When Bethanne Enggren retired from her active nursing career five years ago, she was looking forward to traveling and enjoying more of the vigorous good health she had been accustomed to for years. “I was a typical nurse who, like many in the health professions, didn’t always take as good care of myself as I did of everybody else,” says Enggren. “So I decided it was time to see a doctor for my 50,000 mile checkup.”

At her doctor’s office, Enggren got more than she bargained for: “I was hit with a double whammy,” she explains, “a diagnosis of breast cancer and type II diabetes. An added challenge was rheumatoid arthritis.” The cancer was successfully treated, and Enggren has been in remission for five years. The diabetes was more problematic. “The steroids I was taking for the arthritis made it difficult to control my blood sugar,” says Enggren.

“I got into a vicious cycle of negative thinking and behavior. Because I couldn’t control my blood sugar, I got frustrated and would eat the wrong things; I gained weight and didn’t feel motivated to exercise. This led me to feel hopeless and depressed. It was an effort for me to get out of bed in the morning and get dressed. I felt myself spiraling down into this cycle of depression and physical problems as my diabetes worsened.”

What happened to Enggren is not uncommon among people faced with chronic diseases like diabetes or HIV that involve complex regimens of self-care, such as daily attention to medication, diet, weight and other aspects of the body. These kinds of activities are hard enough when feeling well, but particularly difficult when coping with fatigue, frustration, pain and other symptoms of long-term illnesses.

“The idea of following a health regimen can be overwhelming for many people, but even harder if you also have depression,” says Steven A. Safren, PhD, director of the Behavioral Medicine Service in the Massachusetts General Hospital Department of Psychiatry. “There does seem to be a link between diabetes and depression, for example, but we don’t yet know if it is biological.” Safren describes symptoms of depression as including sadness, loss of concentration, loss of appetite and interest in life, and feelings of guilt. “We do know that depression can interfere with adherence to health regimens and affect clinical outcomes.”

The Behavioral Medicine Service at Mass General was created in 2004 to provide help for patients who, like Enggren, are coping with long-term illnesses that are combined with

“Enrolling in the behavioral medicine program is one of the best things I have ever done for myself. I don’t need the program any more, but it is reassuring to know it is always there if I do need help.”

– Bethanne Enggren

(Continued on Page 7)
Jerrold F. Rosenbaum, MD, and Victoria Reggie Kennedy to Receive Mass Association for Mental Health Awards

The Massachusetts Association for Mental Health (MAMH) has named MGH Chief of Psychiatry Jerrold F. Rosenbaum, MD, as the recipient of its 2011 Friend and Leader Award. The association also named Victoria Reggie Kennedy as the recipient of its Spirit of Compassion Award. Dr. Rosenbaum and Mrs. Kennedy will receive the awards at an evening reception at the Seaport Hotel in Boston on Tuesday, June 21, 2011.

In announcing the Friend and Leader Award, MAMH leaders cited the extraordinary accomplishments of Dr. Rosenbaum’s tenure in a department that is consistently ranked number one in the country for psychiatry by U.S. News & World Report. In the past decade, the number of psychiatrists and psychologists in the department has grown to nearly 600, and another 100 residents and interns are in training. Clinical services, research funding, provider education and patient and family education also have expanded significantly during his tenure.

Spirit of Compassion awardee Vicki Reggie Kennedy is an attorney and advocate with a passion for issues that affect the lives of women, children and families. MAMH notes her “tireless advocacy for health care reform and her role as co-founder of Common Sense about Kids and Guns, an organization that works to reduce gun deaths and injuries to children.”

MAMH is a 98-year-old organization dedicated to promoting and advancing knowledge of mental illnesses and their effective treatment, as well as preventative services and community resources for children, adolescents and adults with mental illnesses or emotional disorders.

For sponsorship or ticket information about the June 21 reception, call MAMH at 617-742-7452.

New Cognitive-Behavioral Therapy Clinic for Youth

Cognitive-behavioral therapy (CBT) is a highly effective form of talk therapy for children, teens and young adults with a range of emotional and behavioral problems. CBT works by teaching young people to modify unhelpful patterns of thinking, develop problem-solving skills, master relaxation and mindfulness techniques, gradually confront feared situations and improve relationships with friends and parents.

