



Menninger®

Where healing comes to mind

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Connections

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Looking forward to moving into the new Center are, from left, Kelly Truong, MD, Daryl I. Shorter, MD, medical director, and Sonia Roschelli, LCSW-S, LCDC, director of Addictions Services.

Addictions Medicine & Recovery Center Opening in February 2024

We've dreamed big to conceptualize an elongated Menninger continuum of care model to treat substance use and behavioral addictions as any other presenting mental illness.

At our new Center for Addictions Medicine & Recovery, clinicians and clients recognize the importance of fluidity when choosing the level of care needed for specific points along the recovery pathway.

On schedule to open in February 2024, the Addictions Medicine & Recovery Center will be located on the second floor of our Outpatient Services Center, which sits on the nationally ranked psychiatric hospital's 50-acre Houston campus 10 minutes south of the Texas Medical Center.

While Menninger's existing addictions services and recovery treatment are fully integrated within our inpatient programs and accessible through our current outpatient options, the Center emphasizes Menninger's commitment to innovations in treatment of primary substance use and process addiction and enhancing Menninger's impact by intersecting four pillars: clinical care, education, research, and community.

Clinical Care

At the very core of our addictions services, our team helps patients on their pathway to recovery by emphasizing that substance use disorders exist alongside mental

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Treating Substance Use Throughout Our Services – continued from cover

health conditions and dispelling the notion that mental health conditions drive substance use disorder.

Often, patients will come to Menninger believing that they use drugs to self-medicate from depression, anxiety, insomnia, psychosis, etc., yet as treatment improves their mental health, they find that they still experience cravings. The Center is designed precisely for these clients.

"People need longitudinal recovery treatment, but the challenge is that so often mental health and addictions clinicians focus too much on the concept of co-occurring diseases, or the terms primary or secondary, without pinpointing and implementing the best care for each diagnosis," said Daryl I. Shorter, MD, medical director of Addictions Services. "We're changing that at the Center because it's unacceptable, unsustainable, and ineffective in the same way that a physician's treatment plan that only cared for diabetes when the patient also has high blood pressure would draw skepticism."

In addition to being a hub for our eight-week Recovery Intensive Outpatient Program (IOP), the Center will also support clients in our Navigator recovery management program that aids clients during the time of highest relapse risk, as well as provides medication management.

How Addictions Services Met This Client's Needs

We've designed programs acceptable to private insurers, accessible to patients of diverse backgrounds, and attractive to clinicians who agree that there's no single pathway to recovery. The model is already in action and the journeys are reassuring.

A young man who had a psychotic disorder as well as a stimulant use disorder stepped down into our Recovery IOP from our inpatient Comprehensive Psychiatric Assessment Service (CPAS). He stayed in the IOP for several weeks before self-discontinuing his anti-psychotic medications. He needed to be re-hospitalized for stabilization. At Menninger, we view this as treatment success rather than treatment failure because it's exactly how the system is supposed to work. We re-engaged with the young man while he was back in the hospital, treating his

psychosis and monitoring his substance use. After stabilizing the second time, the patient settled into our Menninger 360 community integration program.

Research

Our addictions team is proud to work alongside our Research team, which is currently enrolling patients into trials studying the effectiveness of medication for substance use. Although bias, stigma, and prejudice may deter non-physician clinicians from confidently referring clients for medication-based substance use treatment, we're changing the narrative at Menninger. The Center will allow us to enroll even more people in these important studies.

"People are desperate to do anything to feel better," said Dr. Shorter. "While needed, gains in psychotherapy can take weeks for people to feel better, so when there's medication or brain stimulation that will jumpstart their recovery, we have an obligation to refer people to those services and encourage as many people to participate in these ground-breaking clinical trials."

Education & Community

Through our affiliation with Baylor College of Medicine, our academic partner, Dr. Shorter is mobilizing trainees and community partners who embody the Center's philosophy and advocate for more collaboration.

The diverse patient population that the Center will attract will revitalize supportive alumni groups as a nucleus of recovery meetings at Menninger that will, for the first time, be open to the public.



Save This Date February 29 for CE Workshop & Open House at New Center

Clinicians who treat or support individuals with substance use disorders are invited to participate in the upcoming continuing education event presented by The Menninger Clinic.

Visit <https://bit.ly/CEMenn> to sign up later this month for the workshop and/or the open house.

The workshop will be 9-11 a.m. in person at Menninger and online. Lead presenter will be Daryl I. Shorter, MD, medical director of Addictions Services at Menninger.

Timing is Right

"When Menninger opens the doors to its Center for Addiction Medicine & Recovery, it will be a cornerstone in the recovery community, locally and nationally, that demonstrates how to help people with substance use disorders get better and stay better by establishing a continuum of care," said Dr. Shorter. The continuum includes an intensive outpatient program in Dallas, too.

Inpatient and Recovery IOP services accept Aetna, Cigna, ComPsych, and Magellan insurance.



