

Eight-year Retrospective

BY CARLA SHARP, PhD
RESEARCH DIRECTOR, ADOLESCENT TREATMENT PROGRAM

In 2008, the Adolescent Treatment Program (ATP) Outcomes Research Project was initiated at The Menninger Clinic. The hospital was then located on Houston's Gessner Avenue. Our first goal was to get our outcomes research up and running while our aim was to begin to assess adolescents with standardized tools in order to inform clinical work and track their progress through their stay at Menninger. The data we collected allowed us to begin to answer important scientific questions about the nature of adolescent mental health problems.

In 2012, we moved to the new campus and joined forces with Dr. Elizabeth Newlin, the current program director of ATP. It is here that our research program really started to flourish in three important ways.

First, the scientific impact of our work has been significant. We received two federal grants from the National Institute of Mental Health (NIMH) to study the effects of intranasal oxytocin on adolescent social cognitive functioning and a grant from the American Psychoanalytic Association. We have now published 47 peer-reviewed scientific papers and 12 book chapters based on the data we have collected in this project.

We published the *Handbook of Borderline Personality Disorder in Children and Adolescents* in 2014 with Springer. This volume brings together international experts to advance knowledge in adolescent borderline personality disorder. One-hundred twenty-five scientific presentations have been delivered at national and international conferences.

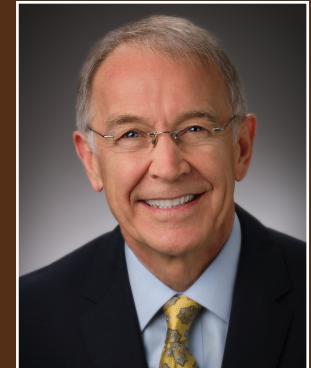
In 2013, Menninger launched the McNair Initiative for Neuroscience Discovery at Menninger and Baylor College of Medicine (MIND-MB). This enables us to scan the brain of each adolescent coming into the unit, in addition to collecting blood samples to

discover important neurobiological correlates of adolescent mental health problems. This dataset will allow us to answer scientific questions about the connection between behavior and brain in a way that has not been possible before.

Second, our research has also served an important training function. With our partners at the University of Houston and Baylor College of Medicine, we have trained 11 graduate students in clinical psychology, four clinical psychology internship students and five post-doctoral fellows. We facilitated entry to graduate school for eight undergraduate/post-bac students to whom we provided research opportunities. Our data has facilitated 10 master's theses and doctoral dissertations, thereby inspiring the next generation of clinicians and researchers.

Most importantly, though, our research has informed clinical work on the unit in direct and meaningful ways. Our standardized assessments are translated into meaningful clinical information that clinicians integrate into their diagnostic formulations. Data collected weekly on teens' symptoms are fed back directly to teens by our research team to help them gain insight into their own recovery. We are also privileged to be the unit's point of contact for families as we continue to assess teens' progress through standardized assessments for 18 months post-discharge.

In all, we have been grateful to Menninger for allowing us to make the contributions to science, education and treatment. None of our work would have been possible without you. It has been a humbling experience to witness the commitment, generosity and courage of the families participating in our research. At this eight-year retrospective point, we thank you deeply.



**A message from the
C. Edward Coffey MD, CEO:
two-year retrospective**

In September of 2014, I joined Menninger as the new CEO. It has been an incredible journey, and I have been honored to lead Menninger in the pursuit of excellence. A big part of our success and reputation in the local, national and international mental healthcare community is the result of our ability to use science to inform personalized psychiatric medicine. I am proud of the research taking place at Menninger and ATP in particular, where we are advancing science as well as informing the treatment of every patient we serve. With Dr. Sharp, I would like to thank the adolescents and families of ATP for your support of the research over the last eight years. I look forward to seeing what the next eight years hold.

Shame & Borderline Personality Disorder in Adolescent Inpatients

BY ALLISON KALPAKCI, SALOME VANWOERDEN & CARLA SHARP, PHD

Borderline personality disorder (BPD) in adolescence is a psychiatric disorder associated with problems across multiple domains. Theoretical perspectives and clinicians have long suggested that shame is a central component of this disorder; however, studies examining shame and BPD have been limited.

In fact, only one study has investigated shame in youth with BPD (Hawes et al., 2012). Given that shame is linked to negative outcomes, including early treatment dropout, self-harm and suicidality (Rizvi & Linehan, 2005), it is important to understand the relation between shame and BPD in this age group. Further, as both BPD and shame are related to gender (Ferguson et al., 1997), anxiety and depressive disorders (Gilbert, 2000), ATP Research determined the specificity of this relation should be examined.

