



Armando Colombo, President and CEO

Clinic welcomes new CEO

Menninger staff members welcomed their new president and CEO Armando Colombo in September.

Most recently he was the second in command at Sheppard Pratt Health System in Maryland. Prior to joining Sheppard Pratt in 2017, he was at Vanderbilt University Medical Center, where he served as chief executive officer of Vanderbilt Stallworth Rehabilitation Hospital and interim chief executive officer of Vanderbilt Psychiatric Hospital. In total, he has 30 years of operational experience in psychiatry and health care.

A department and program showcase showdown, coupled with a Tex-Mex lunch provided by a local Houston restaurant called Colombos, punctuated the new CEO's first week.

A reception for leaders from the business, health and mental health care community as well as business leaders took place in October.

Colombo is eager to meet referring professionals and other friends of Menninger.

To reach out to him, send an email to acolombo@menninger.edu.

30 years; 30 top 10s

Recognized in the top 10 for difficult cases for 30 years in U.S. News & World Report's Best Hospitals in Psychiatry, The Menninger Clinic continues treating patients from all 50 states.

In a nationwide survey, psychiatrists have selected The Menninger Clinic as a top psychiatric hospital, ranking it #5 on U.S. News & World Report's annual Best Hospitals list that debuted this summer.

"We're grateful for the referring clinicians across the country who continuously recognize Menninger's expertise in providing quality mental health diagnosis and treatment to patients," said Dr. John M. Oldham, Menninger's chief of staff. "Our clinical teams take pride in delivering the latest evidence-based treatments that provide hope and healing to patients and their families."



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Peter Fonagy, PhD, FBA

‘Amazing’ symposium shines spotlight on shame

When seats sold out five weeks in advance, planners knew the subject of shame in clinical practice resonated with clinicians. Nearly 500 from 17 states and three countries attended the John M. Oldham National Mental Health Symposium on September 27.

Even more wanted to be there. The renowned faculty didn’t disappoint in addressing shame in the workplace, in the LGBTQ community and in therapy. Thirty-year veteran healthcare executive Armando Colombo, new Menninger CEO, noted that he was humbled by the “amazing speakers.”

Many of the salient messages can be accessed on Twitter with the hashtags **#MennSymp** **#ProblemofShame**. Selected points made include the following.

Brené Brown, PhD, MSW – Behind the Walls: Shame in Organizations

If you see shame in your organization, you have a termite-level crisis. How do we accomplish the same thing without shaming?

If people will not be brave, we will not have leaders ... Fear is not the greatest barrier to being brave and being a great leader ... What gets in the way of great leadership is the armor leaders put on, not fear.

Examples of armor are perfectionism, scarcity, always knowing, cynicism, power over, weaponizing fear and hustling for worth.

The biggest shame driver is fear of irrelevance.

It’s so much easier to cause pain than to feel people’s emotions. We can offload pain to others, or we can choose to hold it, share it and transform it. Shame resilience involves recognizing shame and understanding its triggers, practicing critical awareness, reaching out and speaking shame.

Cynthia Mulder, LCSW – Shame: Listen for It

Shame can show up in small ways or it can be a storm. We can’t be shame-proof, but we can be shame-resilient.

Therapists need to understand their own triggers to shame. We’re so focused on patients’ shame that we don’t focus on us. There’s nothing worse than being overwhelmed by shame during group or to watch one person shame another.

I ask patients about ways they defend themselves against shame. As a group facilitator if I know people are using denial, I bring it up in group to increase their awareness.

June Tangney, PhD – Shame and Guilt: The Good, the Bad and the Ugly Revisited

People who feel shame and guilt have interpersonal concerns. Shame: How are people evaluating me? Guilt: I feel bad about the other person. We feel more exposed with shame, but both emotions are pretty public.

Guilt interventions differ based on whether it’s something the person was responsible for and whether or not it’s foreseeable. Interventions for shame differ if it’s based on a behavior or circumstance, malleable or essential.

Michael R. Kauth, PhD – I Thought People Like that Shot Themselves: The Insidiousness of LGBTQ Shame

Coming out can help overcome the shame. A person can decide “I’m going to be who I am” regardless. This can increase self-esteem and increase the level of social support. Some studies show there are health benefits to coming out ... Once is not enough and there is risk in that.

It is quite possible to live a life without shame or keep it at bay through self-recovery or coming out as long as you recognize that there may be situations that evoke those old feelings of shame.

Shame is about the person; you as the individual are wrong in some way. This is unlike guilt, which is about a behavior that you can apologize for. Shame about your identity is something you can’t apologize for or make up for.

