

Investing in Outcomes Data

Menninger's patients are typically quite severely ill; in fact, on average, 80 percent have at least three psychiatric disorders and have averaged three prior hospitalizations. Given their acuity, we've invested in a long-term Hospital-wide Outcomes Project to determine if our treatment model is effective in treating this patient population.

"Our Outcomes Project represents considerable investment in time and staff resources, and we are fortunate to be able to make this investment," said **John M. Oldham, MD, MS**, chief of staff at Menninger. "The data that are coming out of the project are very exciting, demonstrating clearly the value of our treatment model and the quality of our treatment teams. But most importantly, this information gives us the chance to make immediate changes to treatment planning to benefit patients who are slow to respond to their treatment."

Menninger's other quality indicators include inclusion on *U.S. News & World Report's* America's Best Hospitals list for psychiatry since its creation in 1991; designation as a Pathway to Excellence® facility by the American Nurses Credentialing Center; accreditation by The Joint Commission; and affiliation with Baylor College of Medicine, one of the nation's top medical schools.

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New Treatment Outcomes Data Show Patients Maintain Gains Post-discharge

At Menninger, the average length of stay is between six and eight weeks, a timeframe that's unusual in today's world of mental health care. But that timeframe affords patients a unique opportunity: long-term symptom reduction.

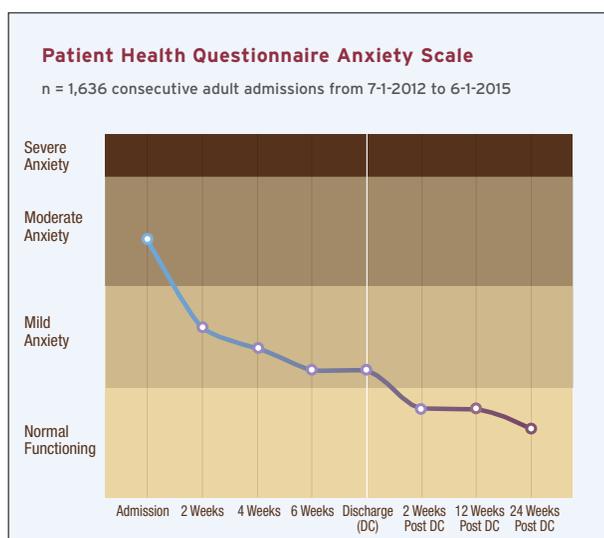
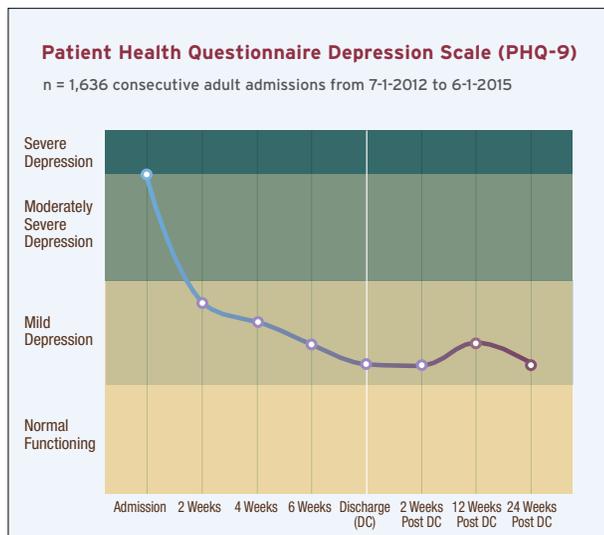
But just how much symptom reduction do they achieve? And are they able to maintain those gains once they've discharged?

Treatment Outcomes

"We've been collecting patient outcome data for almost five years and using that to help us understand how patients respond to treatment at Menninger," said **Chris Fowler, PhD**, director of Psychology and associate director of Clinical Research. "What we've learned is that most of our patients are discharging from Menninger with scores in the normal-to-mild ranges on disability, depression and anxiety, which is quite significant given the acuity of our patient population.

"The great news is that the post-discharge assessment data for all our adult patients indicate that the gains they make while they're at Menninger continue for at least six months after discharge," Dr. Fowler said.

