

PSYCHOLOGY ALUMNI ASSOCIATION NEWS

A T M C L E A N H O S P I T A L



Drs. Jaffee (left) and Youngberg

GREETINGS TO OUR FELLOW MCLEAN ALUMNI:

Change is in the air and on the grounds at McLean Hospital as it positions itself for a third century of excellence in psychiatric clinical care, education and research. A strategic planning process, initiated in September 2007, is well under way and is anticipated to be concluded this summer. The process is being spearheaded by McLean President and Psychiatrist in Chief Scott Rauch, MD, and a 10-member group of hospital trustees, senior administrators and representatives from Partners HealthCare. Though the hospital is faring well financially, Dr. Rauch has said that a strategic plan will help McLean define and achieve long-term goals aimed at making the hospital "even stronger, more prosperous and well-suited to carry out our mission."

The process was designed to afford a variety of opportunities for people to provide input and there continues to be multiple vehicles for members of the McLean community to do so. Philip Levendusky, PhD, ABPP, director of Psychology and Psychology Training and senior vice president for Marketing and Business Development, and Edmund Neuhaus, PhD, ABPP, co-director of Psychology Training, are leading critical task forces that are charged with closely examining the many facets of hospital operations. Dr. Levendusky's task force will address and ultimately make recommendations on ways to maximize opportunities in business development and marketing, while Dr. Neuhaus' task force will work on crafting strategies to enhance the care model.

Strategic planning is a proactive process that we can feel good about as it will position McLean as an international leader in advancing psychiatry well into the 21st century. If you would like to keep updated on the planning process, please contact Cindy Lepore, director of Communications for McLean, at 617.855.2110 or leporec@mclean.harvard.edu. She will add you to the weekly distribution of *McLean News*, which is reporting regularly on all aspects of this process.

In other news, it is with great enthusiasm that we announce the kickoff of the Alumni Tree Fund, a giving opportunity that will enable members of both the psychology and psychiatry alumni training associations to express their gratitude for their years of training at McLean. Turn to page 2 for details on this and another philanthropic endeavor by psychology interns in the Class of 2007.

Finally the McLean social, held at the 41st Annual ABCT Convention (Association for the Advancement of Behavioral and Cognitive Therapies) in Philadelphia in November 2007, was well attended by alumni, friends and hopeful intern applicants. Dr. Neuhaus and other training faculty were on hand to update alumni on recent McLean happenings and catch up on developments in graduates' personal and professional lives. We hope to see you at the McLean reception this November, during the 2008 convention in Orlando.

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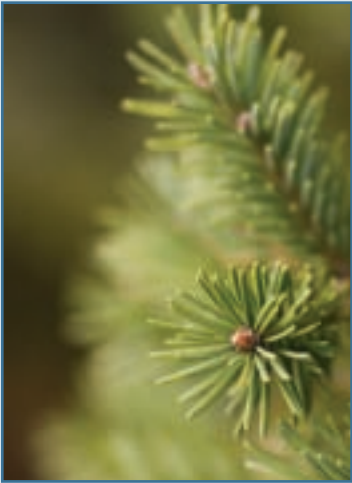
Bringing Psychiatry  
to the Battlefield

Robert L. Youngberg, PhD  
Class of 1994  
Co-Chair  
Psychology Alumni Association

William Jaffee, PhD  
Class of 2004  
Co-Chair  
Psychology Alumni Association

# ALUMNI TREE FUND IS BUDDING

Robert Youngberg, PhD, Class of 1994 • ryoungberg@verizon.net



Since 1895 when McLean selected its site perched atop Belmont Hill, the hospital has prided itself on its landscape design and the hundreds of trees that define its campus. Next year, the McLean psychology and residency alumni associations will add to that beauty with the gifting of two Colorado blue spruce trees. The spruces, which are depicted on the hospital's logo, will serve as a living, growing physical representation of the hospital and its ongoing mission of excellence in training, research and patient care.