Harriet Lerner, PhD – The Secret Life of Shame: Transforming Buried Pain into Authenticity and Voice

Shame comes from every system around us ... The origins are in the broad context of the socio-political climate ... Avoidance of the problem of shame is the problem.

Fear makes us afraid of the dark. Shame makes us afraid of the light ... To avoid shame, we hide out, not wanting to be exposed. We leave ourselves at home. We also flip shame into contempt, stonewalling, revenge and so forth. Instead, we should face shame and expose it to the light of day and speak back to it.

What I’ve seen over and over in my decades at The Menninger Clinic and as a therapist, productive truth telling, like peacemaking, doesn’t just burst forward. Sometimes it has to be strategized.

Peter Fonagy, PhD – The Feeling that Destroys the Self: The Role of Mentalizing in the Catastrophic Sequelae of Shame

Shame is a social experience and the essence of being human ... Shame has an important function in stopping us from acting on an emotion ... It’s most damaging with the imagined loss of that group membership that leads to feeling alone and isolated.

Ego-destructive shame is a pathological state of self-loathing. When shame is linked to a history of trauma, suicidality is a risk.

The we-mode is a specific mode of social cognition that explains why when people are together they achieve interpersonal awareness and become more efficient and effective. The we-mode is what is threatened by shame.

Changes in outcomes research increase participation

Menninger has long championed the use of patient outcomes data to enhance patient care. Recent changes to the initiative have had a big impact on participation – both during treatment and after discharge – leading to more information for research, as well as a more comprehensive understanding of the quality of Menninger care.

“As we reexamined our outcomes research, we knew we wanted to capture the most representative sample of adult and adolescent inpatients in order to get accurate results,” said Michelle Patriquin, PhD, ABPP, director, Research Operations.

immediately impact patient care.

- Tracking outcomes data for patients who transfer from one program to another.
- Increasing consistency of measures used across all programs, including the Adolescent Treatment Program.
- Adding additional incentives for participation. These included a journal at admission, \$2 gift card for use at our café, a Menninger blanket at discharge, as well as Menninger Research gifts, such as a tote bag, during assessments that take place at points throughout the first year post-discharge.

assess our patients’ experiences of these issues,” said Dr. Patriquin. “There’s a growing body of research, including our own, that demonstrates that sleep impacts mental illness, including suicide, so these new measures assess night-time sleep, day-time sleepiness and nightmares.”

Another new measure includes the NIH Toolbox, which measures executive functioning, particularly attention, memory and processing speed. An important difference is that this is an objective measure of patient functioning while the other measures collected are self-report or perception.



Michelle Patriquin, PhD

“We have a unique patient population, and finding ways to build on and improve how we measure our patients’ progress was a driving force behind the changes we made.”

Significant enhancements

Changes included:

- Using iPads instead of laptops to deliver the measures, as well as a new, mobile-responsive software. Patients can now easily and quickly complete their follow-up outcomes post-discharge from their smart device.
- Scheduling outcomes groups on each inpatient program so that there’s a consistent time each week for gathering outcomes data.
- Changing to color-coded reports to enhance interpretation by treatment teams, patients and families.
- Increasing the assessments from biweekly to weekly. Treatment teams now receive the reports within 24 hours each week, which can

Increased participation

Following the implementation of these changes, participation in the outcomes project increased significantly. Now, 98 percent of adult patients participate, and 86 percent of adolescent patients participate. (Eighty percent of parents participate as well.) Additionally, the follow-up participation rate has increased more than 130 percent.

Updated measures

The Research team took a careful look at the measures included in the patient outcomes initiative and decided the time was right to add new measures. These included gold-standard measures related to sleep; traumatic events and trauma severity; and more in-depth suicide measures.

“Many Menninger patients struggle with sleep, trauma and suicidality, which is one reason we added measures that would help us better

Impacting treatment in real time

Now that the assessments take place weekly, treatment teams are able to make better, more timely use of the data to conceptualize treatment and make changes to treatment plans when needed.

“The data offers more information about a patient’s suicide risk and sleep. In fact, our outcomes system automatically identifies an increase in suicide risk, and the patient’s treatment team and nursing staff are notified immediately,” said Dr. Patriquin.

Through The Clinic’s electronic health record, the new color-coded patient outcome reports are available to all treatment team members so that they discuss with the patient their improvements in symptoms or use it as a tool to review when treatment is not producing the expected results.

“The personalized patient outcomes reports give us important information that can aid clinical decision making. Because the outcomes assessments are done weekly, we can see quickly if treatment changes are having an impact. The bottom line is that we want to make sure that we are measuring patient progress, and this improves the mental health care of every Menninger patient.”



