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Where healing comes to mind

# Connections

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## New Center to Offer Treatment Innovations



Sleep solutions. Medication-assisted treatment for substance use. All this and more will be offered on an outpatient basis in the new Outpatient Services Center when it opens this summer in this 15,000-square-foot facility on the Menninger campus.

## Dive into New Podcast with Us

By Robert Boland, MD, and Kerry Horrell, PhD, co-hosts of Mind Dive



Meet your new co-hosts of the Mind Dive podcast, Kerry Horrell, PhD, and Robert Boland, MD.

Twice monthly, we will dive into mental health topics that fascinate us as clinical professionals.

We will explore unexpected dilemmas that crop up while treating patients, some that often get little attention in formal training programs.

Plus, we will discuss the latest research and perspectives from the minds of distinguished colleagues near and far. We look forward to enriching conversations with guests and colleagues that you can listen to while commuting, working out or chilling.

Join us for Mind Dive in March. It will be available on all of the places you find your favorite podcasts.

As your hosts, we are having fun and hope you will enjoy the juxtaposition of our curiosity and clinical perspectives.

### About Us

[Dr. Boland](#) is an educator at heart with decades under his belt developing psychiatry residents, while [Dr. Horrell](#) also loves teaching. She returned to Menninger in 2021 after completing a predoctoral internship and postgraduate fellowship at Menninger and Baylor College of Medicine. Dr. Boland is chief of staff at Menninger and serves on the leadership team at the Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine.

# Specialized Services Meet Needs of Complex Cases

When a house is on fire, the fire department uses more than water to douse the fire and prevent flare ups. They may deploy foam to suppress the flames, axes and pry tools, entry and rescue devices, electrical tools and, of course, safety equipment.

This concept translates completely to a patient with a mental health crisis.

For patients who come to Menninger with acute and complex cases, our physician-led teams also order specialty services beyond the life-saving medical and behavioral interventions. These specialty services add expertise and evidence-based approaches to support the patient's physical, emotional and social recovery.

As a national psychiatric hospital and teaching affiliate of Baylor College of Medicine, Menninger offers the following services that are accessible to inpatients and outpatients.

## Addictions Services

Two-thirds of patients have a substance use, technology, gambling, spending or other process addiction. Master's level addictions counselors and peer counselors work collaboratively with the core treatment team on behalf of each patient.



Daryl Shorter, MD, explains how to use the SoberLink alcohol monitoring device.

They approach substance use disorder with the latest approaches, including medication-assisted treatment, choices for recovery pathways from harm-reduction to abstinence, peer coaching, case management and alumni forums.

[Daryl Shorter](#), MD, Medical Director of Addictions Services; Kelly Truong, MD, and Mark Yurewicz, MD, are board certified in addictions psychiatry.

## Center for Brain Stimulation

To aid individuals whose symptoms have been resistant to treatment and who cannot tolerate some medications, innovations in ketamine therapy, electroconvulsive therapy and transcranial magnetic stimulation are available on site. Each patient receives a thorough consultation and participates in the decision to employ one of these therapies.

Initial assessment and treatment as well as maintenance treatment are available to inpatients and outpatients.

Neil Puri, MD, leads the Brain Stimulation team as Medical Director.

## Eating Disorders Services

This clinical team meets the needs of adults who are in recovery from an eating disorder or whose symptoms re-emerge and co-exist with what brought them to Menninger. This service is not meant to be a substitute for an inpatient eating disorder program.

Eating disorders team members provide medical stabilization, weight restoration, nutritional rehabilitation, rehydration, normalized eating and structure and reinforcement of self-management skills.

Elizabeth Arango, LCSW, directs the Eating Disorders Services.



## Sleep Medicine Services

As many as nine of every 10 patients at Menninger experience sleep disturbance that may complicate their mental health.

The sleep medicine team adapts Menninger's standards of excellence in assessment, treatment and personalized care to the world of sleep medicine. Comprehensive consultation, evaluation and evidence-based management address a wide range of sleep problems for adults and children aged 6 years and up.

Services include on-site sleep lab testing, treatment recommendations and behavioral interventions for individuals and families, including cognitive behavioral therapy for nightmares and other sleep problems.

[Mary Rose](#), PsyD, DBSM, CBSM, is board certified in Behavioral Sleep Medicine and the current president of the Southern Sleep Society.

## Spiritual Services

Our chaplains and vast faith resources in the Houston area provide spiritual care and support for the healing process while a patient is at Menninger.

In addition to the individualized services and visits from faith leaders, Menninger provides groups to address values, fills requests for sacraments and offers weekly interfaith chapel services.

Chaplain [Salvador Del Mundo](#), Jr., directs this service.