The aim of this study was to examine the unique relation between BPD and shame in inpatient adolescents controlling for gender, anxiety and depressive disorders. A total of 91 inpatient

adolescents (Mage = 15.31, SDage = .49; 61% female) were administered the Personal Feelings Questionnaire (Harder et al., 1992) for shame, the Childhood Interview for Borderline Personality Disorder (Zanarini, 2003) and the Computerized Diagnostic Interview Schedule for Children (Shaffer et al., 2000) to assess for a diagnosis of any anxiety or depressive disorders.

Bivariate analyses revealed significant relations between shame and the diagnosis of BPD, any anxiety disorder and any depressive disorder. Results of a multiple regression demonstrated that BPD ($\beta = .25, p = .01$) and any depressive disorder ($\beta = .35, p < .001$) predicted shame while controlling for gender, whereas the diagnosis of any anxiety disorder did not predict shame ($\beta = .11, p = .22$).

Findings of a unique association between BPD and shame in this sample provides empirical support for what theoreticians and clinicians have long asserted about the centrality of shame to BPD, and set the stage for future research on shame in adolescents with this disorder.

Dating Victimization, Borderline Personality Features and Nonsuicidal Self-injury

BY CLAIRE HATKEVICH

Nonsuicidal self-injury (NSSI) is a prevalent, problematic behavior in adolescence. NSSI poses a particularly severe threat to adolescent emotional health and physical well-being, given its association with serious negative life outcomes (e.g., shame, stigmatization, physical scarring, accidental death) and the financial debt associated with medical expenses.

Previous research has linked adolescent NSSI to borderline personality disorder (BPD) features or characteristics related to emotional instability, impulsivity, confusion about the self and rocky interpersonal relationships (You et al., 2012). Emerging NSSI research has begun to consider the role of dating victimization, or a violent encounter in which one person is harassed, bullied or otherwise harmed by their romantic partner. Dating victimization has been found to predict NSSI behavior in previous research, and recent studies reveal that it is also related to BPD features. Despite this, no work has yet considered how BPD features and dating victimization affect one another in the context of NSSI. In light of this, the aim of the current study was to look at the relation between dating victimization, BPD features and NSSI.

Results of Study

The study consisted of two groups: a high BPD features group and a low BPD features group. Our study examined how assignment to these groups related with dating victimization to predict adolescent NSSI behavior.

In the high BPD features group, findings revealed that adolescents did not self-harm at greater rates when faced with more severe dating victimization. Instead, it was revealed that these adolescents may respond by hurting their romantic partners.

In the low BPD features group, adolescents self-harmed at greater rates in response to more severe dating victimization. It is thought that these adolescents may be using self-harm as a primary way to cope with being hurt in their romantic relationship.

Reflective Function and Treatment-related Symptom Changes in Hospitalized Adolescents

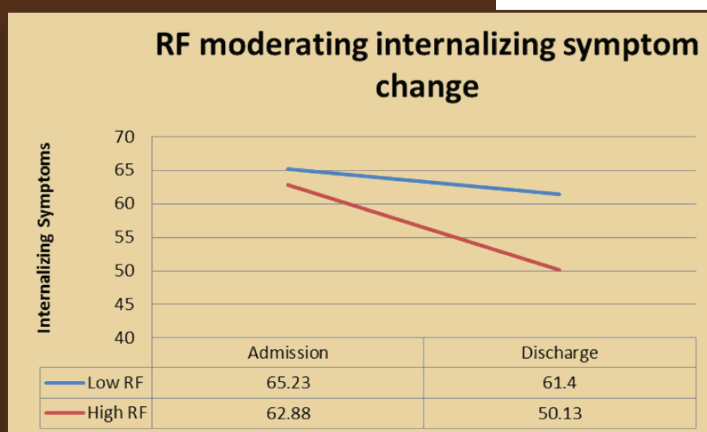
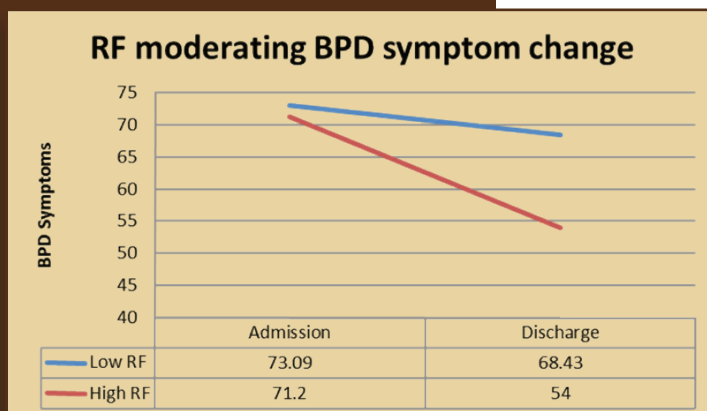
BY CAROLYN HA, MA