The gift will be made by former interns and residents in appreciation of the outstanding training experience they received in their years at McLean. Each alumni association will donate a

single tree. An accompanying plaque will be placed at the base of each tree with an inscription. In addition, a representation of the McLean logo will be displayed in front of the trees with an explanation of what the trees are intended to symbolize. Solar-powered flood lighting will also be gifted to provide night-time views.

The trees will most likely be planted at the corner of Bowditch Hall facing the Admissions Building. This area, with alumni-gifted benches (*see related story below*) and freshly planted flowers, will become a pleasant location for small groups of the McLean community to enjoy. To donate to the Alumni Tree Fund, please contact Cecelia O'Neal, MSc, operations director, Marketing and Business Development, at 617.855.2840 or e-mail psychologyalumni@mclean.harvard.edu.

## CLASS OF 2007 WILL LEAVE LASTING LEGACY

Robert Youngberg, PhD, Class of 1994 • ryoungberg@verizon.net

The Alumni Association extends its sincere appreciation to the internship Class of 2007 for its very generous donation to the Alumni Tree Fund. In the same way the interns envision their training experience will have a lasting impact on their professional lives, the class hopes to have an enduring influence on its training alma mater.

To fulfill this objective, the interns have donated funds for a wooden bench to be placed in front of the alumni trees, once they are planted, for the entire McLean community to enjoy. The interns have also contributed toward the creation of a perennial flower garden adjacent to the Recreation Building.

The bench inscription will read:

*In honor of  
Philip Levendusky, PhD, Edmund Neuhaus, PhD, and Gary Taylor, PhD.  
With thanks for your devotion to psychology training at McLean Hospital.  
Intern Class of 2006-2007*

## AUTHOR'S CORNER

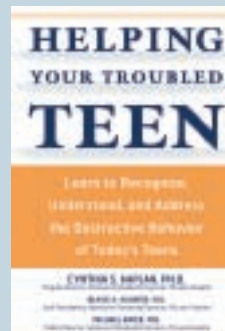
### "HELPING YOUR TROUBLED TEEN. LEARN TO RECOGNIZE, UNDERSTAND AND ADDRESS THE DESTRUCTIVE BEHAVIOR OF TODAY'S TEENS"

Cynthia Kaplan, PhD, administrative director of McLean's Child and Adolescent Program • kaplanc@mcleanpo.mclean.org

Destructive trends among today's youth are growing, making life very different from when their parents were growing up. The four primary self-destructive behaviors in adolescence today fall under the categories of excessive alcohol and substance abuse, promiscuity, self-injury and eating disorders. These topics, along with other prevalent concerns, such as Internet addictions, depression and suicide, are covered by Dr. Kaplan in "*Helping Your Troubled Teen*," co-authored by McLean Hospital child and adolescent psychiatrists Blaise Aguirre, MD, and Michael Rater, MD.

The book focuses not only on the detriment that patterns of destructive teen behavior have on teens' personal mental and

physical health; it also touches upon the potential legal, academic and family pressures and problems that result from harmful teen behavior. The book emphasizes identification and targeted prevention as the most important avenues toward avoiding teenage self-destructive behavior.



"*Helping Your Troubled Teen*"

provides parents with instruction on how to identify at-risk adolescents and offers guidelines for seeking appropriate care. It details many of the warning signs of injurious behavior that commonly occur before a child is in psychological crisis. It also highlights personal anecdotes and testimonials from parents and teenagers who have either confronted or engaged in self-destructive behavior.

### READER REVIEWS:

"A superb and extremely helpful book for parents."

Edward M. Hallowell, MD, author of "*Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood through Adulthood*"

"The authors are experienced, skilled clinicians who work with many youths who display problematic behaviors. What they have learned ... is evident on every page of this remarkable book."

