Subject: Studies in the News: (July 15, 2010)

Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

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AGING ADULTS

"Aging Adults with Intellectual Disabilities." By Elizabeth A. Perkins, University of South Florida, and Julie A. Moran, Beth Israel Deaconess Medical Center Division of Gerontology. IN: Journal of the American Medical Association, vol. 304, no. 1 (July 7, 2010) pp.

["The population of older adults in the United States is projected to reach 70 million within the next 20 years. Increasing age is but one of many factors associated with disparities in health access and outcomes, along with sex, nonwhite race, lower socioeconomic status, geographic proximity to health professionals, and having a disability. Moreover, within the population of those with disabilities, persons with intellectual disabilities (ID) are further disadvantaged. The potential synergistic effect of increasing age with concomitant membership in a vulnerable population increases the risk of experiencing poor health." **NOTE: If you would like an electronic copy of this article, please contact the California State Library**.]

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CHILDREN AND ADOLESCENTS

National Survey of Children's Health: Data Resource Center: Your Data: Your Story. The 2007 NSCH Child Health and System Performance Profile. By the Data Resource Center for Child and Adolescent Health. (The Center, Portland, Oregon) 2010. pp 1-8.

["The Data Resource Center for Child and Adolescent Health Web site recently added a tool for creating custom profiles of child health and system performance, using data from the 2007 National Survey of Children's Health. The Web site, a project of the Child and Adolescent Health Measurement Initiative at the Oregon Health and Science University produced with support from the Health Resources and Services Administration's Maternal and Child Health Bureau, is intended for use by researchers, policymakers, families, and others in obtaining national, regional, and state-level data on a broad range of topics relating to children's health and well-being. Part 1 of the Child Health and System Performance Profile provides an overview of the child population in the area selected. Part 2 compares state and national measures of health status and system performance. For the state selected, measures are summarized for all children and grouped according to special health care needs and type of health insurance."]

Statistics shown at:
http://nschdata.org/indicators/Indicator_Report.aspx?gid=5&rid=4

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"Self-Injurious Behavior in Adolescents." By Janis Whitlock, Cornell University. IN: PloS Medicine, vol. 7, no. 5 (May 25, 2010) pp. 1-4.

[“What constitutes non-suicidal self-injury (NSSI) is a matter of some debate, but its growing presence in mainstream and popular media as well as the growing number of anecdotal reports by physicians, therapists, and junior and senior high school counselors suggest that it may be, as some have called it, “the next teen disorder”. Referred to in the literature and media as “self-injurious behavior,” “self-injury,” “self-harm,” “self-mutilation,” or “cutting,” self-injury is typically defined as the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned. Although most often not a suicidal gesture, it is statistically associated with suicide and can result in unanticipated severe harm or fatality.”]

Full text at:
http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000240?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+plosmedicine%2FNewArticles+%28PLoS+Medicine%3A+New+Articles%29

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Technology and the Adolescent: Pairing Modern Media and Technology with Mental Health Practice. By Donnel Nunes and others, Center for School Mental Health, University of Maryland. (The Center, Baltimore, Maryland) February 2010. 31 p.

[“Throughout the National Institute of Mental Health (NIMH) Strategic Plan (2007), there is repeated mention of the need for “novel and innovative research” and focus on “personalized” preventative and therapeutic approaches. In addition, their strategic plan emphasizes the need for more efficient methods for conducting research and expedited dissemination of programs that are shown to improve outcome and adherence.
In our own practices, schools, and clinics, we have witnessed our current child and adolescent population interacting with new technology in a way that could almost be described as instinctual. These youth are the first of a new generation who have been raised with regular access to a combination of personal computers, the Internet, and portable devices equipped with mobile media *(including cell phones, iPods, portable gaming, and other hand held devices)....*

In the following white paper, we are presenting a collaborative effort to address the use of technology for the purpose of advancing child and adolescent mental health care. In the first section we will explore considerations for introducing innovation into practice. In the second section we will provide examples of technology being used in our own and the practices of others for the purpose of strengths based treatment, engagement, provision of services, accessibility to care, and data collection. In the third section, we will discuss some examples of new technology that have potential for use in mental health care programs. In the fourth section, we will discuss the implications of some of these new tools, including some advantages and challenges, as well as areas of general concern when discussing the use of certain technologies and billing practices. Finally, our conclusion will offer a brief overview and summary of our findings.”]