Reflective function (RF) is defined as the ability to think about and reflect on the mind of self and others in close relationships (Fonagy, et al., 1991). Impairments in this ability have been linked to many psychiatric disorders in adults, including autism, depression, psychosis, post-traumatic stress disorders, eating disorders, psychopathy and personality disorders (Katznelson, 2014). However, research linking reflective function impairments and psychiatric disorders in adolescents remains limited. One previous finding linked impaired RF to aggression and psychopathy (Taubner, et al., 2013), and another study in adolescent inpatients reported significantly lower RF in adolescents with borderline personality disorder (BPD) compared to other inpatients hospitalized for other disorders (Ha, et al., 2013).

Against this background, the purpose of the current research was to look at the relations between RF and treatment-related symptom changes, including internalizing psychiatric symptoms and externalizing psychiatric symptoms and BPD symptoms in a sample of adolescent inpatients ages 12-17. Adolescent inpatients completed an attachment interview during their hospitalization, and these interviews were transcribed, then coded for reflective function. At admission and discharge, adolescents completed the Youth Self-report (Achenbach & Rescorla, 2001) and the Borderline Personality Features Scale for Children (Crick, et al., 2005).

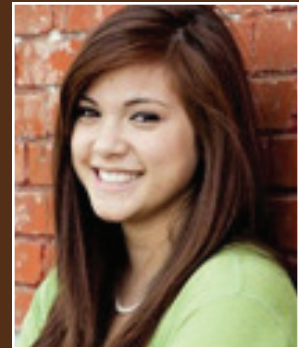
Findings revealed a significant interaction effect with RF and self-reported internalizing symptoms, such that adolescents with high RF demonstrated a steeper decline in internalizing symptoms than adolescents with low RF. However, this was not the case for externalizing symptoms. Whether or not adolescents had high RF, both groups displayed a decrease in externalizing symptoms between admission and discharge. In regards to BPD symptoms, adolescents with high RF demonstrated a steeper decline in BPD symptoms than those with low RF.

These results highlight the importance of RF in short-term symptom changes, especially for the treatment of internalizing symptoms and BPD symptoms. Findings from this study have been presented at the annual Texas Psychological Association and are in preparations for submission to a peer-reviewed journal.



Meet New Staff Members

Hi everyone! My name is Tessa Long. You may recognize me from diagnostic phone interviews, consent meetings or post-discharge reminder calls. I began working with ATP research in 2013 as a research assistant, conducting admission interviews with parents, entering data and making follow-up reminder calls. Shortly following graduation with a bachelor of science in psychology in May 2014, I began working as Research Coordinator II. While I am still fortunate enough to work directly with families on interviews and reminder phone calls, I am also in charge of managing our data, ensuring ethics compliance by working with the Institutional Review Board that governs research, and overseeing daily research tasks. This experience has both refined my research interests and fueled my passion in clinical psychology. More importantly, it has been inspiring to experience the warmth of our hospital staff and the tenacity of our families. I am currently applying to doctoral programs and look forward to continue working with all of you until then! Your dedicated participation in our studies is invaluable, and we thank you for your input as we aim to individualize psychiatric care and better understand our teens.



Hello. My name is Cara Miekka, and I'm happy and grateful to be joining the ATP team as a research coordinator. In my role, I'll be recruiting teens for several research projects and collecting data from patients and families throughout their stay and after discharge. As participating families, your contribution to adolescent clinical psychology is invaluable. Standards of treatment for those suffering from psychological distress are constantly informed by these findings—your time and effort will pay dividends to future generations of young people.



Since receiving my bachelor's degree in psychology from Rice University last year, I worked as a clinic and research coordinator at the University of Texas Health Science Center at Houston, primarily studying developmental disabilities such as autism spectrum disorders. My desire to work with children and teens was also fostered during my time working at the Monarch School for children with neurological differences. I'm very excited to now have this chance to learn more about psychiatric concerns facing the unique population of adolescents at Menninger. Thank you again for welcoming me to the team and your continued involvement in research at ATP!