Robert Brooks, PhD, co-author of "*Raising Resilient Children*"

# MCLEAN LAUNCHES ADOLESCENT DBT PROGRAM



*Blaise Aguirre, MD*

In September 2007, McLean Hospital opened an adolescent residential treatment program in newly renovated space in East House. The eight-bed residence, named 3East, places heavy emphasis on the use of dialectical behavior therapy (DBT) and is designed for young women, ages 13 to 19, who are exhibiting self-endangering behaviors and emerging borderline personality traits.

Blaise Aguirre, MD, the center's medical director, is a child and adolescent psychiatrist widely recognized for his work in the treatment of borderline personality disorder (BPD) and other complex adolescent psychiatric disorders. He and clinical staff members are specially trained in DBT interventions—techniques proven highly effective in treating patients displaying chronically self-destructive behavior, suicidality and other challenging biosocial behaviors, such as eating disorders. Unit staff includes Michael Hollander, PhD, head of the DBT Consultation Team and one of the few DBT trainers nationwide, who is also an expert on self-injurious behavior in children and adolescents.

"This program is designed to immerse the adolescent in treatment. The strong clinical alliance allows clinicians, adolescents and families to determine the most effective way to achieve their treatment goals," said Aguirre.

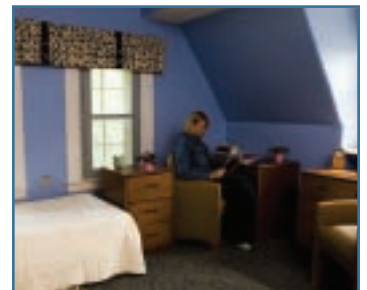
The program, because it is self-funded, affords patients the time they need to prepare themselves for the road beyond McLean to recovery. "With insurance-funded programs, some adolescents are discharged prematurely before they, their family and their caretakers have had the full opportunity to learn the skills and strategies necessary to achieve progress. In our program, the length of stay is a minimum of four weeks and ideally, a maximum of six weeks," said Aguirre.

Treatment components include individual DBT therapy, group skills-based therapy, individual skills coaching and family therapy, which emphasizes parental skills development. Additional treatment components consist of case management, psychopharmacology evaluation and treatment, milieu and recreational therapies, as well as tutoring and academic programming if necessary.

Upon entering the program, patients are initially seen by a multidisciplinary team of clinicians, led by Aguirre. Specialty consultations are available as needed in the areas of eating disorders, neurology, trauma, attention deficit disorder and other child and adolescent psychiatric disorders. Following the initial evaluation, the clinical team assesses all aspects of the adolescent's care and develops a comprehensive, individualized treatment plan.

DBT treatment was initially developed to treat suicidality associated with BPD in adults. "However, it has proven to have additional benefits for adolescents as well as for a variety of diagnoses," said Aguirre. "While by nature, the personality of adolescents is still developing, the diagnosis of BPD can be made with great care and on the basis of a thorough history and evaluation of the adolescent's thinking style, emotional coping patterns and interpersonal mode of functioning. It can be diagnosed in adolescents when symptoms are persistent and pervasive beyond a year's time," he added.

For more information about the program, please call Dr. Aguirre at 617.855.3331 or e-mail him at [baguirre@partners.org](mailto:baguirre@partners.org).



## PATIENT PROFILE

Females, age 13 to 19, who would benefit from the program are those who:

- \* suffer from emerging personality disorders with co-occurring psychiatric conditions, such as severe depression and anxiety;
- \* demonstrate self-harm and substance abuse behaviors, rendering outpatient treatment unsafe and inadequate;
- \* require a full psychiatric evaluation for precise diagnosis;
- \* require a more intensive, individually crafted rehabilitation plan;
- \* would benefit from long-term dialectical behavior therapy and skill development geared toward self-regulation.

