



Menninger Connections

The leading source for information and educational training for mental health professionals

Neuropsychiatric assessment service expands to help more adults

Program enhances assessment, treatment readiness & treatment plan

Capacity has recently doubled—from eight to 16 beds—for the Comprehensive Psychiatric Assessment Service, based on national demand for a neuropsychiatric workup resulting in a diagnosis and recommendation for specific next steps to the patient and family.

“We have expanded our team with highly qualified clinicians, which gives us greater flexibility to meet the needs of our patients,” said director James Flack, MD. “We can address a broad range of issues from behavioral and organic disorders to addictions and dual disorders.”

The Assessment Service provides adults with:

- A thorough neuropsychiatric assessment
- Biopsychosocial assessment, including medical assessment by internist
- Diagnosis and practical recommendations for care
- Motivation for the patient to engage in treatment
- Group treatment
- Rehabilitative groups and activities with peers
- Full addiction assessment

Dr. Janet Hickey is a neuropsychiatrist specializing in brain dysfunction who reads all of the MRIs, including the MRIs a patient brings when they come to Menninger. The program recently added Dr. Mimi Arnold to the team to provide neuropsychological screening of all patients and any subsequent standardized and projective testing that may be appropriate.

“Our social workers have solid medical and psychological experience. Combined, the entire team’s strong suit is assessments as well as helping our patients increase their readiness

Continued on page 2



Members of the Comprehensive Psychiatric Assessment Service team are, front from left, Chris Webb, Philippa Ashford, Debbie Quakenbush, PhD, Janet Hickey, MD; back from left, Jackie Spencer, Mary McGee, Bobby Hopkins, Dianne Soto and James Flack, MD, program director.

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Neuropsychiatric expansion

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for making use of treatment,” Dr. Flack explains.

“We have found that helping patients learn how to think about treatment gives them the opportunity to establish a therapeutic alliance and experience groups as well as 24/7 observation. As a result, we’ve expanded our daily schedule, integrating more groups along side the individual assessments.” (Visit the new daily schedule at: [MenningerClinic.com](#), Treatment Programs, Assessment Service.)

Most patients desire the comprehensive assessment for any of the following concerns:

- A recent crisis
- Conflicting behavior or troubling side effects
- Potential for medical origin of symptoms such as cognitive difficulties
- Unresponsiveness to interventions in other treatment settings or from medication
- Desire for a second opinion
- Their clinician’s referral for assessment
- Difficulty in clarifying core issues for co-occurring disorders
- Effective treatment approach and intensity

A typical inpatient assessment covers two to three weeks, concluding with a diagnostic conference. Meeting with the team, the patient, the family and clinician or any other person the patient wants involved discuss the assessment findings and the affects on family life, other relationships, work and school. Then the participants review what is recommended for going forward. If starting specialty treatment in a Menninger program is appropriate, the team will coordinate the transfer.

“We want to be as flexible as possible in meeting the patient’s needs,” said Dr. Flack. “We can adjust our timetable and we can get timely access to tests utilizing our affiliations with Baylor College of Medicine and The Methodist Hospital.”

Clinic’s treatment focuses on co-existing disorders

In our efforts to maintain a standard of excellence in patient care, Menninger is focusing on providing concurrent treatment of co-existing disorders. As a result, our patients are segmented by the rehabilitative focus of the programs rather than by their disorders. This approach adheres to our efforts to treating brain and behavioral disorders holistically and with a disease-management approach.

Patients prefer this because they are less apt to feel identified by their disorder and more appreciative of participating in a larger, supportive patient community. This is valuable during treatment and will soon become even more important when the Patient Alumni Community is launched in several months (see related story on page 3).

Seldom does a patient have a singularly focused treatment plan at Menninger. Our treatment teams routinely integrate specialists from across The Clinic and a wide range of interventions to address a patient’s co-existing disorders. Treatment teams also make use of the hospital’s groups in other programs and expertise of individual therapists.

