

RESEARCH NEWS



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Is it time to complete your surveys? Check us out on the web!

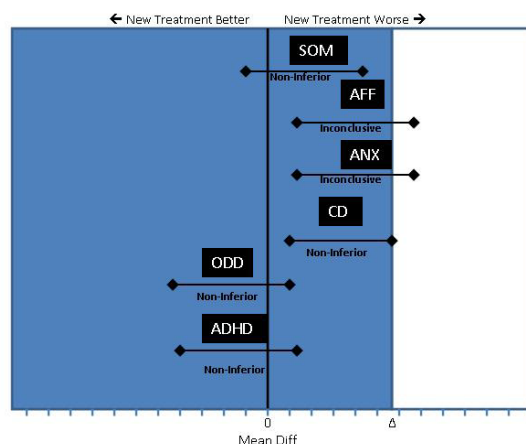
<https://outcomes.menninger.edu>

UPDATE ON TREATMENT OUTCOMES RESEARCH AT ATP BY CARLA SHARP, PHD

Many of the families of patients recently admitted to the Adolescent Treatment Program (ATP) of The Menninger Clinic may not be aware that the unit was not always a medium-stay psychiatric facility. In fact, until quite recently, the average length-of-stay for teens in the unit was around 12 weeks, with some teens staying up to 11 months. Due to the pressures of a changing health-care system, ATP also had to adapt, and since 2008, we have committed to a new length-

of-stay that ranges from three to six weeks. One of the major questions that has come up since the change is whether the medium stay has resulted in worse treatment outcomes.

Previously, ATP staff had up to 11 months to affect change in their work with families, so we became interested in learning whether the same therapeutic gains are made through the medium length-of-stay. To this end, we used data from 176 consecutive admissions between 2004-2006, and we compared it to more recent 168 admissions of between 2008-2010. We carried out sophisticated data analyses to determine if treatment gains were equivalent between admission and discharge for these two time periods. Our results showed that we can achieve the same treatment goals in three to six weeks that we previously achieved for an average 12-week stay. These results renew our confidence that patients and their families continue to receive the same high-quality treatment even as the typical length-of-stay has decreased.



GREETINGS FROM ATP PROGRAM DIRECTOR: DR. ELIZABETH NEWLIN



Leaving the shore of South Carolina was not an easy decision, the sparkling ocean and white egrets gracefully walking in the marsh close by is a picture still fresh in my head.

However, the decision to join the faculty of The Menninger Clinic was an easy choice. Following my interviews with senior faculty members last year, I was certain The Menninger Clinic would become my new professional home.

The Menninger Clinic remains a beacon of light in the world of mental health. In years past, it led the way in reforming how the world viewed and treated mental illness. Today, The Menninger Clinic is actively addressing disparities that exist with outcomes research efforts on the adult units and the ongoing research on ATP is attempting to answer fundamental questions about the attachment system and developmental psychopathology.

As the medical director and program director on ATP, my hope is to promote additional coordination and collaboration between the clinical and research teams on ATP. (continued on page 3)

Coping Skills You can Do in 10 Minutes or Less.

1. Practice mindfulness
2. Take deep breaths
3. Write an inspiring quote
4. Listen to one of your favorite songs
5. Stretch
6. Watch silly videos on YouTube
7. Play a short card game
8. Write a list of your accomplishments
9. Squeeze a stress ball
10. Sit out and relax in the sun (but don't forget to use sun block!)
11. Take a walk
12. Pet your dog or cat
13. List your goals
14. Think about who is in your support system
15. Smell lavender
16. Try something new
17. Find joy in the small things

EMERGING BORDERLINE PERSONALITY DISORDER PREDICTS SUICIDAL BEHAVIORS

BY KELLY GREEN, MA

Borderline Personality Disorder (BPD) is a mental illness characterized by an inconsistent sense of self that is often accompanied by mood instability, impulsivity and difficulty with interpersonal relationships. In adults, BPD has been found to be more strongly associated with death by suicide in addition to other suicidal behaviors (e.g., suicidal ideation, nonfatal attempts, non-suicidal self-injury) than many other psychiatric disorders.

Some studies have found that BPD predicts these behaviors above what is predicted by Major Depressive Disorder (MDD), a disorder that is also very strongly associated with suicide and suicidal behaviors.

These findings suggest that the assessment of emerging BPD in adolescents could be an important step in preventing and treating youth at risk for suicidal behaviors.

