

RESEARCH NEWS



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ATP RESEARCH DIRECTOR PROVIDES UPDATE ON OUTCOMES RESEARCH PROJECT

BY CARLA SHARP, PHD



I want to thank all of you for participating in our Outcomes Research Project on the Adolescent Treatment Program (ATP). Whether you have just completed discharge questionnaires or have already reached our last time point of research, your input on these questionnaires is a great contribution to our field of research.

Thanks to you and your families, we have been preparing results to publish in various peer-reviewed medical journals that will reach thousands of other researchers and mental health providers, ultimately informing and improving their own practices.

Over the summer, we introduced a new portion of our project: the Brief Problem Monitor. For the six months immediately following discharge, a member of our research staff is call-

ing families every other week to complete this short questionnaire over the phone. Taking about five minutes in total, we ask the same questions to teens and their parent informant separately. This serves two purposes, the first of which is to keep in touch with families and the second is to have a more detailed account of any changes happening with teens after leaving treatment.

We started our follow up research project about two years ago, recruiting at admission and following up with everybody for 18 months after teens discharged. While our participation for admission and discharge is great, our drop-out rate post discharge is very high. On the next page is a chart showing percentage of participants completing each time point of research after discharge. We understand that life gets busy and taking the time to complete questionnaires may seem daunting, but each time point takes only about one hour to complete and can be done over multiple sittings. In order for the data we are collecting to be valid and conclusive, we need a greater rate of participation. (continued on p. 2)

TEEN BRAIN: EXCITING NEW RESEARCH PROJECTS ON ATP!

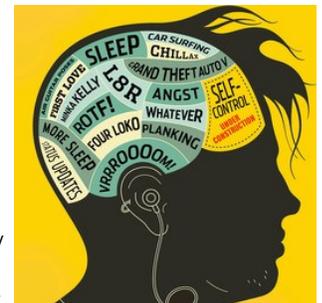
BY CARLA SHARP, PHD

Teens and their families at ATP have the opportunity to contribute to exciting scientific advances in adolescent mental health by consenting for participation in our research projects. Two new cutting-edge research projects focusing on the teen brain may contribute to current knowledge on the development and maintenance of psychiatric problems in adolescence.

The first is a study examining the effect of intranasal oxytocin on adolescent social-cognitive (mentalization) abilities. Oxytocin is a hormone produced in the brain that is naturally released during childbirth, and when kissing or hugging a loved one. Several studies are currently looking at the benefits of oxytocin in promoting healthy social relationships using a nasal spray in adults and in individuals with autism. At The Menninger Clinic, we hope that oxytocin research in adolescents may provide

the groundwork for future studies to evaluate whether oxytocin may be an effective intervention for teens with psychiatric disorders.

The second study is a neuroimaging study on the adolescent brain using fMRI technology. This study will help researchers to understand areas of the brain that are involved in psychiatric problems. Understanding how psychiatric problems arise in adolescence and how disorders affect brain development during this developmental phase will help clinicians and researchers to develop better preventive care and interventions for teens.



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

<https://outcomes.menninger.edu>

PREDICTORS OF LENGTH OF STAY

BY RADHIKA REDDY, MA



There is considerable variability in the amount of time that adolescents spend in inpatient psychiatric hospitals including here at the Adolescent Treatment Program (ATP). The length of stay for adolescents here has decreased significantly from before, now about three to six weeks for most adolescents compared to about 12 weeks prior to 2008.

Our research has shown that adolescents experience comparable levels of improvement with this shortened length of stay. At the ATP research program, we became interested in understanding what factors predict how long an adolescent now stays in our facility. Understanding predictors of length is important for making policy and resource decisions for adolescent inpatient psychiatric care as well as for parents so that they may have a more accurate estimate of how long their adolescent will spend in the hospital.

Most studies examining length of stay in psychiatric

hospitals have focused on adults and have not used measures (e.g., questionnaires or clinical interviews) that have been supported by research. As adolescents face unique stressors and reasons for admission to inpatient settings, we feel that it is important to better understand predictors of length of stay focused on this age group. We therefore examined information that adolescents and their parents provided our research team, as well as information from adolescents' medical charts to understand what factors explain the differing length of stays for adolescents in our program.

