

Subject: Studies in the News: (September 16, 2009)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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CLINICAL

Anxiety and Depression. By the Centers for Disease Control and Prevention. (The Centers, Atlanta, Georgia) March 13, 2009. 3 p.

[“Depression and anxiety are two major causes of illness and death in the United States and are associated with reduced quality of life, social functioning, and excess disability. Psychiatric conditions such as depression can contribute to or worsen chronic diseases. Depression and anxiety frequently co-occur and when they do they have an even greater impact than when they occur alone.

In 2006, CDC’s Behavioral Risk Factor Surveillance System (BRFSS) introduced an optional module to measure Anxiety and Depression in the U.S. population. Thirty-five states, as well as the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, conducted the survey.”]

Full text at: <http://www.cdc.gov/Features/dsBRFSSDepressionAnxiety/>

“Comorbidity in Bipolar Disorder: The Complexity of Diagnosis and Treatment.” By Doron Sagman, Toronto East General Hospital, and Mauricio Tohen, Lilly Research Laboratories. IN: Psychiatric Times (March 23, 2009) 5 p.

[“Given the substantial overlap between symptoms of BPD and other psychiatric conditions, an accurate cross-sectional assessment is inherently difficult to achieve. A careful longitudinal assessment that establishes a chronology of onset of different conditions, a symptom and functional profile between mood episodes, the course of illness, and response to treatment are essential for a more robust diagnosis.⁴⁴

Furthermore, the inherent challenge in obtaining an accurate history from a bipolar patient—especially one with comorbidities—requires corroboration from family members.

Although clinical guidelines for BPD acknowledge the complexity of treating the illness, most have limited recommendations specific to the patient with comorbidities. This may reflect the limited nature of the clinical evidence in this field. The cost of diagnostic and therapeutic uncertainty, however, is calculated through the high cost of chronicity, with elevated rates of suicide, legal and interpersonal difficulties, and repeated hospitalizations.

As the field of neurobiology of bipolar and affective disorders advances, we hope to begin to refine our view of the comorbid interface. Forging the pathophysiological links between specific medical illnesses and BPD, including the use of clinical biomarkers to help refine the understanding of bipolar subtypes, may help clarify the pathophysiology of BPD itself. This will ultimately suggest new measures for secondary prevention and long-term treatments.”]

Full text at:

<http://www.psychiatrictimes.com/display/article/10168/1391541?pageNumber=1&verify=0>

“The Effects of Crisis Plans for Patients with Psychotic and Bipolar Disorders: a Randomised Controlled Trial.” By A. Ruchlewska, Erasmus Medical Center, The Netherlands, and others. IN: *BMC Psychiatry*, vol. 9, no. 41 (July 2009) 24 p.

[“*Background:* Crises and (involuntary) admissions have a strong impact on patients and their caregivers. In some countries, including the Netherlands, the numbers of crises and (involuntary) admissions have increased in the last years. There is also a lack of effective interventions to prevent their occurrence. Previous research has shown that a form of psychiatric advance statement - joint crisis plans - may prevent involuntary admissions, but another study showed no significant results for another form. The question remains which form of psychiatric advance statement may help to prevent crisis situations. This study examines the effects of two other psychiatric advance statements. The first is created by the patient with help from a patient's advocate (Patient Advocate Crisis Plan: PACP) and the second with the help of a clinician only (Clinician facilitated Crisis Plan: CCP). We investigate whether patients with a PACP or CCP show fewer emergency visits and (involuntary) admissions as compared to patients without a psychiatric advance statement. Furthermore, this study seeks to identify possible mechanisms responsible for the effects of a PACP or a CCP. *Methods:* This study is a randomised controlled trial with two intervention groups and one control condition. Both interventions consist of a crisis plan, facilitated through the patient's advocate or the clinician respectively. Outpatients with psychotic or bipolar disorders who experienced at least one psychiatric crisis during the previous two years, are randomly allocated to one of the three groups. Primary outcomes are the number of emergency (after hour) visits, (involuntary) admissions and the length of stay in hospital. Secondary outcomes include psychosocial functioning and treatment satisfaction. The possible mediator variables of the effects of the crisis plans are investigated by assessing the patient's involvement in the creation of the crisis plan, working alliance, insight into illness, recovery style, social support, locus of control, service engagement and coping with crises situations. The interviews take place before randomisation, nine month later and finally eighteen months after randomisation. *Discussion:* This study examines the effects of two types of crisis plans. In addition, the results offer an understanding of the way these advance statements work and whether it is more effective to include a patients' advocate in the process of creating a psychiatric advance statement. These statements may be an intervention to prevent crises and the use of compulsion in mental health care. The strength and limitations of this study are discussed. Trial registration: Current Controlled Trials NTR1166.”]

