PETITION FOR THE RECOGNITION OF A SPECIALTY IN PROFESSIONAL PSYCHOLOGY

THIS PETITION gives guidance to the types and amounts of information necessary for a formal decision to be reached. Petitioning organizations may use additional pages where necessary. The petitioning organization is free to provide any additional material deemed relevant.

NOTE: Complete responses to all questions posed in each of the criteria are required. Appendix materials should not be considered as substitutes for the completion of responses to questions in the criteria.

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PETITION PACKAGE

Preamble[1]

Knowledge and practice skills in psychology have expanded and become increasingly differentiated over the past 50 years. Historically, the American Psychological Association (APA) acknowledged four professional specialties in psychology: clinical, counseling, school, and industrial/organizational psychology. It is important to note that these specialties first gained de facto recognition through a process of historical evolution. The APA accreditation guidelines also reference clinical, counseling, and school psychology as specialties.

A shared core of scientific and professional knowledge, skills, and attitudes is common to professional specialties. This shared core has been recognized in several conference reports on the future of professional psychology including the reports of groups and conferences of the National Council of Schools and Programs of Professional Psychology, the Joint Council on Professional Education in Psychology, and the National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology. Nothing in this document precludes a provider of psychological services from using the methods or dealing with the populations of any specialty, except insofar as they do so "within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience" (APA Ethical Principles of Psychologists and Code of Conduct; APA, 2002, amended 2010 and 2017).

The public will continue to need the services of general practice specialists, such as those offered by clinical, counseling, school and industrial/organizational psychologists. However, the emergence of new specialties to provide needed psychological services must also be recognized and validated. There must be a mechanism within the field to provide for the recognition of specialties.

Recent decades have produced what amounts to an explosion in professional knowledge and areas of application. As a result, new areas of application of psychology's scientific and applied knowledge have been organized around particular emphases in professional practice. The training to acquire this knowledge and skill may occur at the doctoral, doctoral internship, postdoctoral and/or post-licensure levels. Such a proliferation of knowledge and an expansion of practice domains resulted in the need to establish a process for recognizing specialties in professional practice that are differentiated from core scientific and applied professional foundations in psychology. At various times in past years, groups within and outside APA have worked to articulate such an identification and recognition process. Acknowledgement is given to the work of APA's Task Force on Specialty Criteria, the Board of Professional Affairs Subcommittee on Specialization, and the Board of Educational Affairs Task Force on Scope and Criteria of Accreditation, as well as the American Board of Professional Psychology for important contributions to this process. Their efforts have been a part of the continuing evolution of a process to identify specialties in psychology. Since the establishment of the specialty recognition process in 2011, APA has been a leader in the design and implementation of a de jure process for the recognition of specialties in psychology.

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1 These criteria are aimed at those areas of practice in psychology which have a history of primarily providing services to the public. Other areas, traditionally identified with the academic and scientific aspects of psychology, are not addressed.

For purposes of this endeavor, the following definition of a specialty is adopted:

> A specialty is a defined area of professional psychology practice characterized by a distinctive configuration of competent services for specified problems and populations. Practice in a specialty requires advanced knowledge and skills acquired through an organized sequence of formal education, training, and experience in addition to the broad and general education and core, scientific and professional foundations acquired through an APA or CPA accredited doctoral program. *,**
>
> Specialty training may be acquired at the doctoral, doctoral internship, postdoctoral, or post licensure level as defined by the specialty.
>
> * Except where APA or CPA program accreditation does not exist for that area of professional psychology.
> **For those training in health service psychology areas, this is in addition to the broad and general education and core scientific and professional foundations acquired through an APA or CPA accredited doctoral program or programs accredited by an accrediting body that is recognized by the U.S. Secretary of Education for the accreditation of professional psychology education and training in preparation for entry to practice.

The American Psychological Association and its Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP) will consider petitions for formal recognition of specialties. Petitions that are received by CRSSPP will be reviewed and acted upon by the APA Council of Representatives. CRSSPP will review the status of each specialty at least every seven years and recommend whether the specialty should continue to be recognized.

Name of Proposed Specialty: Addiction Psychology

Please check one:

_X_ Petition for Initial Recognition
___ Petition for Renewal of Recognition

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Criterion I. Administrative Organizations. The proposed specialty is represented by a specialty council of one or more organizations that provide systems and structures sufficient to support the organized development of the specialty.
Commentary: *The evolution of a specialty generally proceeds from networks of psychologists interested in the area to the eventual establishment of organized administrative bodies which carry out specific responsibilities for the specialty and its practitioners. These responsibilities include governance structures which meet regularly to review and further describe the specialty and appropriate policies for education and training in the specialty.*

1. Please provide the following information for the organization or specialty council submitting the petition:

Name of organization or specialty council: Addiction Psychology Specialty Council (APSC; represented by the American Board of Addiction Psychology (ABAP), co-sponsoring organization with the Society of Addiction Psychology, Div. 50, APA)
Address: 151 Merrimac St., Floor 4
City/State/Zip: Boston, MA 02114
Phone: (617) 643 - 1980
E-mail address: recoveryanswers@mgh.harvard.edu
Website of organization: https://abpp.org/application-information/learn-about-specialty-boards/addiction-psychology/ https://addictionpsychology.org/

2. Please provide the following information for the President, Chair, or representative of the organization or specialty council submitting the petition:

Name: John F. Kelly, PhD, ABPP APA membership status: Fellow
Address: 151 Merrimac Street, Floor 4
City/State/Zip: Boston, MA 02114
Phone: (617) 643 - 1980
E-mail address: jkelly11@mgh.harvard.edu

3. Please provide the following information for the organization or specialty council submitting the petition:

Year founded? 2024 Incorporated? Yes_____ No__x__
State incorporated _____

Describe the purpose and objectives of the administrative organization or specialty council submitting the petition.