The accompanying charts indicate that, on average, adult patients achieve significant improvement in depression, anxiety, ability to function and well-being by the time of discharge. The chart data also demonstrate that they maintain improvement at least through the first six months following discharge. The charts represent data collected from 1,636 consecutive adult admissions from July 1, 2012, to June 1, 2015.



Frequent Assessments

Through our Hospital-wide Outcomes Project, Menninger collects data from its adult patients to assess symptoms and functioning throughout each patient's stay. Specifically, a comprehensive battery of assessments is given at admission to establish a baseline and every two weeks after admission.

The battery includes structured psychiatric interviews (SCID I and II) and assessments that include the Patient Health Questionnaire Depression Scale, the Patient Health Questionnaire Anxiety Scale, the WHO Disability Assessment Schedule and the WHO Well-being Scale.

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The same assessments are given post-discharge at two, 12, 24 and 52 weeks.

Using the Data in Treatment

Outcome reports are provided to patients and treatment teams within 24 hours so that the teams, together with the patients, can use the data to analyze the effectiveness of treatment. When the data indicate the patient is making progress, the team continues with its treatment plan. However, if the data indicate the patient is not making as much progress as expected, changes are made to the treatment plan in hopes of jumpstarting recovery.

Most patients demonstrate substantial improvement at the two-week mark, but some patients – less than 4 percent – experience flat or deteriorating courses. Early identification of these patients is critical to ensuring that treatment planning can be revised early in the hospitalization.

Case Example: Implementing Feedback in Clinical Practice

One example of the value of personalizing care based on outcome data is that of a 23-year-old single woman, who presented with a host of psychiatric diagnoses, including bipolar disorder II, anxiety disorder, alcohol dependence, eating disorder and borderline personality disorder.

She told her treatment team that she'd been in therapy for many years, stating "I don't get anything from it." She presented with self-critical perfectionism, emotional suppression and self-loathing. She also avoided conflict and was deeply uncomfortable expressing negative emotions.

At admission, her assessment for the PHQ-9 Depression score was in the

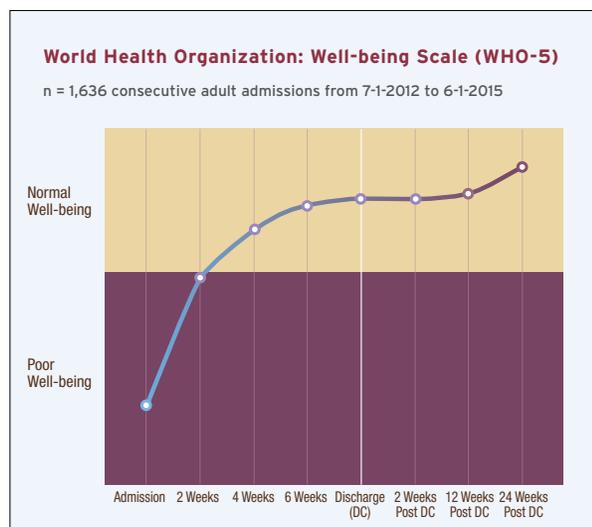
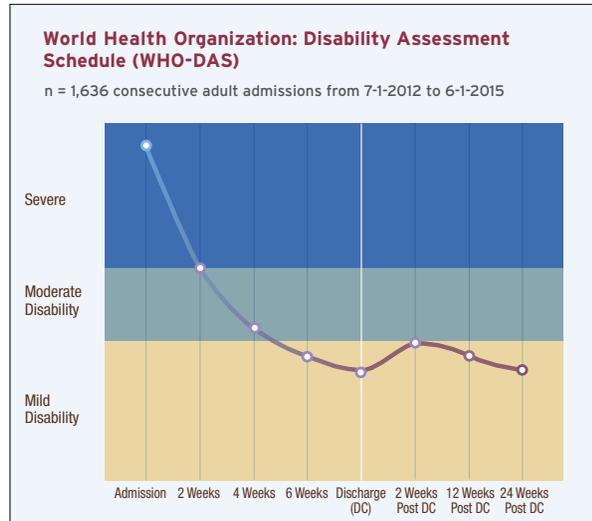
severe range at 17, while her GAD-7 Anxiety score was in the mild range at nine. But her two-week assessments indicated that her depression score remained unchanged, while her anxiety score increased to 17.

