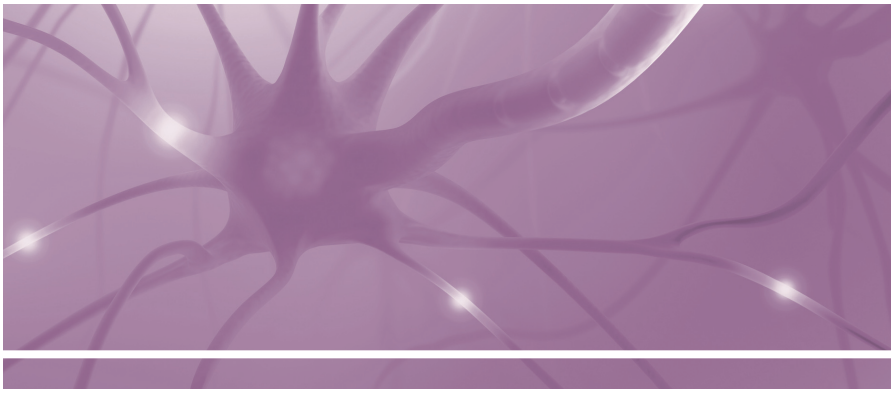


Menninger®

Research News

Handbook of BPD in Children, Adolescents Informs Clinicians

By Carla Sharp, PhD
Director, Adolescent Treatment Program Research

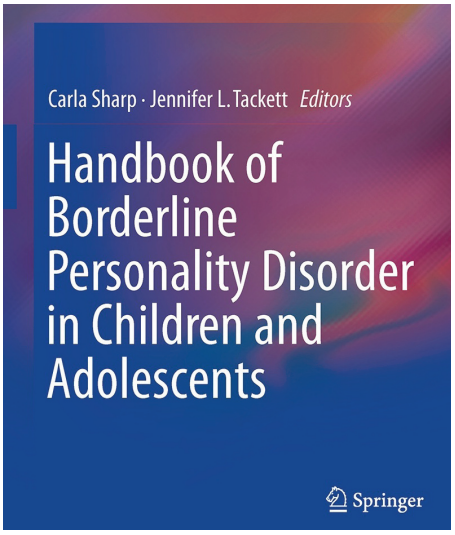
While Borderline Personality Disorder (BPD) typically emerges in adolescence, it was not until the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (1994) that the diagnosis of BPD in youth was permitted. Despite this allowance, diagnosing youth with BPD has engendered a great deal of reluctance for several reasons: The diagnosis of personality disorders in adolescents is associated with controversy due to the erroneous perception that personality is unstable in adolescence, the stigma associated with a diagnosis of personality disorder and the suggestion that symptoms of BPD are better explained symptoms of other disorders such as depression or conduct problems.

Carla Sharp, PhD

During the past 15 years, there has been explosion of research in support of the diagnosis of juvenile BPD, including evidence of its stability over time, a genetic basis, reliable risk factors and marked separation of course and outcome from other disorders.

Therefore, the time was right for an edited book to be compiled that summarizes the literature base on BPD in adolescents. Carla Sharp, PhD, Director of Research for the Menninger Adolescent Treatment Program, took the lead in editing the book that features international and national experts on BPD in adolescents.

The "Handbook of Borderline Personality Disorder in Children and Adolescents" was published in May 2014 by Springer. It contains discussion of the most recent studies in establishing adolescent BPD as a valid and reliable disorder, its social and biological correlations, causes and consequences, and its treatment. Dr. Sharp's own work on BPD in adolescents is informed and inspired by ATP patients and relies on the outstanding work that Elizabeth Newlin, MD, and her teams have been doing with their adolescents.



Newsletter Editors

Allison Kalpakci

Tessa Long

Adolescents' Symptoms Decrease from Admission to Post-discharge

By Salome Vanwoerden, BS
Former Research Coordinator II

We are excited to share our first look at post-discharge treatment outcomes among ATP patients.

To study this, we chose a sub-sample of 100 consecutive patients admitted to ATP who consented to participate in our outcomes study. This sample was chosen because it was the first with a participation rate of at least 50 percent at six months post-discharge. This number of responses was statistically large enough to investigate symptom change from admission to post-discharge.

At the time of admission to ATP, this group was an average age of 15.18 (ranging from 12-17 years) with 62 girls and 38 boys.