The Addiction Psychology Specialty Council (APSC) was founded as a collaboration between the American Board of Addiction Psychology (ABAP), a provisional specialty board of the American Board of Professional Psychology (ABPP), and the Society of Addiction Psychology (SOAP), Division 50 of the American Psychological Association. As such, the APSC is comprised of professional organizations that represent major educational, teaching, and professional constituencies in addiction psychology. The main mission of the APSC is to work to develop and establish guidelines for education, training, professional standards, and the monitoring and maintenance of competency in addiction psychology.

For more than four decades there have been calls for professional psychology to embrace addiction psychology (often historically referred to as substance use disorders, alcohol and drug abuse, etc.) as a specialty, and especially as a domain that should be included as a standard requirement of professional psychology training (Burrow-Sánchez, Martin & Taylor, 2020). It remains the case, however, that this need continues to be unmet nationally. Although there exist some programs with strong addiction training and psychological research has been a foundational mainstay of evidence-based addiction treatment, training is not commonplace despite a high prevalence of populations in need of services. The creation of the APSC is an important event in working toward national standards for the role of psychologists in understanding and dealing with addictions, one of the most consequential public health problems in this and other countries. The SOAP, as an APA division, has for many years been the major organization in this country for bringing together the large array of psychologists working in the addictions field, including basic and applied research, treatment, prevention, and policy areas. The creation of the ABAP was a first step in further development in this regard. It developed largely as an offshoot of the SOAP; in fact, the original group that prepared the application to the American Board of Professional Psychology for a specialty board in addiction psychology was composed of past presidents of Division 50. The perspective of the ABAP is that addiction psychology emphasizes an evidence-based clinical approach to the application of addiction sciences to understand addictive behavior and develop interventions that improve health and well-being.

Addiction psychologists engage in research, evaluation, education, training, consultation, and clinical practice addressing the wide range of substance use and behavioral addictive behavior problems and affected populations. Empiricism is a hallmark of all addiction psychology. Consequently, good practice in addiction psychology relies heavily on assessment and intervention procedures that have been found to be empirically supported. The distinct focus of addiction psychology entails several pertinent areas: (a) epidemiology, etiology, typology and course; (b) theoretical modeling; (c) screening and assessment; (d) prevention; (e) harm reduction; (f) treatment; and (g) recovery.

Please append the bylaws for the petitioning organization or specialty council if bylaws are not provided on the website.

[Because the Addiction Psychology Specialty Council was recently formed, the bylaws of both the ABAP and the SOAP are attached.]

Outline the structure and functions of the administrative organization or specialty council (frequency of meetings, number of meetings per year, membership size, functions performed, how decisions are made, types of committees, dues structure, publications, etc.) using the table below. Provide samples of newsletters, journals, and other publications, etc.

Name of Organization	Addiction Psychology Specialty Council (recently established by the American Board of Addiction Psychology and the Society of Addiction Psychology, Division 50 of the American Psychological Association)

Frequency of Meetings	Quarterly
Number of Meetings per Year	4
Membership Size	1,134 (28 ABAP; 1,106 SOAP) (APSC Board of Directors has 6 members at present but will increase as liaisons for other organizations are added)
Functions Performed	Develop addiction psychology specialty requirements and guidelines; participate in APA CoS; develop bylaws; develop training and education taxonomy and guidelines.
How Decisions Are Made	Proposals, questions, changes, etc. are added to meeting agendas, discussed, and voted upon. Majority vote needed for approval.
Types of Committees	Being established.
Dues Structure	Annual fee TBD
Names of Publications	SOAP/APA Division 50 publishes *Psychology of Addictive Behaviors (PAB)* and The Addictions Newsletter (TAN)
Website	ABAP: https://abpp.org/application-information/learn-about-specialty-boards/addiction-psychology/ SoAP: https://www.addictionpsychology.org APSC: under development

Present a rationale that describes how your organization or specialty council provides systems and structures which make a significant contribution to the organized development of the specialty.

The Society of Addiction Psychology (SOAP, Division 50 of the American Psychological Association) and the American Board of Addiction Psychology (ABAP, a provisional specialty board within the American Board of Professional Psychology) have joined together to form the Addiction Psychology Specialty Council (APSC). The APSC, by means of this petition, is seeking recognition of Addiction Psychology as a specialty by the Commission for the Recognition of Specialties and Subspecialties in Professional Psychology. Because the joint venture of the APSC was undertaken recently, formalization of the joint working structure is ongoing. Both the SOAP and the ABAP are well established and have existing organizational structures that will serve as models for further development of the APSC. The SOAP serves as a broad-based organization inclusive of psychologists working on research, policy and advocacy, applications in many domains such as treatment and prevention, and interfacing with other specialty areas and disciplines. In the area of professional service provision, the development of the ABAP occurred over the past several years and can be viewed as an outgrowth of the SOAP to establish standards for evidence-based services through board certification of providers. Thus, the ABAP has created an application process for those interested in becoming a board-certified addiction psychologist, as well as a system for thoroughly reviewing applicants' credentials and eligibility. Through this, the Board fosters necessary changes for the field of addiction

psychology. Having a formalized system through which individuals can receive a board certification creates a concrete set of expectations and requirements for an addiction psychologist. This provides potential applicants with standards to achieve, and it also provides the public with standards to which addiction psychologists can be held. The formalized board certification process allows for the development of a publicly accessible addiction psychologist directory that includes those who have demonstrated specialty-specific theoretical and practical expertise. Such a directory allows for provider identification both by potential clients/patients and other practitioners.

The ABAP board of directors is comprised of licensed addiction psychologists who are active as clinicians and researchers. The Board provides an examination and standardized evaluation procedure that provides for comprehensive and appropriate verification of education and training necessities and competence in clinical practice under the auspices of the American Board of Professional Psychology. In this way, only psychologists who meet these exacting standards are able to achieve recognition as board certified addiction psychologists.

While the ABAP primarily addresses clinical services, there are many other facets of addiction psychology that will benefit from APSC's concerted voice in societal efforts to deal with addiction problems. These include the very important area of standards for education and training which currently do not exist at a unified level; rather, they sometimes exist in silos and otherwise are often nearly absent from doctoral and postdoctoral training. These are matters where the APSC is making a vital national contribution to the organized development of addiction psychology as a specialty.