Full text at: <http://www.biomedcentral.com/content/pdf/1471-244x-9-41.pdf>

“Quality of Medical Care for People with and without Comorbid Mental Illness and Substance Misuse: Systematic Review of Comparative Studies.” By Alex J. Mitchell, Leicester Royal Infirmary, and others. IN: *British Journal of Psychiatry*, vol. 194, no. 6 (June 2009) pp. 491-499.

[“*Background:* There has been long-standing concern about the quality of medical care offered to people with mental illness. *Aims:* To investigate whether the quality of medical care received by people with mental health conditions, including substance misuse, differs from the care received by people who have no comparable mental disorder. *Method:* A systematic review of studies that examined the quality of medical care in those with and without mental illness was conducted using robust critical appraisal techniques. *Results:* Of 31 valid studies, 27 examined receipt of medical care in those with and without mental illness and 10 examined medical care in those with and without substance use disorder (or dual diagnosis). Nineteen of 27 and 10 of 10, respectively, suggested inferior quality of care in at least one domain. Twelve studies found no appreciable differences in care or failed to detect a difference in at least one key area. Several studies showed an increase in healthcare utilization but without any increase in quality. Three studies found superior care for individuals with mental illness in specific sub-domains. There was inadequate information concerning patient satisfaction and structural differences in healthcare delivery. There was also inadequate separation of delivery of care from uptake in care on which to base causal explanations. *Conclusions:* Despite similar or more frequent medical contacts, there are often disparities in the physical healthcare delivered to those with psychiatric illness although the magnitude of this effect varies considerably.”] **NOTE: Please contact the California State Library for a paper or electronic copy of this article**

EMPLOYMENT

"The Influence of Past Unemployment Duration on Symptoms of Depression among Young Women and Men in the United States." By Kryisia N. Mossakowski, University of Miami. IN: American Journal of Public Health, published online ahead of printing on August 20, 2009.

[“Given the current economic recession and high unemployment rates in the United States, this timely study suggests that the stress of being unemployed for longer durations as a young adult predicts higher levels of depressive symptoms.

The researcher examines whether unemployment while looking for a job and being out of the labor force while not seeking work have distinct effects on symptoms of depression among young women and men in the United States. Using data from the 1979-1994 National Longitudinal Survey of Youth, the study found that current unemployment status and out-of-the-labor force status were significantly associated with depressive symptoms at ages 29 to 37 years. Results further revealed that past unemployment duration across 15 years of the transition to adulthood predicted depressive symptoms. However, past duration out of the labor force did not predict depressive symptoms.

The researcher asserts that "medical interventions, social welfare initiatives, and public health policies targeted to counteract spells of unemployment and protect mental health during the transition to adulthood could ultimately improve population health in the future." Medical News Today (August 21, 2009)] **NOTE: Please contact the California State Library for a paper or electronic copy of this article.**

“The Long-term Impact of Employment on Mental Health Service Use and Costs for Persons with Severe Mental Illness.” By Philip W. Bush and others, Dartmouth Medical School. IN: *Psychiatric Services*, vol. 60, no. 8 (August 2009) pp. 1024-1031.