Full text at:

http://csmh.umaryland.edu/resources/CSMH/articles/Technology%20Paper%203.8.10.pdf

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COMMUNITY HEALTH WORKERS

"Community Health Workers: Part of the Solution." By E. Lee Rosenthal, University of Texas, El Paso, and others. IN: Health Affairs, vol. 29, no. 7 (July 2010) pp. 1338-1342.

["Community health workers are recognized in the Patient Protection and Affordable Care Act as important members of the health care workforce. The evidence shows that they can help improve health care access and outcomes; strengthen health care teams; and enhance quality of life for people in poor, underserved, and diverse communities. We trace how two states, Massachusetts and Minnesota, initiated comprehensive policies to foster far more utilization of community health workers and, in the case of Minnesota, to make their services reimbursable under Medicaid. We recommend that other states follow the lead of these states, further developing the workforce of community health workers, devising appropriate regulations and credentialing, and allowing the services of these workers to be reimbursed." **NOTE: If you would like an electronic copy of this article, please contact the California State Library**.]

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CRIMINAL JUSTICE

"Jail Administrators' Perception of the Use of Psychiatric Advance Directives in Jails." By Anna M. Scheyette and others, University of North Carolina at Chapel Hill. IN: Psychiatric Services, vol.61, no. 4 (April 2010) pp. 409-411.

["Individuals with serious mental illnesses are at high risk of incarceration. Jails are often unable to obtain information needed to provide appropriate care. Psychiatric advance directives may be useful tools to communicate treatment information to jails. This study explored their use as a novel intervention for individuals with mental illnesses in jails. *Methods:* Eighty jail administrators in North Carolina were surveyed to determine their support for psychiatric advance directives in jails. Relationships between respondents' job type (jail administrator or medical administrator) or jail census and support for the directives were examined by using chi square tests. Open-ended responses were analyzed using qualitative methods. *Results:* Seventy-three percent of respondents indicated they supported psychiatric advance directives. Respondents from jails at or below a median census of 120 were significantly more likely to support psychiatric advance directives than those from larger jails. *Conclusions:* Psychiatric advance directives' informational function may prove valuable in jail settings. Additional research assessing directives as interventions for individuals with mental illnesses at risk of incarceration is needed."

Full text at:
http://ps.psychiatryonline.org/cgi/reprint/61/4/409

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“No One Knows: the bewildering passage of offenders with learning disability and learning difficulty through the criminal justice system." By Glyn Jones, ABMU Health Board, Cardiff, UK, and Jenny Talbot, Prison Reform Trust, London, UK. IN: Criminal Behavior & Mental Health, vol.20, no. 1 (February 2010) pp.1-7.

["The author reflects on the No One Knows program by the Prison Reform Trust (PRT) that focuses on problems faced by the mentally ill offenders in the criminal justice system. The program aims at providing protection and mental health services to the mentally ill prisoners. Author argues that unless a mentally disabled person has committed a very serious act he should not be punished severely. The program's review of policing confirmed that diversion and disposal is inconsistent in the system."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=47837452&site=ehost-live

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“Public Expenditures Related to the Criminal Justice System and to Services for Arrestees with a Serious Mental Illness.” By John Petrila, Louis de la Parte Florida Mental Health Institute, University of South Florida, and others. IN: Psychiatric Services, vol. 61, no. 5 (May 2010) pp. 516-519.

[“The study identified expenditures related to criminal justice, health, mental health, and social welfare services over a four-year period for arrestees with serious mental illnesses in a large Florida county and characteristics of subgroups. *Methods:* Multiple data sets were used to identify 3,769 persons arrested in a one-year period who had serious mental illnesses. Multiple regression with all variables mutually adjusted was used to explore associations with a log of aggregate criminal justice, health, mental health, and social welfare expenditures. *Results:* Aggregate expenditures were $94,957,465, with a median per person of $15,134. Individuals with the highest expenditures were at least 40 years old with a psychotic disorder, an involuntary psychiatric examination, and more arrests and mental health contacts. Medicaid enrollees had higher expenditures than nonenrollees overall but lower criminal justice expenditures. *Conclusions:* Identifying characteristics of subgroups with higher expenditures may assist policy makers and providers in designing appropriate criminal justice and treatment responses.”]

Full text at:
http://ps.psychiatryonline.org/cgi/reprint/61/5/516

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CULTURAL COMPETENCY

"Multicultural research and practice: Theoretical issues and maximizing cultural exchange." By Andrew Fields, University of Denver. IN: Professional Psychology: Research & Practice, vol. 41, no. 3 (June 2010) pp. 196-201.