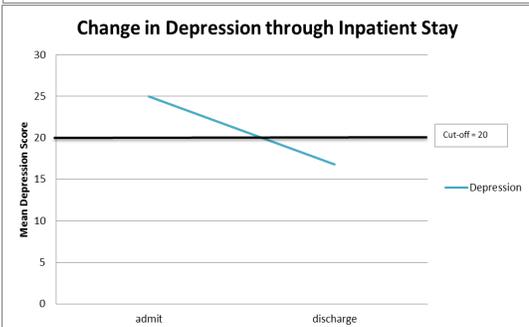
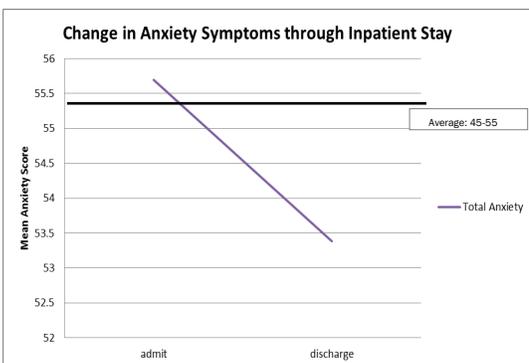
Results showed that the average length of stay at ATP was 33 days (just a little over a month) and the range was one to 78 days. Consistent with what we had expected, adolescents with more severe problems like depression, trauma, a history of cutting, prior hospitalizations, use of mood stabilizing medications and cognitive problems tended to stay here longer. Behavioral and attention problems were not relat-

ed to length of stay. Males and females had similar length of stays. Additionally, age, household income, and IQ level were not related to how long adolescents stay here.

Psychiatric diagnoses that were made based on adolescent report were more related to length of stay compared to those made based on parent report. This may suggest that it is the adolescent's experience of problems that more strongly influences how long they stay here. Taken together, these findings add to our understanding of what factors are associated with differing length of stays among adolescents in inpatient psychiatric hospitals.

Findings from this study were presented at the annual convention of the American Academy of Child and Adolescent Psychiatry in October 2012 in San Francisco. Results are also being prepared for submission to a peer-reviewed journal.

OUTCOMES RESEARCH CONTINUED FROM PAGE 1...



What makes this project exciting is exactly what makes it hard to do – there is a dearth of research in the field about long term outcomes post treatment for the same reasons that we are having trouble following up with our Menninger families.

With increased knowledge in the field about how adolescents function after treatment, clinics such as

Menninger can tailor treatment and resources to better serve adolescents suffering with mental illness.

With the admission and discharge data we have collected from you and your children, we have found some very interesting and exciting results. As shown in the graphs below, symptoms such as anxiety and depression are being significantly reduced during your adolescent's stay at The Menninger Clinic, to levels below clinical cut off ranges. Once we receive more follow up data we will be able to see the trajectory beyond inpatient treatment.

You may have noticed that we have started mailing birthday cards, sending your teens home with Menninger goodie bags and increased contact with you at each of the follow up time points. Our team is constantly brainstorming ways to keep in touch with families post discharge in order to increase participation. We would appreciate any input you may have to facilitate this process because ultimately, it is you and your family whose efforts will make a difference. We look forward to hearing from you soon.

Post-discharge follow-up time point completion rates		
Time point (post discharge)	Parent (number/percentage)	Youth (number/percentage)
6 months	75/29%	49/19%
12 months	38/18%	37/18%
18 months	37/22%	29/17%

ATTACHMENT IN ADOLESCENCE

BY AMANDA VENTA, MA



An important aspect of understanding how to help teenagers is understanding how they have been shaped by previous experiences. Many years of research conducted by influential theorists in psychology have taught us that if a child repeatedly has her emotional and physical needs met, she is likely to develop perceptions of herself as worthy of care and others as reliable caregivers, known as “secure” attachment. If a child does not have his needs met, either because his caregivers are unreliable or because his needs are too complex or difficult for his caregivers to manage, he is likely to develop perceptions of himself as unworthy of care and others as unreliable, known as “insecure” attachment.

Attachment is an important part of our work at The Menninger Clinic because research with younger children and adults has shown that insecure attachment is associated with poor interpersonal functioning (Berlin, Cassidy, & Appleyard, 2008), psychological symp-

toms (Deklyen & Greenberg, 2008; Allen, 2008), and even suicide (Adam, Sheldon-Keller, & West, 1996). Knowing about a client’s attachment security can also help clinicians determine which treatments will be most effective.

Until recently, though, we have not had the tools needed to assess attachment security in adolescents. In children, attachment security is usually assessed by observing separations between the parent and child (Ainsworth, Blehar, Waters, & Wall, 1987; for example see <http://youtu.be/QTsewNrHUHU>). In adults, a measure called the Adult Attachment Interview (George, Kaplan, & Main, 1985) is the best tool for collecting attachment-relevant information. Adolescents, though, are neither adults nor children, and, therefore, these measures should not be used clinically to gather information about adolescent attachment security nor can research using these measures be applied to adolescents.

We conducted a study at the Menninger Clinic in which we sought to validate a new, developmentally appropriate attachment measure called the Child Attachment Interview (Target, Fonagy, Shmueli-Goetz, Data, & Schneider, 2007). After comparing it to a number of other questionnaires of family, interpersonal, emotional and behavioral functioning, we found that the interview was good at assessing attachment security in adolescents.

This means that clinicians working in a variety of settings can now feel comfortable using this measure to collect information about the way that adolescents perceive themselves and others. Being able to use this measure in adolescents will also pave the way for research on the importance of attachment security for adolescent well-being, an important extension to existing work in adults and children.

