

Menninger Perspective

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Menninger Perspective

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Nature performs its own therapy

By Ian Aitken
President & CEO
The Menninger Clinic

A deep-rooted tradition remains a part of Menninger's atmosphere of healing.

I have come to realize that designing a new campus for The Mental Health Epicenter draws from Menninger's past as much as its present. The center, which brings together treatment, education and brain and behavioral health research, calls for a first phase goal of \$125 million in the *Miracles in Mind* capital campaign to construct a 50-acre residential setting. Sustainable landscapes, ponds, flowers and trees contribute to a healing environment for individuals seeking recovery from illness.

Land for healing

I came across a quote from the late landscape architect, the eminent Robert Marvin, who said, "I once heard Dr. Karl Menninger, world-renowned Kansas psychiatrist, tell the Aspen International Design Conference on Man's Environment, that a man's success and happiness are affected as much by his emotional response to his environment as by his physical comfort in it. It was Dr. Menninger's belief that the answer to mounting problems of mental health lies in the preventive measure of creating living environments which consider the emotional needs of people."

That long-held Menninger philoso-

phy has been transferred into the plans for the new campus, a site near the Texas Medical Center, the largest medical complex in the world. From the beginning, we have adhered to the idea that patients come first and we expect the grounds to provide an environment conducive first to healing, but also to learning and discovery through rigorous research.

It is no accident that soothing grounds have always distinguished Menninger campuses. Co-founders Will and Karl Menninger were raised by parents who treasured not only how the outdoors looked, but also how the outdoors worked. Their father, Dr. C.F. Menninger, was a Renaissance man of sorts, knowledgeable about medicine, but also intimately connected with the flora and fauna of his natural environment, so much so that co-existing in harmony in the outdoors was a passionate avocation that he believed held a significant value.

Nature and nurture

Writing in the *Bulletin of The Menninger Clinic* in 1942, Dr. C.F. said he gained personal benefit from planting trees, tilling his garden and growing flowers.

"There is gratification of the sense of sight in color and color combinations, of the sense of smell in perfumes and odors, and to that inner aesthetic sense of beauty a charm that has, I

believe, made a better physician of me. My whole nature was improved, my horizons wider and my appreciation increased in a way that aided me in my vocation."

Dr. C.F. was a tenacious gardener, eventually moving to what he called the Oakwood Peony Farm where he raised hundreds of varieties of both peonies and irises and other flowers as well. He also planted trees on the Menninger campus every Arbor Day, the last Friday in April when tree planting is encouraged.

"Grandfather would say that the planting was not so much for ourselves...but for those who would come after," said Dr. Walter Menninger, "so that the plantings might watch over us as we go about our work, as we grow in our skills, as we nurture hope and as our patients leave here hardy and healthy and well."

Outdoor benefits

Though today's treatments and shorter stays have greatly reduced time in hospital and the many gardening activities that once thrived among patients, a serenely landscaped outdoors recalls the Menningers' early belief in the virtues and the benefits of passively experiencing flowers, plants, trees and nature in general.

At the new campus we are incorporating passive horticultural therapy into healing, meditative, contemplative and sensory gardens

that offer solace and pleasure and encourages cognitive, social, psychological and physical benefits.

One of our major considerations in designing the new campus has been to create a natural environment that supports robust exploration of brain and behavioral research, spaces that emphasize an atmosphere of collegiality and scientific collaboration, while maintaining a sense of therapeutic serenity that engages both patients and staff members.

To that end, Menninger is working with Kirksey, an environmentally conscious Houston architectural firm whose philosophy concurs with Menninger's. Kirksey designs green buildings, so-called because they "are environmentally responsible...and healthy places to live and work."

I believe the choice of Kirksey would please the Menningers. The company holds an annual holiday tree planting. In the last 19 years, they have planted nearly 7,000 trees, a number that might even give the ever steadfast Dr. C.F. a moment's pause.

Dr. Karl once said that interaction with living things "is one of the simple ways to make a cooperative deal with nature for a prompt reward."

At The Epicenter, we expect many rewards, indeed!

Unraveling illness is first step to recovery

Before a patient can be treated, his or her psychiatric illness must be correctly determined.

While there may be a near scientific certainty of evidence that can be derived from the X-ray or magnetic resonance imaging (MRI), both of which are used extensively in diagnosing medical disorders, the psychiatric diagnosis is always nuanced, less immediate and often most definitely more challenging.

So it comes as no surprise that for many mental health patients, the lack of a clear diagnosis or living under a faulty one serves to exacerbate their illness, whatever its origin.

“That’s why they come to Menninger,” said Donna Yi, MD, associate chief of staff, clinical director of The Menninger Clinic and a board-certified addictions psychiatrist.

“They’ve had multiple diagnoses or conflicting diagnoses or they’ve never had a definitive diagnosis and consequently no definitive treatment. Sometimes symptoms are so complicated treaters grasp at straws hoping something will work.”

A cautious diagnosis

The diagnosis a patient brings to Menninger is considered provisional until staff members have a chance to review symptoms themselves as patients reside in their individual programs and interact with other patients and staff. Numerous factors

Whatever diagnosis a patient brings to Menninger is considered provisional until staff members have a chance to review symptoms themselves.

complicate achieving a proper diagnosis. Patients themselves, eager to get into a Menninger program, for instance, may not realize the significance of, or be forthcoming about, their substance abuse or alcohol use, which can mask symptoms of mental illness.

Others may be in deep denial about their symptoms. Frantic family members, eager to get a patient help, may not have all of the facts when discussing a loved one’s illness.

Factored into the daily observations at Menninger is information gathered from the patient, the family and the referring clinician. Also included is the patient’s historical evolution of symptoms, the context in which the symptoms occur, family genetics and developmental factors, as well as other indicators such as substance abuse or alcohol use.

During inpatient care, symptoms are monitored 24 hours per day, as are the effects of medications an incoming patient may have accumulated from a variety of treatment settings.

Diagnosis also involves consider-

ation of medical issues, for instance, diabetes or heart problems, as a context for what behaviors the patient may be presenting.

Labels

Treating the incoming diagnosis as provisional is quite important.

“Patients have been labeled by the time they arrive at Menninger,” Dr. Yi said, “but once they are here, going forward we will alter that diagnosis as new evidence comes into the picture. After our initial evaluation we then start to observe the patient. We may also obtain other diagnostic tests whether it’s lab testing or psychological testing and then the diagnosis is reshaped if there’s other evidence that refutes the provisional diagnosis.”