By the time of discharge, we saw a decrease in symptoms as measured with symptom checklists completed by patients.

When looking at changes from admission to discharge, we found statistically significant reductions in depression, anxiety, emotion regulation and a significant increase in mentalizing.

After leaving Menninger, our patients went:
- Home (53%)
- To residential treatment centers (29%)
- To therapeutic boarding schools (4%)
- To wilderness programs (13%)

When looking at changes from admission to six months after discharge, we found statistically significant reductions in internalizing problems, externalizing problems and total problems (an index of psychiatric severity).

Internalizing problems refer to problems like anxiety and depression. Externalizing problems refer to problems like rule-breaking and aggression toward others.

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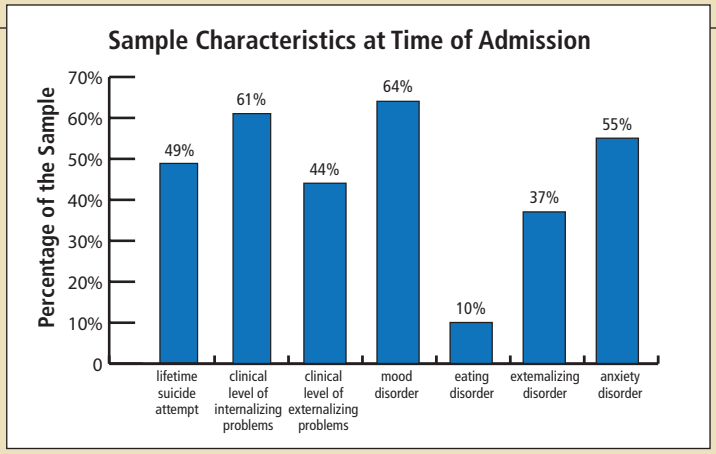
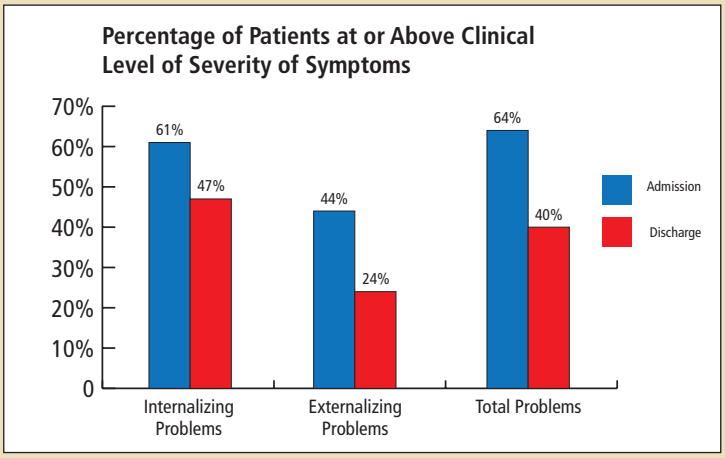
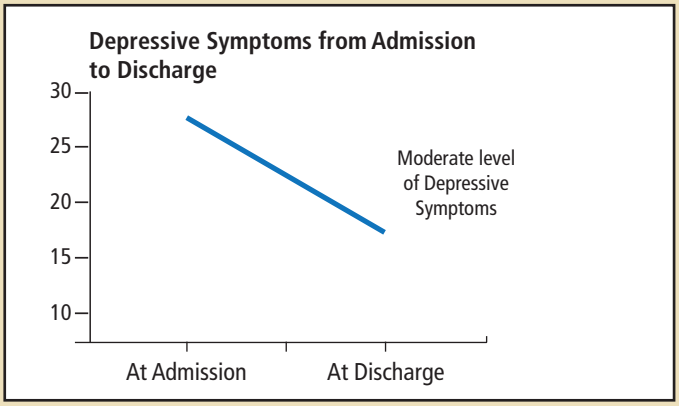


Notes: All diagnostic criteria were measured by a computerized diagnostic interview with patients at the time of admission. A mood disorder diagnosis included any of the following: major depressive disorder, dysthymia, hypomania or mania. An eating disorder diagnosis included anorexia or bulimia. An externalizing disorder diagnosis included oppositional defiant disorder and conduct disorder. An anxiety disorder included PTSD, generalized anxiety disorder, separation anxiety disorder, specific phobia, social phobia, OCD, panic disorder and agoraphobia.