Burrow-Sánchez, J. J., Martin, J. L., & Taylor, J. M. (2020). The need for training psychologists in substance use disorders. *Training and Education in Professional Psychology, 14*(1), 8-18. https://doi.org/10.1037/tep0000262

4. Signatures of official representing the organization or specialty council submitting the petition:

Name	Title	Date
John F. Kelly on behalf of the APSC	President, ABAP	12/30/2024

Criterion II. Public Need for Specialty Practice. The services of the specialty are responsive to identifiable public needs.

***Commentary**: Specialties may evolve from the professions' recognition that there is a particular public need for applications of psychology. Specialties may also develop from advances in scientific psychology from which applications to serve the public may be derived.*

1. Describe the public needs that this specialty fulfills with relevant references. Under each need specify the populations served and relevant references.

Substance use disorder (SUD) is one of the most prevalent and intransigent types of psychological disorders in the United States and in most middle and high-income countries globally. According to the latest annual National Survey on Drug Use and Health (NSDUH) prevalence estimates (SAMHSA, 2024), there are 48.5 million Americans aged 12 or older who meet past-year criteria for an alcohol or other drug use disorder (17.1% of population 12 or older). With the exception of problem gambling (see below), national estimates of other behavioral addictions (e.g., gaming, sex, food and others) are not available, but based on regional and other estimates, are likely to add a further several million more to the national estimate for SUDs. Co-occurrence with other psychological disorders is also common. Based on DSM IV SUD criteria, almost half of US adults will meet criteria for a psychological disorder at some point in their lives and nearly one in five of these (18.6%) will meet criteria for a comorbid substance use disorder (National Comorbidity Survey Replication; Kessler et al., 2005). It is also estimated that 50% of those suffering from a substance use disorder (SUD) will also meet lifetime criteria for another mental health disorder.

Alcohol and other drug use disorders are also the deadliest psychological disorders in the United States. Public health challenges associated with addictions are endemic and intermittently epidemic, as we have witnessed with the current opioid crisis. The economic burden of these disorders is also immense; the U.S. National Institute on Drug Abuse (2020) reported that the annual estimated economic costs of alcohol and other drug use to U.S. society was about $742 billion. Rates of disease, disability, and premature mortality due to alcohol, opioids, and other drugs have risen dramatically in recent years and the human and economic toll is staggering. The age-adjusted rate of drug overdose deaths increased from 8.2 deaths per 100,000 standard population in 2002 to 32.6 in 2022 (Spencer, 2023). Also, according to the U.S. Centers for Disease Control and Prevention, alcohol-related deaths have now risen to approximately 180,000 per year showing a 29% increase between 2017 to 2021 (CDC, 2024). Although substance use disorders appear to be similarly prevalent among all racial/ethnic groups, there are more severe alcohol-related consequences and injuries for Latino Americans, American Indians and Blacks (Witbrodt, Mulia, Zenmore, & Kerr, 2014).

SUD differentially impacts several distinct populations, including youth and minorities. The percentage of people aged 12 or older in 2023 with a past year SUD differed significantly by age group. The percentage was highest among young adults aged 18 to 25 (27.1 percent or 9.2 million people), followed by adults aged 26 or older (16.6 percent or 37.0 million people), and then by adolescents aged 12 to 17 (8.5 percent or 2.2 million people). The percentage of people aged 12 or older in 2023 with a past year SUD was higher among American Indian or Alaska Natives (25.3 percent) and those who identified as Multiracial (24.3 percent). Multiracial people were also more likely than White or Black people (17.6 percent) to have had a past year SUD (SAMHSA, 2023).

There is an extensive public need for addiction psychologists, particularly because there is a large gap between the group of individuals who suffer from SUD each year and the small group of those aged 12 or older (approximately 10-20%) who receive some kind of clinical intervention. This treatment gap is prevalent not only in the overall population of individuals

with SUD, but also for particularly vulnerable demographic sub-populations. For example, among U.S. youths aged 12-17, an estimated 58,000 with an SUD in the past year who did not receive treatment thought they needed care but did not receive it (SAMHSA, 2023). This number includes 9,000 youths who sought treatment and 49,000 adolescents who did not seek treatment but thought they should get it. Further, although Black Americans are more likely to seek treatment than Latino Americans, they still do so at a disproportionately lower rate than White Americans. Even when treatment is accessed in publicly funded specialty settings, Black, Latino, and American Indian clients are less likely to initiate or engage in treatment (Pinedo & Villatoro, 2020). In terms of additional intersectional complicating factors, bisexual women of color, in particular, had higher odds for substance use, with their treatment use being low (Rosner, Neicun, Yang, & Roman-Urrestarazu, 2021). This highlights the need for better culturally responsive education and training that can improve access to and engagement with care. Addiction psychologists can help fill this gap by providing high quality care through evidence-based screening, assessment, clinical interventions, and continuing care monitoring and management.

There is also a public need for a specialty due to pervasive stigma surrounding substance use disorders. Substance use disorder is a health condition which impacts nearly 50 million Americans annually, yet in many cases it is considered a moral failing on the part of the individual. Addiction psychologists are trained to understand the genetic, epigenetic, developmental, and neurobiological underpinnings and impacts of SUD, knowledge of which is shown to reduce stigma and improve quality of care (Kelly et al, 2021). Importantly, in such stigmatized conditions as substance use disorders, respecting diversity and promoting inclusivity aligns with the ethical principles of psychological practice, ensuring that addiction psychologists provide services that are fair, unbiased, and respectful of individual differences. In fact, the psychological humanistic and client-centered motivational interviewing counseling approach (Miller and Rollnick, 1991) was in large part borne out of this recognition of stigma, fear of discrimination, and psychological reactance.

Knowledge of cultural practices and preferences allows addiction psychologists to adapt evidence-based treatments to be more culturally relevant, improving treatment engagement, retention, and effectiveness. At the same time, addiction psychologists recognize that it is equally important to not allow pre-formed or cultural stereotypes to bias particular approaches to assessment, clinical engagement, and care, as this can be equally, or possibly even more, damaging. Thus, addiction psychologists are trained in a sensitive, individualized approach, that balances these facets.