At Menninger, with the advantage of a longer stay under observation, a thorough work-up can elicit more details, as opposed to the “snapshot” view of what may be an evolving diagnosis in an outpatient setting.

A bipolar disorder, for instance, involves cycles of mood swings. If a clinician were to see a first-time patient who was experiencing a downswing, depression might be determined and a flawed treatment plan launched against that disorder.

Defining the illness

Diagnosis takes time, expertise and patience.

Consider Paul, who came to The Menninger Clinic diagnosed with a

Diagnosis

mood disorder, depression or bipolar disorder, as well as a possible anxiety disorder. One of his therapists also believed Paul suffered from attention deficit disorder (ADD).

After he was prematurely discharged from the military, Paul's family was concerned that at the age of 22, Paul had still not begun to live his life as a responsible adult.

Despite a bright mind, he had experienced a litany of failures in both work and in school. There was also a history of deceit: Paul claimed he was still going to college when his family learned that while he was at college, he was no longer attending classes.

Paul was admitted to the Compass Young Adult Program. This program serves young adults, ages 18 to 30, who are having difficulty making the transition from adolescence to adulthood due to mental illness.

The program is designed for transitional adults who struggle with psychiatric disorders and co-occurring problems such as drug or alcohol addiction and personality disorders.

Patients in the program learn how they can function more effectively in their family and in their community.

Observations

Unraveling Paul's real problems began with observing patterns of behavior in the daily life of the Compass Program and Paul's interactions with others.

Just as there are general conventions to follow in everyday living—chew with your mouth closed, say thank you, pass on the left—Menninger programs have general rules as well.

In real life, people get up in the morning and go to work. That expectation exists for patients, as well. Patients are asked to respond to schedules and rules.

Yet, Paul rarely got out of bed early enough to attend his group psychotherapy sessions. He blamed his

insomnia and his faulty alarm clock. There were also other conflicting behavioral developments.

He was discouraged from continuing to have an exclusive relationship with a fellow patient—a female. Despite that advice, he persisted, even when made aware that his behavior was not only hindering his recovery but the recovery of his fellow patient. Confronted by his clinical team about his behavior, Paul complained that the program's rules were too strict, his behavior was not harmful and that he didn't see the problem.

Analyzing symptoms

His self-absorption, his lack of empathy for a fellow patient and his general lack of progress all pointed away from depression or bipolar disorder.

His pattern of deception was also revealing. He was not forthcoming about his past and tended to use humor and sarcasm to ingratiate himself with others. Clinically speaking, Paul was regarded as someone who displayed narcissistic and antisocial personality traits, as well as behavior that was self-defeating and aggressive; in short, someone with a personality disorder. The 22-year-old was also prone to anxiety, whose origins were traced to a deep concern over his father's health.

Although Paul had much work to do when released from Menninger, he left armed with a proper diagnosis and a growing skill set for managing his disorders. That information enabled him to begin to work more precisely on his illness, which was not bipolar or depression or even ADD, but instead, was a personality disorder.

Evolving diagnosis

Laura also came to Menninger with as complex a diagnosis as Paul. She was admitted to the Hope Program,

which provides treatment to adults with a wide range of diagnoses and personal histories.

Hope patients' conditions are often considered resistant, which means the patient may have had multiple inpatient and outpatient treatment experiences as well as multiple medication trials, without significant periods of success.

Patients commonly come to identify themselves as their diagnosis, viewing all of their behaviors, emotions and thoughts as aspects of their pathology or diagnosis, yet at admission, Laura reported that she was a "bipolar fraud."

In fact, her diagnostic picture was much more complicated.

Her admitting diagnoses were bipolar disorder and severe depression. She also had a penchant for pathological spending.

She said she experienced her first bout of depression in her sophomore high school year at which time she was diagnosed as suffering from bipolar disorder.

Also, she had been drinking as prodigiously as she was spending. Eventually, her depression undid her so much she needed to move back home to be with her parents. After a year, she came to Menninger in severe debt and deeply depressed.

For the first two weeks of treatment, she did not get out of bed except to take her medications. She said she felt hopeless and helpless. She exhibited suicidal intentions. She cut herself and was placed under heightened observation until she was able to work with staff members and come to an agreement not to injure herself.

But she also wasn't eating meals. Instead, she limited her consumption to coffee and soda. Although people with depression often have a diminished appetite, Laura's weight dropped precipitously. She finally admitted she was trying to kill herself through starvation.

Diagnosis

Body image issues

In assessing Laura, staff members concluded that she had a distorted view of her body. Although she said she did not engage in bingeing or purging, typical behaviors for patients with eating disorders, there was evidence that Laura's condition included more than depression.

Having lost 25 pounds in the last half year, she was about 10 pounds below her recommended weight, although she liked how she looked. She rejected the suggestion that she maintain her Hope Program appointments while taking her meals with the patients on the Eating Disorders Program, where her diet could be better monitored. Yet her weight continued to drop. It was obvious her depression and her eating disorder were intertwined.

Although Laura reluctantly joined the Eating Disorders Program, the move proved pivotal to her treatment. Her eating disorder was so involved with her depression that both issues needed to be addressed simultaneously. Treating one without attention to the other would continue to be self-defeating.

Also, her self-injury through cutting and her spending indicated a need to address impulse control problems. Working with clinicians in the Hope Program, the Eating Disorders Program and with experts who could address her various addictions, Laura began to move toward recovery.

Had Laura's initial diagnosis of depression not evolved, she would likely have remained stuck in a cycle of treatment failures.

Diagnosis is not a label

Understanding an illness empowers a patient, but the label of a disorder does not define a patient. Also, a proper diagnosis is not the end of treatment.

Patients with depression, for

instance, still need to acknowledge the complications of their illness. Patients must take responsibility for their illness and not justify harmful behavior because they are "depressed."

A diagnosis, then, is less about being able to label a patient, than it is to offer a clear and definitive direction that will guide patients to recovery and to healthier lives.

Extensive testing is precursor to treatment

Psychiatric assessments combine behavioral knowledge and leading-edge scientific tools to deduce diagnoses.

Is there a definitive test for mental illness? Not yet, but experts at The Menninger Clinic are one step closer to achieving that goal.