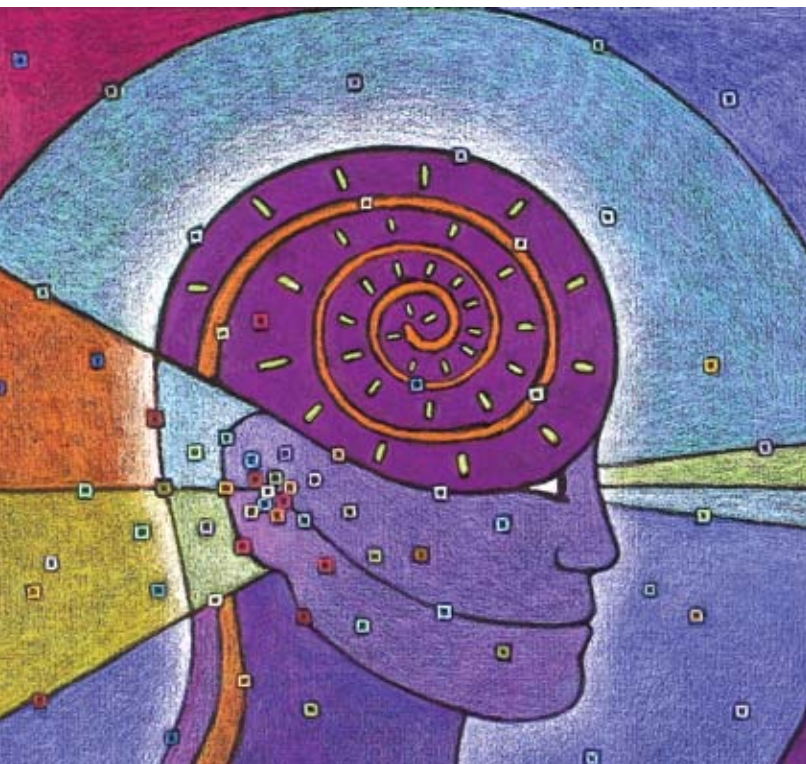
For example, a patient whose secondary issue is binge eating disorder will have treatment goals encompassing the co-occurring disorders, including a protocol for the binge eating disorder.

“It is important that individuals with co-occurring disorders receive treatment for all their issues in an integrated rather than parallel or sequential fashion,” says Donna Yi, MD, associate chief of staff. “Often, as symptoms of one problem, such as an eating disorder, are managed, other symptoms emerge, such as self-injury or another addiction. At Menninger we address the underlying features common to all these problems to help patients recover.”

All of our adult programs—Hope, Compass and Professionals in Crisis—accommodate persons who have co-occurring OCD, anxiety and eating disorders. The Adolescent Assessment and Treatment Program works with adolescents experiencing any of these disorders.



Donna Yi, MD
Associate Chief of Staff



Former patients help plan Alumni Community

Just as mental illness never quite follows a straight line, neither does recovery. In an effort to assist former patients, a committee of staff members and former patients has designed a way to better bridge the transition to health.

The Patient Alumni Community will soon provide support for former patients and ready access to educational materials. These educational resources, such as video presentations from Menninger clinicians, will focus on key points for sustaining the progress made while at Menninger and managing situations that arise at home.

A new, password-protected, secure Menninger Web site will serve as a conduit for valuable resources and networking with fellow patient alumni.

Organizers envision creating opportunities that will facilitate alumni-guided support and around the nation, organize workshops designed to encourage recovery and provide a framework for a personal recovery wellness plan to follow at home.

A safe community

“We heard from our patients that this was a needed service,” said Stephanie Cunningham, director of Business Development.

Ms. Cunningham heads the Patient Alumni Community advisory group that includes former patients, family members and Menninger mental health professionals. Former patients said they welcome such a program and are



eager to remain connected with the Menninger community where they have developed strong bonds with fellow patients and a sense of belonging.

Relies on patient support

Patient alumni have requested access to their network of peers that frees them from isolation during their recovery and provides support when it is most needed.

The program will remain alumni-driven and its success will depend on the participation of former patients. Menninger has designed a system that emphasizes privacy, and patients may opt into the alumni program or not, as they wish.

“This program is not a treatment follow up,” Ms. Cunningham said. “It is a network of support and a continuation of what patients learned at Menninger. Our hope is to provide patients with more help on their road to recovery.”

Program assesses treatment, recovery

A blood test can provide scientific evidence that a medical procedure worked and that a patient has regained health. While there is no equivalent test for mental illness, Menninger’s goal is to design one.

Patient progress is gauged clinically by treatment team members. This ongoing clinical assessment is now being supplemented by patient self-assessments with a brief battery of computerized objective psychological tests. The inpatient phase of assessment, which has been implemented for numerous months, has employed Web-based software. This software will facilitate the next phase of the project in which The Clinic will conduct follow-up assessments after discharge via the Internet at set intervals, starting later this year.