“We are especially pleased to offer treatment for two age groups that are typically overlooked – preschoolers and young adults.”

— Aude Henin, PhD

The MGH Department of Psychiatry is pleased to announce the opening of the Child Cognitive-Behavioral Therapy (CBT) Clinic for young people ages 3 to 24. The clinic integrates state-of-the-art clinical care with professional training and innovative research conducted in collaboration with the MGH Pediatric Psychopharmacology and Adult ADHD Program.

Directed by CBT experts Aude Henin, PhD, and Dina Hirshfeld-Becker, PhD, the clinic is staffed by licensed child psychologists with expertise in using CBT to treat anxiety and mood disorders, obsessive compulsive disorder, attention-deficit/hyperactivity disorder, disruptive disorders and other conditions. At full capacity, the clinic hopes to serve 600 youth per year.

“We are especially pleased to offer treatment for two age groups that are typically overlooked – preschoolers and young adults,” says Henin. “Young people in these two age groups are at critical points in their development, and CBT has the potential to change their lives significantly, setting them on a course to master the developmental and life challenges they may face.”

The Child Cognitive-Behavioral Therapy Clinic is located at 185 Alewife Brook Parkway, Cambridge, MA. For information and appointments call 617-643-9898.
One of the great discoveries of modern science is that thought, feeling and behavior consist of physiological activity in the brain. Through the neuroimaging revolution of the 1990s, images of activity in the thinking brain are a familiar sight. A second revolution, occurring over the last decade, is genomics, the study of DNA and RNA sequences of the human genome.

The synergy of advanced brain imaging and genomics holds great promise to help unlock the neurobiological underpinnings of mental illness. “Brain imaging through structural and functional MRIs is like a magnifying glass for understanding the complex effects of interacting genes,” says Randy Buckner, PhD, director of Psychiatric Neuroimaging Research at Massachusetts General Hospital.

MULTIPLE GENES, SMALL EFFECTS
Unlike illnesses such as Huntington’s disease and sickle cell anemia that involve a single gene, many different genes in different combinations are thought to be responsible for causing psychiatric illnesses. To understand how genes work interactively to influence brain circuitry in both mental health and disease requires large populations to study.

The Department of Psychiatry has initiated a project of unprecedented scale to construct a Brain Genomics Library. The goal is to collect and store images from brain scans, DNA samples and neuropsychological assessments for 5,000 healthy adults. The library will serve as a reference for understanding the brain and its normal variation and for comparison with similar data collected from groups of individuals with particular psychiatric disorders. In addition to Buckner, project leaders are Joshua Roffman, MD, MMSc, director of Brain Genomics Research, and Jordan W. Smoller, MD, ScD, director of Psychiatric Genetics and associate vice chair of the department.

ECONOMY AND EFFICIENCY
The project is named “Superstruct” because it builds over or upon other structures, in this case Boston’s rich academic medical research community. Every year, many thousands of brain scans are performed at Mass General and affiliated institutions. The MGH team saw the vast promise of designing a common brain imaging protocol that could easily be applied in different locations to yield uniform data. Lasting less than 15 minutes, it is brief enough to simply add on to existing studies. Since a full-length brain scan typically takes 60 minutes and costs many hundreds of dollars, the Superstruct protocol is incredibly efficient and economical.

Participants also provide DNA through a saliva sample and take an on-line battery of tests that measure thinking, behavior and emotions. Researchers can then match genomic and neurocognitive data with information gathered from the brain images.

PROGRESS TOWARD GOAL OF 5,000
The Superstruct project was started just two and a half years ago. To date 22 research teams from Mass General, Harvard University, Massachusetts Institute of Technology and McLean Hospital are collaborating. “The Superstruct project is akin to the Human Genome Project. It is helping us understand the fundamental architecture of the brain, in mental health and illness,” says Roffman. The Brain Genomics Library now contains data from 2,700 participants – making it already one of the largest repositories of brain imaging, neurocognitive and genetics information in the world.