Bring Your Own Brain team members are, from left, Kasey Ong, Dr. John Bouras, Dr. Elizabeth Laney, Noemi Chenu (hidden) and Natalie Wilson.

Laughter as good medicine for the patient & clinician

Do you use humor or laughter in your psychiatric practices?

by John Bouras, MD

Humor is about the realization of incongruity between concept and situation – we laugh when things surprise us because they seem out of place. It can be seen in the game of peek-a-boo with infants, to “stealing” someone’s nose in young children, to dad jokes and word puns with older children. We seek it watching comedy stand-ups and funny TV shows and movies.

Is there a connection between laughter and happiness? I believe so. But, are we happy because we laugh, or do we laugh because we are happy? It’s like the chicken and the egg analogy.

Laughter releases “feel-good” endorphins which promote an overall sense of well-being. It boosts the immune system, improves cardiovascular health, decreases pain perception and improves overall physical health. Laughter also improves stress resilience by relieving physical tension, reducing stress hormones and helping reassess cognitive distortions. Laughter promotes social connection and bonding, increasing the sense of belongingness and acceptance in groups. We feel happy and we engage in shared activities that promote laughter, further strengthening our relationships and our outlook in life.

Do you use humor or laughter in your psychiatric practices? Just because our patients may have a “serious” mental illness does not mean that they cannot benefit from appropriate use of humor and laughter. Contrary to some myths, psychiatric patients are able to enjoy humor. It was from a patient with schizophrenia resolving psychosis that I first heard the following joke: “why is 6 afraid of 7? – because 7 ate 9.” We both laughed. Shared laughter helped this patient feel accepted and more connected to me, improving the therapeutic alliance and promoting medication adherence.

In our hospital milieu, newly admitted patients are called “pebbles.” This is because they are assigned “rocks,” patients who have been in the milieu for a longer period of time and who provide support in acclimating to the new setting. When I asked one of my patients about being a “pebble,” she heard that I was asking her about having “pimples.” Diffusing the misunderstanding with humor helped reduce her anxiety and it opened up a deeper discussion about her insecurities, body image issues and low self-esteem. Besides the use of rating scales, I often notice a person’s increased smiling and laughter as an index of their therapeutic progress.

There have been efforts to incorporate humor and laughter in treatment of patients with mental illness. This was achieved by formally watching humorous movies, having open groups with “call for jokes” followed by a “humorous activity” such as games, songs, dances or skits emphasizing cooperation. The Association for Applied and Therapeutic Humor (AATH), which includes psychotherapists, psychiatrists, counselors, teachers, nurses and other health professionals, actively promotes the use of humor in psychiatric settings.

I see the benefit of using humor not only in my relationship with the patients, but also in my relationship with my colleagues and teammates. Patients in our program typically stay in treatment for 6-8 weeks. This allows the team to get to know the patients very well in a short period of time. We empathize with their life’s experiences and their struggles to get unstuck in life. This could easily place staff at risk for burnout, but good teamwork and support for one another, especially through the use of humor, seems to play a protective role.

I use humor during my daily interactions with colleagues both formally and informally.


continued on next page

The team actually had fun naming our biweekly team process group as BYOB (Bring Your Own Brain). And of course, we set the tone at the beginning of each session, by sharing a joke. Humor promotes mentalizing skills, such as curiosity, imagination and different perspective taking. It's always a joy to see how some playfulness can create a space where one can relax and feel accepted and respected, without worrying about being judged.

Discussion of difficult cases, looking at countertransference and splitting within the team helps the team better understand and conceptualize the patient, which ultimately produces better outcomes.

"Super-therapists," such as Ellis, Perls, Erickson, Satir, Rogers and Whitaker, have been observed to use humor. You may or may not be a super-therapist, but if you are not yet utilizing humor in your practice, what are you waiting for?

It can only improve your patients' outcome and improve your quality of life. Share a joke with your office mate, or, if you are in solo practice, with another colleague in the same building... or in the same town; look at the silver lining in a bad situation and give it a humorous twist.

Remember to not take yourself too seriously. Remember to laugh and to laugh often. 



Fellows honor George Bombel, PhD, with teaching award

In honor of former senior psychologist and author Jon G. Allen, PhD, Menninger created a new teaching award this year. The first Jon G. Allen Distinguished Educator Award was presented by Dr. Allen to George Bombel, PhD, from the Professionals Program.