["This article reviews literature on cross-cultural approaches to assessment, research, and clinical practice, culminating in recommendations for using a "cultural exchange" approach when working with multicultural clients. It examines challenges in studying culture and mental illness, including methodological issues and problems in defining constructs in multicultural research. Measurement of disorders cross-culturally, including efforts to validate depression measures for use with multicultural populations, is also discussed. Perspectives on cultural competence are presented, including the American Psychological Association Multicultural Guidelines, and a "cultural exchange" approach to therapy is presented as a tool for maximizing the benefit of therapy with multicultural clients. Three clinical vignettes are presented to illustrate the use of this approach and how identifying the commission of Type I and Type II multicultural errors can enhance clinical work."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=pro-41-3-196&site=ehost-live

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DISPARITIES

"Disparities in Adequate Mental Health Care for Past-Year Major Depressive Episodes among White and Non-White Youth." By Pierre K. Alexandre, Johns Hopkins Blomberg School of Public Health, and others. IN: Journal of Health Care Finance, vol. 36, no. 3 (Spring 2010) pp.57-72.

["Following efforts made in recent years to have effective mental health treatments based on evidence-based guidelines, a working-definition of a minimum level of 'adequate mental health care (AMHC)' for serious mental illness (SMI) was developed in the literature. However, little is known about racial/ethnic disparities in receipt of adequate mental health care for SMI. The objective of this study was to examine disparities among Whites and non-Whites in receiving adequate mental health care for past-year major depressive episodes (MDE). Methods: The study sample was 1,688 US youth 12 to 17 years old affected by MDE in the 2005 National Survey on Drug Use and Health. We estimated the percentages of Whites and non-Whites that received adequate mental health care for MDE and estimated the correlates of receipt of adequate mental health care for the full sample and by racial/ethnic groups. Results: About 34 percent of the sample received adequate mental health care; but separate analyses indicate that a significantly higher proportion of Whites (36 percent) received adequate mental health care relative to non-Whites (28 percent). The odds of receiving adequate mental health care for past-year MDE for Whites were 1.5 times that of non-Whites ($p = 0.01$). Conclusion: As more

adolescents of diverse racial/ethnic backgrounds are identified to access mental health Treatment services, it might be important to examine the degree to which treatment should be tailored to engage and retain specific racial/ethnic groups to get the minimum of adequate mental health care."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=hch&AN=48316521&site=ehost-live

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"Trauma exposure, mental health, and service utilization rates among immigrant and United States-born Hispanic youth: Results from the Hispanic family study." By Ana J. Bridges, Medical University of South Carolina, and others. IN: Psychological Trauma: Theory, Research, Practice and Policy, vol. 2, no. 1 (March 2010) pp. 40-48.

["Although the largest immigrant group in the United States is Hispanic, little is known about their rates of traumatic experiences and psychiatric disorders, particularly for youth. Findings with adults suggest that recent immigrants have lower rates of mental illness than long-time residents or U.S.-born Hispanics, but use health-related services less often. The present study examined this relationship in a convenience sample of 131 foreign-born (64.5%) and 72 U.S.-born (35.5%) Hispanic youth, ages 8–17 years and a subset of their caregivers (n = 110). Findings from youth interview data suggest that immigrant and U.S.-born youth did not differ significantly in experiences of potentially traumatizing events or psychiatric disorders. However, findings from caregiver interview data suggest that there were significant disparities between the two groups in health service utilization for doctors and other medical professionals, with caregivers reporting that foreign-born youth utilize these health services at lower rates than U.S.-born youth. Results are discussed in the context of prior findings and recommendations offered for increasing service utilization."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=tra-2-1-40&site=ehost-live

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HOMELESS

"The Unmet Health Care Needs of Homeless Adults: A National Study." By Travis P. Baggett and others, Massachusetts General Hospital. IN: American Journal of Public Health, vol. 100, no. 7 (July 2010) pp. 1326-1333.

["We assessed the prevalence and predictors of past-year unmet needs for 5 types of health care services in a national sample of homeless adults. Methods. We analyzed data from 966 adult respondents to the 2003 Health Care for the Homeless User Survey, a sample representing more than 436000 individuals nationally. Using multivariable logistic regression, we determined the independent predictors of each type of unmet need.

