

When the field of cognitive psychology emerged in the 1950s, the workings of the human mind were thought to be analo-

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consumer decision making. In the medical domain, he examines how people's evaluation of a treatment can change depending on how the information is presented. His research often takes a process-oriented approach, which aims to monitor what pieces of information people attend to and the search strategies they use. Throughout his research, he also investigates how certain characteristics of the individual influence decision-making.

Degree of handedness is one such individual difference variable that the lab investigates. Degree of handedness refers to a person's preference to use one or both hands while performing daily activities (e.g., writing, throwing, etc.) and is an indicator of structural and functional differences in brain organization. As many of us learn in introductory psychology, the two brain hemispheres share a division of labor. That is, each hemisphere is specialized to perform some functions (e.g., language) more efficiently than its counterpart. Our lab investigates how these functional asymmetries and their coordination can have consequences for memory and decision-making. Using degree of handedness and behavioral tasks that manipulate the

relative activation of the two hemispheres, we are gaining a better understanding of how the two hemispheres contribute to decision and memory processes.

Currently, the members of the Decision Research Lab are exploring a variety of new research topics. Extending our lab's focus on individual differences and decision processes, some projects are examining how numerical ability affects information search strategies and risky decisions. Similarly, Chandrima is developing a scale that measures people's information search style. It identifies not only "maximizers" and "satisficers," but also a third group she calls "adapters," which she plans to relate to decision processing as well as ones choices. The lab is also in the midst of collecting physiological data using the Department's Biopac system to understand how emotions can "help" or "hurt" decision making. Finally, Ray and Stephen will be testing how degree of handedness predicts memory accuracy in the domains of forensic psychology and consumer behavior. In sum, these are exciting times for the Decision Research Lab because we are addressing a variety of research questions with implications for a number of real-world contexts.

Community Minded: Toledo Veterans Affairs Outpatient Clinic

By John Van Dusen, Graduate Student

From its recently expanded location on Detroit Avenue near Glendale, the Toledo VA CBOC (Community-Based Outpatient Clinic) provides quality health care and mental health services for veterans in the greater Toledo area. The Toledo VA is a training site for the University of Toledo clinical psychology doctoral program, which affords graduate students the opportunity to serve the mental health needs of Toledo veterans. Clinical psychology externs work at the Toledo CBOC's Silver Clinic, where acting chief Dr. Amy Bixler supervises their individual and group therapy work.

Veterans who return home after their service may face many challenges. One of the most common mental health difficulties experienced by military veterans is posttraumatic stress disorder, or PTSD. PTSD can occur whenever a person is exposed to a significant traumatic event, such as a car accident, sexual assault or other life-threatening situation. This means that veterans who have fought in combat zones or deployed to other dangerous situations are at an increased risk for PTSD. According to the VA's website, about 30% of Vietnam veterans have suffered from PTSD

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over their lifetimes. Among younger Iraq/Afghanistan (OIF/OEF) veterans, one study found that almost 14% currently suffer from PTSD. Other mental health difficulties facing veterans include depression and substance use: a large-scale study estimates that 7.1% of all veterans meet criteria for a substance abuse disorder. Suicide is also a major problem among veterans, particularly amongst those returning from Iraq and Afghanistan. Unfortunately, veterans' courage and sacrifice also makes them more vulnerable - few groups in the U.S. are both so in need and so deserving of mental health services.

That's where the VA comes in. Last year, the Toledo VA's Silver Clinic served about 4,000 individual veterans, across more than 12,000 total visits. A veteran who seeks treatment at the Silver Clinic might have been referred from a primary care doctor, or might have sought the clinic out directly. Regardless, the first step for veterans who begin treatment is an intake interview, where a clinician will listen to the veteran's history and symptoms, then work together with the veteran to determine a course of action. The three basic categories of treatment offered at the Silver Clinic include individual therapy, group therapy, and medication. Individual or group therapy is provided by a social worker, psychologist or psychology trainee, who uses evidence-based treatment approaches to help the veteran meet their treatment goals. Medication management is provided by psychiatrists and nurse practitioners. A veteran who presents to the clinic with PTSD, for example, might receive an antidepressant medication, enroll in a skill-building group, and/or work with a therapist who takes them through Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE), both evidence-based treatments for PTSD. The Silver Clinic also coordinates services with primary care, pain management services, and homeless veteran services, among other programs. There are still many challenges for the VA to address, and many ways they can better serve veterans. However, the VA is constantly working to improve the treatments they offer.

As a current practicum student at the Toledo VA, I was able to ask Dr. Amy Bixler a few questions about the Toledo VA and her own perspective. Married to a Marine Gunnery Sergeant, Dr. Bixler is no stranger to veterans, and is highly passionate about her work in the Silver Clinic.

Q: As the acting chief of the Silver Clinic, what is your philosophy for treating veterans?

