



The Addictions Newsletter

The American Psychological Association, Division 50

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President's Column

Adapting the Society for the Future: A Call for Good Design

Warren K. Bickel

"It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change." - *Charles Darwin*

"Regard no practice as immutable. Change and be prepared to change again. Accept no eternal verity. Experiment." - *B. F. Skinner*

Times are a changing. As we can all observe, there are large political divisions and traditional organizational groups, splintering into smaller transient groups and movements. We, as a society, live and participate in these changing times. As the Society of Addiction Psychology (SoAP), it is incumbent upon us to continuously scrutinize our efforts, structure and offerings to see if they need to be adapted and designed to fit with the current and emerging zeitgeist. Indeed, if we are to remain a robust and effective society we must do this on a continual basis but the question that remains is how?

Now this is usually the part of a President's Column where the president would enumerate his or her agenda. Although there are goals that I have for my term, they are not the point of this article for this issue. The goal of this article is to seek involvement from our membership on the following

questions: What is and is not working? What about our society grates on you? What do we do that you greatly value? As part of this effort, I want to engage you in a deep and meaningful conversation about the design of the SoAP.

In order to assist the organization with our thoughts and to facilitate the framing of a conversation, I have listed in Table 1 the principles of good design by Dieter Rams (www.vitsoe.com/en/gb/about/dierrams/gooddesign), a remarkable designer who I commend to you. His principles provide a way of thinking about the future. Now I realize that some of our members may find my effort to utilize product design to think about our future distasteful at best. They might take

offense to the notion that the SoAP can be discussed in a fashion that equates it with a product. In response, I would say that the word "product" in the second sense of its definition "a thing or a person that results from an action or a process." As such, we clearly construct the SoAP and I think consideration of design can facilitate our actions. Below I will briefly address three of these principles that I gravitate to and that I think might facilitate our conversation.

Good design makes a product useful. One goal of changing the SoAP is to improve our usefulness to our current and future members. What changes



Warren K. Bickel

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President's Column

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would make the SoAP useful such that we can retain or increase our membership? What are potential new members interested in and what do they aggregate for?

Good design is long lasting. I hope we can consider how to embrace change, but this may take longer than one presidential term to complete. How can we make thoughtful considered change part of our DNA? What practices can we embrace in the SoAP that would facilitate seeking out change and incorporating it, not reluctantly, but proactively?

Good design is thorough, down to the last detail. To be an adaptive and continuously evolving organization will require that we not only come up with ideas that are potentially useful and that garner interest and support. More than that, each modification will

require deep consideration and vigorous thoughts about the consequences of those changes and how to incorporate them seamlessly into our current activities.

As a professional, I have learned the value of feedback and of collaboration. So I close this column with a call to


the membership for good design to help adapt the SoAP for the future. Please send me your thoughts and your suggestions for action, processes, and goals that would allow us to become most adaptive. E-mail with your feedback and thoughts to wkbickel@vt.edu. 

Table 1. Ten Principles for Good Design

1. Good design is innovative
2. Good design makes a product useful
3. Good design is aesthetic
4. Good design makes a product understandable
5. Good design is unobtrusive
6. Good design is honest
7. Good design is long-lasting
8. Good design is thorough, down to the last detail
9. Good design is environmentally-friendly
10. Good design is as little design as possible

Editor's Corner

Melissa A. Lewis

Welcome to this issue of *The Addictions Newsletter (TAN)*. And, welcome Warren Bickel, the new SoAP President, who is off to a busy start - see the President's Column for details. Thank you to Past-President Fred Rotgers for his hard work during his term!


This issue of *TAN* is filled with many exciting articles. For starters, our *Bridging the Gap* column highlights the important work done by the California Problem Gambling Treatment Services Program. SoAP Conference Representatives, Rachel Wiley and Cynthia Glidden-Tracey, cover the 2011 APA Education Leadership Conference that was held in Washington, DC. We also feature highlights from the APA 2011 Convention in Washington, DC. At the SoAP business meeting, several people were honored for their hard work and accomplishments. You can read about the awardees in this issue. Congratulations!

With Fall in full swing, it is likely that we know several individuals who have recently graduated from high school, moved away from home, and who are now transitioning into either college and/or new jobs. In the Summer issue of *TAN*, I invited articles that focused on developmental transitions and role changes (e.g., graduating high school, moving away from home, transitioning to university, getting married, turning 21) and how these transitions and role changes relate to addictive behaviors. We have three exciting and informative articles on this topic. First, Alvaro Vergés and Kenneth Sher provide a brief overview of alcohol's role in the transition to college. Second, Dawn Foster and co-authors discuss the "magic number of 21" in relation to transitioning into drinking. Finally, in this issue is an article by Ken Martz and Nilgun Ocal, who discuss how changing roles in the family system relate to gambling and alcohol use.

Because much of our world is a moving target, clinicians and researchers in the area of addictive behaviors must adapt

and often move with the target. In the spirit of change and moving forward, for the Spring issue of *TAN*, I invite articles that focus on innovation. **What novel approaches are you using in clinical and/or research settings? Are you evaluating a new intervention for addictive behaviors? Do you use novel methodology to recruit study participants?** We want to hear all about it! As always, articles focused on different topics are welcome. Wanting to see articles on a specific topic? Send your topic ideas to me for upcoming issues.

Check out the winning cartoon caption sent in by Jason Kilmer on page 3. We have another cartoon caption contest in this issue of *TAN*. Please submit your original captions for the cartoon printed on page 28 to me at edtan@uw.edu. We will print the winning caption and the name of the winner in the Spring edition of *TAN*.

Please send all submissions for the Spring edition of *TAN* to me at edtan@uw.edu by **February 1st, 2012**. Looking forward to seeing your entries! 

New Member Spotlight: Victoria H. Coleman-Cowger

Amee B. Patel

For this issue, I interviewed new member Victoria H. Coleman-Cowger, Research Scientist at the Chestnut Health Systems' Lighthouse Institute. Coleman-Cowger received her PhD in Clinical Psychology from American University in 2008 after completing her internship at Illinois State University.



Victoria H. Coleman-Cowger

What are your research and clinical interests?

I am interested in tobacco and substance use, health disparities, and mental health problems in pregnant and postpartum women and in adolescent populations. Much of my recent work has focused on smoking cessation intervention and relapse prevention among pregnant and postpartum women, as well as the need for concurrent mental health treatment for pregnant and postpartum women entering substance abuse treatment. Although I am not currently involved in any clinical work, I am a clinical psychologist by training and incorporate clinical elements in my research.

How did you first become interested in addictive behaviors?

It grew naturally out of my work with women's health and mental health, as substance use is often co-morbid with mental distress.

Are you involved with any training opportunities that could be particularly useful for students and early career professionals?

Not yet, but I am very new to the field and look forward to making significant contributions in the future!

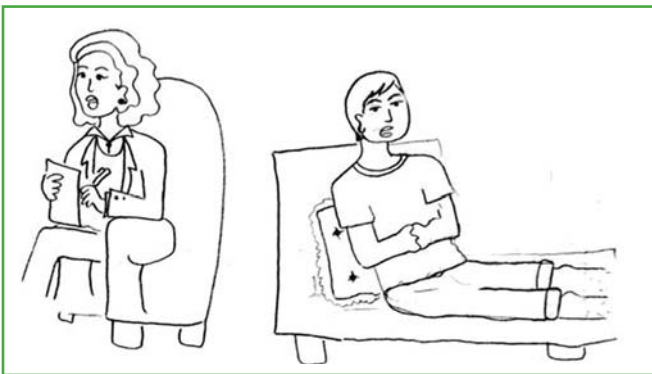
How did you hear about the Society of Addiction Psychology (SoAP)?

I received a travel award to the APA Convention last year and received a free one year membership to SoAP as part of the award. Although I was not aware of the organization at that time, I was excited to learn more about the field and have the opportunity to interact with other researchers with similar interests. I truly value and appreciate the organization.

What programs or initiatives would you like to see SoAP address?

I would love to see more opportunities for early career investigators to interact with and be mentored by senior researchers, particularly around issues of professional development. As an early career psychologist, I would benefit from opportunities for greater interaction with those who are seasoned in the field and know what to do (and what not to do!) career-wise. Ψ

Summer 2011 Cartoon Caption Results



Due to budget cuts, the funny caption has been omitted from this month's TAN, but you can still enjoy this witty cartoon.

Caption by Jason Kilmer | Cartoon by Jessica A. Blayney

Caption entries:

- "Due to budget cuts, the funny caption has been omitted from this month's TAN, but you can still enjoy this witty cartoon."
- "You've talked about this multiple times, and that, Ms. Bonferroni, is why I need to adjust the length of your session."
- "Two televisions on separate sides of the room helped settle the 'what should we watch at 8 p.m.?' debate once and for all."
- "Even though Suzanne's story was compelling, Joanna was only a ten letter word for 'having the attention diverted' away from completing her crossword puzzle."
- "At the 28-minute mark of the session, the therapist finally got the joke behind last month's TAN cartoon contest winner."

The winning cartoon caption came from Jason Kilmer, Research Assistant Professor (Department of Psychiatry and Behavioral Sciences) and Assistant Director of Health and Wellness (Division of Student Life) at the University of Washington. When he is not writing humorous cartoon captions, Jason spends his time conducting research on brief interventions with college students related to alcohol and other drug use. He is also involved in implementation and delivery of empirically supported approaches on the University of Washington campus.

See Page 28 for this issue's contest!

Bridging the Gap: Luck of the Draw!

*Nancy A. Piotrowski,
Capella University*

The California Problem Gambling Treatment Services Program (CPGTSP) is an innovative program of training, treatment delivery, and outcomes tracking. Interviews provide a picture of how a team worked together to bridge gaps in related to addressing problem gambling.

Featured are the program lead Timothy W. Fong (TWF), Associate Professor of Psychiatry at University of California, Los Angeles (UCLA) and Director, UCLA Gambling Studies Program; clinical trainer Jeremiah Weinstock (JW), Assistant Professor of Psychology, Saint Louis University, St. Louis, Missouri; and clinical trainer David M. Ledgerwood (DML), Assistant Professor of Psychiatry and Behavioral Neuroscience, School of Medicine, Wayne State University, Detroit, Michigan.

NAP: How did the CPGTSP develop at UCLA?

TWF: In the late 90's, California saw rapid expansion of card clubs and tribal casinos. Allowing these institutions to grow was contingent on a promise with tribes to contribute to an Office of Problem Gambling (OPG) to reduce gambling problems. The office opened in about 2003, focusing on prevention, under the California Department of Alcohol and Drug Programs. The OPG had a mission of research, prevention, and advocacy, but not treatment. At that time, no one knew the scope of the problem in the state. So the OPG concentrated on billboards and helpline services. Parallel to this, UCLA opened a program in 2004. I came to UCLA at that time and partnered with my mentor, Richard Rosenthal, to do medication trials and other work, based on our long-standing interests in gambling. Then in 2005, we came together with OPG when they wanted do research to prepare for state funded treatment.

NAP: How did things develop from there?

TWF: The first project was a situational needs report on gambling in California

and a prevalence survey in 2006 where we showed about 4% of Californians were suffering from consequences related to gambling. Having documented the problem, the next question was - what can we do? OPG said let's start clinical research trials and pilot projects to address these needs. The first effort was a helpline,



Timothy W. Fong

where gamblers phoned to receive up to six free counseling sessions over the phone. Next was a workbook, Freedom from Gambling (available in 16 languages) modeled off materials used for smoking. These were quick ways to address the problem without a large workforce.

Following additional casino expansion under then Governor Schwarzenegger, in about 2008 there was a provision to expand OPG - not through a bill - but an approved internal rule for \$5 million for treatment for a period of three years. This came from American Indian casinos, special distribution funds - not the general fund. Also taxes on card clubs brought in additional monies to the OPG. No monies, however, come to OPG from lottery or horseracing because the former already gives to schools, and the later is regulated in a different way.

So with funding in place, OPG partnered with UCLA to address the needs identified. We had many stakeholder meetings of patients, academics, family members, and so on. We settled initially on using the money to create a six-component toolbox with the initial \$5 million. Note that the rest of treatment for alcohol and drug problems had \$400 million, so we really needed to think smart about how to build out the resources. Other models of developing treatment have states giving money to counties and counties decide how to spend the money. Instead, we decided to keep the funds dedicated to

gambling and focused on this statewide program so we did not lose time getting the treatment to those who need it.

This involved developing a six-component program. First was a training program. We settled on thirty hours of free continuing education by national experts to develop a workforce to provide evidence-based practice (EBP). This results in about 500 trained therapists across ten to eleven trainings. In contrast, when we started, there were only three providers near Los Angeles who had more than a year's worth of experience, so expanding work force was imperative.

Second, we wanted to make the helpline more permanent. We developed six free telephone counseling sessions. These are available in many languages - English, Spanish, and Asian languages such as Chinese, Mandarin dialect, standard Cantonese, Vietnamese, and Korean.