Called the Outcomes Project, researchers are assessing patients from the time they arrive at The Clinic and every two weeks afterward, using computerized surveys patients

complete with the help of a research assistant. The surveys measure a patient’s history of trauma, legal problems, substance abuse, treatment adherence, relationship to others, psychiatric symptoms, interpersonal problems, how engaged they are in treatment and also the patient’s relationship with members of his or her treatment team. Some of the same assessments are repeated in order to measure changes in the patient’s mindset over the course of treatment.

The process is designed to develop more effective treatments and improve relapse rates by increasing treatment adherence once patients leave Menninger and return to their home.

“We believe that an ongoing relationship, if only for the purpose of monitoring the patient’s progress, will make a positive contribution to the longer-term treatment outcome,” said Jon Allen, PhD, director of the Outcomes Project and director of Psychology.

The assessments will be reinforced by a Patient Alumni Community Web site that will be available to former Menninger patients via a secure link on the Internet.

Compass Program

Developing an effective treatment alliance with young adults

By Flynn O'Malley, PhD
Director, Compass Young Adult Program

The Compass Program treats young adults, ages 18-30, with multiple psychiatric diagnoses, and often dual diagnoses (psychiatric and addictions). Most of our patients have complicated co-morbid conditions who have been seen by previous treaters as refractory.

Despite numerous previous courses of usually competent treatment, most of our patients have found themselves either unable to make significant progress in treatment or unable to sustain their progress. Helping these young adults identify and examine their core issues—those circumstances and processes that continue to drive pathology and impede progress—is critical in time-limited treatment. However, these young adults are often difficult to engage due to developmental and circumstantial issues. These barriers to engagement include:

- Many experience shame and loss of self-esteem related to their continued dependency and failure to succeed in moving toward achieving social, vocational and educational goals.
- Some react to their fears of failure and separation by denying their problems, defying authority and engaging in self-endangering behaviors. Others isolate and withdraw and experience symptoms of depression and anxiety.

- Previous attempts to get help for their problems may not have been successful, and in some circumstances not positive experiences. This can lead to frustration and hopelessness regarding treatment.
- Treatment is often empowered by parents or other adults. Young adult patients may feel coerced into treatment, which can lead to resentment and reluctance to engage in any active or collaborative way.

Six to eight weeks to 'make a difference'

On Compass we try to immediately address the patient's problems with engagement and collaboration by talking about them directly. We let them know that almost all of our patients have had treatment elsewhere. Many have had treatment in other facilities, and nearly everyone has been in some form of outpatient treatment.

We presume they are here because they truly have problems that are worrisome to them in addition to the concerns of their families and other important people in their lives. We recognize that it may have been hard to make progress, or hard to sustain it over time.

We emphasize that we are dedicated, with their help, to clarifying:

1. What the central problems are in their lives
2. Understanding why it may have been hard to see or sustain progress in the past
3. Developing a sense of hope that progress is attainable if we work well together
4. Believing their stay with us can make a real difference

We want them to leave here with a better understanding of their problems. Equally important, our goal is for these young adults to become confident in their ability to sustain the progress they make here and gain a sense that together we can develop a plan, a path, they can follow at home to ensure things continue to go well.



Flynn O'Malley, PhD
Director, Compass Young Adult Program

How new path develops

Engagement, collaboration and reflection on oneself are the focus of a number of specialized psychoeducational groups.

Discovering Agency is designed to help patients, through the use of structured activities, to explore the effects on them of developmental experiences, the nature of their problems and the degree they have felt like passive victims or active agents in contributing to their difficulties and solving their problems. Active decision-making is an emphasis of the group.

Mentalizing Group focuses on the idea of *reflecting* as opposed to *reacting*. Activities address how we understand our own thoughts, feelings and behaviors and also, those same aspects of others. *Pausing*

to pay attention to our own internal processes and really *listening* to the messages from others are central aims of this group. Patients are taught that mentalizing is a skill that can be acquired and is central to our collaboration of discovering the core issues of the patients.

Other groups focus on specific competence building, such as interpersonal skills and emotional control.