When the 5,000-subject milestone is reached, the library will be large enough to enable scientists to determine how particular genes affect brain structure and function. For example an investigator who has identified a candidate gene or genes can “look up” the effects of these genes on the brain. “We will thus begin to address fundamental questions such as where in the brain gene effects occur; what the degree of effect is; and how gene effects relate to age, cognitive performance or family history of illness,” says Smoller.

The MGH Brain Genomics Library will ultimately be available to scientists everywhere as a repository for a broad range of research in mental illness.
A routine flight in 2004 became much more for Stacy L. Sweeney. A resident of Boston’s Back Bay, Sweeney, 46, has spent her career in higher education, most recently as president of the New England Institute of Art and group vice president for the Art Institutes. “I was on my way home to Boston and got into a conversation with the gentleman next to me, Dr. Maurizio Fava,” she recalls.

“I learned that he is a psychiatrist who heads the Depression Clinical and Research Program (DCRP) at Mass General.” This prompted Sweeney to begin talking about her sister, Susan Sweeney, who had died three months earlier at the age of 40 from causes related to depression.

“Her illness and death were very painful for me,” says Sweeney. “We had been very close, and for years my family and I felt so helpless as her condition worsened. There was so much grief, and at times even anger. I always feared that one day I’d get a phone call that she had died, and sadly the call came, a few days after a Thanksgiving dinner that she didn’t show up for. After her death, I struggled with what we might have done differently.”

**NEW INSIGHTS ABOUT DEPRESSION**

Sweeney’s serendipitous conversation with Fava re-shaped her understanding of her sister’s death. “I remember Dr. Fava turning toward me and asking questions about my sister and family. He told me that sometimes even the best psychiatrists can’t always help. His words and compassion shed a whole new light on my sister’s illness. He helped me realize that we didn’t need to blame ourselves for what happened.”

By the end of the flight, Fava invited Sweeney to become a member of the newly forming DCRP Advisory Council. “He said he was looking for members who want to make a difference, and I was delighted to accept,” says Sweeney. “I have been a member ever since.”

As an Advisory Council member, Sweeney became active immediately, helping organize two art galas to benefit the DCRP and Department of Psychiatry. She publicized the events at the Institute of Art and several artists on the faculty offered to donate their artwork. “Many faculty and staff approached me, wanting to share stories of depression in their families,” says Sweeney. Using the knowledge she gained at Mass General, Sweeney encouraged the institute’s mental health counselors to attend Mass General workshops.
and to help faculty members recognize signs of depression among students and refer students to counseling.

Sweeney also became a donor to the Department of Psychiatry. “I made the decision to give in order to support the passion and compassion of these amazing clinicians and researchers,” she says. “I know from my work in higher education how difficult it is to assemble a team and keep talented people in the face of funding cutbacks, and the Department of Psychiatry has done that. As a college president I have seen the effects of depression and suicide among students and appreciate the work being done at Mass General. So much of what is going on in depression treatment around the world comes from the work of the DCRP and MGH Psychiatry Department.”

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— Stacy L. Sweeney

“Stacy Sweeney has been an extraordinarily loyal, stalwart, productive member of the DCRP Council,” says Maurizio Fava, MD, executive vice chair of the department and director of the DCRP. “While meeting Stacy on a plane was unique in terms of her readiness to become involved, not a flight goes by when I don’t meet someone who has been affected by mental illness in the family.”

HONORING HER SISTER’S MEMORY

The Sweeney family’s journey with mental illness began when Susan was a child who had unexplained, intense bouts of anger as well as depression. “Despite her challenges, my sister grew up to be bright and driven,” says Sweeney. Susan was the first of four sisters to get a master’s degree and went on to become a respected social worker. During her thirties, however, her condition worsened. “She was on many psychiatric and other medications,” Sweeney notes, “had a drinking problem, asthma and significant weight gain as a side effect of medication.” The cause of Susan’s death was undetermined but thought to be a result of multiple factors related to her depression and medical problems.