# SCHIZOPHRENIA-RELATED TRAITS OFFER KEY CLUES INTO ILLNESS



Deborah L. Levy, PhD

Deborah L. Levy, PhD, Class of 1976 • [dlevy@mclean.harvard.edu](mailto:dlevy@mclean.harvard.edu)

The Psychology Research Laboratory at McLean Hospital, long recognized as one of the premier schizophrenia research laboratories in the world, was founded and directed by the late Philip S. Holzman, PhD. As his longtime collaborator and co-director, it is my privilege to continue this work as we pursue our 20-year mission to identify genes associated with risk for schizophrenia. Today, rather than focusing exclusively on the disease in patients and relatives, the laboratory has developed innovative ways to identify well relatives who may be carriers of one or more of these susceptibility genes. This strategy is part of a novel approach that holds great promise for developing more targeted treatments, methods of early identification and hopefully, a cure.

Schizophrenia, the most devastating of all chronic psychiatric illnesses, affects about 0.65 percent of the population and has far-reaching psychosocial and economic consequences for patients, their families and society. Identifying the genetic component of schizophrenia is complicated for three reasons: First, multiple genes are involved. Second, there is not an identifiable pattern of transmission in families. Third, only about 7 percent of immediate relatives have the same illness; usually neither parent is ill. The net result is that it is not possible to reliably distinguish gene carriers from non-gene carriers.

To find genes for a complex disease like schizophrenia, we must improve detection of gene carriers. Some gene carriers are easy to identify because they have the illness. However, the vast majority of relatives do not have the illness. The key challenge is to distinguish well relatives who are gene carriers from well relatives who are not gene carriers. For unknown reasons, some parents and siblings seem to have the gene(s), but do not usually express them as schizophrenia. These genes, however, may be expressed in other, much less disabling ways, referred to as “schizophrenia-related” traits.

The Psychology Research Laboratory at McLean has identified four schizophrenia-related traits. Each trait occurs in a large proportion of patients. Each trait also occurs in relatives at a much higher rate than

schizophrenia. These traits can provide important insights into how genes for psychosis may be expressed in families. They include:

- mild forms of the same thinking disturbance found in patients (i.e., using real words in unusual ways; for example, “Those are posterior pronunciations.”);
- difficulty following a slowly moving target with one’s eyes;
- evoked response potential (ERP) abnormalities (i.e., reduced inhibition of the P50 response); and
- a subtle deviation affecting the midline of the face that is mirrored along the midline of the brain.

With the exception of the ERP anomaly, all of the schizophrenia-related traits were discovered in McLean’s Psychology Research Laboratory.

**This strategy is part of a novel approach that holds great promise for developing more targeted treatments.**

If schizophrenia is the rare manifestation of these susceptibility genes and the more benign schizophrenia-related traits are the more common expressions, it will be easier to detect schizophrenia genes through their effects on these other traits than through schizophrenia itself.

The Psychology Research Laboratory collaborates with six other laboratories on studies that target specific genome regions, genomewide scans and copy-number variation to identify genes associated with the disease and one or more of the schizophrenia-related traits in families. The laboratory has received sustained funding from the National Institute of Mental Health for 30 years. Discovering genes that contribute to susceptibility for schizophrenia is the essential first step in enabling scientists to understand the biology that these genes express, which, in turn, is essential for developing truly effective interventions.



## A FIRST-HAND ACCOUNT: BRINGING MENTAL HEALTH CARE TO THE BATTLEFIELD

John Rodolico, PhD, Class of 1986 • [rodolico@mclean.org](mailto:rodolico@mclean.org)

**Editors' note:** John Rodolico, PhD, an associate psychologist in McLean's Adolescent Acute Residential Treatment Program, Alcohol and Drug Abuse Treatment

*Program and Behavioral Psychopharmacology Research Laboratory, has completed two tours of duty in Iraq since 2003. As a member of the United States Army Reserve, Rodolico was part of an overall military effort that has succeeded in providing much-needed mental health care to soldiers and Marines serving directly on the front lines of battle. For this effort, he was awarded two Bronze Star Medals for exceptional meritorious achievement. Here is Rodolico's first-person account, lending his perspective and experiences.*

As the war in Iraq continues, the delivery of mental health care to military personnel remains a critical issue. As the executive officer (XO) of a combat stress control (CSC) medical company that has been deployed twice since the beginning of the war, I have witnessed how the delivery of mental health care has evolved. A traditional CSC company is comprised of 12 mobile mental health teams of two mental health officers and two to six mental health techs who are enlisted personnel. All personnel on these teams are trained combat medics and provide front-line medical care to wounded soldiers. These teams are traditionally located behind the forward edge of the battlefield, providing respite, mental health briefings and consultation to infantry commanders and their soldiers.