At that point, her individual therapist reviewed the data with her and explored with her what might be driving her

ongoing depression and worsening anxiety. Over time, she revealed a series of issues and pressures that had kept her from making progress with her treatment. For example, she had been isolated for years, but was now expected to attend many group sessions, including team rounds where she found herself on one side of the room with her team members seated on the other side. This made her feel as if she were on the hot seat and as if she weren't really a part of the team. When the team received this information, they immediately changed the seating arrangement so that team members also sat on her side of the room.

As she assertively addressed these issues, her connection to her team and her confidence in voicing opinions were strengthened as she saw them respond to her needs. These shifts in her functioning corresponded with reductions in symptoms, which were shared with her at each two week re-assessment interval. In fact, by the sixth-week assessment, her depression and anxiety scores had moved into the mild range.

"Thanks to the outcomes data, we were able to alter the course of her treatment such that we could have a significant impact on her psychiatric issues and functioning," said Dr. Fowler.



The Daring Way™ Shame Resilience Offered at Menninger



All Menninger inpatient programs, as well as its community reintegration program, now offer The Daring Way™ curriculum to our patients.

Eleven trained facilitators and a senior faculty member of The Daring Way™ facilitate groups hospital-wide, qualifying The

Menninger Clinic for The Daring Way™ certification. When you or a client visit The Menninger Clinic's website, you will see the adjacent seal indicating there are trained providers at the center. Fewer than a dozen treatment centers nationally have received this certification.

The Daring Way™ is a proven therapeutic method founded by researcher Brené Brown, PhD, LMSW, of

The University of Houston, who is the author of numerous books, including "Daring Greatly" and "Rising Strong." Dr. Brown piloted the curriculum at Menninger.

The Daring Way™ groups on each of the five inpatient programs plus Pathfinder, our community reintegration program, teach concepts such as the importance of vulnerability, developing resiliency to shame and ways to connect to an authentic sense of self. The facilitators apply the curriculum to help patients identify emotions and behaviors that hold them back as well as to identify new choices and actions that will move them forward, transforming the way they live.

Menninger facilitators easily integrate new patients into the group process, ensuring that participants learn The Daring Way™ concepts, gain personal awareness and learn how to access resources to continue with The Daring Way™ process upon discharge.

"I never understood how shame was impacting my life. Learning about vulnerability has helped me see a new path forward." — Former patient



Collaboration with patients and their loved ones is among the hallmarks of ECT under the direction of M. Justin Coffey, MD.

Neuropsychiatrist Brings Family-centered ECT to Menninger Patients

Not everyone gets better when treated with medications or talk therapy. When illnesses like depression are severe, the combination of medications and talk therapy is usually not sufficient. Electroconvulsive therapy (ECT) is remarkably effective, even when other treatments have been unsuccessful. And when someone has life-threatening symptoms, such as suicidal thoughts or behaviors, ECT is a particularly good option because it works rapidly. Although Menninger has partnered with local hospitals in the past to offer ECT services it now offers its own world-class ECT services, which are available to both inpatients and outpatients.

Unmatched Effectiveness

Electroconvulsive therapy is an extremely safe and rapidly effective medical treatment that is given to people who have severe illnesses such as depression, mania, catatonia or some forms of schizophrenia. During an ECT treatment, a small amount of electrical energy is used to elicit a brief seizure in the brain. Research suggests that ECT changes certain aspects of brain chemistry and that these changes may build upon one another. That is why ECT is given as a course of treatments, with a typical course consisting of two to three treatments per week for two to six weeks.

ECT has been used safely and effectively to treat psychiatric disorders in people of all ages, from adolescents to the elderly. It is even safe and effective in people with serious general medical conditions and in women who are pregnant. Like many other medical procedures, ECT requires the skills of a specialized treatment team. ECT is given to a person who is under general anesthesia, so the person is asleep, and the procedure is painless. The treatment lasts only a few minutes, and recovery time is typically about an hour.