Training programs would benefit from recruiting providers who have overcome addiction and/or identify as a racial/ethnic minority to address stigma. For Latino Americans, in particular, low treatment efficacy has been closely related to social and cultural factors (Pindeo et al., 2020). For this reason, programs should invest in culturally competent faculty with scholarship and expertise in understanding important cultural beliefs, customs, and social contexts (e.g., family dynamics, traditional gender roles, immigration experiences) that can improve treatment outcomes.

The recognition of an addiction specialty within psychology could help assuage these barriers to care simply by existing and formally recognizing the need for compassionate care for these conditions on a nationally recognized stage. On a more pragmatic level, the presence of a higher number of trained addiction psychologists will allow stigma to be combated through a properly educated and trained psychological workforce who can help educate patients and families, as well as law enforcement, legal systems, policymakers, and other stakeholders, as to the true nature of these disorders and how best to address them.

There has also been increasing debate about inclusion of problematic engagement in nonsubstance use behaviors in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). Groups of problematic repetitive, reward-seeking, behaviors that do not involve psychoactive substances are often termed, "behavioral addictions." While the DSM-5 identifies 10 different classes of drugs (caffeine, cannabis, hallucinogens, inhalants, opioids, sedative/hypnotics/anxiolytics, stimulants, tobacco, and other substances) in the section of "Substance-Related and Addictive Disorders," the phrase "drug addiction" has notably been removed (Chen et al., 2023) and instead more clearly defined as problems in academic, occupational, and social functioning (Griffiths et al., 2017). Similar to SUD, the literature indicates that these "behavioral addictions" are also sometimes associated with increased aggression, depression, generalized anxiety, loneliness, and impulsivity (Chen et al., 2023; Wang et al., 2018). While increased acknowledgement of behavioral addiction exists in both the DSM and the ICD, there are inconsistencies with terminology and classification (Petry, 2018). For instance, the ICD-10 recognizes Pathological Gambling as an Impulse Control Disorder, but the DSM-5-TR classifies it as Gambling Disorder included in the section Substance-Related and Addictive Disorders. Another example is the inclusion of gaming disorder in the ICD-11 under Disorders due to Addictive Behaviors, while the DSM-5-TR only includes internet gaming under "Conditions for Further Study." There are many other subcategories of behavioral addictions mentioned in the literature, such as "food addiction", "sex addiction," "exercise addiction," and "shopping addiction," however these are not included due to insufficient peer-reviewed evidence necessary to establish them clearly as mental disorders (APA, 2022; WHO, 2019; WHO, 2022). Nonetheless, it is critical to continue expanding our knowledge regarding the prevalence and comorbidity of these possible behavioral addictions. Our APSC noted in Criterion I above is addressing these continuing definitional and conceptual challenges regarding other types of behavioral addictions.

Gambling disorders represent a significant and growing public health concern, affecting millions of people worldwide. In the U.S. alone, approximately 2 million adults meet criteria for severe gambling addiction, while an additional 4-6 million experience moderate gambling problems (National Council on Problem Gambling, 2023). Left untreated, gambling disorders has led to severe financial, emotional, and psychological consequences, including bankruptcy, depression, and increased risk of suicide (APA, 2022). This underscores the pressing need for increased access to and development of effective treatments for gambling disorders. To further complicate, there is an abundance of research that notes high comorbidity rates. A recent meta-analysis highlighted that problematic gambling behavior is prevalent in clinical samples of individuals with substance use disorders with rates ranging to 26% in some populations

(Jiménez-Murcia et al., 2022). Another study found that approximately 22% of individuals with gambling problems also had a co-occurring substance use disorder, and indicated that in treatment settings, this figure can rise dramatically, with some studies reporting up to 88% of individuals seeking help for gambling problems also presenting with some form of substance use disorder, including nicotine dependence (Leino et al., 2023; Mann et al., 2017). Despite the high prevalence, similar to SUD, only a small percentage of individuals affected by behavioral addictions seek treatment, often due to stigma or lack of awareness of available resources (Volberg & Williams, 2016).

Furthermore, those that are able to access some type of intervention for a behavioral addiction or SUD often are not receiving it from adequately trained clinicians. Addiction is extremely complex. Carroll (2021) and others have described how substance use disorders vary greatly in their onset, progression, clinical course, presentation, and psychological and functional impacts. In addition, SUD in particular is often further complicated by physiological insults from chronic exposure to the substances themselves, interactions with existing health issues and medications, and interactions with individual biomarkers. As a result, a significant amount of specialized training and knowledge is needed to properly assess and attend to these levels of complexity to effectively treat individuals suffering from behavioral addictions or SUD-related problems.

Dimeff, Sayette, and Norcross (2017) argue that clinical psychology training programs need to increase their focus on addiction research and specialty practice. Freimuth (2018) further argued the necessity of addiction training for all clinical psychology students. Rasyidi in 2012 published an article highlighting the need for, and inadequacy of, addiction training. Since that was published 12 years ago, substance use remains largely unidentified, untreated, and unmanaged in both medicine (Lundin & Hill, 2022) and in psychology (Burrow-Sánchez et al., 2020). Data gathered from professional training programs indicate that despite the likelihood that students will encounter patients with SUDs, the training received is inadequate. For instance, less than 40% of clinical doctoral programs had at least one faculty member studying addiction, and less than one third offered any specialty training in addiction (Burrow-Sánchez, Martin, & Taylor, 2020).