[“*Objective:* Stable employment promotes recovery for persons with severe mental illness by enhancing income and quality of life, but its impact on mental health costs has been unclear. This study examined service cost over ten years among participants in a co-occurring disorders study. *Methods:* Latent-class growth analysis of competitive employment identified trajectory groups. The authors calculated annual costs of outpatient services and institutional stays for 187 participants and examined group differences in ten-year utilization and cost. *Results:* A steady-work group (N=51) included individuals whose work hours increased rapidly and then stabilized to average 5,060 hours per person over ten years. A late-work group (N=57) and a no-work group (N=79) did not differ significantly in utilization or cost outcomes, so they were combined into a minimum-work group (N=136). More education, a bipolar disorder diagnosis (versus schizophrenia or schizoaffective disorder), work in the past year, and lower scores on the expanded Brief Psychiatric Rating Scale predicted membership in the steady-work group. These variables were controlled for in the outcomes analysis. Use of outpatient services for the steady-work group declined at a significantly greater rate than it did for the minimum-work group, while institutional (hospital, jail, or prison) stays declined for both groups without a significant difference. The average cost per participant for outpatient services and institutional stays for the minimum-work group exceeded that of the steady-work group by \$166,350 over ten years. *Conclusion:* Highly significant reductions in service use were associated with steady employment. Given supported employment's well-established contributions to recovery, evidence of long-term reductions in the cost of mental health services should lead policy makers and insurers to promote wider implementation.”] **NOTE: Please contact the California State Library for a paper or electronic copy of this article.**

HOMELESSNESS

“Prevalence, Characteristics, and Associated Health and Health Care of Family Homelessness among Fifth-Grade Students.” By Tumaini R. Coker, UCLA/RAND Center for Adolescent Health Promotion, and others. IN: *American Journal of Public Health*, vol. 99, no. 8 (August 2009) pp. 1446-1452.

[“This new study has found that 7 percent of fifth-graders and their families have experienced homelessness at some point in their lives and that the occurrence is even higher — 11 percent — for African American children and those from the poorest households.

The study also found that children who had experienced homelessness at some point during their lives were significantly more likely to have an emotional, behavioral or developmental problem; were more likely to have witnessed serious violence with a knife or a gun; and were more likely to have received mental health care.

The research is the first population-based study to describe the lifetime prevalence of family homelessness among children and its association with health and health care.

‘It was unexpected to see such a high prevalence of family homelessness in this sample of fifth-grade students, especially since this number only included children whose parents reported that they were literally homeless — staying in places like shelters, cars or on the streets,’ said lead author Dr. Tumaini R. Coker, clinical instructor of pediatrics at Mattel Children's Hospital UCLA and an associate natural scientist at RAND. ‘Our results suggest that in a classroom of 28 fifth-graders, two students would have been homeless at some point in their lives.’” UCLA Newsroom (July 27, 2009)] **NOTE: Please contact the California State Library for a paper or electronic copy of this article.**

SCHOOLS

Parents Give Schools Low Grades for Prevention of Bullying and School Violence. By C.S. Mott Children’s Hospital. National Poll on Children’s Health. Vol. 7. No. 4. (University of Michigan’s C.S. Mott Children’s Hospital, Ann Arbor, Michigan) September 8, 2009. 3 p.

[“Key to a child’s successful education is an environment in which he or she can learn safely. According to this report, only 26 percent of parents would give their child’s high school an ‘A’ for preventing bullying and school violence, and 38 percent of parents would give their child’s elementary or junior high an ‘A.’

‘Children who are victims of bullying can have serious health effects, including physical injuries and emotional problems such as depression, low self-esteem, anxiety, and suicidal thoughts and actions,’ says Matthew Davis, M.D., director of the poll and associate professor of pediatrics and internal medicine at the U-M Medical School. ‘Unfortunately, in the United States, we’ve seen some tragedies in the past few years regarding episodes of school violence that have gotten a lot of media coverage and upset many parents.’

In the U.S., an estimated 160,000 children miss school every day out of fear of attack or intimidation by other students, according to the National Education Association. Since 1992, there have been 250 violent deaths in schools, and bullying has been a factor in many school shootings.