## Internal Medicine & Pharmacy

Full-time staff internists, physician assistants and pharmacists are essential members of Menninger clinical teams. These professionals support patients with medical conditions needing management as well as the psychiatric care prescribed in an individual's treatment plan.

Patients often tell us that they appreciate the professionals' keen knowledge and attention to their needs that encourage compliance with their treatment.

Bettina Cardus, MD, leads Internal Medicine services, and Juanice Middleton Colwell, PharmD, MBA, RPh, directs the Pharmacy team, which also serves outpatients.

# When Risks Are High, Navigator Helps Clients Nationwide Stay on Track

Following hospital treatment, family members are often worried about relapse from a mental health or substance use disorder. For adherence to follow-up treatment with providers like you and others, Menninger offers case management and certified peer support as well as coaching and ongoing updates for the family. This service is called Navigator.

"We started Navigator to serve clients who had recently completed treatment for substance use or other addictive disorders," explained Amber Lotsi, LMSW. "Soon after, our team received requests to provide case management and peer support for adults who needed more structure and accountability for their mental health condition."

The team serves adults anywhere in the country via telehealth, phone and digital reporting. For those seeking to maintain

sobriety, each client is provided a SoberLink device for daily monitoring of alcohol abstinence or for not overconsuming a set amount. For other substances, clients receive weekly drug testing in their home community.

"With a release of information from the client, we are happy to collaborate with the client's active treatment providers," Lotsi noted.

Navigator accepts clients regardless of where they have received or are receiving treatment. The core program is for 90 days, which allows clients to update their goals and adapt the level of peer support as they transition off of the service. Interested clients should call Menninger's Admissions and Access Office at 713-275-5400 to get started with Navigator.

# Honesty in the Therapeutic Relationship

By Shawn Hirsch, PhD, of The Menninger Clinic  
& Theodore A. Stern, MD,  
of Massachusetts General Hospital

Adapted from their post on our Psychology Today blog,  
Mind Matters from Menninger



Shawn Hirsch, PhD

Honesty is presumed to be the hallmark of the relationship between patients and clinicians. In order to develop an accurate diagnosis, clinical formulation and treatment plan, clinicians depend on accurate information from patients. To make an educated, informed decision regarding care, patients must receive accurate information from clinicians. The trouble is that omissions, inaccuracies and falsehoods are inevitable within the therapeutic relationship.

## Patients Stretch the Truth

Each of us has occasionally stretched the truth or withheld particular information from our doctor.

- How many drinks do you have in a month? Oh, just a couple on special occasions.
- Have you been exercising? Of course, five to six days a week!

The majority of therapeutic relationships are not marked by extreme cases of dishonesty, though such can occur in the case of relatively rare psychiatric conditions in which unconscious or uncontrollable motivations underlie symptom fabrication or perception in the absence of a confirmed physical cause. Rarer still are those patients who intentionally malingering (or fake bad) in order to gain something (such as disability income or a particular medication) or to avoid something (such as legal

consequences). Far more common are patients' little white lies like those above.

Patients say these things (and notably don't say other things), knowing full well that it's not the truth, the whole truth and nothing but the truth. They typically want to avoid the clinician's judgment or nagging to do this and not that. They tell these little white lies and grin and sweat until the clinician moves on — apparently duped — at which point they breathe a sigh of relief.

Little do they realize ....

## Clinicians Do It, Too

Clinicians are aware that patients sometimes withhold information, exaggerate symptoms or even outright lie. We know this empirically; research has demonstrated patients aren't always entirely truthful with their care providers. But we also know it from a much more personal, practical source. When clinicians are off the clock, we are, at one time or another, patients ourselves.

Although the reasons that patients sometimes mislead their clinicians are relatable, the unspoken game of two truths and a lie unfortunately muddies the therapeutic relationship, treatment plan and patient outcomes. Rather than having all the facts we need, clinicians are left to discern which portions of the patient's reports are accurate, which are omitted, and which are straight-up fabricated.

That makes for an uncomfortable and precarious guessing game wherein we are forced to err on the side of skepticism. We are no more adept at reading the patient's "tells" than law enforcement is at detecting deceit in a suspect. So, we are left in the dicey position of judging our patients' honesty in order to provide appropriate care.

Patients, obviously, should be fully truthful with their clinicians. That much is clear. The onus, however, does not fall solely on the patient, nor does the tendency toward deceit in the therapeutic relationship.

Although today's clinicians are not trained to withhold information from patients, we don't always tell the whole truth either:

- Sometimes we give an overly simplistic explanation that prevents the patients from fully understanding what they're facing.
- Sometimes we gloss over certain treatment options in preference of one we most highly recommend.
- Sometimes we don't know the answer to the patient's question and we respond vaguely.