Third, we developed an outpatient network of state trained providers who we trained and assessed for proper licensure and insurance. This resulted in about 250 licensed individuals who are authorized and delivering services, the best way they know how and in their own style, to address gambling problems. The sessions they provide are free to the patients they see, and paid for by the state funds (up to eight sessions generally, with a way to appeal for extended services if needed). The network is online. There is also paid supervision for providers. And we use an online tracking database to collect clinical information across all patients in the system, as well as tracking those who leave.

A fourth component was to pilot treatment for twelve intensive outpatient slots. The fifth component was for a pilot of ten residential treatment beds. Finally, the sixth component is a clinical innovations program to explore clinical trials for newer treatments, expanding a cognitive behavioral manual for gambling, developing a workbook for families of gamblers, and even mindfulness training for gamblers. We are trying to be truly

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Bridging the Gap

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translational, having research feeding back into treatment as quickly as possible.

NAP: *You have covered a lot of ground in such a short time. Tell us now about your therapist training. JW and DML, how did you get involved in the CPGTSP?*

DML: I was presenting a talk at a national gambling conference and some of TWF's colleagues asked me to help with their training. I developed some materials with them - introductions to problem gambling and elements of treatment. They then came up with a basic presentation; and then all the presenters added in material/suggestions. The materials evolved like that over time. I currently work as a trainer for the project.

JW: I currently work as a trainer to provide clinical training to therapists who will work directly with the clients. I met TWF at a gambling conference several years ago, expressed an interest in being a trainer, and he followed up. I received materials covering the foundations of information to present but I have free reign for how to present the material to the trainees.

NAP: *What EBPs are you using for the training?*

JW: Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Brief Interventions, and then efforts to address issues around comorbidity. Most of this training is based on the work of Nancy Petry, David Hodgins, and Robert Ladouceur.

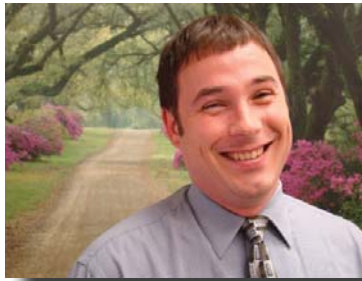
DML: The focus is on general approach to treating problem gambling. When we talk about EBPs, focusing on CBT and MI, we do not do a full training on either. Instead, we are giving overview to familiarize the trainees with how these can be used. John Grant, a psychiatrist, also talks about medication approaches worth consideration.

NAP: *Are there any specific publications you recommend to trainees and others?*

JW: Wulfert, Blanchard, and Martell (2003) show how to use motivational interviewing with a pathological gambling case, highlighting the types of issues that

can arise. A review article by Morasco, Weinstock, Ledgerwood, and Petry (2007) help clinicians understand the psychological issues gamblers face. From a more research-oriented perspective, I recommend review of the randomized clinical trials research on gambling (Hodgins, Currie, Currie, & Fick, 2009; Petry et al., 2006; Petry, Weinstock, Ledgerwood, & Morasco, 2008; Sylvain, Ladouceur, & Boisvert, 1997).

TWF: We have a lot of material on the



Jeremiah Weinstock

project website www.problemgambling.ca.gov. I also suggest reading the situational assessment we completed (Volberg, Ruggle, Rosenthal, & Fong, 2004).

DML: Miller and Rollnick (2002) for sure. Petry (2005) on pathological gambling is a good resource. Also, Carroll (1998) on CBT for cocaine dependence, available for free online at <http://archives.drugabuse.gov/txmanuals/CBT/CBT19.html>, and the Treatment Improvement Protocols (TIP) 42 (Stacks & Ries, 2005) on co-occurring disorders treatment, also online for free at www.ncbi.nlm.nih.gov/books/NBK14528/. Finally, there is an informative review article on gambling in Asian populations by Loo, Raylu, and Oei (2008).

NAP: *Who are the clinicians being trained?*

TWF: For the outpatient network, all clinicians have a license in the state of California and are at the masters-degree level or higher.

JW: The training levels vary dramatically by counselor. We can have licensed marriage and family therapists, licensed professional counselors, and doctoral level counselors who may all range from beginners to people who have been in the field working as clinicians for twenty to thirty years.

NAP: *What challenges come up that are*

helpful to note for other trainers?

DML: All things inherent to training a broad audience. The trainees are at different points of development with their therapy skills. At times, however, this is a plus. We have breakout sessions for case discussion, and clinicians with diverse backgrounds bring different perspectives on cases. It sparks interesting discussions.

The training was long too - four days. Now it is three days because we have some of the training material online now. That helps take up less time on basic material and allows us to focus on these other deeper clinical issues in person.

NAP: *Are there any content challenges?*

DML: Not really. One thing is making sure we have the right people training on the right topics. For instance, we have speakers from experienced agencies come in on topics like cultural competency. We do not use one trainer to train on everything. It is good to bring in different speakers for their expertise and it helps maintain interest with long training days.

JW: The classroom we have is very diverse. Some have more clinical acumen than others. And gambling is somewhat culturally bound. What happens for someone is Hmong, or from a Chinese background is different than for someone from another cultural group. We have to work to help people understand these differences.

NAP: *What other cultural issues come up that are important to note for training?*

JW: Knowledge of how gambling fits into Asian cultures is important. It is simply different from Caucasian groups. Or with Hindus, they have what is a civic prohibition in India against this, so if they are here and gamble, it has more meaning in terms of the impact. There are differences based on many aspects of culture, such as religiosity and other factors. More experienced clinicians sometimes have a better sensitivity to these matters. Similarly, there are varied levels of familiarity with how gambling may present itself and what is acceptable or not. Some of what we see is unique to California because there is so much diversity there and a lot of respect for it. The program does well at this and wants

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Bridging the Gap

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to be good at this.

NAP: *What do you wish you had more of to help you do this work?*

DML: More funding for clinical research. Many gambling researchers are relying on foundation money. Problem gambling has become a bigger field, but it is somewhat orphaned and needs more funding to support the work, such as through the National Institutes of Health.

JW: I am always looking for ways to help trainees get a sense of what pathological gambling looks like. Marc Lefkowitz, who is a certified gambling counselor from Riverside County, comes to the training and provides this kind of insight from a Gambler's Anonymous (GA) perspective. He brings in volunteers from GA to talk about it and trainees hear someone tell their story. It's important that counselors get a sense of how it may present differently than other addictions - there are differences. Only about 1% of the population has pathological gambling, so many clinicians are not exposed to gamblers - and so this helps to bring material alive.

And while the training brings individuals with gambling problems from GA, and it is helpful to bring the material to life, we need to recognize that these individuals are a subset of people with a gambling problem. Many individuals with gambling problems never attend a GA meeting and so this sample is not as representative as is found in other clinical settings. That is why they add movie clips and other materials to help broaden this out.

NAP: *Yes, I understand they show the movie clips - for example *Owning Mahowny* (2003) and *The Gambler* (1974). The website TWF mentioned has a listing of gambling movies under their resources. These are good for trainers to know about for teaching more generally. Where are the "aha's" on differences when you do the trainings?*

JW: I see this when we talk about triggers. Counselors are sometimes surprised to learn that, like with other addictions, the problem behavior often occurs in response to maladaptive coping. So for instance,

someone has a fight with their spouse and in reaction, they go gamble.

NAP: *So for the counselors, learning how the gambling is used to cope with a bad situation is new, rather than causing the problem in the first place?*

JW: Yes, exactly, this is soothing for the client. Whereas someone with another addiction might drink to cope with the negative feelings, the gamblers gamble.



David M. Ledgerwood

NAP: *Anything else you might like to share on how we can better bridge the gap?*

DML: In a perfect world, training does not stop at the four days; there are ongoing trainings with longer-term commitments between trainers and trainees. The phone supervision provided by the CPGTSP is good. But I would like to see more ongoing relationships and follow up evaluations. In a perfect world, too, there are unlimited resources to support all this work!

JW: We need to remember that medical or psychological comorbidity are common among problem gamblers.

TWF: We have been able to do a lot with the great leadership at OPG. Terry Sue Canale, the current deputy director of OPG, has provided excellent leadership. However, as of 2014, if no dedicated funding develops, this treatment will cease to exist. Going forward we are not sure how the OPG will be organized in the state system. As it is now, the patients are getting a great value. And they can continue in treatment beyond what we offer if they can pay for it themselves, sign up for medical care, etc. We are working hard to help get them started so they can then transition to taking care of themselves, rather than having the state pay for all of it. So we are concentrating on showing the value of the investment

of these funds, and trying to make clear, with data, what they money buys and also what might happen if the funding is cut.

NAP: *This part of the gap really makes it clear how research and clinical work go hand in hand to make positive change happen. Thanks all.*

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Annual SoAP Call for Fellows Nominations

The SoAP Fellows and Awards Committee invites nominations of SoAP members for potential election to Fellow status in the American Psychological Association.

The DEADLINE for receipt of nominations is December 9, 2011. The DEADLINE for receipt of application materials (i.e., nominee's materials and endorsers' letters) is January 6, 2012.

Late applications will not be considered in the current review cycle. Nominations may be made by any member or Fellow of the SoAP; self-nominations are acceptable.

Under the ByLaws of the American Psychological Association, Fellowship is an honor bestowed upon members who have made an "unusual and outstanding contribution or performance in the field of psychology." The SoAP wishes to recognize its members who have had a significant impact on the specialty of addictive behaviors within the areas of science, teaching and training, service delivery, administration, policy development, and/or advocacy. Seniority or professional competence alone is insufficient to achieve Fellowship. Fellows' contributions are seen as having enriched or advanced the field of addictive behaviors well beyond that normally expected of a professional psychologist.

In order to be considered for Fellow status, members must meet both APA and SoAP requirements. APA requirements include: (a) the receipt of a doctoral degree based in part upon a psychological dissertation, or from a program primarily psychological in nature, and conferred by a graduate school of recognized standing; (b) prior membership as an APA member for at least one year and membership in the SoAP through which the nomination is made; (c) active engagement at the

time of nomination in the advancement of psychology in any of its aspects; and (d) five years of acceptable professional experience subsequent to the granting of the doctoral degree. The SoAP additionally requires: (a) current engagement in education and training, practice, or research in addictive behaviors; (b) at least three of the five years of post-doctoral professional experience in addictive behaviors; and (c) membership in the SoAP for at least one year.

Nominees for Fellow status will be asked to complete the APA's Uniform Fellow Application and related materials, and to solicit evaluations from three or more APA Fellows, at least two of whom must be Fellows in the SoAP. Completed applications are reviewed by the Fellowship Committee, which submits its recommendations to the SoAP's Executive Board; nominations are sent forward to the APA's Membership Committee for final approval. Members of the Fellowship Committee or Executive Board who submit evaluations of a nominee do not vote on that nominee. New Fellows are announced at the SoAP's annual business meeting during the APA Convention.

Letters of nomination should be sent to the Fellows and Awards Committee at the following address:

Fellows and Awards Committee
c/o Sandra A. Brown, Chair
University of California, San Diego
Department of Psychology & Psychiatry
9500 Gilman Dr., MC0109
La Jolla, CA 92093-0109

For further information, please contact sanbrown@ucsd.edu.

Council Report: August 2011 Meeting of the APA Council of Representatives

Raymond F. Hanbury and Jalie A. Tucker

APA's governing body, the Council of Representatives, met on August 3rd and 5th in conjunction with the annual convention held in Washington, DC. This meeting was the second of two annual Council meetings. The August meeting was chaired by APA President Melba Vasquez. There were thirty-nine agenda items. Items and reports that pertain to or are of interest to the Society of Addiction Psychology (SoAP) are summarized below.

Presidential Report:

President Vasquez reported on the various task forces that are part of her presidential initiatives. Different task forces are focusing on social justice, immigration, education disparities, preventing discrimination, enhancing diversity, and tele-psychology. A report on the effectiveness of psychology is also being completed as a presidential initiative.

Report of the APA CEO:

CEO Norman Anderson provided an update on the APA's first strategic plan, which includes the following seven initiatives: (1) assess and restructure an organizational business model to increase member engagement; (2) conduct ongoing analysis of current and future demand for the psychology workforce to meet national needs; (3) continue to develop and promulgate treatment guidelines; (4) expand the ongoing public education campaign concerned with psychology and health and with advancing psychology as a science; (5) promote opportunities for graduate and professional development aimed at the inclusion of psychology in interdisciplinary training; (6) increase support for research, training, public education, and interventions that reduce health disparities among underserved populations; and (7) forge strategic alliances with health care organizations to include psychologists.

APA Good Governance Project (GGP):

This project, led by former APA Board of Directors members Sandra Shullman and Ron Rozensky, is seeking to assure

that APA's governance practices, processes, and structures are optimal to promote organizational efficacy and responsiveness to the rapidly changing environment. A consulting firm (Cygnet Strategy) has been hired to work with the GGP team to obtain information and input about trends and changes in the field, membership needs, and association best practices. Cygnet held a breakout session to update Council members on progress to date and to collect data from members about governance experiences and options for improvement.