Menninger professionals are using magnetic resonance imaging or MRI, and positron emission tomography or PET, to rule out medical or neurological reasons for a patient's symptoms before settling on a psychiatric cause, said Florence Kim, MD, director of Menninger's Comprehensive Psychiatric Assessment Service.

A second opinion

Launched recently, the new assessment service provides adults who have behavioral and psychiatric problems with a thorough assessment, including extensive neuropsychiatric testing.

The one-stop service is especially useful for patients who want a second opinion, patients who are not making adequate progress in their current treatment and patients who need to be assessed so doctors can determine what treatment program best fits their needs, Dr. Kim said.

Baylor College of Medicine

Patients in the program undergo a psychiatric evaluation, extensive neuropsychological testing, psycho-

'We are at the beginning of a new age in terms of what we can do for people with psychiatric illnesses.'
—Florence Kim, MD

logical testing, psychosocial evaluation, a family system study and a neurological consult.

Menninger's affiliation with Baylor College of Medicine provides patients with access to consultants in neuropsychology and neurology for help with brain disorders such as stroke, Alzheimer's disease, multiple sclerosis and traumatic brain injury.

Testing diversity

The assessment service also offers genotyping for patients who don't respond well to psychiatric medications. A simple blood test can reveal whether a patient may metabolize a drug too fast, which provides the patient with little benefit. The test can also tell if a patient metabolizes a drug too slowly, which can increase the amount of drug that builds up in the body, causing side effects such as nausea.

Correct medications

"Currently, doctors prescribe psychiatric medications based on their experience of what works best, but they can't predict how medica-

tions will work in each individual patient," Dr. Kim said. "As a result, patients may spend several months or years trying to find the best medication with the fewest side effects."

The battery of tests used in the assessment yields a wealth of information, providing unique insight into the patient's mental and behavioral health, in addition to the patient's personal history, she said.

Dementia, brain injury

In some cases, the information may reveal an underlying medical condition, such as dementia or damage caused by a brain injury. It may also help better diagnose the type and severity of mental illness or behavioral disorder the patient may have.

The evaluation looks at all facets of a patient's life and clinical picture before making treatment recommendations.

Finally, help

"One of our recent patients, an 18-year-old, came into the program as the result of an intervention," Dr. Kim said. "He had been labeled with a diagnosis, but as a result of our examinations, we were able to clarify that diagnosis. He told us, 'finally, someone understands what's going on.'"

As a result of his assessment, the patient changed his plans and immediately sought treatment.

Exciting future

At the end of the evaluation, the assessment team provides patients with findings and recommendations for their next steps.

About half the patients choose to remain at Menninger for their treatment. Patients may also use the assessment to help guide their outpatient treatment or treatment at other psychiatric treatment centers.

Dr. Kim sees the assessment service as an increasingly valuable tool to diagnosis and treat patients with psychiatric disorders.

“We are at the beginning of a new age in terms of what we can do for people with psychiatric illnesses. In the next 20 to 30 years, we are going to see an explosion in brain research, and we’ll understand so much more about the genetic basis for many conditions.”

Dr. Kim is a graduate of Harvard University and Baylor College of Medicine as well as the Menninger Department of Psychiatry & Behavioral Sciences Residency Training Program. She brings to Menninger diagnostic and research expertise in the area of neuropsychiatric disorders and is highly regarded for her clinical acumen, having previously served as a consultant to Menninger programs.

Disordered personalities subject of research

Menninger pursues studies of personality disorders in an effort to improve therapeutic approaches for a difficult-to-treat psychiatric illness.

Menninger's personality disorder research informs our approach to treatment and focuses on the study of the maladaptive ways by which people cope, experience and organize their relationships. The illness often inhibits patients from being able to successfully use psychiatric treatment.

Since the relationship between therapist and patient is crucial to a positive treatment result, outcomes are enhanced by improving therapeutic collaboration and encouraging a sense of working together toward a shared goal. That initial success in treatment continues into recovery.

The range of personality disorders represents serious mental illnesses characterized by instability in moods, interpersonal relationships, self-image and behavior. This instability often disrupts family and work life, long-term planning and the individual's self-identity.

In the largest study of borderline personality disorder (BPD) ever undertaken using neuroimaging, researchers are making progress toward a better understanding of the illness, said Peter Fonagy, PhD, director of Menninger's Child & Family Program.

Ongoing research projects combine Menninger's behavioral expertise with functional magnetic resonance

imaging (fMRI) technology in a collaboration with The Brown Foundation Human Neuroimaging Laboratory at Baylor College of Medicine. The laboratory uses imaging to measure changes in blood flow to the brain in reaction to stimuli.

A difficult disorder

Menninger's studies of personality disorders open a window into a range of crucial clinical and social problems such as posttraumatic disorders, addictions to drugs and alcohol, social anxiety, depression, violence and sexual and physical abuse.

Personality disorders are frequently characterized by impairment in functioning interpersonally, socially and vocationally, often leading to substance abuse, unemployment, divorce and many other social problems with enormous economic and human consequences.

Incidence

The National Institute of Mental Health (NIMH) reports that two percent of the population, mostly females, suffers BPD, which is a more common psychiatric illness than schizophrenia or bipolar disorder.

Patients with BPD experience a high rate of self-injury and suicidal behavior.

"Patients often need extensive mental health services, and account for 20 percent of psychiatric hospitalizations," the NIMH report said.

Even so, Menninger successfully and regularly treats patients with BPD

and additional complications such as drug addiction or alcohol abuse.

"New research, such as the critical work by Anthony Bateman and Peter Fonagy, increasingly demonstrates that treatment for BPD can be quite effective," said Menninger Chief of Staff John Oldham, MD, who chaired the Work Group of the American Psychiatric Association to develop its *Practice Guideline for the Treatment of Patients With BPD*.

A complex illness

Individuals with a personality disorder lack the skills to ably bridge outside actions with interior thoughts. Instead, there is an emotional disconnect. A child will throw a toy against a wall rather than articulate a disappointment. An adult who is having a disagreement with another person will erupt into an angry diatribe or become self-injurious rather than seek the other person out to calmly negotiate the disagreement. Individuals with disordered personalities lack the ability to mentalize, a key factor in social-emotional cognition.

Mentalizing is the ability to feel our own feelings, to be able to reflect upon them, to correctly interpret the feelings of others toward us and to process thoughts in an orderly way. Attachment, a secure bond with another person, is the engine that powers mentalizing, and is the key to resilience—the ability to adapt successfully to adversity, challenges and stress.