Findings from a sample of 156 adolescents from ATP found that adolescents with a diagnosis of BPD were more likely to report thoughts of death and suicidal ideation during the past year than adolescents without this diagnosis. In addition, a diagnosis of BPD was also strongly associated with nonsuicidal self-injury. We further found that a diagnosis of BPD independently increased the odds that such adolescents would experience these symptoms above what

was accounted for by a diagnosis of MDD. These results also held when examining self-injuring behaviors.

Taken together, these results indicate that early assessment of BPD symptoms in adolescents is of great clinical utility and could be integral to treatment plans for youth at risk for suicidal behaviors. The results of this study were presented at the annual meeting of the Association for Cognitive Behavioral Therapies in November 2010 in San Francisco. Findings from this study are currently being prepared for submission to a peer-reviewed journal.

MENTALIZING AND EMOTION REGULATION IN TEENS WITH BORDERLINE TRAITS

BY CAROLYN HA, BS



Mentalization is a social-cognitive capacity which involves a person's ability to understand another's behaviors in mental-state terms (thoughts, feelings and behaviors). People suffering from Borderline Personality Disorder (BPD) have a difficult time with interpersonal relationships, including peer, romantic, and parent-child relations. Problems in both social cognition and emotion regulation have been suggested as explanations for the disturbances in

interpersonal relationships.

A recent study with 111 adolescent inpatients from ATP looked at the social-cognitive capacity in those with emerging BPD using a newly developed social cognitive measure called the "Movie for the Assessment of Social Cognition (MASC)". Our findings suggest that adolescents with emerging BPD engage in excessive mentalizing or hypermentalizing. Patients with BPD features had a tendency to make inaccurate and overly complex interpretations of other people's thoughts and feelings. In short, teens with emerging BPD seem to "think too much!". Additionally, hypermentalizing, when combined with emotion-regulation difficulties, may lead to emerg-

ing symptoms of BPD. In other words, teens who over interpret what others may be thinking end up becoming overwhelmed with their feelings, which results in some of the symptoms of BPD.

These findings are important for developing interventions that focus on improving BPD symptoms by targeting mentalization capacity in attachment contexts, which will help to improve emotion regulation. Details of this study are now in press in *Journal of the American Academy of Child and Adolescent Psychiatry*, one of the leading international journals in child psychiatry (Sharp, Pane, Ha, Venta, Patel, Sturek, & Fonagy, in press. Theory of Mind and emotion regulation difficulties in adolescents with borderline traits).

GREETINGS FROM DR. NEWLIN!

(CONTINUED FROM PAGE 1)

Working together with senior faculty as well as friends of Menninger, the “brain trust,” and with the rich internal resources on ATP, we are redeveloping the ATP Handbook and Treatment Manual such that what we do on ATP is accurately and easily represented in the research literature and fidelity of treatment is ensured.

Every day that I arrive at The Menninger Clinic, despite having traded a drive past the “golden mile” of beach for a drive on the 610 loop and I-10, I feel an excited determination. The Menninger Clinic is a bridge between the most important lessons from our past and the brightest hope for future progress in the treatment of mental illness. With the

rise of the Epicenter, a new home in which to develop this future is manifesting in actual steel and concrete. I am so thankful to be here, to all of you who have welcomed me, and for the opportunity to develop this future together.

Is it time to complete your surveys? Check us out on the web!

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ATTACHMENT, EMOTION REGULATION, AND BORDERLINE PERSONALITY DISORDER FEATURES

BY SOHYE KIM, MA

Many studies have shown that attachment insecurity, characterized as difficulties in balancing intimacy and independence in emotionally significant relationships, is associated with an increased risk for developing borderline personality disorder (BPD), a disorder characterized by a persistent pattern of instability in mood, relationships, self-image, and behaviors. While the relationship between insecure attachment and BPD has been well established, the specific mechanisms by which these two constructs are related remain yet to be explored.

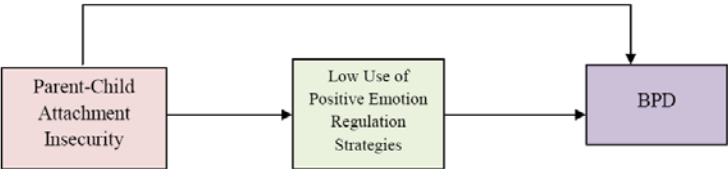
Using measures of parent-child attachment and BPD features that ATP teens completed, we found evidence that attachment insecurity increases one’s risk for BPD by giving rise to emotion-regulation difficulties.

