,000
Unrestricted endowment	5,579,000	4,406,000
Temporarily restricted endowment	627,000	426,000
Permanently restricted endowment	3,991,000	3,659,000
Total Liabilities and Net Assets	\$33,677,000	\$31,318,000

Condensed Statement of Activities and Changes in Net Assets December 31, 2009 and 2008

Total operating revenues	\$16,766,000	\$15,859,000
Total operating expenses	16,102,000	15,763,000
Change in net assets from operations	664,000	96,000
Non-operating revenue (expenses)	1,712,000	(3,364,000)
Pension related changes	1,577,000	(2,654,000)
Change in net assets	\$3,953,000	(\$5,922,000)

DONORS

AUSTEN RIGGS BENEFACTOR CIRCLE

With an annual gift of \$1,000 or more, donors to the Austen Riggs Center become members of the Benefactor Circle. These gifts provide critically needed support for the important work that Riggs does in helping “treatment resistant patients” become people taking charge of their lives.

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STAFF PUBLICATIONS, PRESENTATIONS & HONORS

Publications

Baity, MR, Blais, MA, Fowler, JC, et al. Self-mutilation, severity of borderline psychopathology, and the Rorschach. *Bulletin of the Menninger Clinic.* 73(3): 203-225.

Charles, M. Working with a patient claiming a direct relationship with God: Encountering otherness. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry.* 37:21-32.

Charles, M, Telis, K. Pattern as inspiration and mode of communication in the works of Van Gogh. *The American Journal of Psychoanalysis.* 69: 238-262.

Clemence, AJ, Perry, JC, Plakun, EM. Narcissistic and borderline personality disorders in a sample of treatment refractory patients. *Psychiatric Annals.* 39:175-184.

Demos, EV. Louisa seen through the lens of Tomkins's decontamination script: Commentary on Dr. Alvarez's case presentation. *Psychoanalytic Inquiry.* 29(4): 320-326.

Demos, EV. book review of *Mind to Mind: Infant Research, Neuroscience, and Psychoanalysis*, Jurist, El, Slade, S, Bergner, S, (eds) in *The International Journal of Psychoanalysis*, 90: 1449-1455.

Fromm, MG. Potential space and maternal authority in organizations. *Organisational and Social Dynamics.* 9(2): 189-205.

Katko, NJ, Meyer, GJ, Mihura, JL, Bombel, G. The interrater reliability of Elizur's hostility systems and Holt's aggression variables: A meta-analytical review. *Journal of Personality Assessment.* 91: 357-364.

Kayatekin, MS, Plakun, EM. A View From Riggs: Treatment Resistance and Patient Authority, X. From acting out to enactment in treatment resistant disorders. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry.* 37(2): 365-381.

Perry, JC, Fowler, JC, Bailey, A, Clemence, AJ, Plakun, EM, Zheutlin, B, Speanburg, S. Improvement and recovery from suicidal and self-destructive phenomena in treatment-refractory disorders. *Journal of Nervous and Mental Disease.* 197(1): 28-34.

Perry, JC, Fowler, JC, Bailey, A, et al. The natural history of suicide. *Journal of Nervous and Mental Disease.* 197: 28-34.

Plakun, EM. Anxiety disorders: Analytic treatment. In BJ Sadock, VA Sadock, and P. Ruiz, (eds.) *Kaplan and Sadock's Comprehensive Textbook of Psychiatry, Ninth Edition.* Lippincott, Williams and Wilkins: 2775-2781.

Plakun, EM, Sudak, DM, Goldberg, D. The Y Model: An integrated, evidence-based approach to teaching psychotherapy competencies. *Journal of Psychiatric Practice.* 15(1): 5-11.

Plakun, EM. A View From Riggs: Treatment Resistance and Patient Authority, XI. An alliance based intervention for suicide. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry.* 37(3): 539-560.

Shapiro, ER. A View from Riggs: Treatment Resistance and Patient Authority, XII. Examined living: A psychodynamic treatment system. *Journal of the American Academy of Psychoanalysis and Dynamic Psychotherapy.* 37(4): 679-694.

