



*Norma Clarke, MD (right)*



## Why Menninger?

When it comes to mental health treatment, there really is a difference.

### Strategies for the hard-to-treat, complex patient.

Do you have an adolescent patient experiencing little relief from current treatment and medications? Is your patient still not doing well after outpatient treatment, psychopharmacological interventions or multiple inpatient

admissions? The Menninger Clinic offers an inpatient assessment for such patients with difficult-to-treat and complex cases. Patients we treat most often present with a variety of co-occurring diagnoses, including emerging personality disorders,

thought disorders, bipolar disorder, major depressive disorders, attention-deficit hyperactive disorder (ADHD) and substance abuse disorders. Accompanying difficult-to-manage behaviors such as self-injury are also addressed.



*H. Florence Kim, MD*

Menninger's assessment approach is unique in that adolescents participate in an intensive interdisciplinary assessment in a structured inpatient setting. The result of the process is an enriched understanding, which is articulated in a diagnostic conference with the patient and family.

- The process begins with the patient and family meeting with the treatment team comprised of the psychiatrist, psychologist, primary nurse, clinical

## Assessing the adolescent

social worker, mental health associates, addictions counselor and psychosocial rehabilitation specialist.

- The assessment consists of a psychiatric evaluation, psychological testing (neuropsychological testing, if indicated), family assessment, neuropsychiatric assessments (MRI, PET scans, CT scans, EEG) when indicated, addictions assessments, nutritional evaluation and psychosocial rehabilitation assessments. Obsessive-compulsive disorder and eating disorder assessments are also completed if necessary. An on-site internist is available for medical assessment of every patient admitted.

- A thorough psychopharmacological assessment is a part of every inpatient assessment.

- In addition, patients are introduced to a variety of treatment modalities, including dialectical behavioral therapy, other brief therapies, addictions treatment and family work. Observations within the treatment milieu facilitate understanding

of the way in which interactions and thought processes related to diagnosis manifest. This enriched understanding of the diagnosis and its impact upon daily functioning promotes effective discharge planning.

- The diagnostic conference scheduled toward the end of the assessment period brings together all evaluators for a discussion and interpretation of all assessment findings and observations. Team members involved in the evaluation are present at this discussion. A final *DSM* diagnosis is determined and participants in the conference discuss how the diagnosis affects family life, school and social functioning.

- The assessment results in: diagnosis and understanding of how the illness affects the patient's daily functioning and interaction with others; a plan for continued treatment that is supported by the patient, family and referring professionals.



*Treatment team*

## Interdisciplinary team approach

Our strength lies in our partnerships, expertise and milieu treatment setting. The depth and experience of the adolescent treatment team is unparalleled in other adolescent treatment settings. We analyze the medical, developmental and psychosocial history, including addictive behaviors, and assess how the illness impacts daily functioning and interactions with others. The team approach within the rich therapeutic milieu enables Menninger clinicians to

make difficult differentiations between Axis I and II diagnoses.

Through the interdisciplinary approach, the patient is assessed in the following areas: developmental history, family systems and history (genogram), medications, educational history and academic performance, co-existing diagnoses, chemical dependence or addictions.

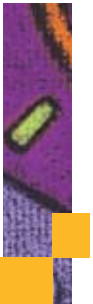
## Partnerships and research

Our partnership with Baylor College of Medicine allows for cutting-edge research. Currently the Adolescent Program is collaborating with Baylor College of Medicine in developing research protocols that will lead to the understanding of emerging personality disorders in adolescents. One component of the research will be identifying neuroimaging correlates of various aspects of personality dysfunction.

Located in Houston, Texas, The Menninger Clinic is an 82-year old international psychiatric center of excellence, dedicated to restoring hope to each person through innovative programs in treatment, research and education. Licensed as a sub-acute hospital and accredited by The Joint Commission, Menninger has ranked among the top 10 psychiatric hospitals by The *U.S. News & World Report* for 17 consecutive

years. The Clinic has 134 beds serving eight specialty diagnostic and treatment programs for adults and adolescents.

The Menninger Clinic sits on a 14-acre campus with residence hall-style patient facilities, free parking, a free-standing dining room and school and an administrative building. Indoor and outdoor recreation is available in the Wellness Program.



## Cost

The Menninger Clinic has relationships with some insurance companies. Admissions coordinators will help patient families determine insurance benefits availability.

For a complete listing of costs, visit the Menninger Clinic Web site at: [www.MenningerClinic.com](http://www.MenningerClinic.com), Admissions, Program costs



## Making a referral

We will be glad to assist you with a referral any day of the week. Our Admissions coordinators are prepared to help determine if our program is appropriate for your patient and assist the patient and family throughout the admissions process.

### Contact us

The Menninger Clinic's Admission staff is available daily from 8 am to 10 pm Central Time.

- 800-351-9058
- 713-275-5000

# The Menninger difference

“My son was diagnosed with ADHD at age 6. He did well academically, but marched to a different drummer socially. At 14, he attempted suicide. We tried a year of outpatient therapy and many other measures.

He was admitted to Menninger where he received much support and therapy. After a month at Menninger, our son stopped the histrionics and made a decision that he didn't want to continue to live his life the

same way. From that point on, he learned coping skills and how to manage his mood disorder from the staff. He and the staff developed a transition-to-home plan, which included his return to a therapeutic school and outpatient therapy. I was able to live my life, no longer needing to be a constant companion or policeman, and I liked it.

Two years later my son's illness regressed and he asked to go back to Menninger. This time was different. He knew what

he wanted to work on and actively collaborated with the treatment team. After a brief inpatient stay, he came home with renewed confidence, understanding and coping skills. He has done well in school and is making plans to attend a local college that fits his needs. He is managing his disorder, and now our son and our family have the skills, support and perspective to live our lives.”

-A former adolescent patient's mother

“Our interdisciplinary teams have a strong trusting relationship. Because of that trust level, we are able to carry out modeling behavior that helps patients progress.”

-Menninger staff member

“I refer to Menninger because they have the best psychosocial interventions available. Their experienced nurses and staff attend to the social piece of the patient (the family), and understanding the family dynamics is crucial. The Menninger Clinic staff members are highly trained on biopsychosocial issues, and The Clinic incorporates both Axis I and Axis II into the treatment plan, setting it apart from other psychiatric facilities that treat adolescents.”

Sergio Delgado, MD, medical director of outpatient services,  
Cincinnati Children's Hospital Medical Center