Supporting Clients, Families, Clinicians, & Employers through Outpatient Assessments

Alton Bozeman, PsyD, third from left, leads the Outpatient Assessment clinicians including, from left, Daryl Shorter, MD, Robyn Martin, MS, LPC-S, Meghan Zeien, LCSW, Shawn Hirsch, PhD, Elizabeth Newlin, MD, Kelly Truong, MD, and Keisha Moore-Medina, MSW, LCSW.

The anticipation of being poked and prodded by a physician during a physical exam can be understandably intimidating, and the same can be said of a thorough mental health assessment. An important difference with Menninger's Outpatient Assessments is that our lead specialists begin the four-and-a-half-day process by ensuring clients feel at ease and supported.

Upon arrival at our Outpatient Services Center on the main campus, clients will meet their lead specialist, who will welcome them each of the five days.

"It is important to make our clients and families feel comfortable at the onset of the assessment week for what they anticipate may be a challenging process for them," said Alton Bozeman, PsyD, director of Menninger's Outpatient Assessments.

"We want to be certain we are addressing the specific questions that are the reason for the assessment," he added. Assessments are led by doctorate- and master's-level clinicians who specialize in the specific area of concern being assessed.

Visit Menninger's webpage to view the areas of expertise and consultations that are available for Comprehensive Assessments.



Scan with
smartphone

"In planning for the week," Dr. Bozeman added, "we gather information from prior treaters as much as possible and assemble the appropriate specialists who utilize evidence-supported assessment methods."

Most assessments also include genetic testing, brain imaging, lab work, and a physical as well.

Leveraging the expertise of Menninger's clinicians, our outpatient assessments provide clients with a diagnosis and a formulation for how we believe it developed and manifested throughout their lives. We've heard from many clients that the formulation piece is insightful and compels them to be more accepting of the treatment recommendations.

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Outpatient Assessments – continued from page 3

Specialty Assessments

For four areas of concerns, this team has developed specific protocols for clients.

“Not all diagnoses are equal from an acuity standpoint, so the assessments outline the hierarchy of needs that informs the recommendations to address comorbid issues,” said Dr. Bozeman.

1. Neuropsychiatric & Neuropsychological Assessment

Led by Julia Ridgeway-Diaz, MD, MS, a behavioral neurologist and neuropsychiatrist, our neuropsychiatric/neuropsychological assessment is for people who present with cognitive complaints, motor issues, or neurological disorders, such as Parkinson’s, stroke, traumatic brain injury, or dementia. The goal is to identify how one’s behavior and emotions are impacted. The recommendations will tease out the intersection of neurology and psychiatry to create a comprehensive treatment pathway.

2. Fitness for Duty Assessment

We’re now working with licensing boards, employers, and other professional organizations and associations to perform fitness for duty assessments to determine someone’s ability to return to school, employment, service, or any role that they’re expected to function within a specific set of rules and parameters.

Led by Edward Poa, MD, FAPA, who works in conjunction Topaz Sampson-Mills, MD, both board-certified in forensic psychiatry, with collaboration from psychologists, the fitness for duty assessments evaluate each client as a whole person.

3. Substance & Behavioral Assessment

Using criteria from the American Society of Addiction Medicine to inform treatment recommendations and placement assistance, the substance use assessment is led by our certified addictions medicine specialists, Daryl I. Shorter, MD, and Kelly Truong, MD.

The details of the comprehensive assessment will distinguish between a differential diagnosis of substance use or a psychiatric illness, such as mood disorder or psychosis, or whether they are co-occurring. While we’re evaluating their use of all substances, we also emphasize that just because cannabis and alcohol are becoming more prevalent, there’s no correlation between social acceptance and impact on life.

4. Developmental Assessment

Dr. Bozeman and Shawn Hirsch, PhD, both noted for their

expertise in autism interventions, coordinate the team of child and adolescent psychiatrists and specialists. For parents and therapists seeking clarity to support a child’s social, emotional, and mental well-being, the assessments will take an in-depth look at family life and school experiences. Recommendations will be tailored to each child with considerations for autism, ADHD, or other developmental diagnoses.

Ready for the First & Next Steps

The treatment roadmap for each assessment client includes pharmacological and non-pharmacological intervention recommendations as well as a guide to the specific levels of care, and in precise order, that will be beneficial to the client. Depending on the diagnosis and presentation, the recommendations may include inpatient, partial hospitalization programs, intensive outpatient programs, or even outpatient therapy. If we recommend inpatient treatment, we’ll also include a post-treatment recommendation for the appropriate step-down level.

“Menninger’s outpatient assessments embody the philosophy that proper treatment starts with a proper diagnosis. Our depth of clinical expertise and expansive mental health continuum of care presents a lens helpful to providers seeking more resources for their clients, parents desperate for a starting point, and patients eager to get better,” said Dr. Hirsch.

Quick Scheduling

Outpatient assessments can currently be scheduled within two to three weeks by calling 713-275-5400. Clients can expect eight-to-nine-hour days on Monday and Tuesday, a six- to seven-hour day on Wednesday, half day on Thursday, and then return Friday for a two-hour, in-person feedback session with the team.