Tillman, JG. A View From Riggs: Treatment Resistance and Patient Authority, IX. Integrative psychodynamic treatment of psychotic disorders. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry.* 36(4): 739-762.

Volkan, VD. The next chapter: Consequences of societal trauma. In P.Gobodo-Madikizela, and C.van der Merve,(eds) *Memory, Narrative and Forgiveness: Perspectives of the Unfinished Journeys of the Past.* 1-26. Cambridge: Cambridge Scholars Publishing.

Volkan, VD. Some psychoanalytic views on leaders with narcissistic personality organization and their roles in large-group processes. In RH Klein, CA Rice, and VL Schermer, (eds.) *Leadership in a Changing World: Dynamic Perspectives on Groups and Their Leaders.* 67-89. New York: Lexington.

Volkan, VD. Religious fundamentalism and violence. In (Akhtar, S., ed.) *On Freud's Illusion.* London: International Psychoanalytic Association.

Volkan, VD. Large-group identity: "Us and them" polarizations in the international arena. *Psychoanalysis, Culture & Society.* 14(1): 4-15.

STAFF PUBLICATIONS, PRESENTATIONS & HONORS

Volkan, VD. Identità, large group e trauma scelto: dalla rimozione degli ostacoli alla collaborazione tra psicoanalisi e diplomazia. *Quaderni de gli argonauti.* 8: 65-76.

Volkan, VD. Las identidades individual y de grupo grande; el trabajo con pacientes límite (Bordeline) Nos ensaa algo sobre negociaciones internacionales? *Revista de Psicoterapia Analítica Grupal, Seperata.* 5: 3-35.

Volkan, VD. *Fanustaki nshanlar. (People in Glass Bubbles)* tr. Serap Erdogan. Istanbul: Everest Yayınevi.

Volkan, VD, Fowler, JC. *Searching for the Perfect Woman: The Story of a Complete Psychoanalysis.* New York: Jason Aronson Publishers

Volkan, VD, Fowler, JC. Large-group narcissism and political leaders with narcissistic personality organization. *Psychiatric Annals.* 39(4): 214-222.

Presentations

Steven Ackerman, Ph.D. Presented *All things must come to an end: A single session qualitative analysis of immediacy and alliance in a termination session* at the New England Society for Psychotherapy Research Annual Conference, Williamstown, MA.

Christina Biedermann, Psy.D. Co-presented *Traumas of impingement and traumas of absence: An exploratory Rorschach study* at the International Society for the Study of Trauma and Dissociation, Washington, DC. Co-presented *The intergenerational transmission of trauma* at the Yale Child Study Center, New Haven CT.

Marilyn Charles, Ph.D. Presented *The Point of Impossibility: Working Clinically with Bion and Lacan.* Washington, DC. Discussant on *Work and Play in the Therapeutic Space* at Clinical Conference, Western New England Psychoanalytic Institute, New Haven, CT. At the annual meeting of APA Division 39, San Antonio, TX: Moderated panel *Exploring the Cultural Contexts of Early Career Issues*; discussant *Psychoanalysis and Hollywood Meet the Military*; presented *Lars and the Real Girl*; presented *Collisions between conscious and unconscious, East and West: Enigma and transparency* at panel *Acculturation, Identity, and Catastrophic Change: Integrating Lessons from Psychoanalysis and Literature*; and was Chair & Moderator: Graduate Student Committee Invited Panel: *Encountering the Other: Becoming a Psychodynamic Clinician.* At the annual meeting of ISPS, Copenhagen, Denmark presented on the panel *Identity, Exclusion, and Radical Change: Re-Learning the Language of Trauma in an Era of Managed Care*; presented research findings, *Listening to the Other: The psychotic patient's experience of psychotherapy.* Presented paper *Telling Trauma: Catastrophic Change and the Excluded Other* and *Collage: Piecing Together the Fragments of Traumatic Memory* at the annual meeting of the American Psychological Association, Toronto, CA. Solo Collage Exhibition *Marilyn Charles: Fragments*, Mason Hall Alumni Atrium Gallery, George Mason University, Fairfax, VA. Panel presentation *What Does a Woman Want?: Castration and Intolerance*, at the annual meeting of the International Psychoanalytic Association, Chicago, IL. Presented *Standards of Care, RCTs, Diagnoses, and the Human Experience*, Harvard Program in Psychiatry and the Law, Cambridge, MA. Research panel presentation *Listening to the Dis-Ease of Psychosis* the annual meeting of ISPS-US, Rockville, MD. Co-presented *Qualitative case study of patient-interviewer activity related to "eruptions" in dynamic interviews* at the Annual Conference of the New England Society for Psychotherapy Research, Williamstown, MA. At APCS Annual Conference, Rutgers, NJ, presented *What Does a Woman Want?* Panel Chair and Participant: *Gender and Intolerance*; Roundtable Co-Chair and Presenter: *Pushing the limits of 'evidence': doing psychoanalytically informed research*; Plenary panelist: *what's the difference IV? Engaging with our patients through Kleinian, Winnicottian, Lacanian, and relational theories.* Panelist: *Managing the unmanageable: thinking about the unknown: Integrating research with clinical experience* at ISSTD, Washington, DC. *Remembering, repeating, and working through: piecing together the fragments of traumatic memory.* Paper presented at WMAAPP, Stockbridge, MA.