Upon arriving in Kuwait in early February 2003, our CSC mission was to fall into the traditional model and as an XO, it was my job to make sure we followed that procedure. When the Iraq War began, we thought that our model would be a good fit for what the combat arms' divisions were achieving. Shortly after the invasion of Baghdad and Mosul, we realized that our troops were beginning to settle into large forward operating bases and needed more traditional mental health care. This occurred because as the conflict shifted from a combat operation to an occupation mission, soldiers had more time on their hands to reflect on what had happened during the march forward. For some military members, this brought on symptoms of acute stress along with insomnia and depression. At this point, the CSC units began to erect mini mental health clinics, making them a stationary non-mobile medical asset. This medical footprint began in 2004 and was carried into late 2005, when the general public might recall the cry for additional mental health services.

At this same time, my CSC company was preparing to deploy for a second time to the Sunni Triangle and was assigned the mission of providing mental health care to as many soldiers and Marines as possible. Upon examining the situation, we realized that only half of the forces in our area were receiving treatment. The soldiers who were receiving the least amount of care were those in the most remote areas of "The Triangle." Ironically, these were the

ones who needed it most. It was then, in conjunction with our higher command, that we set out to direct health care to remote outposts, which meant putting more men and women in harms way.

Frankly, the plan to expand mental health services in high-risk areas emanated less so from our command and more so from the brave men and woman with whom I served. It was the combat medics who offered to place their lives on the line to help their brothers and sisters in combat. These and countless other selfless acts that I witnessed during this particular tour of duty showed me what real bravery and courage were about. Within two months, we doubled the number of clinics from seven to 14. We also were able to spider out from these mental health clinics to provide one-on-one care to soldiers in very remote outposts. It was not unusual for one of our techs to be seen with a scout group in the desert of western Iraq.

I am proud to report that we served thousands of soldiers from 2005 to late 2006 in 32 locations. As our presence became known, we were able to decrease the stigma attached to mental health care and the 21st century soldier. While these barriers to mental health are still being fought, they are becoming more permeable.

As military psychologists, our mission does not end when we return home. We are often called on to provide mental health assessment and consultation for other returning soldiers. The majority of this treatment is being passed on to VA hospitals, garrison base psychologists and private practitioners; though some military members are treated at private hospitals, like McLean. For many of these soldiers, the ability to reintegrate into civilian life is more difficult than being in a war zone. We all have heard the stories of veterans trying to put the sounds, smells and chaos of war behind them. Unfortunately, these soldiers are not receiving the mental health care they so desperately need. Thankfully, through the military's Behavioral Health Department, innovative programs are being piloted to help soldiers reintegrate back to civilian life.





# PSYCHOLOGY ALUMNI CLASS NOTES

William B. Jaffee, PhD, Class of 2004 • [wjaffee@mclean.harvard.edu](mailto:wjaffee@mclean.harvard.edu)

## 1973

**Joan Berger, PhD**, is a training and supervising analyst at the Dallas Psychoanalytic Center and director of the Postgraduate Psychoanalytic Psychotherapy Program. The latter is a collaborative program involving several psychoanalytic entities in the Dallas community, including the Dallas Psychoanalytic Center, Dallas Society for Psychoanalytic Psychology, Dallas Society for Psychoanalytic Social Work and University of Texas Southwestern Medical Center Department of Psychology. Having completed a two-year adult program and a one-year child and adolescent program, the collaboration is offering an updated two-year adult program. Multidisciplinary collaboration and networking is promoted through co-teaching and sharing of perspectives in class. [joanberger@gmail.com](mailto:joanberger@gmail.com)

## 1978

**Baird Brightman, PhD**, writes: "Over the past 10 years I have been most interested in two questions: How do people achieve a high level of satisfaction and success at work and why do people and organizations so often disappoint each other? My work involves helping people to answer these questions and develop strategies for success. Please visit my website at [www.wklf.com](http://www.wklf.com) and feel free to contact me at [bkb@wklf.com](mailto:bkb@wklf.com). I hope this finds you all well and thriving."