Transparency Combats Stigma

Despite the remarkable safety and effectiveness of contemporary ECT, a shroud of stigma still limits people's access to it. At The Menninger Center for Brain Stimulation, the family members and loved ones of patients receiving ECT are becoming ambassadors against that stigma. **M. Justin Coffey, MD**, a neuropsychiatrist and the Center's medical director, has established one of the world's only ECT services where family members and loved ones are invited to participate in every aspect of ECT care, from the pre-ECT preparation to the ECT procedure itself and all the way through the recovery period.

The parents of a young man with treatment-resistant depression who received ECT treatment at Menninger described their experience this way:

"My wife and I were very happy to have the opportunity to see one of our son's ECT treatments. We appreciate being included this way. We were rather nervous when we entered the room. (Dr. Coffey's) explanation of the preliminary steps before the treatment was clear and helpful. We were surprised by how short and uneventful the stimulation was. It was over in a few seconds, and it was much less dramatic than one might have imagined. The impression we received was of a smooth, careful and practiced procedure. We realize that having family members participate in an ECT treatment is a little unusual, but we believe other parents would welcome the opportunity."

How This Helps Patients

Through his research on family-centered ECT, Dr. Coffey has found that, "Having family members and loved ones in the treatment suite heightens everyone's

performance. The transparency is powerful. Not only does it add another layer of safety to the whole procedure, but it makes the patient calmer and more comfortable. Nearly every person who receives their ECT care with us invites someone close to them to participate in their ECT care. And when ECT delivers results after so many other treatments haven't helped, families have their hope restored. They can then share their experience and encourage other people to talk to their doctors about this wonderful treatment."

As the parents of the young man mentioned say, "Our son has now been home for two weeks. We have not seen him this happy, this interested in life, since 2013. He attributes the changes largely to ECT. We believe that as well, and we think the individual therapy and group work at Menninger also made a significant difference. Thank you again from all of our family for the wonderful help you have given our son. If you ever have someone who asks for a reference before deciding whether to do ECT, we would be glad to talk to them."

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— M. Justin Coffey, MD

Clinic Expands Outpatient Services, Introduces Pain Management Program



Stevens, MD, MPH



Woodson, PhD

Under the direction of our **Outpatient Services'** Clinical Director **Jonathan Stevens, MD, MPH**, and Administrative Director **Harrell Woodson, PhD**, Menninger has expanded to include three new outpatient services:

- **Comprehensive, multi-day outpatient assessments for children and adolescents**
- **Traditional medication management and consultations with one of our board-certified adult and child and adolescent psychiatrists**
- **Individual, couples and family therapy with one of our licensed social workers**

Existing Services

The Outpatient Services' existing offerings include:

- **Four-and-a-half-day outpatient adult comprehensive assessments**
- **Intensive outpatient community reintegration support and mentored apartment living for adults who participate in our Pathfinder program**
- **Psychosocial and vocational support for adults at The Gathering Place**
- **Electroconvulsive therapy**

Our Team

In addition to Drs. Stevens and Woodson, the core Outpatient Services team is comprised of **Abigail Nodler, MD**, **Michelle Patriquin, PhD**, **Chris Grimes, LCSW, CGP**, **Barton Jones, LCSW**, and **Megan Kale, LCSW**.

Referring a Patient

We welcome referrals whenever you are working with a patient you think may benefit from an assessment, a second opinion, medication management or more. Simply call 713-275-5178, and we'll be happy to help.

New Pain Management Program Debuts

Because many adults with chronic pain continue to suffer despite trying available outpatient options, Menninger has introduced an intensive inpatient Pain Management Program.

The program includes physicians who specialize in psychiatry and internal medicine, which creates a safe, caring environment for comprehensive assessment of the complexities associated with chronic pain, implementation of evidence-based treatments and a personalized approach to medication management.

Patients in this new program must meet the admission criteria for **Menninger's Comprehensive Psychiatric Assessment Service**, as patients will be treated on this unit. They will learn and practice new skills to improve their experience with pain and to improve functioning in their lives. Patients also work closely with a rehabilitation therapist who designs individualized exercise and mobility activities, capitalizing on The Clinic's Wellness Center and saltwater pool, weather permitting.

In addition, patients will also be able to avail themselves of 12-step meetings, appointments with master's level addictions counselors, pain management group psychotherapy, family therapy, spiritual counseling, nutrition counseling and internal medicine services.