A. Jill Clemence, Ph.D. Co-Presented *Qualitative case study of patient-interviewer activity related to "eruptions" in dynamic interviews* at the Annual Conference of the New England Society for Psychotherapy Research, Williamstown, MA, and *Listening to the Other: The psychotic patient's experience of psychotherapy* at the annual meeting of ISPS, Copenhagen, Denmark.

STAFF PUBLICATIONS, PRESENTATIONS & HONORS

Research panel member at the annual meeting of ISPS-US, Rockville, MD.

Lee Damsky, Ph.D.
Co-presented *Qualitative case study of patient-interviewer activity related to "eruptions" in dynamic interviews* at the Annual Conference of the New England Society for Psychotherapy Research, Williamstown, MA.

Donna M. Elmendorf, Ph.D.
Panelist on *"How to talk with teens"*, Monument Mountain High School.

J. Christopher Fowler, Ph.D.
Co-presented *Qualitative case study of patient-interviewer activity related to "eruptions" in dynamic interviews*, and *Complex treatment resistance in clinical practice: Evidence of treatment response in a challenging in-patient group* at the Annual Conference of the New England Society for Psychotherapy Research, Williamstown, MA. Gave the Half-Day Workshop: *Redefining treatment resistance in clinical practice: Evidence of treatment response in a challenging in-patient group* at the Tennessee Psychological Association, Nashville TN. Presented *Prediction of Medically Serious Suicide Attempts using Psychoanalytically Informed Risk Factors* at the American Psychoanalytic Association, New York, NY. Co-taught *Suicide: its prediction, treatment of high-risk patients and the impact of suicide on the clinician* at the Yale University Child Psychiatry Department, New Haven, CT.

M. Gerard Fromm, Ph.D.
Presented *The Intergenerational Transmission of Trauma*, at the Massachusetts Association for Psychoanalytic Psychology, Boston, MA. Co-led panel *From Couch to Culture... Through a Psychoanalytic Understanding of Groups* and presented paper on *Psychoanalysis and the Upside-Down World*, Division of Psychoanalysis, APA, San Antonio, TX. At the Yale Child Study Center, New Haven CT, *Severe Disturbance in Young Adults and its Childhood Precursors*, and *The Intergenerational Transmission of Trauma*. Case Presentation on Psychosis, Casus Belli III Conference, Tinos, Greece. *Memorialization in the Context of the Tragedy at Virginia Tech*, Academy of Critical Incident Analysis Conference, Blacksburg, VA. Curator for *Erikson at Yale and Riggs*, Cushing/Whitney Library of Medicine, Yale University, New Haven, CT. Was a consultant at *Leadership, Partnership and Trust* Conference, Ramot, Israel. Member and Discussant at the *International Dialogue Initiative*, Istanbul, Turkey and Belfast, Northern Ireland. Conducted *Transference-Countertransference* workshop for Massachusetts Association for Approved Private Schools, Austen Riggs Center.