Results. Seventy-three percent of the respondents reported at least one unmet health need, including an inability to obtain needed medical or surgical care (32%), prescription medications (36%), mental health care (21%), eyeglasses (41%), and dental care (41%). In multivariable analyses, significant predictors of unmet needs included food insufficiency, out-of-home placement as a minor, vision impairment, and lack of health insurance. Individuals who had been employed in the past year were more likely than those who had not to be uninsured and to have unmet needs for medical care and prescription medications. Conclusions. This national sample of homeless adults reported substantial unmet needs for multiple types of health care. Expansion of health insurance may improve health care access for homeless adults, but addressing the unique challenges inherent to homelessness will also be required."]

Full text at:
http://ajph.aphapublications.org/cgi/reprint/100/7/1326

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LAW

"Mental Health Legislation: Committal." By Simon A Brooks, Dalhousie University, and Richard A. O'Reilly, University of Western Ontario. IN: Candian Journal of Psychiatry, vol.55, no. 4 (April 2010) Special Section. pp. 1-5.

["The article focuses on committal of a person with mental disorder. It explores the objectives of civil commitment including further treatment and assessment and seclusion to a more safe place. It offers details on the criteria for committal in which characteristics of a mentally ill person are identified and justification for confinement is assessed. The authors also assert that Canadian legislators should see to it that statutes on confinement of mentally ill accord psychiatric concepts."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=51017027&site=ehost-live

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POST TRAUMATIC STRESS DISORDER

"Outcome of crisis intervention for borderline personality disorder and post traumatic stress disorder: a model for modification of the mechanism of disorder in complex post traumatic syndromes." By Andreas Laddis, Riverside Community Care, Bellingham, WA. IN: Annals of General Psychiatry, vol. 9, no. 19 (2010) pp. 1-12.

["This study investigates the outcome of crisis intervention for chronic post traumatic disorders with a model based on the theory that such crises manifest trauma in the present. The sufferer's behavior is in response to the current perception of dependency and entrapment in a mistrusted relationship. The mechanism of disorder is the sufferer's activity, which aims to either prove or disprove the perception of entrapment, but, instead, elicits more semblances of it in a circular manner. Patients have reasons to keep

such activity private from therapy and are barely aware of it as the source of their symptoms.
Methods: The hypothesis is that the experimental intervention will reduce symptoms broadly within 8 to 24 h from initiation of treatment, compared to treatment as usual. The experimental intervention sidesteps other symptoms to engage patients in testing the trustworthiness of the troubled relationship with closure, thus ending the circularity of their own ways. The study compares 32 experimental subjects with 26 controls at similar crisis stabilization units.
Results: The results of the Brief Psychiatric Rating Scale (BPRS) supported the hypothesis (both in total score and for four of five subscales), as did results with Client Observation, a pilot instrument designed specifically for the circular behavior targeted by the experimental intervention. Results were mostly non-significant from two instruments of patient self-observation, which provided retrospective pretreatment scores.
Conclusions: The discussion envisions further steps to ascertain that this broad reduction of symptoms ensues from the singular correction that distinguishes the experimental intervention."]

Full text at:
http://www.annals-general-psychiatry.com/content/pdf/1744-859X-9-19.pdf

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STIGMA

"The Effect of Services and Stigma on Quality of Life for Persons with Serious Mental Illness." By Kristen Marcussen, Kent State University, and others. IN: Psychiatric Services, vol. 61, no. 5 (May 2010) pp. 489-494.

["This study examined the effects of mental health services and stigma on self-concept and quality of life among individuals with serious and persistent mental illnesses. *Methods:* A broad array of inpatient and outpatient services, as well as perceptions of stigma, was assessed among 188 individuals who had been diagnosed as having serious mental illnesses. Quality of life and self-concept (that is, self-esteem and mastery) were also assessed at baseline and follow-up (approximately six months). *Results:* Receiving mental health services had an effect on changes in quality of life over time. Specifically, receiving counseling services had a positive influence on quality of life, whereas receiving inpatient services decreased quality of life. Stigma was not significantly associated with changes in quality of life over the study period. Self-esteem and mastery influenced the association between stigma and quality of life but did not influence the relationship between services and quality of life. Finally, although services had little effect on changes in self-concept, perceived stigma significantly reduced both self-esteem and mastery. *Conclusions:* The extent to which services influenced quality of life was dependent on the type of service examined. Moreover, although the effects of services were more pronounced with respect to quality of life than self-concept, the opposite was true with respect to the effects of stigma. Efforts should be made to increase access to

specific types of services, such as counseling, as well as to reduce negative perceptions of stigma that erode self-image among individuals with serious mental illnesses."]