Agenda Items:

Approved items that relate to the SoAP included a resolution to advocate for psychology as a STEM discipline (STEM; Science, Technology, Engineering, Mathematics); a resolution to safeguard the scientific merit of APA motions, resolutions, and reports by requiring the originators to include a sound scientific review of relevant literature; selection of disability as the next topic for Council diversity training; approval of specialty guidelines for Forensic Psychology and national standards for high school psychology curricula; and approval of new APA Fellows, including two from the SoAP - congratulations to Gregory Brigham and Mark Myers! An unresolved item that will be on a forthcoming ballot to the APA membership concerns proposed changes in the qualifications required for the life status/dues exempt category. Pro and con statements will be included with the ballot.

Convention Changes:

Also approved were changes in convention programming based on the recommendations of a task force initiated by former APA President Carol Goodheart. The total convention hours will be reduced by 20% to 1000 total hours to divisions/societies and 250 hours for central programming that will involve division/society program chairs. Each division/society will receive a minimum of ten hours of program time; additional hours will be allocated based on member attendance in preceding years. There will be a funding process

for APA and divisions to bring in high quality presenters. Another objective is to increase the visibility and number of high quality poster sessions.

APA Practice Organization (APAPO):


Katherine Nordel provided an overview of the purpose for this 501.C.6 organization that is separate from the APA, which is a 501.C.3 non-profit organization. The APAPO was established to promote advocacy for practicing psychologists. Select objectives include seeking appropriate levels of compensation, universal access to healthcare services, expanding the scope of practice, educating consumers about the value of psychological services, and working closely with state, provincial, and territorial associations and practice-oriented divisions/societies.

Professional Affairs:

Geoffrey Reed, a former APA Practice Directorate staff member who now works at the W.H.O. in Geneva, Switzerland, presented on progress in the ongoing revision of the ICD-11 classification of mental health disorders. Guiding principles for the revision include advancing diagnostic schemes with broad utility to identify and manage disorders in diverse clinical and public health practice settings; preserving the integrity of the ICD classification by keeping it independent from pharmaceutical or other commercial influences, and conducting the revision in collaboration with stakeholders.

Disaster Response Network (DRN):

Margie Bird, Director of DRN, presented an overview of the network as part of the celebration of its 20th anniversary. There are approximately three thousand members, with coordinators for each state and five coordinators on the Advisory Committee to the APA Committee for the Advancement of Professional Practice. Members are first responders to such events as floods, fires, hurricanes, tornadoes, and terrorist attacks.

Next year's APA Convention in August 2012 will be in Orlando, Florida! 

Student and Trainee Perspectives

Ashley Hampton and Matt Worley

Greetings everyone! We hope that your fall semester is off to an enjoyable and productive start. As the new school year is beginning, we would like to invite all student members of the SoAP to increase their involvement. In this issue of *TAN*, we will be discussing several ways that you can become more active in the SoAP, as well as sharing with you our current work.

Reasons to Get More Involved in the SoAP:

- Excellent opportunities for networking as you work side by side with leaders in the field.
- It looks great to have professional service on your CV.
- The chance to influence exciting activities the SoAP is implementing in the field.
- Unique opportunity to represent the voice of students interested in addiction psychology.
- Stay up-to-date on important advances in the field the SoAP is involved with.

Ways That Students and Trainees Can Be Involved with SoAP Committees.

Several of the SoAP's committees encourage students to get involved by attending teleconference meetings and contributing to their ongoing initiatives. For example, we are

currently serving as volunteers for the Taskforce on Empirically-Supported Treatments. In this project we've had the opportunity to participate in a rigorous review process where we analyze relevant treatment literature and discuss our conclusions with experienced researchers, who provide helpful feedback and adjustment where needed. Learning to balance this professional service activity with the ongoing demands of graduate school has at times been challenging, but rewarding as well, as we've been able to practice the type of service commitment that many researchers and clinicians carry on throughout their academic career.

Student-focused Initiatives.

At various times activities have been specifically designed to meet the needs of the SoAP's student members. These initiatives might seek to connect students with each other or with senior members in the SoAP, such as last year's Speed Mentoring program. This project connected student members with experienced researchers for a brief mentoring session to seek their professional guidance. We could consider another round of Speed Mentoring or a similar program. One idea would be to connect students with early career psychologists for advice on navigating transitions through the internship and post-doctoral years. These

ideas and others are open for discussion and a great way for us to use the SoAP's resources for our benefit.

Current Ways to Get More Involved!

The Membership Committee is looking for student members to help out with their activities. If you are interested in getting involved, please contact the committee chair, Joel Grube at grube@prev.org. Being a student member on a committee provides the unique opportunity to directly influence the focus and work of the committee while collaborating closely with researchers and clinicians in the field.

As your current student representatives, we are very interested in hearing about what you would like to see from the SoAP, and the ways in which you would like to see the SoAP utilized to meet student needs. Would you like to see increased opportunities for networking at conferences? Would you take advantage of the opportunity to apply for small grants to fund your research? Or would you prefer having more discussion through a Listserv with other students in the field? Additionally, we would love to hear any ideas that you might have for getting more involved.

Please contact us: Ashley Hampton at ashleyhampton@temple.edu or Matt Worley at mworley@ucsd.edu. [ψ](#)

Call for 2012 APA Convention Submissions Awards Available!

As part of a R13 grant from the National Institute on Alcohol Abuse and Alcoholism (R13 AA 017107), SoAP is offering the following travel awards for the 2012 APA Convention in Orlando, Florida:

Approximately 12 travel awards (up to \$500) for individuals (at any career level) who participate in traditional symposia, panel discussions, or conversation hours with a translational research theme.

Approximately 15 travel awards (up to \$750) for psychologists within seven years of their terminal degree who submit proposals about alcohol use and its related problems. Selected presentations will be showcased at an Early Career Investigators Poster Session and Social Hour sponsored by Divisions 28, SoAP, NIAAA, and NIDA.

Please submit proposals to SoAP via APA's online submission portal. Following submission, you will be contacted about your interest in being considered for a travel award.

Get (More) Involved: Run for an Office in the Society of Addiction Psychology!

*William Zywiak and Tammy Chung,
SoAP Nominations and Elections
Committee*

This is your once-a-year opportunity to get more involved in the Society of Addiction Psychology (SoAP)! This year offers more opportunities than others in the three year election cycle. We are looking to fill five positions: (1) President-Elect, (2) Council Representative, (3) Secretary, (4) Treasurer, and (5) Member-at-Large (Science). All of the positions, except for Council Representative, will start three year terms (August 2012 - August 2015) at the close of the SoAP Business Meeting in Orlando, Florida. The Council Representative's three year term will begin January 2013, to coincide with the terms of Council Representatives across APA.

You are already devoting considerable time treating and/or conducting research with individuals with addictive behaviors. Here is your opportunity to have an influence in the field at the national level. Self-nominations are invited and you only need 23 Society members to nominate you to be placed on the ballot (deadline: mid-January). First author will solicit nominations through the SoAP Listserv later this year for you. Candidate biographies will run in the Spring 2012 issue of TAN. The (electronic or paper) ballot will be distributed by APA Central Office in April or May 2012. All SoAP Members and Fellows are eligible to run for office and up to three candidates may run for any office. The race is wide open for the first four offices described below:

President-Elect:

As is true every year, we are seeking nominations for President-Elect. The term of the President-Elect will overlap with the 2011-2012 President Warren Bickel, and the 2012-2013 President, Sara Jo Nixon. The President-Elect is recognized and functions as the Vice President, spending the first year getting oriented to the current board, observing the activities of

the SoAP, contributing ideas to the strategic planning for the upcoming year, planning for their presidential year (such as identifying a convention chair for APA 2014 in Washington DC) and participating in other activities as requested by the President and Board of Directors. After completing the President-Elect year, the President presides at all meetings of the SoAP Membership and Board of Directors as Chair-person, and performs other duties consistent with the Bylaws and that s/he or the Board of Directors shall deem necessary and/or appropriate to the functioning of the SoAP. At the end of the year s/he serves, the President gives the Society Presidential Address at the APA convention (2014 in Washington DC). The President's travel to APA during the year s/he gives the Presidential Address is reimbursed by SoAP.

Council Representative:

The responsibilities of this office include attendance to the two APA Council meetings per year. One meeting is held on the days before and after the Annual APA Convention. The second meeting is held for two days in early February in Washington DC (expenses are covered by APA and SoAP for the second meeting). The meetings involve all major policy decisions made by our professional organization. Additionally, the representative observes the APA leadership in action and participates in funding decisions. At each meeting, interest groups meet to discuss and develop proposals that are brought before the Board. It is through these caucuses that policy proposals and position statements are negotiated. Thus, the Representative can have a strong voice for the SoAP. The Council Representative provides a brief written summary of important aspects of the meeting for TAN, as well as presenting this information to SoAP leadership.

Secretary:

The Secretary records minutes of all meetings of the SoAP and submits these minutes to the SoAP President.

The Secretary also assists in e-mail reminders and distributing electronic material for upcoming meetings/conference calls.

Treasurer:

The treasurer collects dues and special assessments, keeps financial records, reimburses members and third parties for approved SoAP expenses, and prepares annual reports and tax returns.

Member-at-Large (Science):

Thank you to the two candidates, Joseph LaBrie and Krista Lisdahl Medina, who have already volunteered to run for this Member-at-Large position. One candidate slot remains open! This particular Member-at-Large position serves a liaison function between SoAP and the more "science-oriented" divisions such as Division 28 (psychopharmacology) as well as APA's science directorate. This position involves regular communication with Division 28 leadership, APA science directorate briefings, and the science directorate's planning retreat in December. These responsibilities are in addition to involvement in the more general leadership responsibilities shared by the entire SoAP executive committee.

Elected officers are expected to attend the Business Meeting and the Board Meeting at the next four APA Conventions (Orlando, Honolulu, Washington DC, and Toronto). Elected officers are also expected to participate in monthly conference calls. We would like to thank the current officers for their time and important contributions to SoAP in these respective roles: Warren Bickel, Jalie Tucker, Ameer Patel, Jennifer Buckman, and Clayton Neighbors!

If you are interested in running or would like to nominate someone or suggest a possible candidate, please e-mail Bill at Zywiak@pire.org or Tammy at Chungta@upmc.edu.

We look forward to hearing from you! ♡

2011 APA Educational Leadership Conference: Interdisciplinary and Interprofessionalism Teaching, Research and Practice

*Rachel E. Wiley,
Student Representative Education
& Training Committee*

*Cynthia Glidden-Tracey,
Co-Chair Education & Training
Committee*

“PROTECT” and “FUND” - We used these two words frequently throughout the 10th annual APA Educational Leadership Conference (ELC) where we had the opportunity of representing the SoAP (Division 50). The SoAP was among a total of 56 organizations represented, including APA Divisions, Psychology Education and Training Organizations, Governance Groups, and invited speakers.

Washington, DC was a somber city because the conference coincided with the 10th anniversary of the tragedies of 9/11/2001. The conference began on September 11th with a moment of silence for those who lost their lives and for the soldiers who serve our country. Plenary sessions followed on advancing interdisciplinary science and the challenges faced by departments offering graduate training in research. Linda Smith, chair of the Department of Psychological and Brain Sciences at Indiana University - Bloomington, presented information on the need for “area-less” research training programs with a committee advisory team from multiple disciplines including medical, educational, technical, and psychological sciences. An emphasis was placed on allowing psychology to be a central hub that is connected to a variety of different sciences, rather than standing alone, like an independent silo.

Carol Aschenbrener, Executive Vice President of the Association of American Medical Colleges, continued the morning discussions by introducing core competencies for interprofessional

collaborative care in which health professionals work together. Four main competency areas presented for collaboration included: (1) values and ethics, (2) roles and responsibilities, (3) inter-professional communications, and (4) teamwork. The “science of team science” was presented by Bonnie Spring, Professor of Preventive Medicine, Psychology, and Psychiatry at Northwestern University. She was a dynamic speaker who described issues including “Allen’s Law” in which collaboration effectiveness declines when co-partners or co-workers are more than thirty meters apart. She provided information on TeamScience (<http://teamscience.net/>), a free website providing online assistance for leveraging the science of collaborative effort. Convenient for busy researchers and adult learners to utilize, TeamScience also can complement classroom learning. The website also has self-assessments and a library of resources for researchers and instructors. Debra Rowe of the US Partnership for Education for Sustainable Development emphasized the role of psychology to help people develop knowledge, values, and skills to make better decisions to improve the quality of life and reduce human suffering without damaging the planet for the future.