Sharon Krikorian, Ph.D.
Co-presented *Qualitative case study of patient-interviewer activity related to "eruptions" in dynamic interviews* at the Annual Conference of the New England Society for Psychotherapy Research, Williamstown, MA.

David Mintz, M.D.
Presented *Transition to Residency: On Becoming a Psychiatrist* at PsychSIGN Annual Convention, San Francisco, CA. Presented Psychodynamic educational needs of pre-analytic trainees at the American Academy of Psychoanalysis and Dynamic Psychiatry Annual Convention, San Francisco, CA. At the APA Annual Meeting, San Francisco, CA, co-taught the course, *A Psychodynamic Approach to Treatment Resistant Mood Disorders: Breaking Through Complex Comorbid Treatment Resistance by Focusing On Axis II* and presented *Psychodynamic Psychopharmacology: An Approach to Pharmacologic Treatment Resistance*, at the APA Presidential Symposium presented *When Treatment Fails the Patient: Psychodynamic Contributions to the Treatment of Treatment-Refractory Patients*.

John Muller, Ph.D.
Was a discussant at the presentation, *Lacan on Sophocles' Antigone*, at the annual meeting of the International Society for Philosophy and Psychoanalysis, Boston College, Boston, MA. Taught the course, *The Psychotic Core* at the Psychoanalytic Institute of Northern California, San Francisco, CA. Chaired meeting of the Lacanian Clinical Forum, Val David, Quebec, Canada. Chaired Lacanian Clinical forum, Stockbridge, MA. Presented papers on addressivity, silence, and semiotics at Kyoto University, Bunkyo University, and Hiroshima University.

STAFF PUBLICATIONS, PRESENTATIONS & HONORS

Margaret Parish, Ph.D.
Presented *Therapeutic Communities as Cultures on the Couch*, Division of Psychoanalysis, APA, San Antonio, TX.

Eric Peters, Ph.D.
Co-presented *Traumata of Impingement and Traumata of Absence: An Exploratory Rorschach Study* at the International Society for the Study of Trauma and Dissociation, Washington, DC. Presented *Psychodynamic psychotherapy with psychotic patients: An analysis of longitudinal change* at the New England Society for Psychotherapy Research (NESPR) Fall Conference, Williamstown, MA.

Eric Plakun, M.D.
At the annual meeting of the American Psychiatric Association, San Francisco, CA co-presented issue workshops, *Principles in the Psychotherapy of Self-Destructive Borderline Patients* and *Responding to the Impact of Suicide on Clinicians*; co-directed and taught the course *A Psychodynamic Approach to Treatment Refractory Mood Disorders*. As part of COPP, chaired and presented component workshop on *National Trends in Psychotherapy by Psychiatrists*. Presented workshop *Suicides in Psychiatric GME: Teaching Residents to Cope Effectively with Suicide* at the American Association of Directors of Psychiatric Residency Training annual meeting, Tucson, AZ. Presented Grand Rounds on *The Y Model: An integrated, evidence based approach to teaching psychotherapy competencies* at Stanford School of Medicine, Department of Psychiatry & Behavioral Sciences, Palo Alto, CA.

Edward Shapiro, M.D.
Discussant at *International Dialogic Initiative*, Ankara, Turkey and Belfast, Northern Ireland. Panelist on *"How to talk with teens"*, Monument Mountain High School. Two lectures on *Child development and families*, Yale Child Study Center. At the annual meeting of the American Psychiatric Association, San Francisco, CA co-presented, *Principles in the psychotherapy of self-destructive borderline patients* and *Responding to the impact of suicide on clinicians*; co-taught course *A psychodynamic approach to treatment refractory mood disorders*. Discussant and Large Group Leader in "Bion in Boston" International Conference. First Erik Erikson Lecture at the Yale Child Study Center on *Examined living: A psychodynamic treatment system for patients with 'treatment-resistant' disorders*.