Full text at:
http://ps.psychiatryonline.org/cgi/reprint/61/5/489

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SUICIDE PREVENTION

"Suicide Prevention for Older Adults in Residential Communities: Implications for Policy and Practice." By Carol A. Podgorski, University of Rochester, and others. IN: PloS Medicine, vol. 7, no. 5 (May 18, 2010) pp.1-5.

["Whether by choice or necessity, more older adults are now living in congregate residential settings. About 23% of the 36 million adults over 65 experience relocation. While residences designed to accommodate lifestyle preferences are appealing, the underlying reasons (e.g., illness, decline in physical function, loss of a spouse or caregiver) that precipitate moving into a residential home, as well as the ensuing adjustment process, are often stressful. While a move can represent a positive change, all moves involve some degree of loss. These adjustments, coupled with an array of risk factors commonly found among seniors—such as depression, hopelessness, and functional impairment—can result in suicidal behaviors. Despite the growing demand and resultant proliferation of senior housing options, the systems that serve these populations are seemingly unprepared to address suicidal behavior.

Although our understanding of the epidemiology of suicide in older adults is growing, little is known about suicide in senior living settings. The positive perceptions of these settings—such as aging in place, maximizing independence, and promoting safety—along with the high satisfaction rates reported by residents tend to overshadow acknowledgments of distress. Thus policies and best practices regarding suicide prevention in these settings are sparse. In this paper we summarize what is known about suicide risk and suggest opportunities for suicide prevention in senior living communities."]

Full text at:
http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000254?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+plosmedicine%2FNewArticles+%28PLoS+Medicine%3A+New+Articles%29

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TECHNOLOGY

"Health Information Technology to Facilitate Communication Involving Health Care Providers, Caregivers, and Pediatric Patients: A Scoping Review." By Stephen

James Gentiles and others, McMaster University, Hamilton, Canada. IN: Journal of Medical Internet Research, vol. 12, no. 2 (2010) pp. 1-10.

["Pediatric patients with health conditions requiring follow-up typically depend on a caregiver to mediate at least part of the necessary two-way communication with health care providers on their behalf. Health information technology (HIT) and its subset, information communication technology (ICT), are increasingly being applied to facilitate communication between health care provider and caregiver in these situations. Awareness of the extent and nature of published research involving HIT interventions used in this way is currently lacking.
Objective: This scoping review was designed to map the health literature about HIT used to facilitate communication involving health care providers and caregivers (who are usually family members) of pediatric patients with health conditions requiring follow-up'
Results: We included 104 eligible studies (112 articles) conducted in 17 different countries and representing 30 different health conditions. The most common conditions were asthma, type 1 diabetes, special needs, and psychiatric disorder…
Conclusions: HIT used in pediatric care involving caregivers has been implemented differently in a range of disease settings, with varying needs influencing the function, form and synchronicity of information transfer. Although some authors have followed a phased approach to development, evaluation and implementation, a greater emphasis on methodological standards such as the MRC guidance for complex interventions would produce more fruitful programs of development and more useful evaluations in the future. This review will be especially helpful to those deciding on areas where further development or research into HIT for this purpose may be warranted."]

Full text at:
http://www.jmir.org/2010/2/e22

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VETERANS

"A multidimensional wellness group therapy program for veterans with comorbid psychiatric and medical conditions." By Lawrence M. Perlman, University of Michigan, and others. IN: Professional Psychology: Research & Practice, vol. 41, no.2 (April 2010) pp. 120-127.

["Development of a healthy lifestyle is an important aspect of mental health that is infrequently targeted in outpatient mental health settings. Although the interrelationship of psychological and physical factors has often been noted, interventions frequently focus on just one aspect of functioning. This project demonstrated the feasibility of a multidimensional weekly wellness group program focused on the overall health behaviors of patients in a Veterans Affairs mental health clinic. The modal participant was a male in his mid-50s, living alone, not employed, depressed, obese, and with many chronic medical problems. Eighty-three patients participated in a 15-week program promoting changes in such areas as stress management (abdominal breathing, muscle relaxation, visualization, and mindfulness), physical health care (exercise, nutrition, sleep routine, and substance use), and behavioral activation (activity scheduling, social affiliation, and

use of community resources). Substantial improvement was found for most patients, in both psychosocial and physical functioning domains, and was maintained over time. The melding of psychoeducational and skills training into a positive psychology orientation appears to have been beneficial. In addition, the group process was quite effective in encouraging change in these highly comorbid, chronically ill veterans. The feasibility and importance of integrating psychosocial and physical interventions is underscored by this study."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=pro-41-2-120&site=ehost-live

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"Stress-related growth, positive reframing, and emotional processing in the prediction of post-trauma functioning among veterans in mental health treatment." By Sally A. Moore, and others, Department of Veterans Affairs Medical Center, Seattle, WA. IN: Psychological Trauma, vol. 2, no. 2 (June 2010) pp. 93-96.