Perhaps the most critical aspect of care that can facilitate (or hinder) the development of alliance and collaboration with patients has to do with the manner in which staff relate to them. Patients need to see us as truly collaborative ourselves. We want the patients to see progress coming from the interactions between staff and patients, not staff interventions or

pronouncements. Our aim is to figure things out together, so that the patient's own thinking is seen as necessary to the process of success.

There are a number of specific approaches that promote this. One approach is to regularly ask for the patient's help in understanding an issue. We try to be as transparent as possible in our own thinking, for example, give the patient an update regarding how we are viewing a problem and describe it in terms of a "work under construction" that needs the input of the patient in order to be complete.

When we genuinely ask our patients to help us, they feel validated and valued. They almost always rise to the occasion.

Adolescent day treatment program coming soon

As part of its plan to better meet the needs of adolescents and their families, the Adolescent Assessment and Treatment Program will soon launch a day treatment program.

Laurel Williams, DO, director, and the program staff will offer mentalization-based treatment six days a week, including family involvement on the weekends. The day treatment program is especially designed for adolescents with significant mental health problems who require ongoing intensive treatment for six to 10 weeks.

Adolescents can admit directly to the day program or as step-down care following inpatient assessment and treatment at Menninger. The program will offer daily structure and treatment along with the opportunity to integrate into the home and community.

"Evidence from the outcome studies of intensive outpatient mentalization-based treatment with young adults by Drs. Bateman and Fonagy indicates partial hospital and intensive outpatient care solidifies integration of mentalizing skills," Dr. Williams said. "There is also evidence that sustained improvement occurs more often in coordinated intensive outpatient programs that involve families.

"Our research will be looking at treatment outcomes for adolescents who participate in mentalization-based treatment both in the hospital and in day treatment," she added.



Laurel Williams, DO
Director, Adolescent Assessment and Treatment Program

Conference offers skill building in mentalization-based treatment for personality disorder

Fifty available spots are expected to be snapped up quickly for the two-and-a-half-day skill-building conference on mentalization-based therapy for personality disorder April 23-25 in Houston. **Registration opens February 16 for this continuing education conference** featuring faculty Peter Fonagy, PhD, and Anthony Bateman, MD.

Both presenters are leading researchers, authors and Menninger consultants. Dr. Fonagy is Freud Memorial Professor of Psychoanalysis and director of the Sub-Department of Clinical Health Psychology, University College London; and director of Research at the Anna Freud Centre, London. His colleague Dr. Bateman is visiting professor, Psychoanalysis Unit, University College London; consultant and honorary senior lecturer, University College and Royal Free Medical Schools and St. Ann's Hospital, London. The workshop will focus on techniques used in mentalization-based individual and group therapies and provide hands-on practice of clinical applications using video and role playing.

Objectives

The conference, Psychotherapy for Borderline Personality Disorder: A Brief Training in the Mentalization-based Treatment (MBT) Approach, will enable participants to:

1. Organize treatment programs and establish organizing principles of MBT.
2. Develop basic skills to treat patients with borderline personality disorder using mentalizing techniques in their psychotherapy practice.
3. Appreciate MBT by experiencing the treatment through role playing and discussion of his or her clinical work.

Using clinical examples and the MBT manual, Drs. Fonagy and Bateman will cover strategies including:

- How to do a mentalizing assessment
- Early issues in treatment
- General principles of interventions
- Spectrum of interventions and how MBT differs from other therapies
- Addressing suicide and self-injury, boundary violations, affect storms and threats to leave treatment

More information and the online registration form go live February 16 at: [MenningerClinic.com](http://www.MenningerClinic.com), Calendar, Conferences and Forums

The cost is \$595 for physicians and \$495 for other disciplines, which includes lunches and refreshments. Menninger is providing 14 continuing education credits for physicians, psychologists, social workers, counselors and nurses. The workshop will take place in Cullen Auditorium at Baylor College of Medicine, Menninger's affiliate.

In addition, Menninger will host a dinner for participants the evening of April 23.

A mentalizing mind matters

Mentalizing refers to our human capacity to interpret behavior in relation to intentional mental states such as desires, goals, thoughts and feelings.

Though not a new term, Peter Fonagy, PhD, and colleagues identified mentalizing impairments associated with trauma in early attachment relationships. The research led to development of mentalization-based therapy for borderline personality disorder. Based on demonstrated outcomes, clinical training in MBT has become popular in psychotherapy.