Additional presentations included topics related to interdisciplinary learning in STEM disciplines, teaching practices, and creating collaborative partnerships and projects. We learned about ways to create interdisciplinary learning goals and move beyond institutional barriers. In the afternoon, participants selected a discussion group to attend, on topics related to training for (1) team science, (2) primary care, (3) interdisciplinary research careers, (4) academic administration issues, (5) interdisciplinary teaching, (6) technology for collaboration, and (7)

containing conflict in teams.

Monday, September 12th the ELC continued with discussion points presented from each of the previous day’s discussion groups. These groups answered questions related to diversity issues, ethical considerations, implications of the topic for future psychologists, promising practices to promote advancement or excellence related to the topic, and what the APA should do to help. Discussion group leaders developed two multiple choice questions to present to ELC attendees. Modeling collaborative participation, attendees were provided with clicker technology that polled the audience on question responses. The results of the answers were immediately presented on the conference screen to show the results to the group at large. Individuals were able to ask additional questions and share comments with the presenters.

In the afternoon, presenters discussed current and potential Graduate Psychology Education (GPE) projects to help familiarize the ELC attendees with this grant program. Dennis Freeman presented on the Cherokee Health Systems and described how they embed behavioral health consultants with their primary care team. This integration allows professionals to manage both psychosocial and medical issues. Behavioral healthcare providers assist patients in applying behavioral principles to address lifestyle and health risks while emphasizing prevention, self-help, resiliency, and personal responsibility. Gilbert Newman continued the discussion on public health systems and integrated health psychology training programs. He reported that the GPE grant they received for the Wright Institute Clinical Services enabled their program to expand from one to four community

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APA Leadership...

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health centers and increase their training opportunities from four to nine students, and add two postdoctoral positions.

Monday afternoon continued with preparation for our Capitol Hill visits. We received excellent training, chanting "PROTECT" and "FUND" on opposite sides of the room. We role played ways to advocate for the GPE program by urging members of the Congress and Senate to protect and support funding for the GPE program within the Health Resources and Services Administration at the highest level possible. These words were particularly relevant for this year's advocacy efforts, due to the massive budget and program cuts being proposed. Conference participants were asked to sit at tables designated for their state. Groups by US State were then encouraged to discuss the unmet mental and behavioral health needs of underserved populations in our communities, including racial and ethnic minorities, older adults, children, chronically ill persons, trauma survivors, veterans, and unemployed persons.

The room was filled with energy as ELC attendees practiced receiving push back from Federal Education Advocacy Coordinators (FEDACs) who were playing the roles of Congresspersons. Rachel had the opportunity to role play the Hill visits discussion with past APA president and current presidential candidate James Bray. He provided guidance on ways to provide a personal clinical experience that would interest the state representatives. From this interaction, Rachel provided an example of a veteran she assisted in her current internship that was in need of immediate psychological support services due to his suicidal thoughts and substance abuse. Cynthia discussed the needs for strong education for psychology trainees to recognize and address clients who are experiencing homicidal or violent thoughts. Philinda Hutchings, a FEDAC and professor at Midwestern University Medical School in Glendale, Arizona discussed how health care costs are twice as high in diabetes and heart disease patients when they also exhibit depression, but treatment outcomes in such cases improve with inclusion of behavioral health integrated into medical care.

On September 13th our advocacy team, including the three constituents from

Arizona, visited the Congressional offices of Senators McCain and Kyl, and with the staffs of four Members of the House. In one instance we got to meet directly with Congressman Ben Quayle. We discussed the contributions that psychology trainees and psychologists make and can make in our community for underserved populations through integrated health care settings. We each emphasized the crucial need to protect and fund programs to enhance education of current and future psychologists to provide such important contributions to both research and practice. We informed and reminded those with whom we met that the GPE program is the nation's only federal program dedicated solely to the education and training of doctoral-level psychologists. Each representative was given a packet of information on the GPE program before we left. We also left an encouraging card and packet for Arizona Congresswoman Gabrielle Giffords who continues to recover from the shooting in Tucson earlier this year.

We appreciate the support of the SoAP to attend the Education Leadership Conference. Questions about the ELC may be directed to Cynthia Glidden-Tracey at cglidden@asu.edu.^ψ

Press Release: Launch of the National Quit and Recovery Registry

Virginia Tech Carilion Research Institute News Release

Surprisingly, in the scientific study there has not been a concerted and enduring effort to learn from those in recovery in order to assist other in throes of addiction or to inform and improve addiction treatment. This situation has recently changed with the launch of the National Quit & Recovery Registry (<https://quitandrecovery.org/>) on September 29th. The goal of the National Quit and Recovery Registry is to reach out to individuals who have successfully quit an addiction for a year or longer and to learn

from them scientifically about the process of recovery. The registry is led by Warren Bickel, Director of the Advanced Recovery Research Center of the Virginia Tech Carilion Research Institute.

"No one has ever systematically looked at people in long-term recovery for clues about beating addiction," Bickel said. "There is so much to learn," Bickel added. "We can learn what methods these recovery heroes used to quit their addiction, and what strategies they use to remain in recovery when faced with challenging circumstances, such as the temptations associated

with the holidays. We can learn about their decision-making skills. And, with neuroimaging techniques, we can learn how their success impacts their brain function."

During a September 30th press conference announcing the registry launch, Dr. Nora Volkow, director of the National Institute on Drug Abuse, said she hopes the registry will inspire more researchers to focus on recovery. "Most of the research that has been done up to now has focused on that immediate intervention that would allow a person to stop taking drugs," she said. "Much

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Press Release...

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less is known about recovery."

Volkow said that data are lacking not only about the percentage of addicts who eventually recover but also about the process of recovery. "What are the active ingredients," she asked, "that can help us predict who is more likely to be successful and who is more vulnerable, so we can intervene accordingly?"


The costs of failing to intervene appropriately are high for individuals, their families, and society. According to the National Institute on Drug Abuse, substance abuse alone costs the United States more than \$600 billion annually in health care expenditures, crime-related costs, and lost productivity. As dramatic as this number is, it fails to fully capture the human costs of

addiction, including destroyed health, premature death, family disintegration, domestic violence, child abuse and neglect, and threats to public safety.

"Given the enormity of the problem," Bickel said, "we're hoping this database will become a national resource."

On an anonymous and confidential basis, registry participants known as recovery heroes, provide scientists with information about their addictions and their paths to recovery. They also indicate the level of their willingness to volunteer for studies, which may involve the completion of online questionnaires or the undertaking of web-based tasks. In some cases, registrants may be invited to participate in more detailed studies at the Virginia Tech Carilion Research Institute or at a collaborating site. Those in recovery are also invited to share the stories of their triumphs online.

Volkow pointed to the importance of these stories in helping to overcome a major obstacle in society's struggle with addiction: stigmatization. "We need to stop the silence," she said. "And the only way we're going to stop the stigmatization is by speaking up." Volkow went on to call Bickel's idea "brilliant" because it creates a platform for allowing people to speak up and it highlights success in recovery.

The Virginia Tech Carilion School of Medicine and Research Institute joins the basic science, life science, bioinformatics, and engineering strengths of Virginia Tech with the medical practice and medical education experience of Carilion Clinic. Virginia Tech Carilion is located in a new biomedical health sciences campus in Roanoke at 2 Riverside Circle. For more information, visit <http://research.vtc.vt.edu>. 

Update from National Conference on Addictive Disorders 2011

*Daniel Yalisove,
John Jay College of Criminal
Justice, City University of New York*

*Nancy A. Piotrowski,
Capella University*

The National Conference on Addictive Disorders (NCAD) is an annual meeting organized by the National Association of Alcohol and Drug Abuse Counselors (NAADAC, www.naadac.org) in conjunction with National Association of Addiction Treatment Providers (NAATP, www.naatp.org/) and International Coalition for Addiction Studies Educators (INCASE, www.incase-edu.net).

- **NAADAC** currently describes itself as the association for professionals in addiction. It is a multidisciplinary group focused on serving the broader needs of addictions professionals. However, it is predominantly composed of alcohol and drug counselors, while also including individuals from other professions such as social

workers, psychologists, public health professionals, and medical doctors.

- **NAATP** has a mission to provide leadership, advocacy, training, and other services to assure the continued availability and highest quality of addiction treatment.
- **INCASE** is a small, multidisciplinary grass roots organization for educators in the substance use area founded in 1990. The group is primarily concerned with education for counselors related to substance use in higher education settings.

The 2011 meeting took place in San Diego and included approximately 1,200 attendees, 200 of which were exhibitors in addictions treatment, technology, education, and other areas. Many of the continuing education activities offered related to treatment, workforce development, program management, and anticipated changes in treatment provision related

to healthcare reform and health information technology. There also were presentations on legislative efforts to create or change licensing laws for alcohol and drug counselors in many states. Recommendations by presenters included mention that many of these legislative efforts will include clauses affecting who can supervise anyone in training to provide addictions treatment. Further, note was made regarding efforts to have required credentials for anyone who is providing education in addictions, as well as program-level accreditation for any program advertising itself as training individuals to do any type of work in addictions. As such, these efforts need close monitoring and involvement by the addiction psychology community.

INCASE is influencing the process related to these matters. The organization has just completed a process of developing

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Addictive Conference...

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accreditation standards for addiction studies programs in conjunction with NAADAC. As a result, there is a new organization called the National Addiction Studies Accreditation Commission (NASAC). This organization will soon be able to review addiction

studies programs and accredit them for a fee. Information about NASAC and the accreditation process will be on their website, which will go live soon. A link will be available from the INCASE website. Please also note that while INCASE had previously offered an accreditation process for programs, that process will now be available only from NASAC.

Given the gravity of these developments, we encourage those of you involved in addiction studies education and technology transfer to explore and review the work of NAADAC, INCASE, and NASAC. Contact Daniel Yalisove at dyalisove@jjay.cuny.edu if you have questions about INCASE, or Nancy Piotrowski at napiotrowski@yahoo.com about other items noted here. Ψ

Introduction to the Board of Scientific Affairs

SoAP member Jalie A. Tucker has been elected to the American Psychological Association Board of Scientific Affairs (BSA) for a three year term (2011-2013). Jalie serves as a member seat for health psychology/public health. She is also one of the SoAP's two Council of Representatives members.

The BSA is one of the major APA boards responsible for oversight of a key domain of psychological knowledge and activity on behalf of the association and its members. The BSA is concerned with all aspects of psychology as a science and is the primary advisory body to the APA Science Directorate. Along with its committees and affiliated groups, the BSA contributes to scientific programming at the annual convention, advises on APA's relationships with other scientific organizations, provides guidance to APA government relations staff on issues related to research funding and policies, recognizes scientific achievements, and proposes and refines new APA policies and activities for advancing psychological science. Members of the BSA are selected to represent the range of interests characteristic of psychology

in all its aspects.

The BSA and APA Science Directorate sponsor an annual Science Leadership Conference in Washington, DC. In non-election years, the conference includes Congressional visits and advocacy on a current scientific funding issue. The 2011 theme is "Psychological Science and Substance Abuse" with advocacy for increased federal funding for basic and translational psychological research and training in substance use and related behaviors. The topic was targeted because of the widespread negative impact of substance misuse, the pending merger of NIDA and NIAAA, and the longstanding contributions of psychological science in the content area.

Other major APA boards include the Board of Directors, the administrative agent of Council, Board for the Advancement of Psychology in the Public Interest, Board of Convention Affairs, Board of Educational Affairs, Board of Professional Affairs, Membership Board, and Policy and Planning Board. Nominations for major boards and committees are solicited annually

from the APA membership, boards and committees, divisions, and state/provincial psychological associations. Slates are formed for election by each board and committee depending on their needs for member expertise in a given year. The slates are reviewed by the APA Board of Directors before the final ballot goes to members of the APA Council of Representatives for voting.

Jalie A. Tucker is Professor and Chair of the Department of Health Behavior, School of Public Health at the University of Alabama at Birmingham. She has served the Society in numerous roles since 1993, including as President (1993-1994) and as a four term division representative to the Council of Representatives (1998-2003; 2007-2012), the governing body of the APA. She also served as member and chair of the APA Board of Professional Affairs (2002-2004), which is responsible for developing recommendations for and monitoring the implementation of APA policy, standards and guidelines for the profession of psychology. She is a Charter Fellow of SoAP. Ψ

**Help the SoAP
(Division 50)
Earn a
Second
Representative
on the APA
Council!**

In early November you will receive an appointment ballot from the APA that will determine division and state representation of the APA Council of Representatives. You have ten votes to allocate across any divisions or state associations of which you are a member. Each organization is guaranteed at least one council representative. Last year the SoAP came close to receiving enough votes to gain a second representative! Your

votes may make little difference to smaller or larger divisions, but they can help the SoAP double its voice within the APA. Therefore, the Board of Directors urges you to allocate all ten of your votes to the SoAP! Be sure to mail in your ballot so that it is received by the deadline. This will ensure that we can represent your interests at APA Council!