Nursing in good hands

Mike Bennett, MSN, BC-NE, a 35-year veteran of psychiatric nursing at Menninger, was recently named chief nursing officer.

Among his accomplishments, Bennett recently led the implementation of an innovative electronic health record system at Menninger that is creating efficiencies for patient care services. During his tenure at the psychiatric hospital, he has served in various roles, including nurse manager with Menninger's Compass Program, a specialty inpatient treatment program for young adults ages 18-30.

"I'm very honored to continue my career with Menninger and support our dedicated nursing staff in continuing to deliver outstanding patient care," said Bennett. "Having began my career with Menninger back in Topeka (Kan.) I've seen firsthand how our dedicated clinicians impact a patient's treatment journey and their overall mental health, so I'll always be proud to be a part of the Menninger team."

Nurses make splash at APNA

Eight nurses presented their work at the national conference of the American Psychiatric Nurses Association October 2-5 in New Orleans. Sarah Waterwall, BSN, RN-BC, and Audrey Pyle Voss, MSN, CPHQ, RN-BC, presented their podium presentation "Integrating Whole Health and Human Connection into Safety Planning" to hundreds of psychiatric nurses.

Access door opens wider to more patients

All inpatient programs now give patients and families greater ease in receiving insurance benefits for professional fees. Menninger unbundled its daily rate after launching the Cerner electronic health record. Itemized statements for care separate from room and board service are insurance friendly.

"We're pleased to open up Menninger's outstanding evidence-based care to families who desire to use their insurance benefits," said Tony Gaglio, chief financial officer.

"Our patients and families have spoken, and we are also adding the opportunity for no-interest loans to supplement care," Gaglio added. For added convenience, patients in all levels of care may take advantage of the online payment portal.

Professionals Program gives meaning to living beyond work



From left are Sarah Waterwall, nurse manager, Dr. Sylvia Gonzalez Cruz, program director, and Dr. Sagman Kayatekin, medical director.

Treatment in Menninger’s legendary Professionals Program leads all others by providing cutting-edge medical, psychological and social interventions. In fact, the latest six years of outcomes data demonstrates positive outcomes and sustained well-being for the business leaders who have completed the program.

“We have a wide array of proven psychotherapeutic interventions that, in combination, provide clear evidence-based results for our professionals,” explained M. Sagman Kayatekin, MD, medical director.

The five to six weeks in treatment allows patients and their team the opportunity to change the course of symptoms and establish healthier relationship patterns that support professionals in their career and in their social life.

Most patients work on psychiatric and substance use issues. “Patients here value the variety of recovery pathways that we offer. They are able to try out options and buy into one that resonates with their values,” said Sylvia Gonzalez Cruz, MD, program director and chief of Menninger’s adult services programs.

The Professionals Program is ideally suited for leaders, especially cases including a personality disorder or impulse control issues. Every patient’s treatment plan is uniquely tailored to his or her needs, with the three weekly individual therapy sessions, family/couples work, group therapies and state-of-the-art biological modalities.

The program’s capabilities address attachment relationships, difficulties with physical symptoms brought on by stress and challenges that affect their

career paths. The program’s weekly outcomes assessments keep patients appraised of their progress in treatment and the treatment plan on point.

Professionals and business leaders in treatment with professionals like themselves often accelerate in their treatment as they see their own patterns reflected in their peers, Dr. Kayatekin said.

“Commonly, we see professionals who have been unconsciously using their impressive intelligence and capacities for work to the detriment of taking time to process their interpersonal problems and often without a language for what has been happening,” he added. “The family often overcomes being stuck as well.”

Veteran psychiatrists consult on cases

Several senior faculty members from Baylor College of Medicine have re-engaged with Menninger, adding bench strength to consultations for difficult cases.

Under the leadership of Chief of Staff John M. Oldham, MD, MS, treatment teams continue to receive the insights from Jon G. Allen, PhD, James Lomax, MD, Efrain Bleiberg, MD, and Laurel Williams, MD. These clinicians also provide training to psychiatry residents and psychology fellows at The Clinic.

Continuum of care expands with addition of partial hospital program for adolescents

Menninger continues its journey toward offering a full continuum of care by introducing a day hospital, or partial hospital program (PHP), for adolescents. This program on our main campus offers an ideal environment for teens stepping down from an inpatient program who need more intensive treatment and supervision than outpatient therapy or wilderness programs offer. It includes a therapeutic milieu; psychiatric evaluation; medication management; nursing care; group, individual and family therapy; addictions counseling; gym time and academic tutoring. The milieu includes inpatients on our Adolescent Treatment Program, which affords the PHP patients the benefits of our inpatient programming and amenities.