Other non-substance addiction-related problems—-such as internet, social media, shopping, food, pornography and sex, while still being clarified and understood--, also pose significant challenges to mental health and quality of life and with increased access and population exposure are rapidly increasing. It is the goal of the addiction psychology specialty to continue to stay abreast of epidemiological trends and taxonomical, psychometric, and intervention research surrounding both substance addictions and the evolving research on behavioral addictions, with the goal of bringing consistency in understanding and education for greater awareness and treatment of individuals who struggle increasingly in these domains. Addiction psychology represents a vast and complex field, incorporating diverse treatment approaches, research findings, and organizational guidelines from various subspecialties such as substance use, behavioral addictions, and co-occurring mental health conditions. Currently, there is no standardized model that integrates these diverse theoretical frameworks and interventions, making it difficult for professionals to achieve uniformity in conceptualization, assessment, and treatment approaches. This lack of standardization contributes to variability in the quality of care

across different settings and creates difficulties for comprehensive training and supervision for addiction psychologists. By establishing addiction psychology as a psychological specialty and recognized board certification, the field can begin to unify its practices and create standardized guidelines for assessment, intervention, and professional development. This would not only ensure that practitioners are held to the highest evidence-based standards but also offer clearer pathways for clinicians seeking specialization in addiction work. A specialty council will facilitate the development of comprehensive and structured training curricula, standardize continuing education requirements, and foster a clearer understanding of competencies required for psychologists working in this critical area.

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Volberg, R. A., & Williams, R. J. (2016). *Developing a model for estimating the prevalence of problem gambling. Final report.* Ontario Problem Gambling Research Centre.

Volkow ND, Wang GJ, Tomasi D, Baler RD (2013) Obesity and addiction: neurobiological overlaps. J Obes Rev 1:2–19

Wang, H. R., Cho, H., & Kim, D. J. (2018). The comparison of clinical characteristics and behavioral patterns between Internet gaming disorder and alcohol use disorder. *Journal of Behavioral Addictions*, 7(2), 301-309. https://doi.org/10.1556/2006.7.2018.24

World Health Organization. (2019). *International statistical classification of diseases and related health problems (10th rev.).* World Health Organization. https://icd.who.int/browse10/2019/en

World Health Organization. (2022). *International statistical classification of diseases and related health problems (11th rev.).* World Health Organization. https://icd.who.int/browse10/2022/en

2. Describe what procedures this petitioning organization and/or other associations associated with this specialty utilize to assess changes in public needs.

There are numerous annual federally funded nationally representative surveys of alcohol and other drug use disorder prevalence, rates of harmful and hazardous use, public health and burden of disease estimates, and economic cost impacts (e.g. SAMHSA, NIDA). Further, there are additional national annual surveys of treatment admissions, and the associated unmet need for treatment (e.g., NSDUH, NSSATS, TEDS, CDC, Monitoring the Future). Although these government based epidemiologic studies are not specific to the discipline of psychology, they do demonstrate a national recognition of the importance of addictive behaviors at the population level, which is consistent with the need for professional psychologists who specialize in addiction psychology, These studies provide valid estimates of the changing nature and degree of substance-related impacts in the population that point to the requirement for particular types of skills and services in a changing landscape. Addiction psychologists and the Addiction Psychology Specialty Council recognize the importance of staying abreast of these changes to incorporate important content into education, training, advocacy, and policies. Many addiction psychologists are both scientists and clinicians, who possess a current knowledge of national, regional, and local trends. As practicing professionals, they have direct, ongoing experience with local community shifts in prevalence and impact, as well as need to respond accordingly with changes to education, intervention, and policies. Furthermore, addiction psychologists have the knowledge and advanced training o be able to select and deploy empirically-validated screening and multimodal assessment procedures to facilitate higher resolution detection of changing needs at the practice-based level. Additionally, addiction psychologists and ABAP Board members are in a position of greater accountability than those within the specialty by surveying its members and responding to specific needs within the community of addiction psychologists. The addiction specialty has received numerous letters of support from various psychological organizations and addiction-specific organizations and through ongoing consultation will stay abreast of current policies and needs. The specialty will be able to respond through advocacy, education, and ongoing training to address current community needs through our board members, addiction specialists, and community organization network. Unfortunately, gambling and other types of behavioral addiction problems, have not yet been the target of representative national or local epidemiological studies evaluating needs or similarly surveying prevalence of services provided or available, although there is a growing need for this at national as well as local levels.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2023). *Results from the 2023 National Survey on Drug Use and Health: Detailed Tables*. Center for Behavioral Health Statistics and Quality. Retrieved from https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2021). National Survey of Substance Abuse Treatment Services 2020. Retrieved from https://datafiles.samhsa.gov/

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Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by states to TEDS through June 30, 2023.

Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023. Retrieved from https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

3. Describe how the specialty attends to public need

Addiction psychologists lead national, regional, and local survey investigations to monitor and detect emerging and shifting trends in SUD to assess public needs. They also conduct frequent local community-based needs assessments to understand shifting impacts in the public. Addiction psychologists also provide expertise and consultation, direct clinical services based on their in-depth education and training (e.g., Ph.D./Psy.D.), and knowledge of valid assessment implementation and empirically supported intervention deployment. They work effectively within interdisciplinary systems, which is essential to clinical success. Addiction psychologists can inform training programs and institutions to improve the identification and treatment of addictions among clinicians, creating more well-defined, integrated, and consistent training within the addiction specialty. As such, addiction psychology as a specialty often forms working relations with multiple other disciplines including, but not limited to, addiction medicine and addiction psychiatry, social work, and community-based peer recovery services to maximize the chances of stable remission over the long-term for those affected. This allows addiction psychologists to better attend to the needs of their community and the public at large by directly connecting their patients with helping resources based on their specific needs, and in addition allows addiction psychologists to stay connected with a large network of providers who are also tuned into the public need. The addiction psychology specialty overseen by our Addiction Psychology Specialty Council will have the ability to positively impact education, training, and clinical care among addiction psychologist members and related institutions in a more robust, structured, and consistent manner. Currently deficient in the field of addiction psychology, it is the mission of this specialty to bring greater access to quality addiction care by keeping abreast of the changing landscapes within communities and responding accordingly.

Criterion III. Diversity The specialty demonstrates recognition of the importance of cultural and individual differences and diversity in the education and training of specialists.