## 1980

**Joel A. Dvoskin, PhD, ABPP**, is a diplomate in forensic psychology at the University of Arizona College of Medicine. He also just finished his year as president of the American Psychology Law Society, Division 41, of the American Psychological Association. [joelthed@aol.com](mailto:joelthed@aol.com)

## 1982

**Peter Z. Mitchell, PhD**, tells us: "After McLean, I ended up in the 'right place at the right time' by landing a part-time consulting job in the field of quality assurance. I was eventually awarded a contract to conduct such work in New York state psychiatric facilities. My firm, BOCA, has been in business continuously since 1984. Because QA involves mostly chart reviews, it carries no licensing requirement. As the years passed, I procrastinated about obtaining the supervised experience needed in New York and was unable to take the licensing exam. Though successful as a consultant, my lack of

a license gnawed away at me. Finally, several years ago, I communicated about this with Phil Levendusky and he encouraged me to apply for the exam anyway. To my surprise, the licensing board approved my application. After studying obsessively for six months, I passed the exam last October, probably making me one of the oldest people to obtain a license. It has certainly brought a positive feeling of closure to my 'student' days." [zpmbo@aol.com](mailto:zpmbo@aol.com)

## 1989

**Paul Duberstein, PhD**, left Boston for Rochester, NY, in 1990. He planned to return to Boston by 1995. It hasn't happened (yet). Duberstein is professor of psychiatry at the University of Rochester, where he co-directs the Center for the Study and Prevention of Suicide and is a core faculty member at the Center for Mind-Body Research. He recently received an educational grant that aims to enhance the racial diversity of researchers committed to academic careers in mental health. He welcomes e-mails from "McLean-ites" and from scholars wishing to pursue research training in suicide, late-life depression, personality, aging and health, or race and poverty-related health disparities. [Paul\\_Duberstein@urmc.rochester.edu](mailto:Paul_Duberstein@urmc.rochester.edu)

**Lynn Margolies, PhD**, reports: "I have been in a busy full-time private practice in Newton, Mass., working with a mostly highly educated and 'successful' population of adults, families, couples and adolescents. My niche for the past few years has been working with adolescents as well as men in their 20s to 40s, including a men's group for social anxiety and/or relationship issues. I still do trauma work but not generally with a hospital population. I have also done some work in the media, including television commentary and writing for newspapers and magazines, which has been fun and interesting. I would love to hear from any fellow interns. Where are you, Paul Duberstein?" [margoliesphd@aol.com](mailto:margoliesphd@aol.com)

## 1991

**Sharon Stein McNamara, EdD**, a cognitive behavioral intern has news: Her twin boys, now age 7, are in second grade. She is in private practice in Shoreview, Minn., and has expanded her practice to include work with divorcing or post-decree couples, and uses a variation of dialectical behavior therapy to help couples come to agreements and make contracts in the best interests of co-parenting

their children. Sharon also teaches as an adjunct faculty member at the Minnesota School of Professional Psychology as part of Argosy University, Twin Cities. She is collecting stories of psychologists and mental health professionals who have done their own psychological growth and healing for a book on wounded-healer stories. If you would like to contribute to her qualitative research, you may contact her at [ssmcmamara@comcast.net](mailto:ssmcmamara@comcast.net).