“There are other charitable causes I contribute to, including child advocacy, education and art, but the Department of Psychiatry is always my priority. I give to honor my sister’s memory and to help other families avoid the suffering caused by depression,” says Sweeney. “My parents both came from Pittsburgh to attend the first gala,” she notes. “At the end of the event, my father said, ‘It’s so important that people are talking openly about family issues of depression. We were brought up never to talk about these things.’ I knew his comment was the result of hearing stories that night about how others were affected by depression and how the MGH Department of Psychiatry was there to help.”
In *How to Find Mental Health Care for Your Child*, child psychologist Ellen Braaten offers clear and expert guidance to help parents of children with psychiatric conditions navigate the complexities of mental health care. The book addresses the issues and challenges in diagnosing and treating children; describes the most common childhood disorders and their key symptoms, possible causes, and treatment options; and explains the primary treatment approaches including how to gauge their effectiveness. Parents seeking mental health care for their child will learn what other parents did when confronted with similar problems, and will be reassured, supported, and empowered throughout their journey.

**Self-management of Depression: A Manual for Mental Health and Primary Care Professionals**

By Albert Yeung, MD, Greg Feldman, PhD, and Maurizio Fava, MD

Published by Cambridge University Press, 2010

The goal of this book is to support patients in monitoring and managing their depression symptoms, and provide patients with resources to promote recovery, enhance quality of life and prevent relapse. Chapters cover self-assessment, exercise, self-help books, online psychotherapy, meditation, support groups and other social supports. Downloadable patient handouts are available from an associated web site. Although the intended audience of this book includes mental health and primary care providers, the book is easy to read and can be useful for individuals diagnosed with depression and their family members.

*Book summaries are based on publisher descriptions found at www.amazon.com*

**AWARDS**

**Lee Baer, PhD**, associate chief of Psychology, was awarded the 2010 Association for Behavioral and Cognitive Therapies Self-Help Book of Merit Award for *Getting Control: Overcoming Your Obsessions and Compulsions*, published by Plume. The award recognizes books that offer evidence-based strategies for readers.

**Joan A. Camprodon, MD, MPH, PhD**, a psychiatry resident in the MGH-McLean Residency Program and clinical fellow at Harvard Medical School, received a 2010 Young Investigator grant from the National Alliance for Research in Schizophrenia and Depression (NARSAD) to study “Functional Connectivity of Mood and Reward Networks.”

**Anna Georgioupolos, MD**, consulting child psychiatrist to the MGH Pediatric Cystic Fibrosis Program and clinical researcher in the MGH Pediatric Psychopharmacology Program, was awarded the Pilot Research Award for Attention Disorders from the American Academy of Child and Adolescent Psychiatry for her work studying the effects of depression, anxiety and ADHD on medical adherence and health outcomes in cystic fibrosis.

**Jeff Huffman, MD**, director of Cardiac Psychiatry Research, received an American Heart Association grant to study the relationship of anxiety and cardiac disease and the effectiveness of a collaborative care model to address anxiety in this population.

**Dara S. Manoach, PhD**, director of the MGH Laboratory for Multimodal Neuroimaging of Cognitive Deficits in Neuropsychiatric Disorders, was awarded a NARSAD 2010 Independent Investigator grant for the research project “Does Aberrant Neural Activity During Rest and Sleep Contribute to Impaired Memory Consolidation in Schizophrenia?”

**Richard Mollica, MD**, director of the Harvard Program in Refugee Trauma, received the Kun-Po Soo Award at the 2010 annual meeting of the American Psychiatric Association’s Institute on Psychiatric Services. The award honors Dr. Mollica’s outstanding worldwide lifetime contribution to the mental health of Asian societies and communities.

**Roy Perlis, MD, MSc**, director of the Center for Experimental Drugs and Diagnostics, was awarded the 2010 Klerman Young Investigator Award by the Depression and Bipolar Support Alliance.

**Kathy Sanders, MD**, director of MGH Adult Psychiatry Residency Training, was elected president-elect of the American Association of Directors of Psychiatric Residency Training. This organization includes more than 650 training directors, associate directors and program coordinators of psychiatric residency programs nationwide.