BPD research

Fatal flaw

In his book *Fatal Flaws, Navigating, Destructive Relationships with People with Disorders of Personality and Character*, Stuart Yudofsky, MD, chair of the Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine, tells us that personality disorders “are brain-based dysfunctions of thinking and impulse that leads to persistent patterns of personality and behavior that betray trust and destroys relationships.”

Dr. Yudofsky, the D.C. and Irene Ellwood Professor at Baylor and chief of psychiatry service at The Methodist Hospital, offers these general characterizations as examples of BPD-induced behavior: the unfaithful fiancé, the parent who gambles away his children’s college fund, the employee who steals from the company, the nursing attendant who abuses her elderly patients, the CEO whose greed bankrupts the firm and the child who attends school while high on drugs.

BPD study

Ordinarily, neuroimaging studies involve a little more than a dozen people. In the Menninger BPD study 1,060 individuals participated.

So why did Menninger have such a large group?

“First of all we want to make sure that medication is not obscuring the information we get about brain activity in these tasks,” Dr. Fonagy said.

“Second, we believe that conditions such as borderline personality disorder may not be based on a homogenous group of people. It is a final common pathway perhaps that includes suicidality and self-harm as well as major emotion regulation problems and depression. There may be very different neurophysiological manifestations and unless we are going to see a sufficiently large group we may come to the wrong conclusions.”

The ongoing research includes both participants with and without BPD who play a trust game with another study participant, while having their brains scanned.

Early views emerge

“We were able to demonstrate that the brains in individuals who have the diagnosis of borderline don’t distinguish so much between people who they are attached to (like a good friend or spouse) versus people they just know,” Dr. Fonagy said.

“They somehow respond to people they don’t have an attachment relationship with—as if they did have an attachment relationship with them—as if they have the same kind of importance as their partners. When somebody who is just familiar to you is as important to you as your partner, then you are in trouble. In other words, you’ve talked to me and you’ve become my best friend.”

Under neuroimaging, part of a healthy brain will light up when a person is being treated in a mean way. Healthy people will ordinarily respond by avoiding the mean person or by being extra nice, in an effort to coax the other person into a better mood. Individuals with BPD, on the other hand, don’t seem to be able to make this adjustment well; in fact, their brains respond as if they are being badly treated all the time.

Study of the data will help researchers publish findings that will impact future treatments.

“One question leads to another question rather than an answer,” Dr. Fonagy said. “Science doesn’t progress by finding answers. Science progresses by finding further questions.”

Researching BPD benefits Menninger patients as well as the millions of others who suffer the disorder. Findings will foster new questions for researchers and a deeper knowledge helpful in designing even more effective treatments for a complex and debilitating condition.

Expert staff in personality disorders

Menninger’s efforts to pursue personality disorders as a major research focus is led by Chief of Staff John Oldham, MD, one of the world’s leading authorities in personality disorders and co-author of *The New Personality Self-Portrait* and editor of *The American Psychiatric Publishing Textbook of Personality Disorders*.

He also is part of a national group working on establishing diagnostic criteria for personality disorders for the forthcoming fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*.

Dr. Oldham adds to Menninger’s vast expertise in personality disorders, drawn from staff and collaborators. Experts as well as authors of multiple books on personality disorders include:

~ Efrain Bleiberg, MD, vice chair, Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine, author of *Treating Personality Disorders in Children and Adolescents: A Relational Approach*

~ Peter Fonagy, PhD, renowned child and family psychologist who heads Menninger’s Child & Family Program and co-authored with Menninger consultant Anthony Bateman, MD, *Psychotherapy for Borderline Personality Disorder, Mentalization-based Treatment*

~ Stuart Yudofsky, MD, chairman of the Menninger Department of Psychiatry & Behavioral Sciences at Baylor College of Medicine and author of *Fatal Flaws*

~ Glen O. Gabbard, MD, Menninger Department of Psychiatry & Behavioral Sciences professor and director of the Baylor Psychiatry Clinic, who co-authored *Borderline Personality Disorder: Tailoring the Psychotherapy to the Patient*

Institutes focus on centralizing treatment, research, education

Eight institutes to serve as vital training ground; design of Menninger Professionals in Crisis Institute is representative.

Toby Haslam-Hopwood, PsyD, characterizes the mentorship that he received during his postdoctoral training at The Menninger Clinic as “instrumental in helping me develop an identity as a psychologist.”

Today, as director of psychology training at Menninger and a staff psychologist in The Clinic’s Professionals in Crisis (PIC) Program, Dr. Haslam-Hopwood teaches his own trainees about the challenges of treating professional patients who often struggle with one or more psychiatric disorders, addictions or life difficulties.

Such mentoring and the opportunity to learn about Menninger’s unique approach to treatment, he said, attracts trainees to Menninger from across the United States from many disciplines, including psychology, nursing, social work and psychiatry.

“The Professionals in Crisis Program is definitely a highly sought-after elective rotation for our fourth-year psychiatry residents,” said Stuart Yudofsky, MD, D.C. and Irene Ellwood Professor and chairman of the Menninger Department of Psychiatry & Behavioral Sciences at Baylor College of Medicine.

In order to continue attracting the best and brightest mental health

professionals to Menninger, The Clinic is establishing eight Institutes focused on mental health treatment, research and education.

Each Institute will feature an endowed chair for the leading physicians’ research and treatment efforts and be housed in a state-of-the-art building at The Menninger Mental Health Epicenter.

The *Miracles in Mind* capital campaign is currently under way to raise \$125 million in the campaign’s first phase for construction of a 50-acre campus located near the Texas Medical Center, the largest medical complex in the world.

Treatment for professionals

For more than 25 years, professionals have turned to The Menninger Clinic for assistance with issues and illness that affected their careers and private lives.

Today, the Menninger Professionals in Crisis Program offers intensive treatment specifically for men and women in business, medicine, sports, entertainment, law, education and other high-performance fields, who are experiencing difficulty managing their career and relationships because of a psychiatric disorder, addiction, demands and stressors.

Like all Menninger treatment programs, the PIC Program uses a unique interdisciplinary team approach to treatment, including the patient as the most important member plus a diverse range of mental health

professionals from dietitians to addictions counselors. Together, the team uses its members’ breadth and depth of experience to unravel the patient’s diagnosis and marshal a treatment plan that fits each person’s goals and treatment needs.