> ***Commentary****: The specialty provides trainees with relevant knowledge and experiences about the role of cultural and individual differences and diversity in psychological phenomena as it relates to the science and practice of the specialty in each of the following areas: i) development of specialty-specific scientific and theoretical knowledge; ii) preparation for practice; iii) education and training; iv) continuing education and professional development; and v) evaluation of effectiveness.*

Because the population is diverse:

1. Describe the specialty-specific scientific and theoretical knowledge required for culturally competent practice in the specialty, how it is acquired and what processes are in place for assessment and continued development of such knowledge.

Scientific and theoretical knowledge is required for culturally competent addiction psychology practice. Given that addictive disorders pose a preeminent, pervasive, and enduring societal concern, it is clear that psychologists working in the field of addiction psychology must have scientific and theoretical knowledge and skills in culturally responsive prevention strategies and therapies. Understanding the intersectionality of these factors is crucial for addiction psychologists to provide holistic and inclusive care that is attuned to the complexity of individuals' lives.

A large body of research highlights racial/ethnic disparities in treatment services and outcomes for substance use disorders. Although substance use disorders appear to be similarly prevalent among all racial/ethnic groups, there are more severe alcohol-related consequences and injuries for Latino Americans, American Indians and Blacks. compared to White Americans (Acevedo et al., 2022; Karaye, Maleki, & Yunusa, 2023; Moskal et al., 2024; Patrick, 2020; Pederson, 2022; Schmidt et al., 2007; Witbrodt et al., 2014). The exception to this overall pattern among racial/ethnic disparities is that Asian Americans are less likely to engage in substance use and when they do, they do not experience as severe alcohol-related consequences (Zang et al., 2024). Notably, American Indian/Alaska Natives experience the highest levels of alcohol-related deaths, and Black and Latinx Americans show higher incidences of suicidality and hospitalizations related to substance use. The criminal justice consequences are disproportionately high among Black Americans, who are more likely to be arrested for substance use and/or possession than their White counterparts and, as a result, are less likely to have consistent treatment options. Scholars also note that among Black and Latino Americans, heavy substance use often co-occurs with other mental health concerns, particularly with PTSD. Such findings are likely connected to the systemic issues of racial social injustice within the United States, including the reality that Black and Latino Americans experience race-based bias and discrimination, which disproportionately results in higher rates of homelessness, poverty, and chronic illness (Cunningham et al., 2017; Price et al., 2013, Rutan & Glass, 2018). Training programs must teach and assess socio-cultural and historical knowledge in order to ensure that future practitioners understand the origins of racial/ethnic disparities and do not, unknowingly, replicate racist and biased assumptions about substance use and treatment outcomes.

When adjusting for socio-economic status, treatment utilization again shows racial/ethnic disparities. Although Black Americans are more likely to seek treatment than Latino Americans, they still do so at a disproportionately lower rate than White Americans (Alegria et al., 2011; Pinedo & Villatoro, 2020). Even when treatment is accessed in publicly funded specialty settings, Black, Latino, and American Indian clients are less likely to initiate or engage in treatment. Scholars suggest that Latino Americans may have more barriers to treatment, including logistical barriers (e.g., health insurance, access to care, not having time for treatment) and social barriers (e.g., internalized stigma and family pressures). In one study, researchers found a lower perceived need for treatment as being an important predictor of not seeking care among racial/ethnic minorities. This suggests a critical need for innovative prevention strategies to address low perceived treatment need. For example, addiction psychology training programs

should include skill development and demonstrations of competency in providing brief screening, assessment, and interventions in community settings, in addition to delivering culturally competent care in traditional healthcare settings. Trainees must also demonstrate competency in community health outreach education models, which have been shown to be efficacious. Trainees should receive multiple opportunities to develop and implement prevention strategies that focus on atypical settings, such as churches, barbershops, beauty shops, and community celebrations settings (Browne, Ford & Thomas, 2006; Derose et al., 2016).

Further, research shows that Black and Latino Americans are less likely to believe treatment will be effective and report higher levels of mistrust among healthcare providers (Zainab, Lee, & Leeper, 2020). For this reason, addiction psychology training programs would benefit from recruiting providers who have overcome addiction and/or identify as a racial/ethnic minority. For Latino Americans, in particular, low treatment efficacy was closely related to social and cultural factors. Thus, culturally competent treatment models must be imbedded in all course plans, not simply as a one-off course and/or training opportunity (Pinedo et al., 2020). Addiction specialty programs must invest in culturally competent faculty with scholarship and expertise in understanding important cultural beliefs, customs, and social contexts (e.g., family dynamics, traditional gender roles, immigration experiences) that can increase successful treatment outcomes.

An additional area that our specialty has identified and must attend to in preparing practitioners for culturally competent care is disparities that exist among sexual and gender minority (SGM) individuals as compared to their cisgender and heterosexual counterparts. Although substance use tends to be higher among lesbian/gay and bisexual women across nearly all racial/ethnic groups, there is greater usage in magnitude among Black and Latino American SGM as compared with White SGM, particularly among girls and women (Schuler et al., 2020). Bisexual women, in particular, had higher odds for substance use (Batchelder et al., 2021; Rosner et al., 2021). Treatment use is also low, with one large population-based study demonstrating that most LGBT adults with a substance use disorder did not receive treatment. Developing and implementing cultural competency around sexual and gender minority substance use will be necessary to prepare future practitioners (Krasnova et al., 2021). Research suggests that sexual and gender minorities who reside in communities with more LGBTQ supports (i.e., more supportive climates) have lower odds of lifetime substance use. Specifically, in communities with more frequent LGBTQ events (such as Pride events), the odds of substance use among sexual minority adolescents living in those communities was lower compared with their counterparts living in communities with fewer visible and accessible LGBTQ supports (Watson et al., 2020). Additionally, in one recent review of mental health facilities, only 12.6 percent of mental health and 17.6 percent of SUD facilities reported LGBT-specific programs (Williams & Fish, 2020). Such findings suggest quite limited availability of culturally competent mental health and SUD treatment, making training programs especially needed to recruit and train leaders who are competent in LGBT specific care.