‘What this poll shows is that parents are still very concerned about bullying in their schools. About three-quarters of states nationwide have implemented bullying prevention laws that are designed to encourage, and in some cases force schools to present and deliver bullying prevention curriculum to students,’ says Davis, who is also an associate professor of public policy at the U-M Gerald R. Ford School of Public Policy. ‘But based on these findings, it doesn’t appear that those curricula or programs are working effectively.’

The poll asked 1,087 parents across the U.S. in May 2009 to assign their child’s school an A through F grade in five categories: overall safety, building security, bullying and school violence prevention, keeping students safe during a school-wide emergency, and

keeping parents informed in the event of a school-wide emergency.” Press Release, University of Michigan Health System Newsroom (September 8, 2009)]

Full text at: <http://health.med.umich.edu/workfiles/npch/090809report.pdf>

Strengthening Learning Supports at Schools This Year: Best Practices and Innovation and Using the Year to Take Two Major Strategic Steps Toward Developing a Comprehensive System of Learning Supports. By the Center for Mental Health in Schools, UCLA Department of Psychology. Addressing Barriers to Learning. Vol. 14. No. 4 (The Center, Los Angeles, California) Fall 2009. 12 p.

[“With the new school year upon us, we focus first on several practices for immediately enhancing student and learning supports. Then, in the second article, we stress two strategic steps to pursue this year that can move student and learning supports from the margins to the heart of school improvement planning.

The practices and innovations discussed can help schools move more quickly and proactively in developing a comprehensive and cohesive system to address barriers to learning and teaching and re-engage disconnected students. The aim is to transform schools at all levels. And, of course, embedded in the transformation are breakthrough ways for schools to approach mental health and psychosocial concerns.”]

Full text at: <http://smhp.psych.ucla.edu/news.htm>

STIGMA

“Perceived Stigma and Help-Seeking Behavior: Longitudinal Evidence from the Healthy Minds Study.” By Ezra Golberstein, Harvard Medical School, and others. IN: Psychiatric Services, vol. 60, no. 9 (September 2009) pp. 1254-1256.

[“*Objectives:* Despite considerable policy interest in the association between perceived public stigmatization of mental illness and use of mental health services, limited empirical evidence, particularly from longitudinal data, documents this relationship. This study used longitudinal data to estimate the association between perceived public stigmatization and subsequent mental health care seeking. *Methods:* A Web-based survey was used to collect data from a random sample of undergraduate and graduate students at a university at baseline and two years later (N=732). Logistic regression models assessed the association between students' perceived public stigma at baseline and measures of subsequent help seeking for mental health problems (perceived need for help and use of mental health services) at follow-up. *Results:* No significant associations were found between perceived public stigma and help-seeking behavior over the two-year period. *Conclusions:* In this population of college students, perceived stigma did not appear to pose a substantial barrier to mental health care.”] **Please contact the California State Library for a paper or electronic copy of this article.**

“Unfortunately, We Treat the Chart:’ Sources of Stigma in Mental Health Settings.” By Elizabeth H. Flanagan and others, Yale School of Medicine. IN: *Psychiatric Quarterly*, vol. 80, no. 1 (March 2009) pp. 55-64.

[“*Background:* Stigma within mental health settings may be equally detrimental to people with mental illnesses as societal stigma. *Aims:* This study investigated stigma in mental health settings through a mixed qualitative quantitative design. *Method:* Practitioners at a community mental health center indicated (1) their subjective experience of treating people with mental illness, and (2) descriptive features of people with mental illness. *Results:* Interpretive phenomenological analysis found that a primary theme across practitioners was the causes and effects of labeling patients, a process practitioners attributed to other practitioners and/or to systemic pressures to ‘treat the chart’ instead of the patient. Beyond symptoms and deficits, practitioners rated people with mental illnesses as ‘insightful’ and ‘able to recover.’ *Conclusions:* These data suggest that stigma in mental health settings may be due to structural, systemic pressures on practitioners, with practitioners’ emphasis on symptoms and deficits as a secondary factor....