Drs. Fonagy and Anthony Bateman sum up the MBT approach: "The patient has to find himself in the mind of the therapist and, equally, the therapist has to understand himself in the mind of the patient if the two together are to develop a mentalizing process. Both have to experience a mind being changed by a mind."

At Menninger, clinicians take a mentalizing stance in their interventions with patients. They also employ psychoeducational groups, help patients practice mentalizing skills in the milieu and coach family members on mentalizing.

Angels at the Admissions Office



At the holidays, the Admissions Office team adopted clients at the Texana Center, a public, nonprofit provider of behavioral health and developmental disabilities services in six local counties. The team purchased gifts and delivered them to the clients. Pictured, from left, are Admissions coordinators Saharah Shrouf, Jamie Walker and Angela Waligura.



Calendar of events

For more information about these events, visit:
■ MenningerClinic.com, Calendar

February

February 19-21

First Mississippi Addiction Conference

- Hilton Hotel
- Jackson, MS
- Visit Sally Zahner at the Menninger exhibit.
- For more information, contact Kim Mathis, 601-200-3147.

March

March 5-8

International Association of Eating Disorders Professionals (IAEDP)

- The Westin Long Beach Hotel
- Long Beach, CA
- Visit Sally Zahner at exhibit and hear Janice Poplack co-present “Practicing Mentalizing to Address Core Issues in Eating Disorders Treatment” at 11 am March 8.
- For more information, visit: www.iaedp.com

March 12-15

Anxiety Disorders Association of America (ADAA)
Annual Conference

- Santa Ana Pueblo, NM
- Visit Susan Nelson at the Menninger exhibit.
- For more information and registration, visit: www.adaa.org

March 13

Employee Threat Assessments: Team Practice Cases

- United Way of Houston
- Houston, TX
- Led by nationally recognized workplace violence author and consultant, Dr. Steve Albrecht, and jointly sponsored by EAPA, Houston, Contemporary Medicine and The Menninger Clinic, this educational seminar will focus on being prepared for potential workplace violence and school violence situations.
- For more information, visit: www.houstoneapa.com

March 25-27

American Residential Treatment Association (ARTA)

- Red Lion Inn
- Stockbridge, MA
- Chris Martin, MD, will present “Ernest Hemingway: Psychiatric Perspectives on a Life and a Life’s Work.”
- For more information: www.artausa.org/arta/events.html

March 25-28

Society for Adolescent Medicine

- Hyatt Regency Century Plaza
- Los Angeles, CA
- Visit Alan Altman at the Menninger exhibit.
- For more information and registration, visit: www.adolescenthealth.org

April

April 3

Continuing education event on mentalizing

- Oklahoma City, OK
- Co- hosted by Menninger and Oklahoma Department of Mental Health and Substance Abuse Services
- Presenters: Efrain Bleiberg, MD, Jon Allen, PhD, and Flynn O’Malley, PhD.
- Register online at: <https://ww1.odmhsas.org/regforms/>
- For more information, call 405-522-8300.

April 2-4

Houston Group Psychotherapy Society

- Houston, TX
- Visit Stephanie Cunningham at the Menninger exhibit.
- For more information and registration, visit: www.hgpps.org

April 23-25

Mentalizing Workshop with Anthony Bateman, MD, and Peter Fonagy, PhD

- Presented by The Menninger Clinic at Baylor College of Medicine Houston
- For more information, contact Stephanie Cunningham, 713-275-5039.
- Registration opens online February 16 at: MenningerClinic.com, Calendar, Conferences and Forums

April 27-30

Federation of State Physician Health Programs

- New Orleans, LA
- Visit Alan Altman at the Menninger exhibit.
- For more information and registration, visit: www.fsphp.org

April 29-May 2

Independent Educational Consultants Association Conference (IECA)

- San Francisco, CA
- Visit Stephanie Cunningham at the Menninger exhibit.
- For more information and registration, visit: www.educationalconsulting.org

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We are pleased so many of you find the newsletter of interest.

■ Menninger Connections

The Menninger Clinic publishes this free newsletter quarterly for mental health professionals, mental health treatment centers and consumer organizations.

To subscribe or submit an address change, e-mail Nancy Trowbridge, editor, ntrowbridge@menninger.edu. Please provide your full name, degrees, mailing address and daytime phone number with the request.

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