## How to Encourage Truthful Interactions

As clinicians, we have the ultimate responsibility to set the stage for truthful and authentic interactions within the therapeutic relationship, and the following can help us do so:

- **First, put it out there.** Acknowledge the tendency for both patients and clinicians to be hesitant in sharing embarrassing or painful information. This can lead to an open conversation in which we can negotiate the amount and detail of information shared and why it is clinically relevant. If we have to be the bearer of bad news, be honest about how difficult that can be. We might say, for example, “I want you to be fully aware of your diagnosis and our recommended course of treatment, but I’m struggling with the best way to say it.”
- **Next, own up to the unknown.** Sometimes we don’t have all the answers for our patients, and that’s okay. If we don’t have a body of knowledge regarding long-term safety of a medication, then simply say so while also discussing what we do know about other options or the consequences of inaction. If a patient asks you a question that is beyond the

scope of your expertise, tell them that you will consult with a colleague or provide a referral if appropriate.

- **Recognize that honesty in the therapeutic relationship is a process and not an outcome.** Trust is something that we can build upon over time, which brings me to my last point.
- **Practice.** Our training and honing of professional skills do not end at the completion of our fellowships.

Rehearse communication strategies and scenarios where you set the stage for honesty and practice difficult conversations. Seek consultation from your colleagues. Ask for feedback from your patients.

Regardless of who’s doing the deceiving or when, untruth erodes the therapeutic relationship and complicates care. Although both parties are accountable

for transparency and honesty with one another, clinicians cannot control what our patients do or do not tell us. Consequently, the brunt of the burden for accuracy and candor lies with us.

*Dr. Hirsch is a staff psychologist on the Menninger Outpatient Assessment team and an assistant professor at Baylor College of Medicine. He has more than 15 years of experience in psychological assessment, autism spectrum disorder, ADHD and anxiety disorders.*

*Dr. Stern is chief of the Avery D. Weisman Psychiatric Consultation Service and Director of the Clinical Careers Office at Massachusetts General, as well as a professor of psychiatry at Harvard Medical School. He is editor in chief of the journal Psychosomatics.*

## Prepare for the Young Client with Suicidal Thoughts

Menninger researchers Michelle Patriquin, PhD, ABPP, and Katrina Rufino, PhD, have written the book *Suicide in Children and Adolescents: New Interventions and Risk Factors*, which is based on their research and the studies of their colleagues.

Available readily for [Kindle online](#), the book focuses on risk factors of anxiety, sleep problems, child sexual abuse and violence perpetration. The authors conclude with new treatment considerations, including the Collaborative Assessment and Management of Suicidality (CAMS) and safety planning.

The book serves as a great resource for academics, researchers and advanced

students of psychology, psychiatry, medicine, sociology, social work and youth studies.

Drs. Patriquin and Rufino lead studies at Menninger and Baylor College of Medicine in the vital areas of understanding suicide and innovations in treatment.

- Dr. Rufino is principal investigator on a study testing the efficacy of a new mental health app for modifying cognitions associated with suicide.
- Research Director Patriquin heads the study of a new sleep treatment for inpatient psychiatry and utilizing wearable-based data to predict acute suicide risk.



Co-editor of the book, Michelle Patriquin, PhD, ABPP, at left, is leading new sleep treatment for inpatients utilizing wearable-based data to predict acute suicide risk. Collaborating on the study is Mary Rose, PsyD, a sleep and CBT specialist.



# Early-Career Researcher Honored with National, Local Awards

2021 was a great year for **Hyuntaek Oh, PhD**, a Menninger Research scientist. First, he received a grant for \$90,000 as part of the American Foundation for Suicide Prevention's (AFSP) Young Investigator Award for his study Functional Connectivity Alterations in Suicidal Patients Among Opioid Users.

Next, he then was awarded a Junior Faculty Seed Funding Award from Baylor College of Medicine, where he is an assistant professor in the Menninger Department of Psychiatry & Behavioral Sciences.

## AFSP Award

This study will establish the link between opioid use disorder and suicide risk using neuroimaging

interrogation of an underlying neural circuit involving orbitofrontal cortex, dorsal striatum and habenula. Moreover, Dr. Oh will investigate the direct testing of the brain circuit by applying inhibitory brain stimulation (TMS) to reduce opioid craving symptoms and suicide ideation and behaviors.

The results from this study will be a significant step forward in developing the neural circuit-based strategies as treatments for suicidal patients among opioid users.

## Baylor Award

This \$30,000 grant will support a research project focused on TMS and major depressive disorder (MDD). The study will manipulate dorsal striatum activity using TMS to the orbitofrontal



Hyuntaek Oh, PhD

cortex (OFC) while measuring dorsal striatum activity simultaneously. This project will investigate the potential therapeutic efficacy of TMS to the OFC to provide an effective brain stimulation treatment for major depressive disorder.