Although potentially limited by the small sample size, these data suggest that stigma in mental health settings may come from at least two sources: practitioners’ emphasis on symptoms, deficits, and problems but also a culture in which practitioners feel pressured to make diagnoses and ‘treat the chart’ rather than the person. Interventions targeting stigma therefore need to address systemic and cultural issues as well as practitioner beliefs and attitudes if they are to be effective.”]

Full text at: <http://www.springerlink.com/content/e736063606744778/fulltext.pdf>

SUICIDE PREVENTION

“Posttraumatic Stress Disorder as a Risk Factor for Suicidal Ideation in Iraq and Afghanistan War Veterans.” By Matthew Jakupcak, University of Washington School of Medicine, and others. IN: *Journal of Traumatic Stress*, vol. 22, no. 4 (August 2009) pp. 303-306.

[“Posttraumatic stress disorder (PTSD) was examined as a risk factor for suicidal ideation in Iraq and Afghanistan War veterans ($N = 407$) referred to Veterans Affairs mental health care. The authors also examined if risk for suicidal ideation was increased by the presence of comorbid mental disorders in veterans with PTSD. Veterans who screened positive for PTSD were more than 4 times as likely to endorse suicidal ideation relative to non-PTSD veterans. Among veterans who screened positive for PTSD ($n = 202$), the risk for suicidal ideation was 5.7 times greater in veterans who screened positive for two or more comorbid disorders relative to veterans with PTSD only. Findings are relevant to identifying risk for suicide behaviors in Iraq and Afghanistan War veterans.”] **Please contact the California State Library for a print or electronic copy of this article.**

“Public Involvement in Suicide Prevention: Understanding and Strengthening Lay Responses to Distress.” By Christabel Owens, Penninsula Medical School, United

Kingdom, and others. IN: BMC Public Health, vol. 9, published online on August 23, 2009. 25 p.

Background: The slogan ‘Suicide Prevention is Everyone's Business’ has been used in a number of campaigns worldwide in recent years, yet most research into suicide prevention has focused on the role of medical professionals in identifying and managing risk. Little consideration has been given to the role that lay people can play in suicide prevention, or to the resources they need in order to do so. The majority of people who take their own lives are not under the care of specialist mental health services, and around half have not had recent contact with their general practitioner. These individuals are not known to be 'at risk' and there is little or no opportunity for clinical intervention. Family members and friends may be the only ones to know that a person is troubled or distressed, and their capacity to recognize, assess and respond to that distress is therefore vitally important. This study aims to discover what the suicidal process looks like from the point of view of relatives and friends and to gain insight into the complex and difficult judgments that people have to make when trying to support a distressed individual.

Methods: The study is using qualitative methods to build up a detailed picture of 15-20 completed suicides, aged 18-34. Data are gathered by means of in-depth interviews with relatives, friends and others who knew the deceased well. In each case, as many informants as possible are sought using a purposive snowballing technique. Interviews focus on the family and social network of the deceased, the ways in which relatives and friends interpreted and responded to his/her distress, the potential for intervention that may have existed within the lay network and the knowledge, skills and other resources that would have helped members to support the distressed individual more effectively.

Discussion: The study will inform interventions to promote public mental health awareness and will provide a basis on which to develop community-focused suicide prevention strategies.”]

Full text at: <http://www.biomedcentral.com/content/pdf/1471-2458-9-308.pdf>

TREATMENT

“Influence of Gender, Sexual Orientation, and Need on Treatment Utilization for Substance Use and Mental Disorders: Findings from the California Quality of Life Survey.” By Christine E. Grella and others, University of California at Los Angeles. IN: BMC Psychiatry, vol. 9, no. 52, published online on August 14, 2009. 38 p.