The program is led by **Alok Madan, PhD, MPH**, who has 15 years of experience treating patients with chronic pain. To refer a patient, call Admissions at 800-351-9058.

Newsmakers

Jane Mahoney, PhD, RN, PMHCNS-BC, The Menninger Clinic's director of Nursing Practice and Research, is the recipient of the 2015 American Psychiatric Nursing Association's Award for Excellence in Research. The award recognizes Dr. Mahoney for successfully implementing evidence-based nursing practices that are based on translational research into practice at Menninger. As the principal investigator for Menninger's nursing research, her research interests include patient safety, clinical outcomes and understanding the illness experience. Each year the American Psychiatric Nurses Association recognizes eight individuals who advance psychiatric mental health nursing through their leadership, dedication and vision.

Philippa Ashford, MSN, RN, a nurse manager on our Comprehensive Psychiatric Assessment Service, has been named a 2015 Outstanding Nurse by the Texas Nurses Association – District 9. One of 25 nurses to be named, Ashford has practiced psychiatric nursing for more than 30 years. Among her many accomplishments that this award recognizes, Ashford co-developed an algorithm that mitigates medical deterioration due to the severity of alcohol withdrawal. Additionally, her active leadership and mentoring role at Menninger led to the hospital receiving the prestigious American Nurses Credentialing Center's Pathway to Excellence® designation.

M. Justin Coffey, MD, medical director of the Menninger Center for Brain Stimulation and director of Clinical Informatics, helped develop the recently published "Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments." Distributed by SAMSHA, this guide is the result of a major nationwide effort to provide information about decision support, brief interventions and discharge planning with adult patients who have been identified as having some risk of suicide.

Peter Fonagy, PhD, long-time consultant to Menninger and one of the world's leaders in attachment research, was awarded the Wiley Prize in Psychology by Wiley Psychology and the British Academy for his lifetime achievement as an international scholar. In addition, Dr. Fonagy has received the Senior Investigator Award from the International Society for the Study of Personality Disorders for his contributions in advancing knowledge of the development of personality and personality pathology, and for his significant efforts in developing mentalization-based therapy (MBT). MBT is an evidence-based treatment for personality disorders that was piloted at, and is now used, at Menninger.

John M. Oldham, MD, MS, Menninger chief of staff, co-chaired the November conference at the Banbury Center, Cold Spring Harbor Laboratory, New York, with Antonia New, MD, of the Mount Sinai School of Medicine. The invited conference participants addressed "How Can the Genetics and Neurobiology of Borderline Personality Disorder Contribute to its Diagnosis and Treatment?"

Check Out Our Webinars

In "Where There is Smoke, Someone is Higher: Treating Marijuana Use," **John O'Neill, LCSW, LCDC, CAS**, director of Addictions Services, discusses the new challenges clinicians face treating marijuana use thanks to the changing complexities of marijuana laws across the country.

In "Patient-centered Care and Real-time Feedback to Improve Patient Outcomes," **Chris Fowler, PhD**, director of Psychology and associate director of Clinical Research, reviews Menninger outcomes, describes why patient-centered care improves treatment and treatment outcomes and shows how Menninger clinicians provide real-time feedback throughout a patient's stay at The Clinic.

To view the webinars, visit www.MenningerClinic.com/education/clinical-resources.



Stuart Yudofsky, MD, chair of BCM's psychiatry department for nearly 25 years is retiring.

Outstanding Leader to be Missed

One of the visionaries for Menninger's affiliation with Baylor College of Medicine (BCM), **Stuart Yudofsky, MD**, chair of BCM's psychiatry department for nearly 25 years, will retire as 2015 comes to a close. The neuroscientist plans to teach, write and support advancement of mental health in the Houston community as a voluntary faculty member.

While BCM conducts its national search, stepping in as interim department chair will be Menninger Chief of Staff **John M. Oldham, MD, MS**, who is a former psychiatry chair at Columbia University and Medical University of South Carolina. Dr. Oldham earned his medical degree as well as master's in endocrinology at BMC.

"Please join me in congratulating 'Stu' on an outstanding career and in acknowledging his innumerable, incredible contributions to BCM, The Menninger Clinic, the greater Houston community and the field of neuropsychiatry," said Menninger President and CEO **C. Edward Coffey, MD**. "We will miss his wise counsel and friendship, his incredibly successful leadership of the philanthropic initiatives at both BCM and Menninger, and perhaps most importantly, his broad and ever-present smile."