The Professionals in Crisis Institute will continue the successful format of the program, while building its educational and research components.

Education

The PIC Program offers a rich, interdisciplinary training experience for mental health professionals. The entire team, including trainees from a wide variety of mental health disciplines, attend patient rounds together and interact with each other frequently to coordinate the patient’s care.

“We need the multiple perspectives that the team provides in order to understand and ultimately make a difference for individuals who have complex problems,” Dr. Haslam Hopwood said. “In training young professionals we aim to have them recognize that the team is a crucial element in creating an effective treatment.”

Trainees also receive intensive supervision throughout their time at Menninger, to nurture them and help them grow as mental health professionals.

Working with the patients in the PIC Program also provides trainees with experience they are unlikely to

find anywhere else. Patients in the program are often highly educated leaders in their respective fields and may be resistant to treatment. Working with such challenging patients helps trainees build expertise and confidence.

“Patients in the program provide a unique challenge, which has given me a greater appreciation for the complexity and long onset and duration of mental illness,” said psychology postdoctoral fellow Jennifer Markey, who is completing her doctoral degree in psychology from Suffolk University in Boston. “I have had the opportunity to train under the supervision of some truly gifted clinicians. I continue to be impressed by their dedication, creativity, professionalism and steadfast perseverance as well as their strong desire to share their knowledge.”

Education programs also are an important source of future Menninger staff clinicians.

Research

The Program’s research helps the staff develop evidence-based treatments for specific disorders and complicating factors facing professionals.

One of the fundamental keys in fulfilling that goal is the study of the mechanisms in the brain that are important to healthy mentalizing—how individuals know themselves and others.

Mentalizing is vital to having healthy relationships and balancing the professionals’ competing strengths that have both helped them be successful in their careers and also make it difficult for them to accomplish the necessary changes in their health and lifestyle.

“Often, the very coping skills PIC patients have developed that make them a success, such as being a leader and always being in control, make it difficult for them to relinquish that control and benefit from treatment,” said Efrain Bleiberg, MD, senior psychiatrist on PIC. Dr. Bleiberg, who was trained at Menninger in both

Training by the numbers

Number of trainees on Professionals in Crisis:

~ 15 to 20 a year

Types of trainees:

- ~ Postdoctoral psychology fellows
- ~ Psychiatry residents
- ~ Social work interns
- ~ Social work fellows
- ~ Nursing interns

Length of postdoctoral psychology fellowship:

~ Two years

Length of elective psychiatric residency rotation:

~ Three months

general and child psychiatry, is a renowned expert on personality disorders.

“Through our mentalizing research,” he said, “we hope to gain insight that will help patients break through that barrier to treatment.”

Mentalizing is the sense we have of ourselves and others, the ability to understand how we are according to how we see ourselves perceived. This ability normally develops in the brain in childhood as an infant interacts with caregivers.

Mentalizing provides each of us a balanced emotional life based on a secure foundation of safe attachments or positive emotional bonds. Teaching patients how to mentalize is a significant part of the treatment process in the Professionals in Crisis Program.

Neuroimaging

Menninger clinicians are interested in developing scientifically proven mentalizing treatment protocols that can be adopted and used throughout the mental health community.

Dr. Bleiberg and Jon Allen, PhD,

interim director of psychology for Menninger, are studying mentalizing using non-invasive, real-time brain scanning via functional magnetic resonance imaging (fMRI) technology in collaboration with the Brown Foundation Human Neuroimaging Laboratory at Baylor College of Medicine.

The Professionals in Crisis Program also is participating in a Clinic-wide research initiative to study patient treatment outcomes. The initiative will track how patients adhere to treatment after they leave The Clinic.

“Studying patient outcomes will provide critical information about the value of the treatment we provide at Menninger, which we can use to tailor our treatment approach as we move forward,” said Ian Aitken, Menninger CEO and president.

Support

Cost to fund the construction of the Professionals in Crisis Institute is estimated at \$10 million. Opportunities to partially fund the Institute, or fund an endowed chair are also available. For more information on the Professionals in Crisis Institute or other funding opportunities, contact the Development Office at 800-288-3950, or contact the staff by e-mail at: Development@Menninger.edu.

Five myths about mental illness

Less than half of the 54 million Americans who suffer mental illness get treated and those who seek treatment do so after more than a decade of delays. They fear becoming victimized by stigma or have doubts about the validity of mental disorders or treatment effectiveness.

Unfortunately, mental illness is real. Fortunately, people can and do get better. The treatment success rates for such disorders as depression (more than 80 percent), panic disorder (70-90 percent) and schizophrenia (60 percent) surpass those of other medical conditions, such as heart disease (45-50 percent), according to the National Institute of Mental Health.

Here are some truths behind the myths that surround mental illness:

Myth 1

People with mental illness are weak.

Some of the world's most powerful and influential people have struggled with mental illness. Abraham Lincoln and Winston Churchill battled depression. Star athletes, known for their discipline, CEOs of major corporations, doctors, lawyers and other professionals also deal with mental illness. Making the decision to seek help for mental illness and participating in treatment takes strength in itself.

Many people suffering from depression have recovered and have made significant contributions to society. Former British Prime Minister Winston Churchill, Pulitzer Prize-winning writer William Styron and two-time Super Bowl winner, football quarterback Terry Bradshaw, all achieved great success despite having had the illness.

Myth 2

Medication cures mental illness.

New medications made available over the past few decades have helped countless people manage the symptoms of their mental illness. However, taking a pill is not a cure-all for people with severe mental illness.

"Many people are looking for that magic pill, but medication is only a part of the treatment process for mental illness," said Patricia Daza, PhD, a staff psychologist with the Hope Program at The Menninger Clinic. "Treatment is also about behavioral changes that need to happen and also changes in family dynamics."

Individual and group therapy with a counselor or psychiatrist help patients gain greater understanding of the factors contributing to their mental illness and gives them support, Dr. Daza says.

"Medications for mental disorders don't cure the illness in the way, for example, antibiotics may cure an infection," adds Joyce Davidson, MD, a psychiatrist with expertise in psychopharmacology and medical director of the Obsessive-Compulsive Disorder Program at Menninger.