Understanding diverse cultural backgrounds enables addiction psychologists to be more sensitive to the unique experiences and diverse perspectives of individuals from different cultures. Cultural factors can significantly influence patterns of substance use and addiction.

Factors such as cultural norms, traditions, beliefs, and values play a role in shaping individuals' attitudes toward substance use as well as patterns of and impacts from use. Understanding these factors helps addiction psychologists develop more targeted and culturally appropriate interventions. Such sensitivity is crucial for building rapport, establishing trust, and delivering effective treatment. Cultural competence is a critical component of effective clinical addiction care and in avoiding biases in addiction research conduct and interpretation. Individual differences can affect communication styles and preferences. Addiction psychologists who are aware of these differences can adapt their communication strategies to ensure clear and helpful interaction. Cultural factors can create barriers that can include stigma, mistrust of the healthcare system, and differences in help-seeking behaviors. Addiction psychologists need to be aware of these challenges to address them effectively.

The necessary knowledge of culturally competent practice for addiction psychologists is initially acquired in doctoral and postdoctoral training programs through courses and experiences in culturally aware practice settings. It is enhanced by the presence of diverse faculty and students. Further training is provided in ongoing training programs, workshops, and continuing education offerings. For example, the Society of Addiction Psychology (SOAP; APA Division 50) sponsors an annual midyear conference (Collaborative Perspectives on Addiction) as well as activities at the main APA annual conference, which focus on diversity, equity, and inclusion in addiction psychology research and practice. Culturally competent practice is assessed by examinations such as those conducted by the American Board of Addiction Psychology. Applicants include their CV and professional statement – including a description of their professional work, the ways in which they utilize or contribute to current science-based practice of addiction psychology, the theoretical/empirical basis for their work in addiction psychology, specific examples of awareness of individual and cultural diversity in their practice thus far, and a specific ethical dilemma they have encountered with an explanation of how they managed the dilemma utilizing the APA Code of Conduct. In fact, 17% (approximately 30 minutes) of the ABAP oral examination specifically focuses on applicants' understanding of culture and diversity. It is further enhanced by clinical experience with a diverse range of clients and consultation experiences with colleagues. Cultural competency is a continuing learning process, with addiction psychologists constantly learning and assessing their knowledge in this space. To stay abreast of cultural shifts and needs in the community, it is imperative that the Addiction Psychology Specialty Council maintains a diversity committee. Each member of the Specialty Council also maintains diversity committees.

The processes in place for assessment and continued development of such cultural knowledge begins in graduate programs, especially where addiction specialty programs exist. As an addiction psychology licensed psychologist, a Board Certification in Addiction Psychology determines eligibility through rigorous application and assessment processes. The ABAP application and examination and Maintenance of Certification (MOC) procedures allows for initial and continued assessment of culturally competent knowledge and practice and our APSC incorporates and creates this same standard across education and training. The APSC will also continue to monitor changes in cultural knowledge to be able to update recommendations for education, training, continuing education requirements, and continuing and raise awareness and bring it to the attention of all specialty council member organizations.

Acevedo, A., Rodriguez Borja, I., Alarcon Falconi, T. M., Carzo, N., & Naumova, E. (2022). Hospitalizations for alcohol and opioid use disorders in older adults: trends, comorbidities, and differences by gender, race, and ethnicity. *Substance Abuse: Research and Treatment*, *16*, 11782218221116733.

Alegria, M., Carson, N. J., Goncalves, M., & Keefe, K. (2011). Disparities in treatment for substance use disorders and co-occurring disorders for ethnic/racial minority youth. *Journal of the American academy of Child & adolescent Psychiatry*, *50*(1), 22-31.

Batchelder, A. W., Stanton, A. M., Kirakosian, N., King, D., Grasso, C., Potter, J., ... & O'Cleirigh, C. (2021). Mental health and substance use diagnoses and treatment disparities by sexual orientation and gender in a community health center sample. *LGBT health*, *8*(4), 290-299.

Browne MC, Ford AF, Thomas SB. Take a health professional to the people: a community outreach strategy for mobilizing African American barber shops and beauty salons as health promotion sites. Health Educ Behav. 2006;33(4):425–32.

Cunningham T. J., Croft J. B., Liu Y., Lu H., Eke P. I., & Giles W. H (2017). Vital signs: Racial disparities in age-specific mortality among blacks or African Americans—United States, 1999–2015. *MMWR. Morbidity and Mortality Weekly Report*, 66(17), 444. doi: 10.15585/mmwr.mm6617e1

Derose KP, Griffin BA, Kanouse DE, Bogart LM, Williams MV, Haas AC, et al. Effects of a pilot church-based intervention to reduce HIV stigma and promote HIV testing among African Americans and Latinos. AIDS Behav. 2016;20(8):1692–705.

Karaye, I. M., Maleki, N., & Yunusa, I. (2023). Racial and ethnic disparities in alcohol-attributed deaths in the United States, 1999–2020. *International journal of environmental research and public health*, *20*(8), 5587.

Krasnova, A., Diaz, J. E., Philbin, M. M., & Mauro, P. M. (2021). Disparities in substance use disorder treatment use and perceived need by sexual identity and gender among adults in the United States. *Drug and Alcohol Dependence*, *226*, 108828.

Moskal, D., Bennett, M. E., Marks, R. M., & Roche, D. J. (2024). Associations among trauma exposure, post-traumatic stress symptoms and alcohol use in Black/African American treatment-seeking adults. *Journal of dual diagnosis*, *20*(1), 5-15.

Patrick, M. E., Terry-McElrath, Y. M., Evans-Polce, R. J., & Schulenberg, J. E. (2020). Negative alcohol-related consequences experienced by young adults in the past 12 months: Differences by college attendance, living situation, binge drinking, and sex. *Addictive behaviors*, *105*, 106320.

Pedersen, S. L., Kennedy, T. M., Holmes, J., & Molina, B. S. (2022). Momentary associations between stress and alcohol craving in the naturalistic environment: differential associations for Black and White young adults. *Addiction*, *117*(5), 1284-1294.