Meet Our New Clinicians



Robert Albanese, MD, is director of Psychosomatic Services and is a staff psychiatrist on the Professionals in Crisis Program. He is a graduate of East Carolina University where he also earned his medical degree. He subsequently completed his combined residency in internal medicine and psychiatry at the University of Virginia. He is triple boarded in psychiatry, psychosomatic medicine and internal medicine.



Abigail Nodler, MD, has joined Outpatient Services as a board-certified adult and child and adolescent psychiatrist. She received her medical degree from Texas Tech University School of Medicine and her undergraduate degree from Agnes Scott College in Atlanta. Dr. Nodler completed her internship and residency at the University of Alabama-Birmingham, which she followed with a child and adolescent psychiatry fellowship at Harvard University Medical School and the Cambridge Health Alliance in Cambridge, Mass.



Michelle Patriquin, PhD, a McNair Neuroscience Postdoctoral Fellow at Baylor College of Medicine, has joined Outpatient Services, specializing in assessing and treating childhood psychiatric disorders. She has published more than 15 scientific papers and book chapters and is co-editor of "Psychology Readings for

the Introductory Student." She earned bachelor of science degrees in psychology and business management from Virginia Tech as well as master's and doctoral degrees in clinical psychology. Dr. Patriquin completed a pre-doctoral internship in clinical child and pediatric psychology at the University of Alabama-Birmingham and a post-doctoral fellowship at the University of Houston.



Joshua Rodgers, MD, is a staff psychiatrist working on the Compass Program for Young Adults. He is a graduate of the University of Colorado and received his medical degree from the University of Colorado-Denver. He completed his residency at the University of Illinois at Chicago and his fellowship in behavioral neurology and neuropsychiatry at Baylor College of Medicine.



Patrick S. Thomas Jr., MD, PhD, is an addictions psychiatrist on the Professionals in Crisis Program. He received his bachelor of arts degree in biology from Rice University and earned a doctorate in molecular and cellular biology and a medical degree from the University of Washington. Dr. Thomas trained at University of California Los Angeles, where he completed the general residency program as well as the borderline personality disorder fellowship with Dr. Robin Kissell. He is double boarded in psychiatry and addiction medicine.

Researchers Contribute to Field of Mental Health

Menninger's researchers have enjoyed publishing success in peer-reviewed journals in recent months. Do any of these topics interest you?

- "Reliability and validity of the Stressful Life Events Screening Questionnaire among inpatients with severe neuropsychiatric illness" was published in the Bulletin of the Menninger Clinic and was written by **Jon G. Allen, PhD, Alok Madan, PhD, MPH, and Chris Fowler, PhD**.
- "The use of transdermal therapeutic systems in psychiatric care: a primer on patches" was co-authored by **Jonathan Stevens, MD, MPH, and M. Justin Coffey, MD**. Their paper appeared in the journal Psychosomatics.
- "Solving mental healthcare access problems in the twenty-first century," which was written by **Chris Frueh, PhD**, was published in The Australian Psychologist.
- "Neurocognitive status is associated with all-cause mortality among psychiatric, high-risk liver transplant candidates and recipients" was published in the International Journal of Psychiatry in Medicine. **Alok Madan, PhD, MPH**, was a co-author.
- "Psychotherapy for depression in older veterans via telemedicine: a randomized, open-label, non-inferiority trial," which was co-authored by **Chris Frueh, PhD**, was published in Lancet Psychiatry.
- "Early identification of treatment non-response utilizing the patient health questionnaire (PHQ-9)" was written by **Chris Fowler, PhD, Michelle Patriquin, PhD, Alok Madan, PhD, MPH, Jon G. Allen, PhD, Chris Frueh, PhD, and John M. Oldham, MD, MS**. It was published in the Journal of Psychiatric Research.
- "The alternative DSM-5 model for personality disorders: a clinical application" was co-authored by **John M. Oldham, MD, MS**, and was published in the American Journal of Psychiatry.

