

# RESEARCH NEWS



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## TREATMENT OUTCOMES RESEARCH ON THE ADOLESCENT TREATMENT PROGRAM

BY CARLA SHARP, PH.D.

One of the major functions of the research team at the Adolescent Treatment Program (ATP) is to assess the effectiveness of a mentalization-based treatment that we provide on ATP. Mentalization is defined as a person's ability to think about and understand self and others, in terms of mental states such as thoughts, feelings, desires, and beliefs.

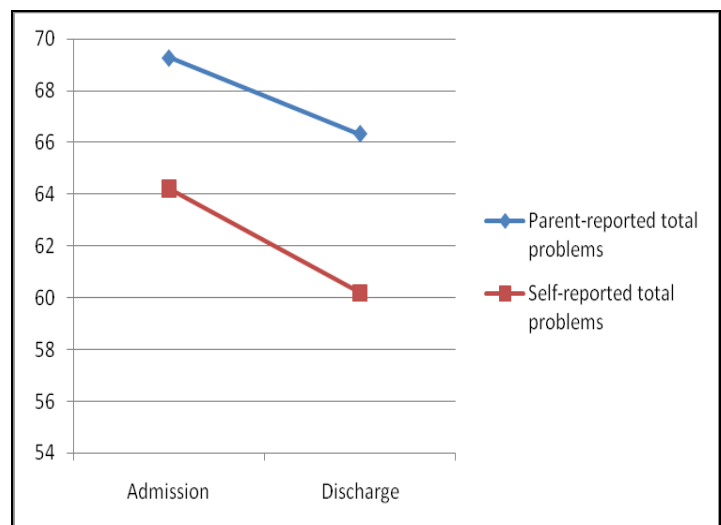
To this end, we developed a research protocol that includes extensive assessments at baseline, discharge, six-, twelve-, and eighteen- months follow-up. We started collecting data in October of 2008.

Progress reports now indicate that we have approached 156 adolescents and parents for consents, and 133 families have consented for participation. About 15% of adolescents and their parents declined participation in this research.

Of those for whom we have baseline data, we were able to complete discharge assessments on 39% parent-report

and 70% youth-report. Although we were not able to include some of the adolescents in the discharge assessments, the data on parent-reported symptoms (the Child Behavior Checklist) and teen self-report symptoms (the Youth Self-Report) so far collected suggest that what we do at ATP significantly re-

duces symptoms at discharge. Preliminary results are summarized in the Figure below. We are busy preparing these results for peer-review in a medical journal. The next big challenge is to determine if the gains parent and teens achieve in the short-term at ATP have a more long-term effect. (continued on page 2)



## DEVELOPMENT OF MBT ON ATP

BY LAUREL WILLIAMS, D.O.

The Adolescent Treatment Program has incorporated mentalizing theory and practice within our program in the following ways. Initially, the program leadership met with the clinical and nursing staff to discuss mentalizing theory and how it might be a useful

framework for the staff, the patients and their families.

Next, the leadership had an all-staff two-day workshop to discuss in more detail mentalizing theory and practice. After this initial workshop, the leadership continued to have weekly "Mentalizing Corner"

meetings to discuss core concepts in mentalizing and how it impacts staff relationships as well as the relationships with staff and patients and patients to patients, and finally patients to families. (continued on page 2)

*“... The Menninger Clinic recently initiated partnerships with Texas Children’s Hospital ....”*

## CLINIC EXPANDS COMMUNITY OUTREACH EFFORTS

BY EFRAIN BLEIBERG, M.D.

Expanding on its tradition of outreach and advocacy, The Menninger Clinic recently initiated partnerships with Texas Children’s Hospital (TCH), the nation’s largest freestanding pediatric hospital, and one of Houston’s large African-American churches.

“Expanding our role in the community is a strategic initiative that we’ve worked hard to accomplish,” said Shawna Morris, senior vice president and chief operating officer, The Menninger Clinic. “We’re very excited about working with our new partners to help meet the demand for mental

health services in underserved areas.”

### Texas Children’s Hospital

To better meet the needs of children in underserved areas, Menninger is collaborating with Texas Children’s Hospital (TCH) on two projects.