Such emotion-regulation difficulties were characterized by teens’ low use of positive emotion-regulation strategies (e.g., acceptance, positive refocusing, refocus on planning, positive reappraisal, putting into perspective), but not by their high use of negative emotion regulation strategies (e.g., self-blame, rumination, catastrophizing, and other-blame).

These findings add to our understanding of attachment security as a source of resilience, the capacity that enables one to overcome adversity and rebound from periods of difficulty. Attachment rela-

tionships can be understood as a context in which children develop positive emotion regulation strategies that undergird them in the face of difficulties. While it follows that the lack of attachment security limits one’s opportunities to master positive regulation strategies, the results do not support the generally held supposition that attachment insecurity leads one to adopt negative regulation strategies. Instead, these results point us toward a strategy for intervening in the connection between attachment disturbance and psychopathology.

The findings from this study have been accepted to be presented at the annual meeting of American Psychological Association that will be held in Washington, DC, in August, 2011.



“These findings add to our understanding of attachment security as a source of resilience, the capacity that enables one to overcome adversity and rebound from periods of difficulty.”

Positive Emotion Regulation Strategies	
Acceptance	Accepting what has happened
Positive Refocusing	Thinking of other pleasant matters instead of the distressing event
Refocus on Planning	Thinking about what steps to take in order to deal with the event
Positive Reappraisal	Attaching a positive meaning to a negative event
Putting into Perspective	Playing down the seriousness of a negative event
Negative Emotion Regulation Strategies	
Self-blame	Blaming oneself for what has happened
Rumination	Constantly thinking about a negative event
Catastrophizing	Focusing on how detrimental and overwhelming the experience is
Other-blame	Putting the blame on others for what has happened



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Our Collaborators:

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Baylor College of Medicine*

RESEARCH COORDINATOR ON ATP

BY CRYSTAL CARBONE, BS



Being a successful research coordinator requires many different types of skill sets: organizational skills, analytical skills, follow through, initiative and most of all people skills. It is my sincerest hope that I bring the best of these skills to the job every day while working with you – the families of the Adolescent Treatment Program (ATP) at The Menninger Clinic. I've been in this role for almost a year now, and I have had the privilege of meeting and working with approximately 80 families during that time. While I spend most of my day in the background - working on data, organizing schedules, keeping up with budgets and maintaining the day to day issues for our research project - my favorite part of the job is meeting new families and observing their courage and perseverance as their adolescent and family move towards healing.

We are confident in our team and the work that we do between admission and discharge while working with you and your youth here at Menninger. We have data to support this. In fact, one of the most exciting findings has been that our current length of stay (3-6 weeks) on ATP creates the same change in families as the previous model where youth averaged a longer 12 week stay on the ATP unit. Additionally, we have anecdotal data (parent emails, letters from youth, etc.) that indicates that the work we do is lasting within families. However, we cannot yet prove it. As you know, this is why we collect data for our research project. The goal: ask every family and youth who is discharged from the ATP unit at Menninger to complete an online battery of assessments at 6-, 12- and 18- months after they leave the clinic. Many of you have given us permission to contact you in this regard, but few of you continue to participate in the research assessments. My team and I work diligently every day to think of new ways to encourage continued participation in this project. We provide reminder emails and calls; we have made the process easier through online based assessments; we have initiated gift card incentives to youth and we have begun to offer goodie bags to parents at discharge. These efforts have been somewhat successful, but not as successful as we have hoped.

Your opinions, feedback and advice on any aspect of our research are welcome! I look forward to hearing from you, and I continue to stand in awe of the work that your family has done while here at Menninger. Best to you and your family, Crystal (713-275-5509, email: ccarbone@menninger.edu)

Development of Electronic-Based Outcomes Research

By Carolyn Ha, BS



In November 2009, Menninger Clinic's Information Technologies (IT) launched an electronic based system for collecting treatment outcomes data. Research members worked closely with IT to develop this method to capture follow-up surveys through a secure web-based software. Questionnaire measures were adapted for electronic administration and scoring of follow-up data. E-mails were developed to automatically send reminders to families at each follow-up time point (6, 12, and 18 months post-discharge). Many families preferred to complete their admit questionnaires online as well, so with this launch, we were able to provide this as a supplement to the usual paper-based questionnaires. Parents

and youth are provided with a login and password to use during the follow-up phases. Technology plays an important role in all areas of research, and even more so in follow-up studies such as this.

Research would like to extend a big thank you to the IT team for making this all possible.



If you need assistance with user login information, please feel free to contact our Research team at:

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