Dr. Oh hopes that a better understanding of the optimal therapeutic target will help lead to developing more effective treatment strategies.



A bronze statue of Dr. Charles F. Menninger, father of Karl and William Menninger, will be the central figure at the park.

# Planned Park to Honor Menninger's Heritage

The Menninger family of physicians across three generations brought to life Dr. Charles Menninger's vision of "a better kind of medicine and a better kind of world."

Founded in 1925 in Topeka, Kansas, The Menninger Clinic became a mecca for individuals training in psychiatry and behavioral health professions as well as for hundreds of thousands who sought hope and treatment for mental illness.

The Menninger Clinic, which has operated in Houston since 2003, is one of the major donors funding a "pocket park" in downtown Topeka. The main street park will honor the pioneering work by the Drs. Menninger and thousands of employees and trainees during the organization's first 78 years.

The park will join other small parks in the downtown walking tour that pays tribute to notable Kansans.

# Behavioral Health Initiative Opens Doors for Pro Football Families



HALL OF FAME  
**HEALTH**

Football players develop a warrior mentality by the time they are professionals. They routinely play through physical injuries and even substance use and mental health difficulties. Yet neither contributes to health during their playing career or later in life.

To change that, Menninger signed on as a founding member of the Pro Football Hall of Fame's Behavioral Health Initiative. As one of the five founding treatment providers, Menninger is helping expand a network of activities that are starting valuable conversations about behavioral health within football families.

Through powerful videos, personal stories and events, the providers and the Hall of Fame team are connecting the football community to provide help when its needed.

Ryan Cain, president of the Behavioral Health Initiative for the Hall of Fame, said, "The Hall of Fame Behavioral Health mission is to provide a comprehensive solution for current and former athletes, their families, and fans of the game through a network of mental and behavioral health services. We are proud to have The Menninger Clinic as a founding Elite Care Center."

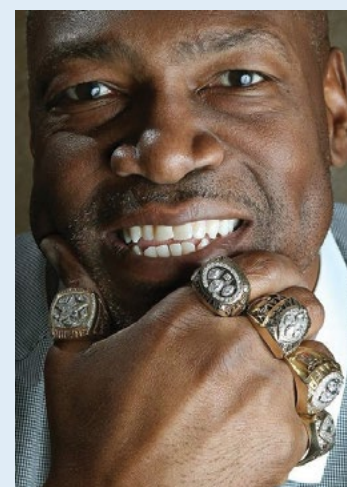
## Reaching Our Community

On May 6, Pro Football Hall of Famer Charles Haley, who won five Super Bowl championships while playing with the Dallas Cowboys and San Francisco 49ers, will be the keynote speaker at Menninger's Annual Signature Luncheon. While winning on the field, he was struggling with bipolar disorder. After retiring, he got diagnosed and got treatment.

Since then, he has spoken and written about his experience, stating that "silence is a killer."

All involved on the Behavioral Health Initiative Team aim to replace silence with understanding so that there are solutions to symptoms experienced by players, retirees and their family members.

If you are interested in attending Haley's presentation in person or virtually, visit our [Signature Luncheon webpage](#).





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# Connections

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## A Crisis Doesn't Consider What Time It Is

Now, anytime the decision is made to enter psychiatric treatment, Menninger makes it as streamlined as possible.

Weekend arrival? Yes; we will be ready.

Flight delayed until the evening? We will be here to safely transition the patient to one of our units.

Menninger Admissions, Pharmacy, Security, Nursing and other staff members have reinvented procedures to provide families with the same optimal experience as when they arrive during weekday business hours.

**Menninger Admissions is open 7 days a week at 713-275-5400. [Director Catrin Glynn, LPC-S](#)**

Follow us



## Save This Date

### Conference Serves Community Integration Providers

Clinicians involved with community integration services are encouraged to participate in the annual Community Integration Conference titled the Crowning Fortune of Purpose on **June 23** in Los Angeles.

Ellenhorn LLC and Menninger are jointly providing the annual conference, which will be offered in person and online. Continuing education credits totaling 5.5 hours will be offered for physicians, psychologists, counselors, social workers, addictions professionals and marriage and family therapists. Registration will open in early March at [menningercclinic.org/for-clinicians/continuing-education](https://menningercclinic.org/for-clinicians/continuing-education).

The conference will take place at Skirball Cultural Center. A half-day, in-person workshop on treatment planning for the values and purposes of clients will follow on Friday morning, June 24, providing 2.5 credit hours.

Exhibitors will be welcome at the conference as well as at the outdoor reception for in-person conference attendees during the evening of June 22. A special hotel rate will be available for attendees and exhibitors at the Hotel Angeleno.

Watch your email for program details.