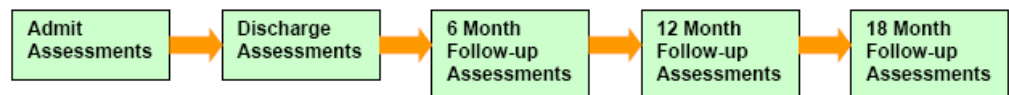
At Corinthian Point, a pediatric practice owned by Texas Children’s Pediatric Associates, a subsidiary of TCH, Menninger recently established a clinic through which it is donates the time of residents and child fellows to provide assessments, medication management and therapy for the practice’s patients. Laurel Williams,

DO, program director, Adolescent Treatment Program, is responsible for managing the physicians involved.

In addition, Menninger has reserved the use of three of its charity beds each month for adolescent patients who seek care at TCH’s emergency room and who, following an assessment by a child and adolescent psychiatry fellow, are determined to need more intensive inpatient care than can be provided by the hospital. (continued on page 4)

## TREATMENT OUTCOMES RESEARCH

(continued from Page 1)



That is, we would like to know if the gains adolescents and their families achieve are sustained through six-month and eighteen-month follow-up. To do this, we need to

maximize the number of parents and teens who complete the six- and eighteen-month follow-up assessments.

Currently, we are struggling to stay in touch with families,

but we hope that this newsletter will help to stay in touch! A description of the assessment protocol has been published in the Bulletin of the Menninger Clinic.

## DEVELOPMENT OF MBT ON ATP

(continued from Page 1)

The clinical staff collaborated to incorporate mentalizing language and practice within the various groups and therapies the adolescents and their families participate in while in the program. The adolescents have a weekly mentalizing psycho-education group to learn about the core concepts of mentalizing and then are encouraged throughout their treatment to incorporate the concepts into practical application for their daily lives and important relationships. For local families and

those involved in our partial program, the families have a separate mentalizing psycho-educational and support group offered in the evenings.

Lastly, in order to better consolidate and hopefully translate into internal consistency for the mentalizing framework of the unit, the clinical staff developed a Mentalizing Workbook. This workbook is given to family members as well as the adolescents during their admission day.

The workbook teaches the core mentalizing concepts, especially how they relate to the various treatment modalities everyone participates in while admitted. The workbook is a document that is kept by the adolescent and their family as they engage in the treatment process and can be used in aftercare as well with the finished Wellness Plan that the adolescent develops in collaboration with their family and treatment team.

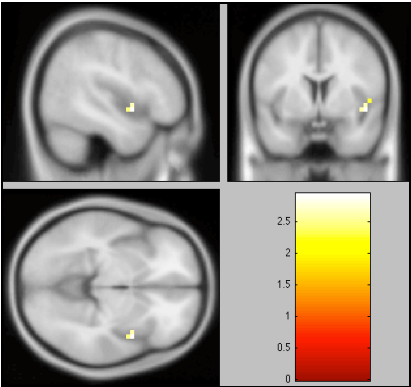
# TEEN BRAIN IMAGING STUDY

BY CARLA SHARP, Ph.D.

At ATP, we provided an opportunity for teens to participate in a functional neuroimaging study where we measured the brain activity associated with playing a task while in the scanner. The task involved teens interacting with a simulated peer of the same age. The aim of the study was to see whether the brains of teens suffering from emotional problems responded in the same way to social interaction as teens not suffering from emotional problems.

Preliminary results in this study is promising. Our findings show that similar parts of the brain is activated in the ATP sample as previously found for teens without problems. In order to assess whether these parts are significantly less or more active in ATP teens, we need to recruit more participants. We look forward to finding answer to

this important question soon.



“...teens participate in a functional neuroimaging study...

# PERSONALITY MEASURE FOR TEENS

BY CAROLYN HA

Diagnosis of personality disorders in youth remains a controversial topic. Some clinicians argue that personality characteristics are not stable in youth, while others assert that early signs of personality disorders are apparent before age 18, and that it is important to identify these maladaptive features in youth to intervene before these characteristics become ingrained in adulthood. To help

us better understand the developmental precursors of personality disorders, we need to develop and validate measures in youth populations. Borderline Personality Disorder (BPD) is characterized as a persistent pattern of instability in mood, thoughts, behaviors, and social interaction. Our findings from a sample of 51 inpatient adolescents provide initial support for the clinical utility of a borderline personal-

ity features scale in screening for emerging characteristics of BPD. We also found evidence for parent and child agreement, suggesting that self-report alone may be sufficient in discriminating youth with emerging characteristics of BPD. Details of this study are now in press in the *Journal of Personality Disorders*.