Jane G. Tillman, Ph.D.
Presented *The effect of suicide on clinicians: A research perspective* at the Consortium for Psychoanalytic Research, Annual Research Symposium, Washington, DC. Presented *Working with suicidal patients and impasses in treatment* and *Ethics in Clinical Practice* at The Southwest Psychoanalytic Society, Scottsdale, AZ. Co-presented the Poster *A Common Ground for Accrediting Psychoanalytic Training Programs* at the International Psychoanalytic Association Congress, Chicago. Gave the invited Workshop: *Ethics in Clinical Practice* at Chicago Center for Psychoanalysis. Gave a Guest Lecture, *Evolution of Gender Theory in Psychoanalysis*, Bennington College, Bennington, VT. Co-taught *Suicide: its prediction,*

treatment of high-risk patients and the impact of suicide on the clinician, Yale University Child Study Center, New Haven, CT. Co-presented at workshop *Responding to the Impact of Suicide on Clinicians* at annual meeting of the American Psychiatric Association, San Francisco, CA.

Honors

Edward Shapiro, M.D.
was appointed Clinical Professor of Psychiatry at the Yale Child Study Center.

M. Gerard Fromm
was appointed Assistant Clinical Professor of Psychiatry at the Yale Child Study Center.

ERIKSON INSTITUTE SEMINARS & EVENTS

The Relationship Between Defense Mechanisms and Decision Making in People with Substance Abuse Disorders.
William Gottdiener, Ph.D.

Psychodynamic Treatment of People with Co-Occurring Substance Use and Psychological Disorders.
William Gottdiener, Ph.D.

The Incest Prohibition: Perspectives from Anthropology and Psychoanalysis.
Robert A. Paul, Ph.D.

Survival, Vision, and Faith: Three Pillars of Psychotherapeutic Attitude.
Salman Akhtar, M.D.

Listening and Speaking: Multiple Perspectives.
Salman Akhtar, M.D.

Interdisciplinary Forum: Religious Fundamentalism and Societal Dynamics.
Michael Barkun, Ph.D. and Vamik Volkan, M.D.

A Neurobiologic Base for Psychotherapy.
Richard Brockman, M.D.

Yasmin Roberts Memorial Lecture: Attachment Bonds, Binds, and Ruptures: The Conjoint Treatment of Relational Trauma.
Virginia Goldner, Ph.D.

Couples Treatment Through a New Lens: Integrating Relational and Developmental Approaches.
Virginia Goldner, Ph.D.

Creativity Seminar: Miracle Workers: Transformation Through Creativity.
M. Gerard Fromm, Ph.D.,
Conference Director

Interdisciplinary Forum: I am Not Done With My Changes.
George E. Vaillant, M.D.

Eighth Working Conference for College Counseling Services: Working at the Boundaries

Experimental Models for Exploring the Neural Basis of Psychoanalytic Processes: FMRI and Transference.
Andrew Gerber, M.D., Ph.D.

Fall Working Conference: Lives in the Balance: Suicide and Suicidal Behavior.
J. Christopher Fowler, Ph.D. and Jane G. Tillman, Ph.D.,
Conference Directors

Beyond the Bedrock: Reaching Towards the End of Analysis.
Jeanne Wolff Bernstein, Ph.D.

The Structural Clinic of Lacan: Neurosis, Perversion and Psychosis.
Jeanne Wolff Bernstein, Ph.D.

Where Have We Come From and Where Are We Going? Reflections on the Lives of Women.
Carol Gilligan, Ph.D.

Film Forums: The Cats of Mirikitani, Denise Kagan, Ph.D.; A History of Violence, David Mintz, M.D.; Memento, Jim Caldwell; Big Fish, Christina Biedermann, Psy.D.; Dr. Strangelove Or: How I Learned to Stop Worrying and Love the Bomb, David Flynn, M.D.; Life is Beautiful, Eric Peter, Ph.D.; Slumdog Millionaire, Lee Damsky, Ph.D.

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