"Instead, they help manage the symptoms in the same way medications may help reduce symptoms in other chronic illnesses such as arthritis or diabetes. Often patients will report that the medications have 'given me a thicker skin' or 'the medication has helped take the edge off.'

"Psychotherapy and behavioral changes can also lessen symptoms of psychiatric illness, often to the point that structural changes in the brain can be seen on brain imaging."

Myth 3

People with mental illness could just “snap out of it” if they wanted to.

Telling someone with depression or other form of psychiatric illness to “just snap out of it” minimizes a person’s struggle with mental illness.

“It would be like saying to someone with the flu, diabetes or hypertension to snap out of it,” says Jon Allen, PhD, senior Menninger psychologist and author of the book, *Coping With Depression*. “I think we are having a hard time accepting that mental illnesses are real illnesses, not imagined, despite all we know about the biology and physiology of mental illness.”

Technological advances and research provide increasing evidence of how mental illness affects the body. Brain imaging studies vividly show the changes that occur in the brain because of mental illness.

“We now can see changes in brain function and structure at the cellular level,” Dr. Allen said. “Also, changes in the brain affect the whole body.”

Myth 4

Children don’t have mental illness.

Childhood is often thought of as a carefree and idyllic time, but for many children struggling with mental illness, the reality is quite different.

Ten percent of children and adolescents in the United States suffer from serious emotional and mental disorders that cause significant functional impairment in their day-to-day lives at home, in school and with peers, according to a 1999 Report of the Surgeon General. In any given year, only 20 percent of children and adolescents with mental disorders are identified and receive mental health services.

These disorders may include pervasive developmental disorders, psychiatric disorders, depression, behavioral disorders, attention-deficit disorders, eating disorders, obsessive-compulsive disorders and substance abuse.

Because early intervention is so important, parents should not hesitate to seek treatment within several weeks of the onset of signs or symptoms of mental illness, say mental health experts.

Children can and do recover from psychiatric illnesses.

Myth 5

People with mental illness don’t get well.

With the right treatment, people with mental illness improve and can live healthy, productive lives.

According to the National Alliance on Mental Illness, between 70 and 90 percent of individuals with mental illness have significant reduction of symptoms and improved quality of life with a combination of medication and psychological treatments and supports.

Patients in treatment for certain mental illnesses, such as depression, may even experience “recovery” or stable periods of remission from their mental illness. However, patients who have the best outcomes learn to manage their condition on a continuous basis.

“People remain vulnerable to relapse,” Dr. Allen says. “Sticking with treatment or getting treatment when they need it and practicing wellness are crucial even during the period of recovery.”

The family also plays a part in returning a loved one to health, a good reason why Menninger encourages family members to understand mental illness and for them to lend support by attending workshops and family therapy sessions.

Old friends, loyal supporters

Investing in Menninger is a safe way to support good work in mental health, while ensuring a prosperous return for yourself and your family.

There were three reasons Frederic and Eleanor Schwartz of New York supported Menninger for more than 40 years beginning in 1964.

Mr. Schwartz met Will Menninger, MD, in the military and the two men remained friends their entire lives.

Another reason was Menninger's reputation for doing good work, something the Schwartzes supported with yearly gifts.

And finally, the Schwartzes knew supporting Menninger was a good long-term investment, which was why they set up an irrevocable charitable remainder trust.

Early years

Mr. Schwartz hit it off with Dr. Menninger when both men served in the U.S. Surgeon General's office during World War II. Mr. Schwartz enjoyed telling stories about how a higher-ranking officer bullied both he and Dr. Menninger and how the man was eventually transferred to an isolated, far-away post after Dr. Menninger confronted the officer and Mr. Schwartz approached the man's superiors. Those individual actions bonded the men for life.

A successful career

In 1957, Mr. Schwartz, then 50 years old, was appointed president and chief



Menninger co-founder William C. Menninger, MD (left), served as the chief psychiatric consultant to the Surgeon General of the Army. He wrote extensively about his military role, chronicling the experiences of psychiatry in World War II so that the lessons learned in that war should not be forgotten as they were after World War I. He authored more than 40 articles appearing in professional publications, as well as *Psychiatry in a Troubled World*, published in 1948 by Macmillan.

executive officer of Bristol-Myers when Henry Bristol, approaching 70, chose to shed some of his former responsibilities and become chairman of the board. Bristol-Myers is a pharmaceuticals firm that merged with Squibb in 1989, creating a global leader in the health care industry. The merger created what was then the world's second-largest pharmaceutical enterprise.

As the head of Bristol-Meyers, Mr. Schwartz displayed visionary qualities. It was under his leadership that the company embarked on a program of acquiring well-managed smaller companies. The first major move in that direction was to acquire Clairol, a company that was able to turn hair

coloring from a difficult-to-use specialty item into a highly successful mainstream consumer product.

Great people

Even in his 80s, Mr. Schwartz was described as very sprightly, vigorous and bright eyed, while Mrs. Schwartz was described as a warm person with a sunny disposition.

The Schwartzes were married for 62 years before Mr. Schwartz passed away in 1995 at the age of 88. Thereafter, Mrs. Schwartz continued to benefit from the trust the couple set up with Menninger in 1969 and was designed to provide income for life.

The remainder trust combines a charitable gift in support of

Menninger with lifetime payments for an individual or designated beneficiaries as well as generous estate and tax benefits.

Charitable remainder trust

A charitable remainder trust is a planned giving arrangement in which property is irrevocably transferred to a trustee under a trust agreement. Income (and, in some cases, principal) from the trust is paid to an individual or other beneficiaries for life or a term of years.

Menninger then receives the remaining trust assets. Such trusts offer great flexibility in meeting individual income and estate planning needs. The trust payout rate may be a fixed amount or a percentage of the trust assets as revalued annually.

The assets held in the trust can include, but are not limited to, a business, investment assets, cash and life insurance policies.

Security

Mrs. Schwartz lived for 12 years after her husband. At the time of her death, the trust was given to Menninger, concluding the wishes of the Schwartzes, whose contributions in support of mental wellness will reverberate for years to come.

Other giving methods

There are many other charitable giving concepts to consider. Some individuals distribute 100 percent of their estates to charitable work; others split their estates equally between charitable and personal beneficiaries.

Some families have considered a charitable organization equal to one of their three children and distributed 25 percent of their estate to each.

Whatever giving arrangement you choose, you have the satisfaction of knowing that the Menninger mission is carried out each day because of your generosity.