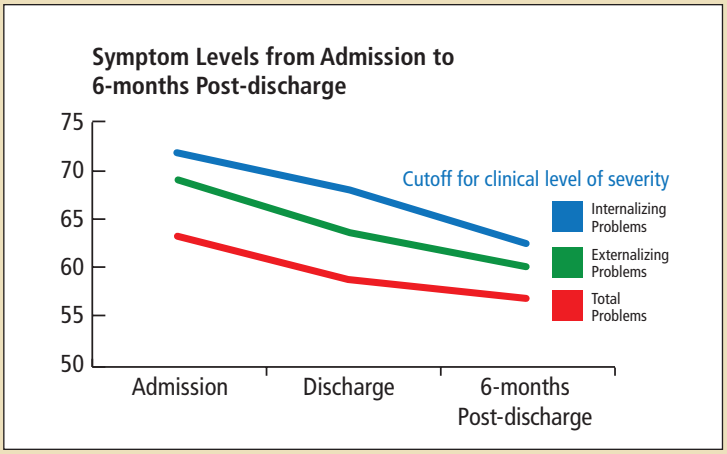
Note: These levels were measured by the Youth Self-report questionnaire completed by patients at the time of admission and discharge.



Note: Depressive symptoms were measured by the Beck Depression Inventory completed by patients at the time of admission and discharge.

When interpreting these longer-term treatment outcomes, it is important to note that we did not have all of our patients participate six months after discharge; therefore we cannot say these changes were applicable to all patients. Additionally, when patient responses were unavailable we used parental responses when they were available.

However, we still only had 50 percent completion, which begs the question whether the families who did not respond had a more difficult time after discharge and did not benefit as much from treatment at Menninger or whether follow-up treatment programs made it difficult to complete the outcomes questionnaire. To try to account for this, we compared those who responded versus those who did not respond on their symptom levels at admission and discharge. These groups did not differ statistically from each other. Further research should investigate the differences between these groups in order to better target our efforts to contact families to participate after discharge. We appreciate all of our families' effort in completing research questionnaires as it provides valuable information of the long-term effects of treatment at Menninger.



Note: These levels were measured by the Youth Self-report questionnaire completed by patients at all time points. If information was missing from patients, we used the parental reports.

New Measure to Assess Bullying Experiences

By Elizabeth Newlin, MD
Program & Medical Director, Adolescent Treatment Program

"I couldn't take it anymore. I tried to convince my parents to let me do home schooling but I never told them all that was going on. I started to agree with what the kids at school would say to me."

This account of bullying is one of many such stories told by teens on ATP.

I run a group on ATP about relationships. I asked the dozen or so teens present who among them had experienced bullying. All but one raised their hand. Their stories about persistent, emotionally abusive "frenemies," abusive romantic relationships, as well as relational bullying by cliques or a particular bully could have filled weeks' worth of group therapy.

The magnitude of the problems related to bullying among our patients was even greater than we imagined. As a result, additional effort was dedicated to this issue in our clinical programming and our research efforts.

Bullying has garnished additional attention and new resources from national organizations, schools and governmental agencies following publication of new research documenting the related dangers over the past decade. We now know bullying has a clear and significant association with adolescent suicidality, non-suicidal self-injury and the development of a negative self-concept.

Children and adolescents who are bullied are at greater risk of school avoidance and substance use. The impact of bullying is far-reaching with demonstrated negative mental and physical health consequences in follow-up studies up to 40 years later. Not only are young people who are bullied more likely to develop mental health problems, they are more likely to experience treatment-resistant depression.

With the addition of a new measure, the Bullying Victim Bystander Inventory (BVBI), we are now quantifying the number of teens admitted to ATP who have experiences as a bully, bystander or victim. We will have the data available to examine the relationship between experiences with bullying and their current diagnoses, response to treatment and existence of possible protective factors.

Adolescents & Parents View Treatment Differently: Does It Matter?