The treatment for each adolescent is tailored to their unique needs and circumstances. The average length of stay is three to six weeks.

Benefits

There are a number of advantages to our day hospital program for adolescents:

- As a small program with only a handful of teens at any given time, patients get the attention they need and deserve.
- It lasts all day – from 7:45 am to 5 pm, Monday through Friday.
- Patients participate 20 hours per week in individual and family therapy, and psychoeducational and skill-based groups. Therapies include DBT, CBT, MBT, ACT and MI.
- Time is devoted to practicing mental health management skills.
- Patients visit with the program’s psychiatrist two times per week in rounds.
- A treatment team that includes registered nurses who have at least a bachelor’s degree.
- Dedicated time for school work, academic tutoring and exercise is included.
- Daily breakfast and lunch in the Menninger Cafeteria with a variety of options, including vegetarian and gluten-free meals, freshly prepared onsite by Chef Russell Knott, a former chef at the renowned Brennan’s Restaurant, and his team.

Referring to the day hospital

It’s easy. If you know a teen who is looking for a stepdown program like our day hospital for adolescents, then call us at 713-275-5400.

Megan Kale Morcomb, MSW, LCSW-S, who directs our adolescent programs, and **Jaime Lovelace**, BSN, RN-BC, nurse manager, are happy to answer any questions about our adolescent hospital services.

Animal-assisted therapy augments community integration services

Co-therapists are normal for groups, but Menninger now offers its first canine co-therapist. Kaitlyn Coffey, LPC-I, ACC, and her dog Stout provide animal-assisted therapy for clients in Menninger’s two community integration programs, Menninger 360, a PACT model, and Pathfinder, a milieu-based program.

Animal-assisted therapy in mental health settings is especially useful for individuals with depression, anxiety, schizophrenia or addiction. This intervention provides another avenue for understanding clients as music, art and play therapies do.

The pair completed hours of training for their certification. They begin their client work with an orientation, and each therapy session starts with a bonding activity followed by an activity or exercise.

“For clients who have difficulty noticing social cues, Stout and I can help them with a double-pronged approach,” Coffey said. “Clients often feel safer in therapy with a psychotherapy dog as well, no matter if we are working in the office or out in the community.”



Kaitlyn Coffey, LPC-S, ACC, and Stout



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Connections

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Art & science of addiction treatment sticks with John

"I had tried everything else to get sober when I came to Menninger. Diagnosed with pancreatitis, I was told my next drink would kill me. As soon as I walked through Menninger's doors, I knew it was unlike anything I had experienced before. The doctors accurately assessed my underlying anxiety disorder that led to my addiction to alcohol.

"Seeing brain scans of one craving alcohol and one that didn't were convincing evidence I had a chronic disease and I wasn't a hopeless moral flaw. The shame and sorrow that had consumed me for decades began to lift.

"If you had told me three years ago that I would be climbing mountains, I wouldn't have believed you. This summer I celebrated three years of sober living. I now live a full life and share my story so others can see that hope and healing are possible. If I can make it, you can make it."

~ *John is an attorney, freelance writer and author who completed treatment at Menninger's Comprehensive Psychiatric Assessment Service*

Follow us



CALENDAR OF EVENTS

December 5-8

30th American Academy of Addiction Psychiatry (AAAP) Annual Meeting and Scientific Symposium
Rancho Bernardo Inn, San Diego

- Visit Larry Mendoza at the Menninger exhibit.
- For more information, visit: www.aaap.org.

December 13

Radically Open DBT Training
8:30 am to 4:30 pm
The Menninger Clinic Classrooms
Faculty: Karyn Hall, PhD, University of Texas

- 6.0 continuing education hours will be available for physicians, psychologists, social workers, nurses, addictions professionals and licensed professional counselors.
- Registration information will be available on MenningerClinic.org/events.

February 12-14

25th National Psychopharmacological Update
Las Vegas

- Visit Larry Mendoza at the Menninger exhibit.
- For more information, visit: <https://www.nvpsychiatry.org/npa-psychopharmacology-update-confe>.

February 27-29

Texas Association of Marriage and Family Therapists (TAMFT) Annual Conference
Omni Houston Hotel at Westside, Houston

- Visit Jennifer McGinnis at the Menninger exhibit.
- For more information, visit: www.tamft.org.

Sign up for the Menninger e-newsletter

We welcome all mental health professionals and treatment centers to sign up for our twice-monthly e-newsletter. If you aren't already receiving these in your inbox, simply send your name and email address to Bree Scott, bscott@menninger.edu