Alcohol Use and the Transition to College

*Alvaro Vergés and Kenneth J. Sher,
University of Missouri - Columbia
and the Midwest Alcoholism
Research Center*

For “traditional” college students, entrance into college is a major transition of emerging adulthood, in which students face the challenges of adjusting to a new environment while managing increasing levels of independence. Epidemiological data has consistently shown that the college years are the time in life that is associated with the highest rates of heavy alcohol consumption and alcohol-related problems. Within this period, individuals attending traditional, four-year residential campuses appear to be at particularly high risk for heavy alcohol involvement and alcohol problems (e.g., Vergés & Sher, in press). For example, using a nationally representative sample, Slutske (2005) reported that college students have higher rates of alcohol use and alcohol abuse than their non-attending peers, although no difference was found in alcohol dependence.

There is a body of evidence suggesting that the college environment plays a significant role in drinking patterns. O’Malley and Johnston (2002) showed that students who go on to college report lower rates of heavy drinking during high school than those who do not go on to college; however, after high school, college students exhibit a higher increase in heavy drinking than their non-student peers. Moreover, Slutske et al. (2004) reported data from a twin study indicating that after controlling for genetic similarity, college students have higher maximum quantity of alcohol consumed compared to their non-attending twins. It must be emphasized, there are large differences in both drinking and binge drinking rates across different types of campuses (Presley, Meilman, & Leichliter, 2002; Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994). Additionally, those students who live with their own families off campus look much more similar to non-students

than to their collegiate peers who live on campus or off-campus with their classmates (Dawson, Grant, Stinson, & Chou, 2004).

Research focusing on individual differences among college students has shown that individual characteristics are also important in order to predict who will experience higher increases in alcohol use during college. Sher and Rutledge (2007) analyzed data from incoming freshmen at a large Midwestern university, showing that heavy drinking during the first semester of college can be predicted from a number of precollege variables. In particular, although participants in the study reported a significant increase in heavy alcohol use from precollege to college, the best predictor of college heavy drinking was precollege heavy drinking, suggesting that heavy alcohol consumption in college can be understood, in part, as the continuation and escalation of a problematic behavior rather than as a drastic change triggered by the transition to college. In addition, precollege peer drinking norms, precollege college-party motivation, and precollege cigarette use significantly predicted both precollege and college heavy drinking. The fact that precollege peer drinking norms predicted future alcohol involvement is particularly relevant. It further suggests that the transition to a new environment should not be viewed as simply the nature of an individual’s drinking network changes as much as one might expect. Instead, students seem to “carry their environments with them,” that is, heavy-drinking individuals rapidly associate with heavy drinking-peers, thus maintaining a drinking-support network similar to the one they had previous to college.

One environmental factor that has been found to be strongly associated with heavy alcohol use during college is involvement in Greek organizations. Indeed, Park, Sher, and Krull (2008) found that changes in Greek status during college were associated with changes in reports of peer norms, alcohol

availability, and alcohol use, suggesting that alcohol involvement tracks Greek status over time. However, Bartholow, Sher, and Krull (2003) showed that the effect of Greek involvement on heavy drinking did not persist after college so that the Greek effect seems to be limited to college years. Moreover, there is evidence that intention to join a Greek organization predicts higher levels of alcohol use among entering freshmen (Werner & Greene, 1992) and that heavy-drinking freshmen are more likely to join a Greek organization (O’Connor, Cooper, & Thiel, 1996) suggesting a selection effect. Park, Sher, and Krull (2009) investigated both selection and socialization effects of type of residence. They showed that precollege binge drinking predicted joining a Greek organization, which suggests that students actively select environments that are consistent with their ongoing alcohol use and that might even facilitate it. At the same time, socialization effects were also found in that living in certain fraternity houses was associated with a higher frequency of heavy drinking even after controlling for precollege drinking.

Beyond pure selection and socialization processes, it is possible to examine how individual characteristics interact with the social environment to predict heavy alcohol use in college. Grekin and Sher (2006) found an interaction between behavioral undercontrol and Greek membership, such that Greek members had a stronger association between behavioral undercontrol and alcohol dependence symptoms than non-Greek members. Similarly, Park et al. (2006) found that alcohol use among non-Greek members was not associated with self-consciousness, alcohol use among Greek members increased with changes in self-consciousness, with this relationship differing across gender. In particular, fraternity members’ drinking increased when private and public self-consciousness decreased, whereas

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Alcohol Use, College...

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sorority members' drinking increased when private self-consciousness increased. Quinn and Fromme (2011) recently reported an interaction between personality measures and perceived awareness and caring from parents and other adults. More specifically, sensation-seeking students who reported high perceived awareness and caring by the end of high school, showed a higher increase in alcohol use and alcohol-related problems by the first semester of college compared with other students. In contrast, impulsive students who reported low perceived awareness and caring experienced a higher increase in alcohol-related problems in the transition to college. Results suggest that sensation-seeking during high school is masked by a protective environment and their effects on alcohol use emerge during the transition to college. However, in the case of impulsive students, the guidance and support provided by parents during high school seems to have persistent effects even outside the direct parental influence. This is consistent with reports of the parental influence on choice of alcohol using friends during college which, in turn, predicts subsequent alcohol use (Abar & Turrisi, 2008). Taken together, these findings suggest that the college environment can have very different effects depending on the personality characteristics of the students and their social environment previous to college.

In sum, recent studies have shown the complexity of the factors that influence alcohol use among individuals experiencing the transition to college. There is considerable heterogeneity in drinking rates across colleges and further heterogeneity within campuses. Both kinds of heterogeneity reflect, in part, differences that students bring to their campuses. While much of this heterogeneity is due to such selection effects, the campus environment exerts reciprocal effects on student drinking, reinforcing preexisting patterns. The role of individual differences in moderating collegiate

environmental effects highlights the importance of recognizing both person and environmental factors in designing effective interventions to reduce problematic collegiate alcohol use.

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Call for Awards Nominations

SoAP (Division 50) seeks nominations for its 2012 awards, which will be announced at APA's 2012 Annual Convention. Awards for 2012 include (a) Distinguished Scientific Early Career Contributions, (b) Distinguished Scientific Contributions to Public Interest, (c) Outstanding Contributions to Advancing the Understanding of Addictions, and (d) Presidential Citation for Distinguished Service to the SoAP. Information on award qualifications and nominations can be found on the SoAP's website at <http://www.apa.org/about/division/div50.html>.

The DEADLINE for receipt of all award nominations and relevant materials is May 2, 2012.

Nominations and related materials should be sent to the Fellows and Awards Committee at the following address:

Fellows and Awards Committee
c/o Sandra A. Brown, Chair
University of California, San Diego
Department of Psychology & Psychiatry
9500 Gilman Dr., MC0109
La Jolla, CA 92093-0109

For further information, please contact sanbrown@ucsd.edu.

The Magic Number 21: Transitions in Drinking

Dawn W. Foster, Lindsey M. Rodriguez, Clayton Neighbors, Angelo DiBello, & Chun-Han Chen, University of Houston

This paper describes 21 as a critical number in considering transitions in drinking at two levels: (1) at a macro level, consideration of developmental trajectories suggests that the age of 21 is the approximate apex of the typical curvilinear pattern of drinking across the lifespan, and (2) at the micro level, we discuss the 21st birthday as a unique threshold compared with other specific days/events. We conclude with a unique comparison of 21st versus 22nd birthday drinking.

Macro level: Developmental Trajectory

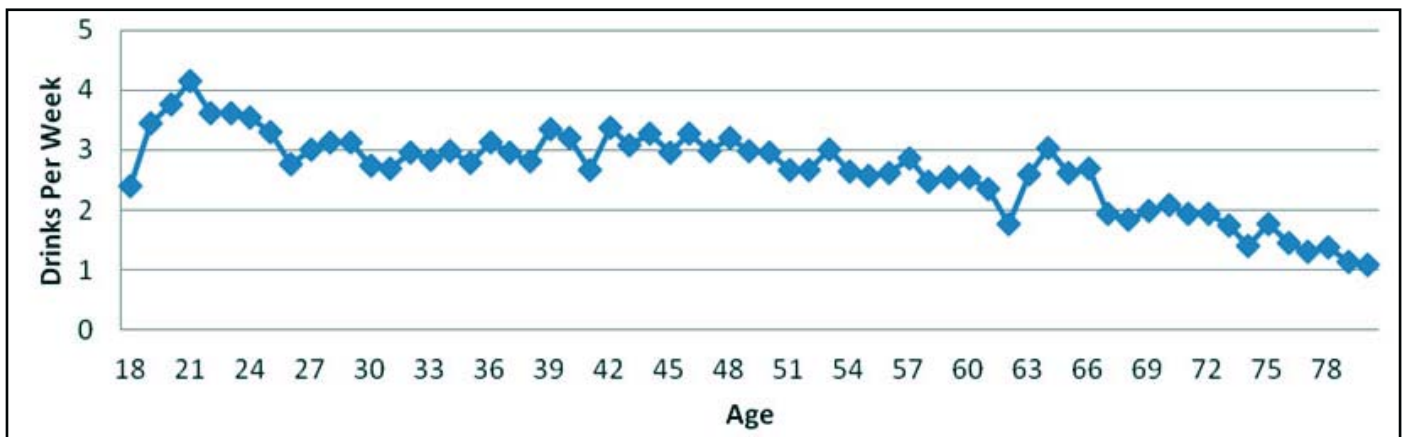
Lifetime drinking trajectory. The macro perspective of drinking transitions evaluates lifetime alcohol use. Although specifics about drinking trajectory differs between persons (Maggs & Schulenberg, 2004), on average drinking begins during adolescence, peaks at age 21, and decreases with transitions into adult roles (Bachman, O'Malley, Schulenberg, Johnston, Bryant, & Merline, 2002; Maggs & Schulenberg, 2004; Ninth Special Report to the US Congress on Alcohol and Health, 1997). Thus, it is important to understand risk factors among adolescents and young adults. Evaluations of drinking rates as a function of age from the Ninth Special

Report to the US Congress on Alcohol and Health (NESARC) data show a sharp increase in number of drinks per occasion with legal drinking age, followed by a gradual decline after the age of 21 (Figure 1; data from Chan, Neighbors, Gilson, Larimer, & Marlatt, 2007, 2009). Thus, for most young adults, heavy drinking is transitory and diminishes after peaking at age 21 (Baer, Kivlahan, Blume, McKnight, & Marlatt, 2001). There are several possible factors for why turning 21 is critical in the drinking trajectory.

Emerging adulthood. The first possible explanation for shifts in drinking

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Figure 1. Chan et al., 2007, 2009



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trajectories falls under the concept of emerging adulthood. The transition between adolescence and adulthood is characterized by high drinking prevalence (Bachman et al., 2002). Emerging adults seek an array of experiences prior to settling into adult life, experience instability (e.g., moving away from parents or into college), and have greater freedom to make decisions without needing consent from others (Arnett, 2005). The confusion created by identity construction (e.g., identity versus role confusion; Erikson, 1968) and the anxiety associated with disruptions in stability contribute to excessive alcohol use among emerging adults (Arnett, 2005). However, as emerging adults transition into adulthood and take on roles such as becoming a worker, parent, or spouse, alcohol use decreases (Schulenberg, Maggs, & O'Malley, 2003). This occurs primarily after turning 21.

Forbidden fruit. Why 21? A second explanation for shifts in drinking trajectories relates to psychological reactance (Brehm, 1966), which suggests that constraints on freedom create motivational reactance. One constraint is the legal restriction of alcohol consumption among those under 21, for whom alcohol-related reactance may lead to increased drinking (Engs & Hanson, 1989; Quick & Bates, 2010). Research supporting this perspective shows that alcohol-related reactance is positively correlated with perceived threat to drinking freedom, but not correlated with favorable attitudes toward prevention of overconsumption of alcohol (Quick & Bates, 2010). Thus, alcohol may be viewed as a 'forbidden fruit' which becomes less desirable at age 21 when the fruit is no longer forbidden.

Culture. A third explanation for shifts in drinking trajectories is culture. Research using U.S.-based samples shows that 21st birthday celebrations are associated with excessive alcohol consumption (e.g., Lewis et al., in press; Neighbors, Lee, Lewis, Fossos,

& Walter, 2009; Brister, Wetherill, & Fromme, 2011). However, no research of which we are aware has evaluated 21st birthday drinking in countries where legal drinking ages vary from none to 16-21 years. Additional research should also consider whether differences exist as a function of individual versus collectivist cultures. Further research is needed to understand cross-cultural drinking trajectories, focusing on the time period between adolescence and adulthood.