Click these hyperlinks to view a [sample report](#) and [sample schedule](#) for an outpatient assessment.

Let’s Keep in Touch

If you treat adolescents and adults, we would be honored to share information about our continuing education activities, as well as our expanded patient care services.

Send us your current email and mailing address to: MenningerClinic@menninger.edu. We send emails just twice a month.

Residential Program Debuts for Adults

When it was time to discharge Justin, a 34-year-old client, he wasn't antsy, he wasn't upset, he was ready. He'd had no more than 18 consecutive days of sobriety. He transferred to our new Bridge program, located on the Menninger campus, from our Comprehensive Psychiatric Assessment Service, having made a lot of progress toward his substance use and trauma recovery.

At Bridge, our team helped him notch his next goal, 45 to 90 days of sobriety.



He made himself at home on Bridge, where he had a private room, access around campus, time to workout at the Menninger gym, and freedom to his phone, laptop, and other technology. He also fully embraced his therapy and pathway schedule as well as serving as a positive community builder with other clients.

At discharge from Bridge, he transitioned into the Menninger 360 program, where he continued working with his Menninger therapist.

The Bridge Residential Program meets the increased demand for rehabilitation services and is designed for residents, such as Justin, who have established stability and are working toward more autonomy, independence, and self-sufficiency.

"Going directly to outpatient or back into their communities without any preparation can be really destabilizing for some patients," said Elissa Bauer, MEd, LPC-S, program director of Bridge Residential Program. "We see a lot of patients who have completed inpatient treatment and need a more comprehensive, interdisciplinary, and

person-centered program that will equip them for continuing their progress."

Upon admission to Bridge, treatment plans and schedules are developed based on five treatment pathways: Mood and Anxiety, Substance Use and Addictive Behavior, Emotion Regulation, Trauma, and Radically Open DBT.

The schedule consists of weekly therapeutic and psycho-educational groups, twice weekly individual therapy, weekly family therapy, psychiatry services, planned rehabilitation, recreational therapy, vocational offerings, and volunteer and exposure outings.

With a significant emphasis on helping patients identify and maintain their purpose in day-to-day routines after treatment, our rehabilitation specialists work closely with Bridge residents to conduct vocational testing, create resumes, complete job applications, develop interview skills, enroll in college, or manage similar logistical tasks.



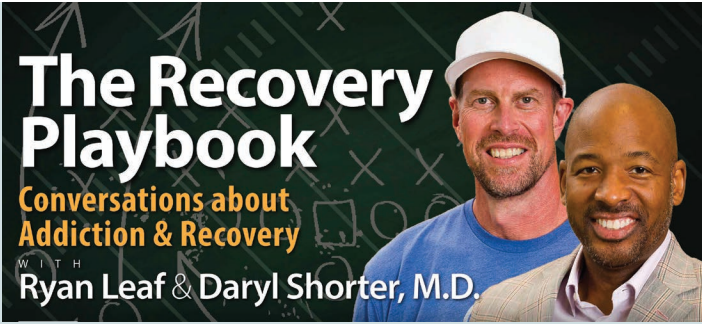
Top: Elissa Bauer, seated at front left, leads the clinical team. Above: Bridge offers a garden terrace.

Bridge clinicians are very intentional about planning volunteer and exposure outings. "The exposure outings focus on response prevention to help each resident retrain their brains from identifying the events as dreadful. The goal is for them to have a better-than-expected experience," said Bauer.

The outings are very realistic partly because of the diversity represented among the residents, which lends itself to unique social interactions. Their camaraderie typically stems from a shared commitment to doing things differently after discharge and developing confidence before returning to their community.

Bauer added, "There are very few psychiatric treatment systems that have our varying levels of inpatient and outpatient programs that patients can step down or up into, and there's even fewer that have our catalog of expert-trained clinicians and specialized services, such as TMS, cognitive processing therapy, and neuropsychiatric testing, just to name a few."

The average stay of Bridge residents is 30-60 days.



Made for Clients & Their Family

"I love my father, he's my hero, but he always asked, 'Why can't you just stop?'"

Ryan Leaf, a former NFL player and Heisman Trophy finalist who is in his 11th year of sobriety, tells this story to Dr. Daryl Shorter during Episode 2 of The Recovery Playbook, our new YouTube series that discusses recovery topics on the minds of individuals, family, friends, and treatment providers.

Each episode looks at what's new in substance-use recovery, sticking points that affect relationships, and breakthroughs in treatment and policy matters.

[▶ Share the playlist!](#)

Preparing to Celebrate Our Centennial

Did you train at Menninger or do you know others who did? We would love to reconnect!

The Menninger Clinic trained many leaders in mental health care across the country. We are often asked to help convene trainee alumni groups from the Kansas days as well as from the past 20 years in Houston. We would love to help you connect with each other and stay connected with Menninger.

If you would like to be included in our trainee alumni outreach ahead of our Centenary in 2025, please contact:

- Kirsten Schachter at kschachter@menninger.edu or 713-275-5270.



A Century of Healing Minds

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