[“*Background:* Prior research has shown a higher prevalence of substance use and mental disorders among sexual minorities, however, the influence of sexual orientation on treatment seeking has not been widely studied. We use a model of help-seeking for vulnerable populations to investigate factors related to treatment for alcohol or drug use disorders and mental health disorders, focusing on the contributions of gender, sexual orientation, and need. *Methods:* Survey data were obtained from a population-based probability sample of California residents that oversampled for sexual minorities. Logistic regression was used to model the enabling, predisposing, and need-related

factors associated with past-year mental health or substance abuse treatment utilization among adults aged 18-64 (N = 2,074). *Results:* Compared with individuals without a diagnosed disorder, those with any disorder were more likely to receive treatment. After controlling for both presence of disorder and other factors, lesbians and bisexual women were most likely to receive treatment and heterosexual men were the least likely. Moreover, a considerable proportion of sexual orientation minorities without any diagnosable disorder, particularly lesbians and bisexual women, also reported receiving treatment. *Conclusions:* The study highlights the need to better understand the factors beyond meeting diagnostic criteria that underlie treatment utilization among sexual minorities. Future research should also aim to ascertain the effects of treatment provided to sexual minorities with and without diagnosable disorders, including the possibility that the provision of such treatment may reduce the likelihood of their progression to greater severity of distress, disorders, or impairments in functioning. “]

Full text at: <http://www.biomedcentral.com/content/pdf/1471-244x-9-52.pdf>

Treatment for Substance Use and Depression among Adults, by Race/Ethnicity. By the Substance Abuse and Mental Health Services Administration, Office of Applied Studies. The NSDUH Report. (The Office, Rockville, Maryland) July 2, 2009. 8 p.

[“Combined 2004 to 2007 data indicate that 9.7 percent of adults aged 18 or older needed treatment for a substance use problem in the past year, and 10.5 percent of those needing substance use treatment received it in the past year in a specialty facility. Approximately 1 in 12 adults (7.5 percent) had a major depressive episode (MDE) in the past year, and 66.1 percent of them received treatment for depression in the past year. Among those in need of substance use treatment, blacks had higher rates of receipt of treatment in a specialty facility than persons of two or more races, Hispanics, whites, and Asians (17.8 vs. 11.9, 11.3, 9.2, and 5.5 percent, respectively). Among adults with past year MDE, whites were more likely to have received treatment than blacks, Hispanics, and Asians (69.6 vs. 57.4, 53.4, and 48.0 percent, respectively), and persons of two or more races were more likely to have received treatment than Hispanics and Asians (65.2 vs. 53.4 and 48.0 percent, respectively.)”]

Full text at: <http://www.oas.samhsa.gov/2k9/163/SusUseRaceEthnicity.htm>

CONFERENCES, MEETINGS AND PODCASTS

American Foundation for Suicide Prevention: *Out of the Darkness Community Walk*

State Capitol – Sacramento, California
September 19, 2009

For more information:

<http://afsp.donordrive.com/index.cfm?fuseaction=donorDrive.eventDetails&eventID=845&destination=E>

For information on walks in other California cities:

<http://afsp.donordrive.com/index.cfm?fuseaction=donorDrive.eventList&filter=true&state=California>

28th Annual U.C Davis National Child Abuse and Neglect Conference

September 21-23, 2009
Sacramento, California

For more information and registration:

http://www.ucdmc.ucdavis.edu/cme/conferences/pdfs/LIABU10_9-21-09.pdf

15th Annual Latino Behavioral Health Institute Conference: *Advancing Latino Behavioral Health from Margin to Mainstream.*

September 23-25, 2009
Universal City, California

For more information and registration: <http://www.lbhi.org/>

American Psychiatric Association Office of Minority and National Affairs (OMNA): *Diverse Youth in Transition: Navigating a Difficult Passage.*

Seattle, Washington
September 26, 2009

For more information and registration:

<http://www.psych.org/Share/OMNA/omnaontour.aspx>

TAPS (Tragedy Assistance Program for Survivors) Military Suicide Survivor Seminar and Good Grief Camp

October 9 - 11, 2009
San Diego, California

For more information and registration: <http://www.taps.org/events.aspx?id=3196>