Micro level: Threshold

An alternative, micro-level perspective focuses on turning 21 as the specific threshold represented by transitioning to the legal drinking age. For those who choose to celebrate by consuming alcohol, 21st birthday drinking is often extreme, distinct, and potentially dangerous. Over half of individuals drank more on their 21st birthday than on any other previous occasion (Rutledge, Park, & Sher, 2008). Several studies have noted that 21st birthdays are associated with extreme drinking (Brister et al., 2011; Neighbors, Spieker, Oster-Aaland, Lewis, & Bergstrom, 2005; Rutledge et al., 2008) and negative alcohol-related consequences (Lewis, Lindgren, Fossos, Neighbors, & Oster-Aaland, 2009; Wetherill & Fromme, 2009). Neighbors and colleagues (2005) found 90% of students consumed alcohol to celebrate their 21st birthday, 61% drank beyond the legal driving limit, and 23% reached dangerous blood alcohol concentration (BAC) levels greater than 0.25. Among those who drank on their 21st birthday, Brister, Sher, and Fromme (2011) reported an average of 10.85 drinks on this day. Further, Rutledge and colleagues (2008) examined 21st birthday drinking among more than 2,000 students and found that 83% consumed alcohol on their 21st birthdays, and among drinkers, 12% reported consuming 21 drinks on this occasion.

Neighbors et al. (in press) evaluated 21st birthday drinking as compared to regular weekday and weekend drinking in addition to holidays throughout the year in 1124 students. In this sample, 90% reported drinking at least one alcoholic beverage on their

21st birthday and drinking about 2.4 times more that day than on a typical weekend occasion. Drinking on 21st birthdays ($M=7.0$, $SD=6.4$) was significantly higher than all other assessed holidays/events. These data provide relatively strong evidence that the 21st birthday represents a unique peak threshold in the transition of drinking.

Nevertheless, it is possible that the 21st birthday is not unique per se, but rather a combination of factors including the nature of the holiday (personal birthday), emerging adulthood, and legal drinking status. Thus, it is possible that drinking is comparable on the 22nd birthday, which also includes these factors. No published data of which we are aware has compared 22nd birthday drinking with 21st birthday drinking.

21st versus 22nd birthday drinking. As a preliminary examination of this question, we identified a sample of 198 participants from a recently completed trial (Neighbors et al., under review) who completed a 1-year follow-up with their 22nd birthday falling in the assessment window. Significantly more participants drank on their 21st birthday (95%) relative to their 22nd birthday (67%; McNemar's $Z(195) = 43.31$, $p < .001$). Average number of drinks consumed was significantly higher on 21st birthdays ($M = 10.36$, $SD = 6.82$) than on 22nd birthdays ($M = 4.55$, $SD = 5.10$; $t(194) = 11.94$, $p < .001$). Average BAC reached was also significantly higher on 21st birthdays ($M = .19$, $SD = .14$) than 22nd birthdays ($M = .08$, $SD = .10$; $t(184) = 9.78$, $p < .001$). In addition to previous work showing that drinking on 21st birthdays is significantly different from other holidays/events, these results show that it is also significantly different from drinking on the 22nd birthday.

Conclusion. Research suggests age 21, on average, represents a critical turn in the typical drinking trajectory. This general phenomenon can be attributed to a confluence of developmental, social, and cultural factors. The 21st

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birthday in particular appears to be a unique specific event, which differs from other specific days, including other birthdays. These observations underscore the need to consider developmentally targeted interventions and event-specific interventions in tandem, particularly among individuals approaching the age of 21.

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Changes in the Family System as They Relate to Gambling and Alcohol Addictions

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Williamsville Wellness

Hudak, Krestan and Bepko (2005) examine the changing roles in the family life cycle as they relate to the development of problem areas, namely addiction. The family life cycle concept suggests that many treatment

issues are caused by the failure of the family system to adapt to its changes. Consequently, the symptom(s) become an attempt to regain stability in the relationship constellation. This article will explore the concept of family life cycle, with particular emphasis on gambling and alcohol addictions.

According to Carter and McGoldrick (2005), stages of individual development occur within the intimate emotional and relational context of the family. These stages are clear, with their biological markers constant. In comparison to

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individual life cycles, family life cycles are moving and changing through time. Consequently, relationships in the family system naturally change over time, particularly with a number of key events such as launching, marriage, and birth of children (Carter & McGoldrick, 2005). For example, when children are living at home, they will follow the rules of the parent(s). At some time, they may leave home and go to college. At this stage, the young adult needs to adapt from the parental structure to internally guided rules. This can commonly lead to a challenge, as drinking or other impulsive behaviors become increased as a failure to adapt to the lack of external structure. In time, it can turn to addiction and often to a dismissal from school, which returns the individual home, to where the stability was last experienced. Effective navigation of this time would lead to increased awareness of personal values and internal structure.

Successful navigation of the launching stage then leads to the challenge of relationships. As an individual becomes accustomed to acting alone based on individual desires, there will be a conflict when entering into a romantic relationship where decisions may be based on the needs of the couple rather than solely due to the desires of the individual. Challenges in this stage may also lead to conflict and addictive behaviors. If not resolved, it can lead to separation, which can return the individual to the prior state of adaptive function as an individual. Success in this area leads to a stable relationship unit and partnership.

Achievement of romantic partnership can create challenge as the couple then may have children. As children are born, the decision making structure of the family is guided by the needs of child, rather than the romantic needs of the couple. Again, failure to adapt can lead to conflict and separation, which returns the system back to previous levels of adaptive functioning.

A useful exercise to examine this issue involves drawing an autobiographical timeline. To do so, draw a dated timeline across the center of a page. Above this line can be drawn seven parallel timelines for seven major addictive behaviors (others may be added as needed): (1) alcohol, (2) other drugs, (3) gambling, (4) sex, (5) compulsive eating patterns, (6) shopping/spending, and (7) workaholism. The lines for addiction can show the patterns of these behaviors. For example, the line for alcohol would show the date of first use, periods when there was sporadic drinking, periods of regular drinking, periods of excess drinking, as well as any periods of abstinence. An examination of these lines will quickly show times of crossover of addictive behaviors, as well as significant periods of change in the development of addiction. Below the timeline, dates can be marked that represent major changes in the family life cycle. In addition to the events listed above, other life events can include abuse, affairs, deaths, major illnesses, or other traumas. With the completion of the timeline, there will typically be very direct connection between the life events on the bottom as compared with the development of addictive patterns from above. These may be considered as “causes” of the development of the symptom of addiction and a focus of treatment to help the client to stabilize into adaptive functioning.

According to Hudak et al. (2005), the presence of addiction in a family complicates the issue of boundaries, rendering them either too rigid or too diffuse. Moreover, addiction makes roles reversed or otherwise inappropriate, and activates triangles among family members. Over time, patterns of behavior and communication within the family system are distorted, and all members become affected.

The impact of addiction seems to be particularly significant in couples who are in their mid-forties to mid-sixties, when they are reestablishing themselves as a marital dyad, after children leave, and when they are forced to face issues that were unresolved earlier in

the marriage. The authors state that addiction may represent an attempt to avoid these issues, or it may also replace the children in the family triangle.

In individuals age sixty-five and over, where loss is a concurrent theme, and a growing isolation from family and peer supports tends to characterize the elderly, this isolation can be defined as the major problem affecting the older adult's adjustment to this life phase. However, this group is seen as more responsive to therapeutic attempts.

Family assessment of any type of addiction should include standard questions about the use of all family members, including grandparents, aunts, and uncles, and extended-family members. Especially alcohol problems at any point within at least a three-generation time frame of the significantly affect behavioral and emotional patterns evolving within the family.

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2011 APA Society of Addiction Psychology (Division 50) Award Winners and Fellows

SoAP members nominated to the APA Council for Fellow status

- Mark Myers
- Gregory Brigham

Distinguished Scientific Early Career Award

- Joseph LaBrie

Distinguished Scientific Contributions Award

- Marsha Bates

Presidential Citation for Distinguished Service to SoAP

- Nancy A. Piotrowski

Early Career Presentation Awards

- **1st Place:** Lin Fang, Columbia University - *Preventing Substance Use Among Early Asian American Adolescent Girls: 2-year Follow-up of a Parent-Child, Web-Based Program*



- **2nd Place:** Kristen Sullivan, University of California, Santa Barbara - *High School to College Drinking Trajectories: Risk Factors and Implications for Intervention*
- **3rd Place:** Melissa A. Lewis, University of Washington - *Location, Location, Location! Normative Perceptions by Drinking Contexts and Their Association with Alcohol Consumption*

Student Poster Awards

- **1st Place:** Cendrine D. Robinson, Uniformed Services University of the Health Sciences - *Attentional Bias is Associated with Poorer Performance on a Sustained Attention Task in Smokers*
- **2nd Place:** Jessica O. Forde, Uniformed Services University of the Health Sciences - *Effect of Impression Management and Self-Deceptive Enhancement on Self-Report and Implicit Assessments during Smoking Cessation*
- **3rd Place:** Abigail C. Seelbach, Temple University - *Moderators of the Relationship between Sensation Seeking and Risk Taking*

2011 APA SoAP Travel Award Winners

NIAAA-Supported SoAP Symposia

New Approaches to Diagnosing Substance Use Disorders in DSM 5

Chair: Nancy Petry

Presenters: Bridget Grant, Deborah Hasin, and William Compton

Discussant: Robert Krueger

Mechanisms of Parental Influence among Adolescents and College Students - Moderators and Mediators of Alcohol Related Outcomes

Co-Chairs: Joseph LaBrie and Justin Hummer

Presenters: Joseph LaBrie, Alison Reimuller, Anne Ray, and Shannon Kenney

Discussant: Justin Hummer

NIAAA-Supported Early Career Investigators Poster Session and Social Hour Awardees

Body Mass Index and Its Association with Alcohol Consumption and Consequences: Conceptual and Methodological Implications

Laura J. Buchholz, Kent State University

Relationship between Readiness to Change and Alcohol Consumption Prior to a Brief Motivational Intervention

Jennifer M. Cadigan, University of Missouri-Columbia

Self-Regulation and Alcohol-Related Problems among College Students: Protective Behavioral Strategies as a Mediator

Gabrielle Maria D'Lima, Old Dominion University

Alcohol Expectancies, Cue Reactivity, and History of Substance Dependence

David Eddie, Rutgers University

Emotion Regulation as a Moderator of the Relationship between Sensation Seeking and Substance Use

Ashley S. Hampton, Temple University

Protective Behavioral Strategies and Reduced Alcohol Risk: An Examination of Gender, Depressed Mood, and Anxiety

Shannon R. Kenney, Loyola Marymount University

Clarifying the Joint Effects of BIS and BAS as Risk Factors for Negative Reinforcement Drinking Motives and

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Awards

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Alcohol Misuse

Matthew T. Keough, Concordia University

Location, Location, Location! Normative Perceptions by Drinking Contexts and Their Association with Alcohol Consumption

Melissa A. Lewis, University of Washington

Protective Behavioral Strategies and Their Relationship With Negative Alcohol Consequences Among Intercollegiate Athletes

Jeremy J. Noble, University of Southern Mississippi

College Students' Evaluations of Alcohol Consequences as Positive and Negative

Megan E. Patrick, University of Michigan

Parental Alcohol Misuse and College Student Drinking Problems: Buffering Effects of Self-Regulation

Matthew R. Pearson, Old Dominion University

Protective Behavioral Strategies and Brief Alcohol Interventions

Ashley E. Smith, University of Missouri-Columbia

High School to College Drinking Trajectories: Risk Factors and Effects of a Harm Reduction Intervention

Kristen Sullivan, University of California, Santa Barbara

Alcohol and Triggered Displaced Aggression: Effects on Hispanic Males

Jesse A. Valdez, University of Northern Colorado

The Effect of Craving on Attention Bias to Alcohol Stimuli Is Moderated by Reward Responsiveness

Jeffrey D. Wardell, State University of New York at Buffalo

NIDA-supported Early Career Investigators Poster Session and Social

Hour Awardees

Riding the (Third) Wave: Using 12-Step Sayings to Communicate Principles of Third Generation Behavior Therapies

Kristen M. Abraham and John D. Dingell, Detroit Veterans Affairs Medical Center

Knockdown of the Serotonin (5-HT) 5-HT_{2C} Receptor in the Nucleus Accumbens Alters Cocaine-Seeking Behavior

Noelle Anastasio, University of Texas Medical Branch

Defining Fellowship among Long-Term Members of Narcotics Anonymous

Danette Beitra, Nova Southeastern University

Brief Intervention for Truant Youth Sexual Risk Behavior and Alcohol Use: A Parallel Process Growth Model Analysis

Rhissa Briones Robinson, University of South Florida

PTSD and Altered Pain Sensitivity in a Longitudinal Sample of Exposed Youth

Rhonda Conner-Warren, Wayne State University College of Nursing

Examining the Relationship between Racial Discrimination, Depression, and Risky Social Networks Among Illicit Drug Users

Natalie Crawford, Columbia University

Physician Management With and Without Cognitive Behavioral Therapy in Primary Care-Based Buprenorphine/Naloxone

Christopher J. Cutter, Yale University School of Medicine

Validity of the Structured Clinical Interview for DSM-IV among Patients Seeking Substance Abuse Treatment