Let us help

Many ways exist to help Menninger mental health programs. Some gift opportunities can provide lifetime

income for donors. To learn more please contact:

Development Office
PO Box 809045
Houston, TX 77280-9045
developmentoffice@menninger.edu
www.MenningerClinic.com
713-333-3320
800-288-3950

Ways of giving

The C. F. Menninger Society

In 1925, Dr. Charles F. Menninger, along with his sons Karl and William, established The Menninger Clinic. The accomplishment was the fulfillment of their dream that a group of doctors from varying disciplines would work together to provide the best diagnosis and treatment possible for their patients.

“We had the vision,” Dr. C. F. later said, “of a better kind of medicine and a better kind of world.”

The annual fund program, also known as the Charles F. Menninger Society, is the life blood of Menninger. It provides a constant stream of unrestricted funds toward the realization of the Founders’ vision, including programs for the treatment and prevention of mental illness, professional education and psychiatric research.

As program capital and endowment additions are made, annual operating expenses grow. Contributions to the annual fund offset these critical added expenses and are directed to the area of greatest need as determined by the MBM Board of Directors.

The need for annual fund gifts continues even during capital, program and endowment campaigns.

A gift to the Annual Fund can be an unrestricted gift of cash or a gift that can be turned into cash within the current calendar year. Please call the

Development Office if you wish to discuss a gift to the annual fund.

Miracles in Mind Capital Campaign

The Menninger Clinic will move to its new campus in 2010. The Mental Health Epicenter will serve as an international center for collaboration for mental health research and education. Seeking to eliminate the stigma of mental illness, The Epicenter will create a forum for dialogue on issues of healthcare economics and behavioral healthcare public policy.

The Epicenter will provide exemplary behavioral health inpatient treatment. New and innovative approaches to education, research and patient care will thrive in this rich environment built, created and committed to address mental health issues affecting individuals, families and our communities.

An unrestricted gift designated to the capital campaign will support the construction of The Epicenter. Funding opportunities for donors who wish to support a specific project may be found at www.MiraclesInMind.com.

Please call the Development Office if you wish to discuss a gift to the *Miracles in Mind* capital campaign.

Other gifts for the present:

~ **An outright cash donation** provides for Menninger in the area of greatest need and gives the donor

an opportunity to support Menninger’s mission and affords the donor a charitable tax deduction in the year the gift was given.

~ **An outright gift of appreciated property**, such as real estate or publicly traded securities and closely held stock if owned for more than one year. You receive an income tax deduction for the fair market value of the asset and you avoid tax on the capital gain.

~ **A new or existing life insurance policy** will provide a charitable income tax deduction for the present cash value of the policy and/or the future premiums you pay – *if* Menninger is named as beneficiary *and owner* of the policy.

~ **A charitable lead trust** that makes payments to Menninger for a certain number of years and then distributes the principal to your heirs. This type of trust will enable you to support Menninger now and significantly reduce gift and estate taxes.

Gifts for the future:

~ **Bequest gifts** allow you to retain assets in case you may need them during your lifetime. Because these gifts are revocable, they provide no current income tax deduction, but when distributed to Menninger they will be deductible from your taxable estate.

~ **A charitable bequest** to Menninger can be as simple as a sentence or two in your will or living trust agree-

Giving

ment. Your bequest may specify a certain sum of money: “I give to Menninger the sum of: \$_____.” You may leave Menninger a particular asset, for example: “I give to Menninger my shares of XYZ stock,” or you may give a portion of the residue of your estate after other bequests have been paid, for example: “I give to Menninger 50 percent of the rest, residue and remainder of my estate.”

~ **Some charitable gifts** provide life income for you and/or other beneficiaries you designate, while offering significant tax advantages.

~ **A charitable gift annuity** is an irrevocable gift of cash, marketable securities or certain other assets, providing income for you and/or another beneficiary for life. Rates are based on the age(s) of the annuitant(s) and part of the contribution is tax deductible in the year the gift is made and a portion of the annuity will be tax free. If appreciated property is contributed, tax on the gain is reduced.

~ **A charitable remainder trust** is a planned gift arrangement in which property is irrevocably transferred to a trustee under a trust agreement.

Income from the trust is paid to you and/or other beneficiaries for life or a term of years. Menninger then receives the remaining trust assets. At the time of the transfer, you receive a tax deduction for the actuarially determined present value of the remainder interest.

~ You may donate a **personal residence** (not necessarily your *principal* residence) and **retain a life interest**, which means you retain the right to occupy or use it for the balance of your life. You receive an income tax deduction for the present value of the remainder interest and avoid any potential tax on capital gain.

Menninger’s Development Office is pleased to answer questions and work with donors to identify specific areas of interest. We will also provide personalized gift illustrations and more detailed information on the various tax benefits of planned gifts.

We encourage you to consult with your financial advisor.

~ **Contact:**
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Glance around

Menninger ranked among top 10 in nation for 17th year

The Menninger Clinic was ranked among the leading psychiatric hospitals in the 2007 list of “America’s Best Hospitals” released in July by *U.S. News & World Report*. This marks the 17th year Menninger has been named among the top 10 best psychiatric hospitals in the annual survey. Psychiatry is one of four medical specialties measured solely on reputation among physicians surveyed nationwide.

“Consistently ranking among the best psychiatric hospitals in the country is especially gratifying, because it validates the high quality of care we provide to persons with serious mental illness,” said Ian Aitken, Menninger president and CEO.

Medal to Dr. DeBakey; praised in *New York Times*

Michael E. DeBakey, MD, the pioneering Houston heart surgeon and a charter member of the MBM Foundation Board of Visitors, has been awarded the Congressional Gold Medal.

The Congressional Gold Medal is the highest expression of national appreciation for distinguished achievements and contributions.

The first award was given in 1776 to Gen. George Washington.

The award was co-sponsored by a majority of members in the U.S. House of Representatives and the

U.S. Senate, as is required.

Dr. DeBakey’s accomplishments in medicine are legend. Just this summer, he was the subject of an extensive article in the *New York Times* following the death of Boris Yeltsin, whose life was much extended by Dr. DeBakey’s surgical skills at a critical time in history.

Dr. Twemlow receives national honor from prestigious group

Stuart Twemlow, MD, medical director of the Hope Adult Program, was recently elected as a member of the American College of Psychiatrists, a non-profit honorary association of psychiatrists who have made significant contributions and who have achieved national recognition in their field.