["The role of stress related growth (SRG) in posttrauma functioning is currently uncertain and may be obscured by the overlap between SRG and key coping strategies. Utilizing a veteran sample in mental health treatment, the current study examined whether SRG accounts for unique variance in the severity of posttraumatic stress disorder (PTSD), depression, and Disorders of Extreme Stress Not Otherwise Specified (DESNOS) beyond the effects of two general coping strategies, emotional processing and positive reframing. Curvilinear relationships were evident between SRG and outcome measures, such that individuals with moderate SRG reported the greatest distress, and individuals with the lowest and highest SRG scores reported lower distress. In regression analyses, SRG accounted for significant variance in lower PTSD, depression, and DESNOS while accounting for demographics, trauma type, emotional processing, and positive reframing. The results suggest that SRG captures variance in posttrauma functioning that may be distinct from general emotional processing and positive reframing coping and provides further evidence for a curvilinear relationship between SRG and measures of psychological distress."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=pdh&AN=tra-2-2-93&site=ehost-live

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NON PROFIT RESOURCE CENTER-GRANT WRITING

[“Our mission is to enhance the resources and improve the management of nonprofit organizations, primarily within California's northern Central Valley and Sierra Nevada regions.

We invite you to visit us often to find resources that will help your nonprofit grow stronger and be more successful -- from information on training opportunities,

consultation and technical assistance, to building connections with your peers.

The Nonprofit Resource Center...building a strong, vibrant nonprofit community."]

More information about grant-writing at:
http://www.nprcenter.org/

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CONFERENCES, MEETINGS AND SEMINARS

The Seventh Annual Healthcare Unbound Conference and Exhibition

July 19th -20th, 2010
US Grant Hotel, San Diego, CA

["The program will focus primarily on innovative applications of remote monitoring, home telehealth, ehealth, social media and mhealth for chronic care management and wellness promotion. This year's program will again feature an Aging Services educational track developed in conjunction with the American Association of Homes and Services for the Aging (AAHSA) and the Center for Aging Services Technologies (CAST)."]

For more information:
http://www.tcbi.org/files/brochures/HU7_2010_Brochure.pdf

Northwest Institute of Addictions Studies-Summer Institute
Recovery in Practice: Tool for Success

July 21st-July 23rd-2010
Clackamas, Oregon (near Portland, Oregon)

"This conference is designed to meet the ongoing training needs of addictions, criminal justice, mental health, prevention, education and health professionals. During this three-day conference, choose from a wide range of workshops.
Conference presenters are practitioners committed to advancing professionalism and best practices in the field of addictions.
Questions? Please contact the Center for Community Engagement at cce@lclark.edu or 503-768-6040. If you require a special accommodation or have dietary restrictions please contact our office."

Program:
http://legacy.lclark.edu/~ccps/nwais/schedule.html

Details:
http://legacy.lclark.edu/~ccps/nwais/index.html

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Webinar: How Young Adults Use the Internet to Access Mental Health Information and Support. July 27th 10:am-11:00am PST

"According to Pew Internet research, "every day, more people go online for medical advice than actually visit health care professionals." This may be especially true for young adults, as their access to health care and other supports is more limited than other populations. Using the latest research as well as results from focus groups conducted by Pathways to Positive Futures, this webinar will address how young adults use the Internet to manage their mental health."

July 27th-10:am-11:00am PST

Register:
https://www1.gotomeeting.com/register/249429568

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North American Brain Injury Society and the Alaska Brain Injury Network

Alaska Brain Injury Conference
July 28-30, 2010
Anchorage, Alaska

For more information:
http://www.nabis.org/node/84

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Summer Institute of Neurodevelopmental Disorders.

August 6, 2010
Sacramento, CA

For more information:
http://www.ucdmc.ucdavis.edu/cme/conferences/pdfs/MND2011_SaveDate.pdf

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Reinventing Quality Conference 2010

August 8-10, 2010
Baltimore, Maryland

"The Reinventing Quality Conference is the premier gathering place for people with intellectual/developmental disabilities, family members, direct support professionals, administrators of community support agencies, advocates, and government leaders – all

committed to a vision of a better future for people with intellectual/developmental disabilities."

For more information:
http://www.reinventingquality.org/upcoming/

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