Josephine DeMarce, Salem Veterans Affairs Medical Center

Reinforcing Effects of Nicotine in Nicotine Nonusers

Angela Duke, Wake Forest University School of Medicine

The Hypocretin/Orexin System Regulates Dopamine Responses to

Cocaine

Rodrigo Espana, Wake Forest University School of Medicine

Effect of Impression Management and Self-Deceptive Enhancement on Self-Report and Implicit Assessments during Smoking Cessation

Jessica O. Forde, Uniformed Services University of the Health Sciences

Involvement of Amygdaloid Protein Kinase M Zeta in Cocaine Conditioned Place Preference

Eugenia Friedman, University of Wisconsin-Madison

Ethnic Disparities in Drug of Choice and Use Frequency at Intake Impact Youth Treatment Outcomes

Allyson N. Furry, California State University

Symptoms, Concurrent Video Game and Substance Use, and Growth in Use Over Time

Diann Gaalema, University of Vermont

Chronic Marijuana Use Is Associated With Gender-Dependent Alterations in Cortical Microstructure

Rachael Gonzalez, University of Hawaii

Development of a Drug Cue Paradigm for Prescription Opioids

Emily Hartwell, Medical University of South Carolina

Sex Differences in the Reinstatement of Methamphetamine-Seeking Behavior in Rats

Nathan Holtz, University of Minnesota

Comorbid Substance Use and Depression in Adolescents and Academic Motivation

Andrea M. Kenzer, Indiana University

Potential Utility of a Mobile Eye Tracking Assessment of Attentional Bias to Smoking Cues

William F. Kerst, Uniformed Services University of the Health Sciences

Relationship of Cognitive Functioning

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Awards

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and Coping Skills in Computer-Assisted Treatment for Substance Use Disorders

Brian D. Kiluk, Yale University School of Medicine

The Relationship between Behavioral Control and Abstinence Self-Efficacy in Dependent Smokers

Robert Ross MacLean, Pennsylvania State University

Factors in Immigrant Generation and Racial-Ethnic Differences of Alcohol Abuse and Dependency

Ashley M. McClure, Battelle Memorial Institute

Decision Making in Cocaine Abusers: Relationship to Treatment-Seeking for Cocaine Dependence

Elysia S. Michaels, New York State Psychiatric Institute and Long Island University

Neuronal Entrainment to Endocannabinoid-Dependent Gamma Oscillations in the Nucleus Accumbens Predicts Stereotypy Encoding

Joshua Morra, Albany Medical College

Comparison of Sensitivity to Paclitaxel-Induced Neuropathic Pain between Male and Female C57Bl6 Mice

Harshini Neelakantan, Temple University School of Pharmacy

Altered Extracellular Glutamate and Monoamines in the Prefrontal Cortex during Reinstatement of Methamphetamine-Seeking in Rats

Aram Parsegian, Medical University of South Carolina

Abstinence from Cocaine Self-Administration Switches the Function of 5-HT_{1b} Receptors From Enhancing Drug Reinforcement to Blunting Drug Seeking

Nathan Pentkowski, Arizona State University

Relationships between Problem Video

Game Use, Substance Dependence Symptoms, Concurrent Video Game and Substance Use, and Growth in Use Over Time

Geoffrey L. Ream, Adelphi University

Self-Control, Marijuana-Related Problems, and Age of Use Initiation

Ryan N. Reed, University of South Dakota

Female Rats Show Enhanced Methamphetamine Self-Administration and Reinstatement

Carmela Reichel, Medical University of South Carolina

An Immediate Survival Focus: Linking Fight, Flight, and Prosocial Behavior

George B. Richardson, University of Louisville

Explaining Prescription Opioid Abuse: Testing a Theory of Psychological Proneness and Drug Availability

Khary Rigg, Nova Southeastern University

Are Adult-Generated Hippocampal Neurons Important in Drug/Context Association?

Phillip Rivera, University of Texas Southwestern Medical Center

An Association between Attentional Bias and Sustained Attention in Smokers

Cendrine D. Robinson, Uniformed Services University of the Health Sciences

Evaluation of Drug and Alcohol Treatment Outcome Studies (2005-2010): A Methodological Review

Sean Michael Robinson, Nova Southeastern University

Sex Differences in HPA Axis Response to Naltrexone: Preliminary Evidence for the Influence of Estradiol

Daniel Roche, University of Chicago

Parental Moderators of the Relationship between Sensation Seeking and Adolescent Risk Taking

Abigail C. Seelbach, Temple University

Adolescents' Sense of Affiliation in

Narcotics Anonymous and Alcoholics Anonymous: Review and Theorization

Stephanie M. Seibert, Nova Southeastern University

Acute Effects of Modafinil on Attention and Inhibitory Control in Methamphetamine-Dependent Humans

Raj Sevak, University of California, Los Angeles

The Relationship between Friendship Intimacy, Peer Use, and Self-Medication in Adolescence

Julia M. Shadur, University of North Carolina at Chapel Hill

Deficits in Cocaine-Induced Monoamines in Chronically Stressed Female Rats

Akiko Shimamoto, Tufts University

African-American Women and Risk for Alcohol Use: Exploring Interactions between BMI and Race-Related Stress

Danelle Stevens-Watkins, Spalding University

Risk Perception, Personality, Culture, and Substance Use: A Crosscultural Study of Adolescents from Barcelona and Bogotá

Angela M. Trujillo, Universidad de la Sabana (Colombia)

Does Type of Drug Used during First Experimentation Predict Frequency of Later Illicit Drug Use?

Alezandria Turner, Columbia University

Developmental Pathways of Substance Use and Dependence From Early Adolescence to Early Adulthood in an Ecological Context

Mark Van Ryzin, Oregon Social Learning Center

Yo-Yo Smoking Among Young Adults: Transitioning Into and Out of Smoking during Freshman Year

Leah Vermont, State University of New York at Buffalo

Categorical vs. Continuous Models

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Awards

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of Substance Use and Externalizing Disorders

Katie Witkiewitz, Washington State University, Vancouver

Cigarette Smoking Among Asian and

Pacific Islander American Adolescents
Fang Yang, Nanyang Technological University

Sex Differences in Locomotion, Cocaine-Seeking, and Pharmacokinetics Following Administration of the Orexin Receptor 1 Antagonist, SB-334867

Luyi Zhou, Medical University of South

Carolina

Effectiveness of Low-Cost Contingency Management: A Pilot Study to Improve Attendance in Substance Abuse Programs

Kali Ziba-Tanguay, St. Luke's-Roosevelt Hospital Center Ψ

Join Us in Orlando for SoAP's 2012 Convention Program

*James MacKillop,
Program Co-Chair*

The 120th Annual Convention of the American Psychological Association will be held in Orlando, FL from August 2nd-5th. The call for programs is available on the homepage of the APA website (www.apa.org) as are links for submitting individual presentation proposals (i.e., poster abstracts) and symposium proposals. SoAP promotes the advancement of research, professional training, and clinical practice within the broad range of addictive behaviors. It is our goal to offer a conference program that appeals to a range of interests and perspectives in addictive behaviors.

In addition, we are planning a thematic focus on translational research. Program submissions related to this topic are especially encouraged. All proposals must be

submitted online by 11:59 PM, EST, December 1st, 2011. No individual paper presentations will be accepted. Symposia submitters are encouraged to include early career professionals as co-chairs and to strive for diversity of presenters. As in previous years, SoAP will collaborate with Division 28 (Psychopharmacology & Substance Abuse) to offer a balanced program in addictive behaviors and to enhance visibility and attendance for all presentations with relevance to our membership.

We are looking for reviewers! This is a great way to get involved in the SoAP. If you are interested and willing to serve as a reviewer of proposals in early December, please e-mail me at jmackill@uga.edu and let me know your area of expertise. We are looking forward to receiving your submissions and seeing you in Orlando!

SAVE THE DATE

August 2nd-5th, 2012
Orlando, Florida



Call for 2012 APA Convention Submissions

Society of Addiction Psychology (Division 50) is soliciting proposals on translational research on addictive behavior. In addiction research, there is increasingly consensus that the traditional disciplinary divisions create research silos and stifles progress by impeding the insights in one domain being applied to another. Translational research can be defined as the direct application of research methods and findings at one level of analysis that informs the understanding at another level of analysis. For example, basic science insights from animal models, cognitive neuroscience, and molecular genetics may inform clinical interventions, and reciprocally, clinical science may provide novel behavioral characteristics and phenotypes

for modeling and dissection in basic science. The essence of translational research is dissolving disciplinary boundaries to foster innovation and progress in the field. This applies across the disciplinary spectrum, from basic research on neuroscience and behavior to clinical and applied research on prevention, treatment, and policy. Moreover, as many of today's most successful evidence-based psychological treatments have their foundations in basic science, merging scientific approaches has the promise of substantially improving our understanding of who will benefit from these treatments, enhancing the treatments themselves, and developing new treatments.

Abstracts

Addy, P. H. (in press). Acute and post-acute behavioral and psychological effects of salvinorin A in humans. *Psychopharmacology*. doi: 10.1007/s00213-011-2470-6

Rationale: *Salvia divinorum* has been used for centuries, and nontraditional use in modern societies is increasing. Inebriation and aftereffects of use are poorly documented in the scientific literature. Objectives: This double-blind, placebo-controlled, randomized study analyzed subjective experiences of salvinorin A (SA) inebriation and consequences of use after 8 weeks. Methods: Thirty middle-aged, well-educated, hallucinogen-experienced participants smoked either 1,017 or 100 µg SA 2 weeks apart in counterbalanced order. Vital signs were recorded before and after inhalation. A researcher rated participants' behavior during sessions. Participants completed the Hallucinogen Rating Scale (HRS) assessing inebriation immediately after each session. Differences were analyzed between groups as functions of dose and time. After 8 weeks, participants were interviewed to determine reported consequences and aftereffects. Results: Participants talked, laughed, and moved more often on an active dose. All six HRS clusters were significantly elevated on an active dose indicating hallucinogenic experiences. No significant adverse events were observed or reported by participants. Conclusions: The present results indicate similarities as well as differences between the subjective effects of *S. divinorum* and other hallucinogens. As a selective kappa opioid receptor agonist, SA may be useful for expanding understanding of the psychopharmacology and psychology of hallucinogenic states beyond serotonergic mechanisms.

Barnett, N. P., Tidey, J., Murphy, J. G., Swift, R., & Colby, S. M. (in press). Contingency management for alcohol use reduction: A pilot study using a

transdermal alcohol sensor. *Drug and Alcohol Dependence*.

Background: Contingency management (CM) has not been thoroughly evaluated as a treatment for alcohol abuse or dependence, in part because verification of alcohol use reduction requires frequent in-person breath tests. Transdermal alcohol sensors detect alcohol regularly throughout the day, providing remote monitoring and allowing for rapid reinforcement of reductions in use. Methods: The purpose of this study was to evaluate the efficacy of CM for reduction in alcohol use, using a transdermal alcohol sensor to provide a continuous measure of alcohol use. Participants were 13 heavy drinking adults who wore the Secure Continuous Remote Alcohol Monitoring (SCRAM) bracelet for three weeks and provided reports of alcohol and drug use using daily web-based surveys. In Week 1, participants were asked to drink as usual; in Weeks 2 and 3, they were reinforced on an escalating schedule with values ranging from \$5 to \$17 per day on days when alcohol use was not reported or detected by the SCRAM. Results: Self-reports of percent days abstinent and drinks per week, and transdermal measures of average and peak transdermal alcohol concentration and area under the curve declined significantly in Weeks 2-3. A nonsignificant but large effect size for reduction in days of tobacco use also was found. An adjustment to the SCRAM criteria for detecting alcohol use provided an accurate but less conservative method for use with non-mandated clients. Conclusion: Results support the efficacy of CM for alcohol use reductions and the feasibility of using transdermal monitoring of alcohol use for clinical purposes.

Griffin-Shelley, E. (2010). An Asperger's adolescent sex addict, sex offender: A case study. *Sexual Addiction*

& Compulsivity, 17, 46-64. doi:10.1080/10720161003646450

Five years of treatment for an adolescent sex offender and sex addict, who was adjudicated at 14 and diagnosed with Asperger's Syndrome highlights many issues treatment providers have to address. The role of assessment, interfacing with the family and the legal system, offender treatment, trauma and sexual compulsivity treatment, residential and outpatient therapy, family and community safety are elements of a complex treatment process at various stages. Family treatment and appropriate support groups are considerations that challenge existing models and knowledge. The difficulties of cases like these suggest ways that sexual offending and sexual addiction treatments can be integrated and provide for community safety as well as personal recovery.