Limited to a membership of 750, selection is by nomination of peers, who included Menninger Chief of Staff John Oldham, MD, Glen Gabbard, MD, director of the Baylor Psychiatry Clinic and Stuart Yudofsky, MD, chair of the Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine.

Dr. Twemlow is director of the Peaceful Schools and Communities Project in the Menninger Child & Family Program; professor of psychiatry at the Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine; and a faculty member of the Houston-Galveston Psychoanalytic Institute.

He is an international lecturer on the physical and psychological aspects of violence and a prolific writer.

Mentalizing book for clinicians receives glowing reviews

Senior Menninger psychologist Jon Allen, PhD, has authored *Mentalizing in Clinical Practice*, along with colleagues Peter Fonagy, PhD, director of the Child & Family Program and Anthony Bateman, MD, FRCPsych, an internationally known psychotherapist. The book’s early reviews are quite impressive.

Sigmund Karterud, MD, PhD, professor of psychiatry, University of Oslo, Norway, said that Menninger’s application of mentalizing convinced him that “we are probably witnessing a new paradigm for psychiatry.”

John G. Gunderson, MD, director, Borderline Treatment and Research Center, McLean Hospital and professor in psychiatry, Harvard Medical School, said, “The authors audaciously propose that mentalizing is the central corrective process of all effective psychotherapies and persuasively assert that this can be directly linked to failed early parent-child interactions. They could be right! And that makes this book essential reading for the next generation of psychotherapists.”

Stuart Yudofsky, MD, chair of the Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine and Menninger

Chief of Staff, John Oldham, MD, have written, respectively, the book's Forward and Epilogue. The book is scheduled for publication in May 2008 to coincide with the annual meeting of the American Psychological Association, whose press is publishing the book.

Dr. de la Torre shapes analysts; honored for work at Baylor

Jorge de la Torre, MD, a 1961 graduate of the Karl Menninger School of Psychiatry & Mental Health Sciences, has been mentoring advanced candidates on the past, present and future of psychoanalytic education on behalf of the Houston-Galveston Psychoanalytic Society. Dr. de la Torre also conducted site visits for the International Psychoanalytic Association, traveling to Mexico City and Panama. Dr. de la Torre was honored at a special dinner for his 30 years of dedicated service to Baylor College of Medicine. He is the former director of the Baylor Psychiatry Clinic and a professor with the Menninger Department of Psychiatry & Behavioral Sciences. In Topeka, he was director of the Outpatient Diagnostic Service and senior consultant for The Menninger Clinic. He was also on the faculty of the Topeka Institute of Psychoanalysis.

Dr. Menninger presents at McLean on preventive psychiatry

W. Walter Menninger, MD, presented on preventive psychiatry at McLean Hospital (Massachusetts) in a June event moderated by his daughter Eliza Menninger, MD, who is psychiatrist-in-charge at the Behavioral Health Partial Hospital Program for Adults at McLean, which is affiliated with Harvard University. Dr. Walt is a forensic psychiatrist who has worked with local, state and federal law enforcement as a consultant and an authority in the application of psychiatry in law enforcement and corrections. The retired president and CEO of Menninger continues to serve as a clinical resource for The

Menninger Clinic's staff. He lectures and teaches nationally and serves as an adjunct professor on the faculty of the Menninger Department of Psychiatry & Behavioral Sciences at Baylor College of Medicine. Additionally, he is editor of the *Bulletin of The Menninger Clinic*, a quarterly peer-reviewed journal founded in 1936 by his uncle, Karl A. Menninger, MD, and father, William C. Menninger, MD.

In an unrelated event, this past summer he also received an honorary Doctor of Humane Letters, *Honoris Causa*, from Dominican University, a premier Catholic university with an enrollment of 4,000 students. The degree from Dominican University, River Forest, Illinois, is Dr. Menninger's fifth academic honor.

Cognitive therapist receives William C. Menninger award

The American College of Physicians chose Aaron T. Beck, MD, Philadelphia, PA, as the 2007 recipient of the William C. Menninger Memorial Award. Dr. Beck is University Professor Emeritus of Psychiatry at the University of Pennsylvania School of Medicine. He is one of the pioneers of cognitive therapy for mental health problems, which transformed psychology and psychiatry around the world and is now considered the psychological treatment of choice for many disorders.

The late Dr. William Menninger, co-founder of The Clinic was first vice-president of the college and chairman of their board. The award was established in his honor as a way of helping to facilitate the interaction between psychiatry and medicine.

Menninger alumnus publishes new eating disorders book

Kathryn J. Zerbe, MD, a prominent psychiatrist in the field of eating disorders, has published *Integrated Treatment of Eating Disorders: Beyond the Body Betrayed*, a follow-up to her landmark book, *The Body Betrayed*, published in 1993.

According to the publisher, Norton Professional Books, Dr. Zerbe's latest work presents "an integrated approach to the treatment of disordered eating.... Psychiatrists, psychologists, and social workers will find this versatile method an invaluable resource for tackling the disordered eating of their clients."

Dr. Zerbe is a recipient of the I. Arthur Marshall Distinguished Alumnus Award, Menninger's highest honor for alumni. During Dr. Zerbe's nearly 23 years at Menninger, she served in several posts including dean of the Karl Menninger School of Psychiatry & Mental Health Sciences, from which she graduated with the class of 1978, and was the Jack Aron Professor of Psychiatric Education and Women's Mental Health. She is a prolific writer, a sought-after speaker and professor and vice chair for psychotherapy in the Department of Psychiatry at Oregon Health and Sciences University.

Mentalizing presentations on the road to Seattle

Senior Menninger psychologist Jon Allen, PhD, Peter Fonagy, PhD, FBA, director of Menninger's Child & Family Program, and Menninger psychiatrist Efrain Bleiberg, MD, head of Child and Adolescent Psychiatry at Baylor College of Medicine, presented on the subject of mentalizing at the Seattle Psychoanalytic Society and Institute Conference on Attachment, Mentalization and Psychoanalytic and Psychodynamic Therapies, held in Seattle, Washington, October 19-20.

The Seattle appearance emulated previous presentations the group has made in Budapest, London and New Zealand.

Mentalizing has become a focus of treatment and research at The Clinic and within the Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine. Mentalizing is defined as attending to mental states such as thoughts and beliefs in self and others.

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