**Luke E. Stoeckel, PhD**, Post-doctoral Fellow of Neuropsychology in Psychiatry, received a 2010 Young Investigator grant from NARSAD for the research project “Neural Correlates of Nicotine Enhancement of Reward Responsiveness in Schizophrenia.”
emotional distress and symptoms of depression, anxiety, ADHD or other mental health conditions. Clinicians in the Behavioral Medicine Service work closely with other medical specialty areas at the hospital, including the Cancer Center, Diabetes Center, Epilepsy Service, Infectious Disease Unit, Orthopedics and Weight Center. In recent years, the Behavioral Medicine Service has extended its expertise to working on HIV prevention and treatment projects in countries with some of the highest HIV rates, including South Africa, India, Uganda and Vietnam.

NEW SKILLS HELP PATIENTS LEARN TO COPE

“The behavioral medicine program helped me clarify what my real issues were and stopped the vicious cycle in its tracks,” says Enggren, who enrolled in the program in 2008. “They helped me focus on what was actually making me depressed, sad, unable to sleep and eating the wrong food for diabetes. They helped me recognize what I could change, and set more realistic goals. It is easier, for example, to think about losing 10 pounds than 50 pounds; or to just have the goal of washing your hair.”

Enggren began to see small achievements, which motivated her to try harder. “They recommended a nutritionist, who taught me the best ways to eat for diabetes, which made it easier to lose weight,” says Enggren. “This gave me the energy and motivation to increase my exercise.” The program also taught Enggren techniques of progressive relaxation and meditation. “They gave me directions, manuals and tapes,” she says. I began to meditate every morning, and I’m still doing it years later. It helps me organize my thoughts and gives me a sense of relaxation to start my day.”

COGNITIVE-BEHAVIORAL THERAPY IS KEY

One aspect of the behavioral medicine program that was particularly helpful to Enggren is cognitive-behavioral therapy (CBT) which, says Safren, “is like taking a course in learning to cope with your chronic disease symptoms. The cognitive part addresses negative thoughts and beliefs that might contribute to problems in self-care.” During a course of 10 to 12 sessions, patients like Enggren learn how to think more adaptively, and to try out different ways of handling problems. “We encourage people to think more realistically and positively about life goals, and to slow down their thinking,” says Safren. “We ask people to write down each thought and belief and then evaluate it for how realistic and helpful it is, and what is the evidence for and against it. By questioning their thoughts objectively, people learn to think more realistically and adapt better to their situations.”

The system worked well for Enggren. Her blood sugar and weight are now at healthy levels. Her mood is positive and upbeat, and she is looking forward to going to Maine with her husband this summer and spending time sailing their boat. “Enrolling in the behavioral medicine program is one of the best things I have ever done for myself,” says Enggren. “I don’t need the program any more, but it is reassuring to know it is always there if I do need help.”

SAVE THE DATES

The MGH Psychiatry Academy
Patient and Family Education Seminars
Unipolar and Bipolar Depression: Advances in Diagnosis and Treatment
Saturday, April 30, 2011
Complementary and Alternative Medicine for Psychiatric Disorders
Saturday, June 18, 2011
Starr Center, Massachusetts General Hospital
Information: www.moodandanxiety.org
(617) 724-8318
Sponsored by the Sidney R. Baer, Jr. Foundation
Some 160 guests gathered in the Palm Beach home of Michele and Howard Kessler for the fifth consecutive year for the annual MGH Leadership Council for Psychiatry Seminar. The February 24 program featured talks on genetic risks for psychiatric illnesses, happiness in aging, parenting strategies for challenging children and the impact of loss in family life. The Leadership Council is comprised of 65 members/member families who are committed to advancing mental health and wellness through support of the work of the Department of Psychiatry.

Left to right:
1) Judy and Robert Del Col
2) Marty Cox and Heidi Cox
3) Paula Rauch, MD, and Dola Stemberg
4) Lee S. Cohen, MD, and Jeanne and Gerhard Andlinger
5) Michele Kessler and Carroll Carpenter, council co-chairs, with Jerrold F. Rosenbaum, MD
6) Robert Waldinger, MD, Christina Ablon, J. Stuart Ablon, PhD
7) Sandy Thompson and James and Abra Wilkin
8) Rev. Dr. Barbara Nielsen, Don Chapoton, Mary Jo Chapoton and Frederick Jones
9) John Gimbel and Sally Roosevelt Stroh