## 1994

**Daniel E. Shapiro, PhD**, notes: "I'm now an associate professor at the University of Arizona College of Medicine, where I direct a medical humanities program and spend most of my time teaching medical students and psychiatry residents. I've written a few memoirs published by Random House and recently created a program in which medical students film the lives of patients with chronic illnesses. I love the high Sonoran Desert in Tucson but when autumn hits, I miss Belmont and the annual burst into color." [shapiro@email.arizona.edu](mailto:shapiro@email.arizona.edu)

## 1996

**Bettina Kanitz, EdD**, writes: "After completing my training year at McLean Hospital, I worked for six months toward my post-doctoral hours at the Somerville Adolescent Program. I decided to relocate to Alexandria, Va., following this and subsequently held several jobs, including being a staff psychologist at the Catholic University of America Catholic Center and an adjunct faculty member in psychology at George Mason University. Following my work at Catholic University (a temporary assignment only), I worked at the Center for Posttraumatic and Dissociative Disorders in the Psychiatric Institute of Washington. Given that this was not my ideal long-term career fit, I then worked as a clinical researcher at Johns Hopkins University School of Medicine on a national study pertinent to OCD. During this time, I also had a small private practice. In 2001, I took a position in community mental health in Alexandria and was the primary therapist for the woman's track of a day support program for co-occurring mental health and substance abuse disorders. I enjoyed this greatly while I was there but decided to pursue a different position in community mental health (Fairfax County) in 2006 as I needed a change. Thus, I currently work in the Juvenile Forensics Evaluation Program where I conduct assessments with court-involved adolescents. My job also involves direct therapy with

# MCLEAN TRIVIA: TEST YOUR SAVVY

Compiled by Robert Youngberg, PhD, Class of 1994, and Terry Bragg, McLean archivist.

1. Which famous Boston architect is responsible for the design of the original McLean Hospital in Charlestown, Mass.?

a. Frank Lloyd Wright b. Charles Bulfinch  
c. Stanford White d. Frederick Olmsted

2. Who was the first physician and superintendent of The Asylum at Charlestown?

a. Steven Mirin b. Benjamin Rush  
c. Paul Howard d. Rufus Wyman

3. How were McLean patients transported from the former McLean Hospital site in Somerville to the newly constructed facility in Belmont?

a. Conestoga wagon b. tandem bicycle  
c. horse and carriage d. Model T

4. In 1823, John McLean, a prominent Boston merchant, bequeathed a large sum of money to the hospital to support its current operations and future. How large was the sum?

a. \$12,500 b. \$1,000,000 c. \$1,000 d. \$120,000

5. What well-known artist was commissioned to paint John McLean's portrait, a copy of which hangs today in the foyer of the Administration Building?

a. Gilbert Stuart b. John Singer Sargent  
c. Edward Hopper d. Fabian Bachrach

6. Which year did the McLean Administration begin to offer vacation time (two weeks) to its staff and employees?

a. 1811 b. 1841 c. 1877 d. 1929

7. What Boston schoolteacher, social reformer and admirer of McLean Asylum's institutional design befriended the superintendent and frequently visited the grounds?

a. Susan B. Anthony b. Clara Barton  
c. Dorothea Dix d. Lucretia Mott

8. Which year did the McLean Training School for Nurses graduate its first class?

a. 1886 b. 1896 c. 1906 d. 1917

9. In April of 1895, which two buildings were the first to house patients?

a. East House and Wyman  
b. North Belknap and South Belknap  
c. Appleton House and Upham House  
d. Codman and Higginson

Answers: 1.b 2.d 3.c 4.d 5.a 6.c 7.a 8.a 9.c

adolescents and their families, as well as training and supervision of clinical staff. I continue to teach undergraduate and graduate courses at George Mason. Outside of work, I have been practicing Nichiren Buddhism for the past two years, I am actively involved in animal rights/anti-cruelty issues and I have been taking creative writing classes at a writing center in Bethesda, Md., for my own enjoyment and continued growth. It has been interesting and nice to read about all the outstanding things my fellow McLean 'trainees' have been doing."