# EMOTIONAL AVOIDANCE PREDICTS ANXIETY

BY AMANDA VENTA

One of the assessments adolescents complete upon admission to The Menninger Clinic is the Avoidance and Fusion Questionnaire for Youth (AFQ-Y). This measure was developed to assess an individual’s tendency to avoid difficult thoughts and emotional states. Previous research links this type of avoidance to anxiety disorders among adults, but our research is innovative because it explores this idea among inpatient adolescents for the first time.

Based upon the data provided by adolescents at Menninger, we have determined that this measure successfully predicts which adolescents are likely to struggle with anxiety. Ultimately, these results are most meaningful because they suggest that the AFQ-Y can be used as a 5-minute screening tool for anxiety. This may improve our cur-

rent anxiety treatments by emphasizing the psychiatric value of taking the time to process difficult emotions and thoughts. The findings of this study have been provisionally accepted in a peer-reviewed journal.

Avoidance and Fusion Questionnaire for Youth					
	Not at all True	A Little True	Pretty True	True	Very True
My life won't be good until I feel happy.	0	1	2	3	4
My thoughts and feelings mess up my life.	0	1	2	3	4
If I feel sad or afraid, then something must be wrong with me.	0	1	2	3	4



## The Menninger Clinic ATP Research

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### *Our Collaborators:*

*The University of Houston  
Baylor College of Medicine*



## ABOUT US

At Menninger's Adolescent Treatment Program, we have developed a research program with two goals: (1) to test a model of social cognition for the development of emotional-behavior difficulties, in particular emerging personality disorder and (2) to test the effectiveness of a mentalization-based treatment approach in an adolescent inpatient setting.

The overall research aim is to identify early markers of disorders in youth and to refine and further develop the assessment and diagnosis of childhood psychopathology, thereby enabling early identification. A secondary aim is to provide an educational research environment where doctorate-level practicum students and post-doctoral fellows receive training in conducting ethical and scientifically rigorous research. Our third aim is to ATP with clinically useful information to help formulate clinical cases in a mentalization-based framework. We work closely with our consultant, Dr. Peter Fonagy, as well as the ATP clinical team under the leadership of Dr. Laurel Williams and Efrain Bleiberg.

### ATP Core Research Team Members



**Principal Investigator**  
**Dr. Carla Sharp**



**Project Leader**  
**Carolyn Ha**



**Psychology Intern**  
**Sohye Kim**



**Practicum Student**  
**Chastity Farr**



**Research Coordinator II**  
**Crystal Carbone**



**Research Coordinator I**  
**Katharine Perry**

## COMMUNITY OUTREACH (continued from Page 2)

Should they require inpatient care, adolescent patients from the Corinthian Point practice are also eligible for these charity beds.

### **Windsor Village**

When Menninger went looking for community partners, it had to look no further than Pastor Kirbyjon H. Caldwell, who is a member of The Menninger Clinic Foundation board of directors and the senior pastor of Windsor Village United Methodist Church, one of the largest churches in the city and located in an underserved area.

Working with the church's care and coaching ministry, Menninger opened a counseling clinic at the Kingdom Builder's Center, a nearby conference center often used by the church. Six clinicians, including psychologists, licensed professional counselors, addictions counselors and a social worker, offer individual therapy, group therapy and limited psychological testing there two nights each week from 5-8 p.m.

Patients are self-referred community members or referred by the care and coaching ministry. To help confirm a patient's commitment to the therapeutic process, a \$5 fee is charged for each appointment. The church can charge such a nominal fee due in part to Menninger's donation of staff time to the partnership. Since the clinic opened in April, more than 250 sessions have been conducted by Menninger staff.

"These are awesome partnerships," said Susan Hardesty, MD, vice president and medical director, The Menninger Clinic. "We also look forward to finding other great organizations to partner with so we can continue delivering quality mental health services to those who live in underserved areas."