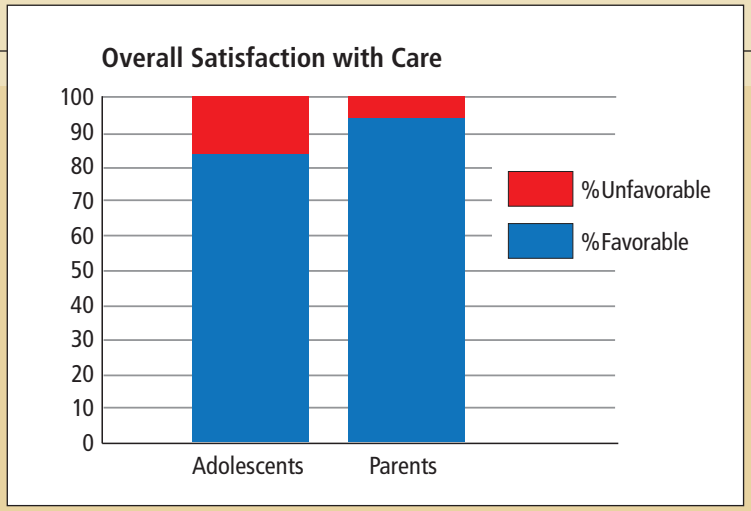
By Alok Madan, PhD, MPH
McNair Scholar & Senior Psychologist

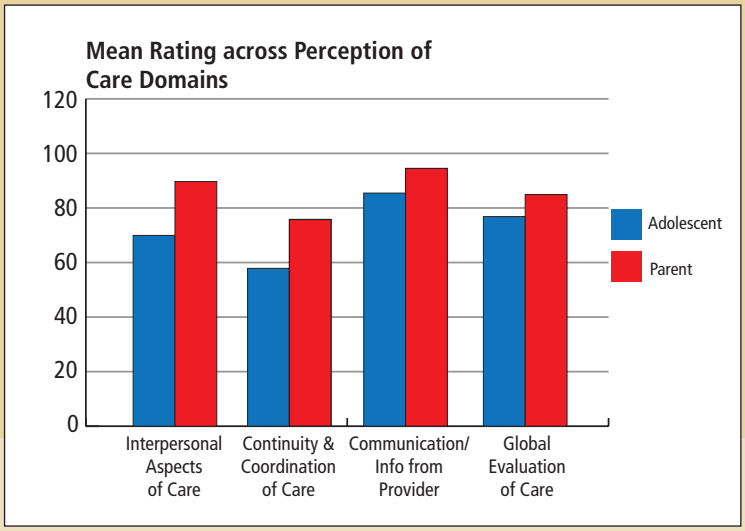
Patient satisfaction has long been used as a measure of healthcare quality. Unfortunately, psychiatric patients are rarely asked for their opinion about the care they receive (Hermann et al., 2000), and most efforts focus exclusively on adults' perception of care. If asked at all, adolescent satisfaction with care might be based on the patient's or parent's report but is rarely specified.

Distinguishing adolescents' and parents' perception of care is important because we know that kids and their parents don't always agree (Verhulst & van der Ende, 1992). Therefore, a better understanding of adolescents' satisfaction with their care is important and should be investigated further.

Our study had two aims: 1. We asked adolescents and their parents to rate their satisfaction with inpatient psychiatric care, and 2. We compared how adolescent and parent satisfaction ratings related to patients' actual treatment responses.

Between January 1, 2012, and September 30, 2013, adolescents and parents completed patient satisfaction surveys following adolescents' stay at The Menninger Clinic. Both adolescents and their parents also completed treatment outcome measures. The vast majority of adolescents and parents gave favorable overall ratings of the care. Interestingly, adolescents consistently rated their satisfaction lower than their parents, and there was little agreement between them across the survey's four domains: interpersonal aspects of care, continuity/coordination of care, communication/information received from treatment providers and global evaluation of care. Further, adolescents' ratings related to treatment outcomes, whereas parents' ratings rarely did.





In the end, our study found adolescents and parents are satisfied with care at Menninger. Adolescents tended to be a bit more critical of services than their parents and did not always agree with them. We argue that these discrepancies contain value. Adolescents may be reporting a more accurate picture of the treatment program's strengths and areas of opportunity for growth. They experienced the treatment firsthand, whereas parents had some but less contact with treatment team providers. Additionally, adolescents' perception of care was associated with their own and their parents' perspective of how much they benefitted from treatment; parents' ratings were not associated with treatment outcomes.

This study suggests that adolescents' satisfaction of care maybe a better gauge of potential benefit from treatment compared to their parents.

A manuscript of this study is currently in press in the "Journal for Healthy Quality".