Bettina.Kanitz@fairfaxcounty.gov

## 1999

**Jeffrey Brown, PsyD, ABPP**, tells us that, "My wife Carolynne and I are having the time of our lives with our young son Grant. I continue in my CBT full-time practice in Arlington, Mass., and as a clinical associate at McLean. My first book, *The Competitive Edge: How to Win Every Time You Compete*," was released by Tyndale House Publishers during the fall of 2007. The book also prompted the development of my practice website ([www.drjeffbrown.com](http://www.drjeffbrown.com)). The learning curve for all of the Browns has been steep, but fun, over the last year."

**Daniel L. Shapiro, PhD**, writes: "Life is busy. I founded and direct the Harvard International Negotiation Initiative, which researches the psychological dimension of conflict and negotiation ([www.pon.harvard.edu/hnp/ini](http://www.pon.harvard.edu/hnp/ini)). We work with everyone from state leaders to hostage negotiators, doctors to lawyers.

Roger Fisher and I recently published a bestseller called, *Beyond Reason: Using Emotions as You Negotiate*," which offers practical advice on how to deal with the emotional side of a conflict ([www.beyond-reason.net](http://www.beyond-reason.net)). I just returned from the World Economic Forum in Jordan, where I presented a session on 'multiculturalism' with Her Majesty Queen Rania. And most importantly, my wife and I have a very cute two-year-old named Noah who teaches me daily lessons about negotiation." dlshapir@law.harvard.edu

## 2000

**Roberto Olivardia, PhD**, and his wife welcomed the arrival of their daughter, Arianna Adi Olivardia, on June 20, 2007. She weighed 7 lbs. 2 oz. at birth and is doing very well. Big brother Roman (28 months) loves his sister and sings her lullabies. roberto\_olivardia@hms.harvard.edu

**Debra M. Smitham, PhD**, reports: "My most recent news is that my husband and I had a baby on June 24, 2007—a girl named Sophia Katherine Flannery Luther. She is our first and we are very proud and thrilled to be parents. On the career front, I have been with a consulting firm, Leadership Development Worldwide, for the past seven years (since I finished my McLean internship), working with a variety of clients and businesses. I always love hearing from people in the McLean network. Thanks very much and very best regards." debra.smitham@ldw-w.com

## 2004

**Nicole Noffsinger-Frazier, PhD**, reports: "Since completing my postdoc at the Klarman Center (at McLean), I have been a full-time, stay-at-home mom to my son Jackson (21 months) and daughter (born Aug. 2, 2007). Although I have cherished the time at home, I have really missed working and will be entering part-time private practice in early 2008. I am looking forward to joining a group practice in Charlotte, NC, that specializes in the treatment of adolescents and adults with eating disorders. nicolenoffsinger@hotmail.com

**William Jaffee, PhD, and Catherine Tellides, PhD, (2005)**, welcomed the arrival of Maia Chrysoula Jaffee on June 22, 2007. Writes Bill: "Maia has been a joy beyond anything we could have imagined! On the career front, I am very happy combining my research position at McLean's Alcohol and Drug Abuse Treatment Program and my practice involving people struggling with mood, anxiety and substance use disorders." wjaffee@mclean.harvard.edu

## MEET THE CLASS OF 2008

In July, members of the Class of 2008 will complete their pre-doctoral training in McLean's national award-winning psychology internship training program.



Pictured top row (left to right) are John Pachankis, SUNY-Stony Brook; Geoffrey Cohane, Clark University; middle row (left to right): Yat-Ming Jude Leung, Boston University; Gregory Chasson, University of Houston; Jennifer Thomas, Yale University; Sadia Najmi, Harvard University; bottom row (left to right): Tal Nir, Boston University; and Cindy Hsin-Ju Liu, University of Oregon.

## WHERE ARE THEY NOW? CLASS OF 2007

### **James Reid, PhD**

Post-doctoral Fellow  
McLean Hospital  
Appleton Continuing Care Program  
jreid@mclean.harvard.edu

### **Kathryn Eve Lewandowski, PhD**

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