Menninger's website lists all [publications](#) by its faculty and staff from the past three years, while [PubMed.gov](#) provides centralized access to the actual works.



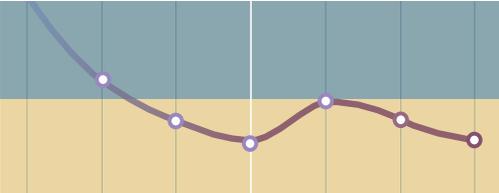
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Winter 2015

Connections



Cover Story

Treatment Outcomes Data Show Patients Maintain Gains Post-discharge



Learn About Therapeutic Value of Art

In the exhibit *Somewhere in the Balance*, “*Decidophobia*” by Jisun Choi of London and Seoul will be part of an exhibit at the Houston Center for Photography for a free public event December 3, the *Value of Art to Healing and Social Connectedness*. The event opens at 6 pm and the panel program starts at 6:30 pm at the Center, 1441 W. Alabama St., in Houston’s Museum District. With a backdrop of emotion depicted through photography, three Menninger clinicians, Jon G. Allen, PhD, Kula Moore, LPC, ATR-BC, CPRP, and Brad Kennedy, MRC, CRC, CPRP, will be among the five panelists.

Emotion Regulation Topic of Our National Symposium

Set aside Friday, April 15, 2016, to attend the annual scientific symposium, *Advances in Understanding & Treating Emotion Regulation and Dysregulation*, in Houston. Spring is a wonderful time to visit our city and its cultural assets as well.

A stellar faculty lineup will offer mental health professionals from all disciplines the latest understanding of scientific works, theoretical

advancements and evidence-based therapeutic strategies for emotion regulation. Continuing education credits will be offered for physicians, psychologists, social workers, licensed professional counselors, registered nurses and addiction professionals.

Registration will open in December. Watch for details in our e-Connections newsletter and a brochure that will mail in January.

Calendar of Events

December 11, 2015

Educational Presentation

- Yellowbrick, Evanston, Ill.
- Menninger’s **Michael Groat**, PhD, will present “Engaging the Suicidal Young Adult in the Discovery of Hope” and Yellowbrick’s David Baron, MD, will present “Risky Business: Distress & Danger in the Treatment of Young Adults.”
- Menninger’s **Susan Nelson** will be on hand.
- For more information and to register, visit www.yellowbrickprogram.com.

January 12-17

American Psychoanalytic Association (APsaA) National Meeting

- Waldorf Astoria, New York City
- Menninger’s **Michael Groat**, PhD, will attend.
- Visit **Jennifer Ayers** at the Menninger exhibit.
- For more information, visit www.apsa.org.

January 29-30

Clinical Applications of the Principles in Treatment of Addictions and Substance Abuse (CAPTASA) 2015 Conference

- Embassy Suites Hotel, Lexington, Ky.
- Visit **Susan Nelson** at the Menninger exhibit.
- For more information, visit www.capstasa.org.

February 10-12

National Association of Therapeutic Schools and Programs (NATSAP) Conference

- Hilton La Jolla Torrey Pines, La Jolla, Calif.
- Visit **Alan Altman** at the Menninger exhibit.
- For more information, visit www.natsap.org.

February 4-5

Texas University & College Counseling Centers (TUCCC) Conference

- Texas Union at University of Texas, Austin
- Visit **Bree Scott** and **Matt Estey**, LCSW, at the Menninger exhibit.
- For more information, visit www.cmhc.utexas.edu.

February 10-12

8th Annual Mississippi Addictions Conference

- The Hilton on East County Line Road, Jackson, MS
- Visit **Susan Nelson** at the Menninger exhibit.
- For more information, email Donna Young, dcyoung2128@aol.com.

Follow Menninger on Social Media

Did you know Menninger is active on [Twitter](#), [LinkedIn](#), [Facebook](#) and [YouTube](#)? Well, we are, and we invite you to follow us on any or all of those social channels. We post regularly on a variety of mental health topics and news, as well as events we’ll be attending or sponsoring. Follow us today!

Sign Up for Menninger E-newsletter

We welcome all mental health professionals and treatment centers to sign up for our twice-monthly e-newsletter. If you aren’t already receiving these in your inbox, simply send your name and email address to bscott@menninger.edu.