A: I think it's important to offer the types of services and treatments that veterans need to overcome the obstacles that are unique to our military and retired military population. As a clinic, we do everything we can to offer services that treat the full range of problems that vets face, from substance abuse and PTSD to military sexual trauma. All veterans have the right to receive treatment from the VA, even if they encounter issues that arise after active service.

Q: What are some of your most important priorities right now in treating vets?

A: Military sexual trauma (MST) is an "unspoken problem," because many veterans are unwilling to talk about it. We ask every veteran who comes in questions about MST, suicide and other priority concerns, to make sure we can identify vets who are at risk and get them what they need.

Q: If there was one thing you wish more people knew about the challenges veterans face, what would it be?

A: I think that often times veterans with PTSD are stigmatized as being violent or unpredictable, and we tend to label PTSD as the person, rather than a diagnosis. I want people to know that a mental health diagnosis does not define who a person is. People make a lot of assumptions about veterans with PTSD, and I want them to understand that veterans are just like everyone else. Any trauma they experience is just one part of who they are.

<http://www.apa.org/about/gr/issues/military/critical-need.aspx>
<http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>

Ask a Psychologist

By Sean Walsh, Graduate Student

How do you treat Post-Traumatic Stress Disorder (PTSD)?

Traumatic events are an unfortunate part of life. When someone is afraid or feels threatened, the body's fight-or-flight stress system sets off a chain reaction of physical, emotional, or psychological stress. Although many people may experience a traumatic event in their lifetime, there is a great amount of variability in how and to what degree people respond. It is normal to feel sad or anxious after experiencing a trauma, but sometimes these reactions are so severe that negative feelings do not fade away over time and interfere with daily life. Post-Traumatic Stress Disorder (PTSD) is a psychological disorder highlighted by an extreme reaction to a traumatic event that persists even when the person is no longer in danger. Common symptoms

include re-experiencing the traumatic event, avoiding reminders of the trauma, increased levels of negative thoughts or feelings, and being increasingly reactive or irritable. These types of symptoms must occur for at least one month after either directly or indirectly experiencing a traumatic event, in which death, threatened death, serious injury, or sexual violence has occurred.

The main treatments for PTSD are psychotherapy, medications, or both. The American Psychological Association, Veterans Affairs Administration (VA) and Department of Defense list exposure-based behavior therapies as the first-line treatment of PTSD. Psychotherapy focused on exposure practices and changing negative or fearful thoughts have been proven effective in reducing

Research Quicky

***Profiles* Dr. Sarah Francis**

By Michelle Beddow, Graduate Student

Recent Honors and Awards

Jacob Fox, an undergraduate honors student, has been

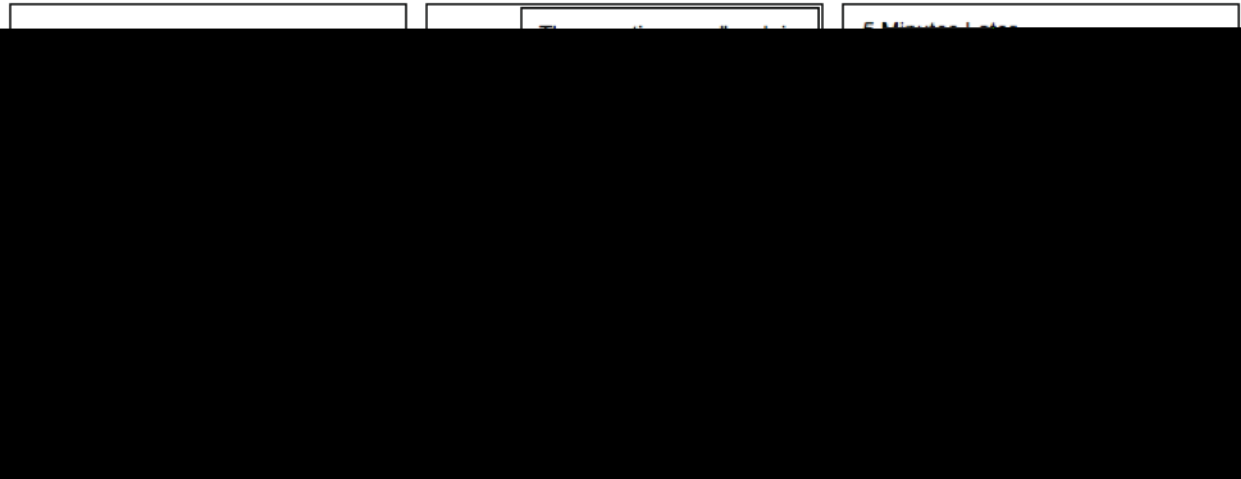
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The Post-traumatic Stress Disorder (PTSD) Lab, directed by Dr. Jon Elhai, have been incredibly successful the past several months! Tory Durham, a third year student in the lab was third author on a recent paper, validating a seven factor model of PTSD using an undergraduate and veteran sample. They used CFA (confirmatory factor analysis- a type of statistical procedure) to test the new model of PTSD symp-

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