This work has been prepared for publication and is currently under review.

“...clinicians working in a variety of settings can now feel comfortable using this measure to collect information about the way that adolescents perceive themselves and others.”

AGGRESSION IN TEENS WITH BORDERLINE PERSONALITY DISORDER

BY TYSON REUTER, MA

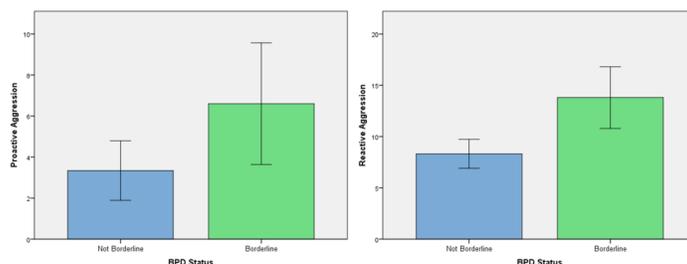
Borderline personality disorder (BPD) is characterized by instable mood, impulsive behavior, stormy relationships, and intense anger. Given these features, one area researchers study is the relation between aggression and BPD. In adults, previous research shows that individuals with BPD typically express their aggression impulsively and in response to threat or provocation, which is called reactive aggression. This is in contrast to aggression that is premeditated or goal-directed, which is called proactive aggression. However, we still do not know whether adolescents with BPD express aggression similarly to adults with BPD.

Based on data from 68 inpa-

tient adolescents from Menninger, our findings provide initial support that BPD is related to reactive and impulsive (and not proactive and premeditated) forms of aggression in adolescents. This research is most meaningful because it adds to the growing body of literature demonstrating similar patterns of aggression among adults and adoles-

cents with BPD. Ultimately, this may improve our current understanding of the clinical picture of BPD across adults and adolescents.

The findings from this study were recently presented at an annual conference which focuses on the study and dissemination of scientific approaches to behavioral health.



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



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We're on the web!
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From left to right: Allison, Salome, Tyson, Dr. Sharp, Andrew & Carolyn

RESEARCH COORDINATOR I SALOME VANWOERDEN, BA



Hello, everyone. I came to Menninger almost six months ago from UT Health Science Center where I worked as a Research Associate studying autism and ADHD in an outpatient clinic. As the new Research Coordinator I on the ATP unit, I work with current patients to complete their admission and discharge testing for our Outcomes project as well as contact previous patients and their families for follow up research. Although most of my time is spent at my computer working on data entry, I value the time I am able to spend with each of the adolescents as they grow through treatment. I have found The Menninger Clinic to be a truly warm environment with a passionate and caring team that collaborates to provide individualized treatment.

I am also honored to be able to contribute to a growing body of research that works to answer questions as well as find new ones about the disorders adolescents present with.

Ultimately, this work will help improve the treatment and care available to individuals. We thank you for your participation in our research, which would not be possible without your help. If there is anything else that we can do to facilitate participation at each follow up time point, please let us know as your input is always appreciated.

RESEARCH ASSISTANT ALLISON KALPAKCI, BA

search team. My current roles include conducting clinical interviews and assessments with adolescents and contributing to the ever-expanding and exciting research of the Adolescent Outcomes project.

Although I am relatively new to ATP, I have been with Menninger for almost two years. I first served as research coordinator for the DSM-5 Field Trials project, then transitioned to a research position on the Adult Outcomes project on the Compass unit, and now I am very fortunate to begin my graduate research and clinical training on ATP. Throughout my time at Menninger I have encountered no less than the highest degrees of integrity, warmth and competence. And I have felt so privileged to witness the tremendous efforts put forth by the team members, patients and families every day. As a new member of ATP, I am thrilled to be working in this wonderful environment and look forward to working with you all.

Hello ATP! My name is Allison Kalpakci and I am a first year clinical psychology graduate student working on the Adolescent Treatment program re-



PRACTICUM STUDENT TYSON REUTER, MA



my primary role is to conduct assessments and assist with follow up data collection.

To tell you a little more about myself: My passion for research and clinical work started during my undergraduate work, where I studied peer relationships and anxiety in youth, as well as worked as a residential treatment facilitator for children and adolescents with severe emotional and behavior disorders. During the year before graduate school I worked as a mental health associate in an inpatient psychiatric hospital.

Currently, I am a third-year graduate student in the child-family track of the clinical psychology PhD program at the University of Houston, where my research interests are emerging personality disorders in youth, particularly their relation to teen dating violence and aggression. I am excited to work with clinicians and researchers who are experts in their fields, as well as a great group of adolescents. I look forward to meeting all of you.

Greetings. Although only a few months on the job, I have already come to appreciate the unique atmosphere of the Adolescent Treatment Program, one characterized by warmth, teamwork and an emphasis on both treatment and research. As a practicum student,