Lewis, M. A., Litt, D. M., Blayney, J. A., Lostutter, T. W., Granato, H., Kilmer, J. R., & Lee, C. M. (2011). They drink how much and where? Normative perceptions by drinking contexts and their association to college students' alcohol consumption. *Journal of Studies on Alcohol and Drugs, 72, 844-53.*

Objective: Prior research has shown that normative perceptions of others' drinking behavior strongly relates to one's own drinking behavior. Most research examining the perceived drinking of others has generally focused on specificity of the normative referent (i.e., gender, ethnicity). The present study expands the research literature on social norms by examining normative perceptions by various drinking

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Abstracts

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contexts. Specifically, this research aimed to determine if college students overestimate peer drinking by several drinking contexts (i.e., bar, fraternity/sorority party, non-fraternity/sorority party, sporting event) and to examine whether normative perceptions for drinking by contexts relate to one's own drinking behavior specific to these contexts. Method: Students (N = 1,468; 56.4% female) participated in a web-based survey by completing measures assessing drinking behavior and perceived descriptive drinking norms for various contexts. Results: Findings demonstrated that students consistently overestimated the drinking behavior for the typical same-sex student in various drinking contexts, with the most prominent being fraternity/sorority parties. In addition, results indicated that same-sex normative perceptions for drinking by contexts were associated with personal drinking behavior within these contexts. Conclusions: Results stress the importance of specificity of social norms beyond those related to the normative referent. Clinical implications are discussed in terms of preventions and intervention efforts as well as risks associated with drinking in a novel context.

Liddle, H. A., Dakof, G. A., Henderson, C., & Rowe, C. (2011). Implementation outcomes of multidimensional family therapy-detention to community: A reintegration program for drug-using juvenile detainees. *International Journal of Offender Therapy and Comparative Criminology*, 55, 587-604. doi:10.1177/0306624X10366960

Responding to urgent calls for effective interventions to address young offenders' multiple and interconnected problems, a new variant of an existing empirically validated intervention for drug-using adolescents, Multidimensional Family Therapy (MDFT)-Detention to Community

(DTC) was tested in a two-site controlled trial. This article (a) outlines the rationale and protocol basics of the MDFT-DTC intervention, a program for substance-using juvenile offenders that links justice and substance abuse treatment systems to facilitate adolescents' post detention community reintegration; (b) presents implementation outcomes, including fidelity, treatment engagement and retention rates, amount of services received, treatment satisfaction, and substance abuse-juvenile justice system collaboration outcomes; and (c) details the implementation and sustainability challenges in a cross-system (substance abuse treatment and juvenile justice) adolescent intervention. Findings support the effectiveness of the MDFT-DTC intervention, and the need to develop a full implementation model in which transfer and dissemination issues could be explored more fully, and tested experimentally.

Walker, R., Rosvall, T., Field, C. A., Allen, S., McDonald, D., Salim, Z.,... Adinoff, B. (2010). Disseminating contingency management to increase attendance in two community substance abuse treatment centers: Lessons learned. *Journal of Substance Abuse Treatment*, 39, 202-209. doi:10.1016/j.jsat.2010.05.010

Although contingency management (CM) has been shown to be effective in substance use treatments, community adoption has been slow. To increase dissemination of CM into community practice, two community treatment programs collaborated with university faculty investigators to design, implement, and evaluate low-cost, prize-based CM interventions delivered by treatment staff using Petry's (2000) fishbowl technique. A pre-post study design was used to evaluate the impact of CM on outpatient group attendance. All clients attending the targeted outpatient groups at both treatment programs were eligible to participate. Group attendance was significantly positively impacted after intervention implementation. This is one of the first studies demonstrating successful implementation of CM by

community treatment program counselors within their existing treatment groups. The discussion focuses on practical lessons learned during the planning and implementation of the interventions.

Zywiak, W. H., Kenna, G. A. & Westerberg, V. S. (2011). Beyond the ubiquitous relapse curve: A data-informed approach. *Frontiers in Psychiatry*, 2, 1-6. doi: 10.3389/fpsy.2011.00012

Relapse to alcohol and other substances has generally been described by curves that resemble one another. However, these curves have been generated from the time to first use after a period of abstinence without regard to the movement of individuals into and out of drug use. Instead of measuring continuous abstinence, we considered post-treatment functioning as a more complicated phenomenon, describing how people move in and out of drinking states on a monthly basis over the course of a year. When we looked at time to first drink we observed the ubiquitous relapse curve. When we classified clients (N = 550) according to drinking state however, they frequently moved from one state to another with both abstinent and very heavy drinking states as being rather stable, and light or moderate drinking and heavy drinking being unstable. We found that clients with a family history of alcoholism were less likely to experience these unstable states. When we examined the distribution of cases crossed by the number of times clients switched states we found that a power function explained 83% of that relationship. Some of the remainder of the variance seems to be explained by the stable states of very heavy drinking and abstinence acting as attractors.ψ

Announcements

Save the Date:

November 18th, 2011

San Francisco, Potrero Hill Neighborhood House

5:30pm - 9:30pm

Help us celebrate our new book and eleven years of treatment services for problem drug users in the San Francisco Bay area! The 2nd Edition of *Practicing Harm Reduction Psychotherapy: An Alternative Approach to Addiction* will be hot off the press. Authors and Harm Reduction Therapy Center (HRTC) Directors Patt Denning and Jeannie Little invite you to join a community of people dedicated to transforming the alcohol and drug treatment system in America.

Featured speaker: Maia Szalavitz, noted journalist and author of *Help At Any Cost: How the Troubled-Teen Industry Cons Parents and Hurts Kids*.

Meet the authors and the staff of the HRTC and help us celebrate this accomplishment and inspire us to work towards the next! Details coming soon: www.harmreductiontherapy.org or friend us on Facebook!

Postdoctoral Positions

Postdoctoral Fellowship Positions

The University of Vermont announces the availability of NIDA postdoctoral research fellowship positions in an internationally recognized center of excellence for the study of drug abuse.

Mentors: Openings are with Stacey Sigmon and Stephen Higgins on studies related to psychomotor stimulants and clinical trials related to behavioral treatments for cocaine dependence and cigarette smoking.

Appointment: Two to three years.

Eligibility: Applicants must have completed doctoral training in psychology, behavior analysis, or a

related discipline and be U.S. citizens or permanent residents. Trainees are selected on the basis of scholastic record and commitment to drug-abuse research.

Salary: Competitive commensurate with experience (PGY 1-7) and supported by an NIDA/NIH Institutional Training Award.

To apply: Forward curriculum vitae, statement of research interests, and three letters of reference to: Diana Cain, University of Vermont, Dept. of Psychiatry, 1 South Prospect St. UHC - MS#482, Burlington, VT 05401, E-mail: Diana.Cain@uvm.edu

Research Institute on Addictions

The University at Buffalo Research Institute on Addictions (RIA) anticipates multiple openings for NIAAA-funded postdoctoral fellows in alcohol etiology and treatment. Fellows develop and pursue research interests under the supervision of faculty preceptors. Seminars on alcohol use disorders, grant writing, and professional issues and career development are included. Start dates in Summer and Fall 2012 are negotiable. Visit the RIA website at www.ria.buffalo.edu.

Inquiries can be made to Gerard J. Connors (connors@ria.buffalo.edu) or R. Lorraine Collins (lcollins@buffalo.edu), Co-Training Directors. Applicants should forward a vita, representative reprints, letters of reference, and a cover letter describing research interests and training goals to: Alcohol Research Postdoctoral Training Committee, Attn: G. J. Connors and R. L. Collins, Research Institute on Addictions, 1021 Main Street, Buffalo, NY 14203. Applications from minority candidates are particularly welcome. Applicants must be citizens or noncitizen nationals of the US or must have been lawfully admitted for permanent residence. AA/EOE.

Postdoctoral Fellowship in Alcohol Research at the University of Washington

The fellowship at the University of Washington will provide training for individuals who wish to pursue a career in alcohol research, with an emphasis on the etiology and prevention of problem drinking and alcohol dependence. For more information please see our website:

<http://depts.washington.edu/cshrb/newweb/postdoc.html>.

Postdoctoral Scholars

One- to two-year NIH/NIDA-funded positions for postdoctoral scholars in drug abuse treatment and services research are available in a multi-disciplinary environment at the Department of Psychiatry, University of California, San Francisco. Scholars work with a preceptor to design and implement studies on the treatment of drug dependence as well as select a specific area of focus for independent research. Director James Sorensen and Co-Directors Steven Batki, Kevin Delucchi, Joseph Gudysh, Sharon Hall, Carmen Masson, and Constance Weisner are all involved with either the NIDA Clinical Trials Network or Treatment Research Center. Training of psychiatrists, women, and minorities for academic research careers is a priority. Send CV, research statement, samples of work, and two letters of recommendation to: Barbara Paschke, 2727 Mariposa St., STE 100, San Francisco, CA 94110; (415) 437-3032; barbara.paschke@ucsf.edu. Additional information including faculty research interests is available at http://ucsftrc.autoupdate.com/post_doctoral_program.vp.html.

Hot off the Press!

Denning, P. & Little, J. (2011). *Practicing harm reduction psychotherapy: An alternative approach to addictions* (2nd Ed.).

(Continued on page 28)

Announcements...

(Continued from page 27)

New York, NY: Guilford Press.

This acclaimed clinical guide has helped thousands of clinicians put the proven principles of harm reduction into practice with clients who have substance use problems. Written by pioneers in the field, it shows how to do effective therapeutic work with people still using alcohol or other drugs. It provides clear guidelines for conducting comprehensive assessments, making collaborative treatment decisions, and implementing interventions that combine motivational, cognitive-behavioral, and psychodynamic strategies. The focus is reducing drug-related harm while also addressing co-occurring psychological and emotional difficulties. Detailed clinical illustrations are featured throughout.

New to this Edition

- Reflects over a decade of research

advances and growth of harm reduction clinical practice/training.

- Section on applications including community-based settings, harm reduction groups, and working with families/friends.
- Chapters on biological and psychodynamic aspects of treatment.
- Expanded discussion of trauma, cultural sensitivity, and ethics.

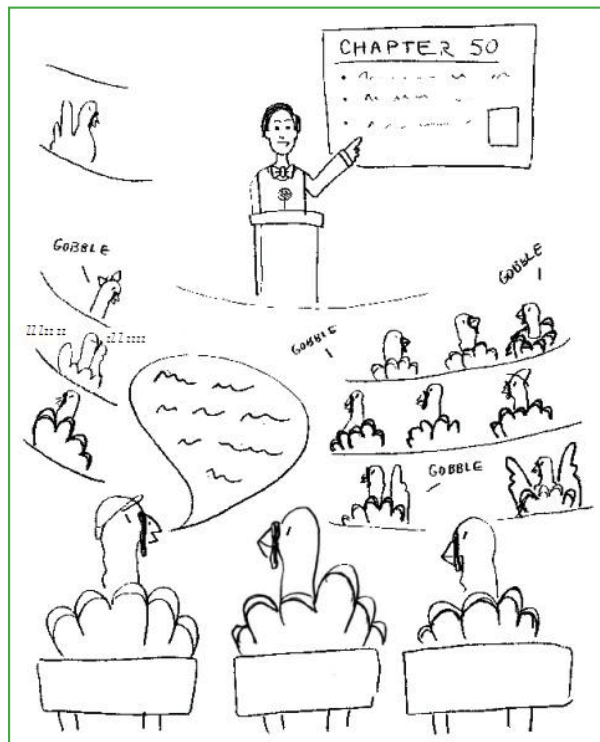
Visit www.harmreductiontherapy.org for complete description/reviews.

Tucker, J. A., & Grimley, D. M. (2011). **Public health tools for practicing psychologists.** Volume 20 in *Advances in psychotherapy—Evidence-based practice*, D. Wedding (Ed.), L. Beutler, K. E. Freedland, L. C. Sobell, & D. A. Wolfe (Associate Eds.). Ashland, OH: Hogrefe & Huber.

SoAP Fellow and APA Council Representative Jalie Tucker and health psychologist Diane Grimley

have contributed a volume on public health intervention approaches to the evidence-based practice series published by APA Division 12, the Society of Clinical Psychology. The book explains public health approaches to promoting behavior change and how to integrate them into clinical practice to extend the reach and population impact of services. Clinical and public health approaches are compared; conceptual models and practice tools for expanding services are described. Chapters discuss screening and market segmentation of untreated at-risk groups; use of print, phone, and computer-based interventions; finding “teachable moments” for intervention delivery; and use of targeted and tailored messages to enhance motivation. Examples draw on the authors’ work in substance misuse and STI/HIV prevention and intervention. The book contributes to a broadened scope of practice that maintains a degree of individualization while using public health dissemination strategies. Ψ

Fall 2011 Cartoon Caption Contest



Cartoon by Jessica A. Blayney

Here we go again!
We provide the cartoon and you, the reader, provide the caption. Entries for the contest will be accepted until **February 1st, 2012** at edtan@uw.edu. We'll print the name of the winner and the winning caption entry in the Spring edition of *TAN*.

See the Summer 2011 Contest Results on Page 3

SoAP (Division 50) Leadership

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The Addictions Newsletter



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