Pinedo, M., & Villatoro, A. P. (2020). The role of perceived treatment need in explaining racial/ethnic disparities in the use of substance abuse treatment services. *Journal of substance abuse treatment*, *118*, 108105.

Pinedo, M., Zemore, S., Beltrán-Girón, J., Gilbert, P., & Castro, Y. (2020). Women's barriers to specialty substance abuse treatment: A qualitative exploration of racial/ethnic differences. *Journal of immigrant and minority health*, *22*, 653-660.

Rosner, B., Neicun, J., Yang, J. C., & Roman-Urrestarazu, A. (2021). Substance use among sexual minorities in the US–Linked to inequalities and unmet need for mental health treatment? Results from the National Survey on Drug Use and Health (NSDUH). *Journal of Psychiatric Research*, *135*, 107-118.

Rutan D. Q., & Glass M. R (2018). The lingering effects of neighborhood appraisal: Evaluating redlining's legacy in Pittsburgh. *The Professional Geographer*, 70(3), 339–349. doi: 10.1080/00330124.2017.1371610

Schmidt LA, Ye Y, Greenfield TK, et al. Ethnic disparities in clinical severity and services for alcohol problems: results from the National Alcohol Survey. *Alcoholism, clinical and experimental research.* 2007;31(1):48–56.

Schuler, M. S., Prince, D. M., Breslau, J., & Collins, R. L. (2020). Substance use disparities at the intersection of sexual identity and race/ethnicity: Results from the 2015–2018 National Survey on Drug Use and Health. *LGBT health*, *7*(6), 283-291.

Watson, R. J., Park, M., Taylor, A. B., Fish, J. N., Corliss, H. L., Eisenberg, M. E., & Saewyc, E. M. (2020). Associations between community-level LGBTQ-supportive factors and substance use among sexual minority adolescents. *LGBT health*, *7*(2), 82-89.

Witbrodt, J., Mulia, N., Zemore, S. E., & Kerr, W. C. (2014). Racial/ethnic disparities in alcohol-related problems: Differences by gender and level of heavy drinking. *Alcoholism: Clinical and Experimental Research*, *38*(6), 1662-1670.

Williams, N. D., & Fish, J. N. (2020). The availability of LGBT-specific mental health and substance abuse treatment in the United States. *Health Services Research*, *55*(6), 932-943.

Zainab D Suntai, Lewis H Lee, James D Leeper, Racial Disparities in Substance Use Treatment Completion Among Older Adults, *Innovation in Aging*, Volume 4, Issue 6, 2020, igaa051, https://doi.org/10.1093/geroni/igaa051

Zhang, H., Ruan, W. J., Chou, S. P., Saha, T. D., Fan, A. Z., Huang, B., & White, A. M. (2024). Exploring patterns of alcohol use and alcohol use disorder among Asian Americans with a finer lens. *Drug and Alcohol Dependence*, *257*, 111120.

2. Describe how the specialty prepares psychologists for practice with people from diverse cultural and individual backgrounds (e.g., through coursework, supervised practice, continued professional development, etc.) and how competence is demonstrated.

Psychologists must continue to be aware of developments in their field informing any screening, assessment, diagnostic, or treatment processes that could be affected in terms of validity, reliability, or utility for work with specific populations. These skills are acquired through ongoing education (both in graduate programs and in continued professional development), supervised clinical practice, and through personal experience. The specialty prepares addiction psychologists for practice with people from diverse cultural and individual backgrounds primarily through engagement with theoretical and scientific written materials and educational courses as well as through supervised practice and continued professional development. Diversity and cultural competence are essential topics covered within many training courses and conferences attended by addiction psychologists during their training and throughout their tenure in the field. This allows for practitioners to gain advanced experience in working with a wide diversity of populations, including individuals at differing life-stages, of different gender identities, from the LGBTQ+ community, of various racial and ethnic backgrounds, from all socioeconomic backgrounds, etc. As noted above, an addiction psychologist's knowledge and understanding of culturally competent practice is assessed by examinations such as those conducted by our American Board of Addiction Psychology, which contains explicit diversity examination components in both written materials and in the live oral examination using diversity vignettes.

3. Describe how the specialty is monitoring developments and has moved to meet identified emergent needs and changing demographics in training, research, and practice (e.g., through research, needs assessment, or market surveys).

Addiction psychology as a specialty is constantly monitoring developments and is consistently changing to meet emerging needs and changing demographics. One way it does this is through the recognition that different groups have specific needs and may be impacted differently by existing and emerging interventions. To keep track of this, addiction research is constantly being conducted to evaluate how different groups are impacted by addiction, and what (if any) between-group differences exist for diverse populations. This has included cultural adaptations of motivational interviewing (MI) techniques and interventions that have been shown to differ across racial/ethnic groups (Self, et al., 2023). Such research allows addiction psychologists to embrace diversity and offer their patients the best care possible, taking into consideration their identity and background. Addiction psychologists must stay up to date on current research in these regards to continue to provide appropriate care of the highest quality. The Addiction Psychology Specialty Council maintains a diversity committee which is tasked with reviewing and discussing current research. This committee, which consists of representatives from its members' diversity committees, reviews existing data as well as the necessity for collection of additional data to determine disparities and needs. An example beyond the review of existing literature is the collection of data to evaluate diversity among organizations and within the council.

Addiction Psychologists, like other professional psychologists, are committed to lifetime learning, beyond the formal training offered in classrooms and workshops. As addiction psychologists recognize the many ways that patients may differ from one another, they learn to integrate this recognition into clinical care. If the treatment and assessment methods are not built on research inclusive of people from different backgrounds, then the work is limited in its applicability and effectiveness. Such awareness deepens sensitivity to what one does not know, as well as increases the knowledge and skills about what the research has already found. This ultimately improves the competency of addiction psychologists as effective helpers facilitating positive change.

Self, K. J. Borsari, B., Ladd, B. O., Nicholas, G., Gibson, C. J., Jackson, K., & Manuel, J. K. (2023). Cultural adaptations of motivational interviewing: A systematic review. *Psychological Services, 20*(Suppl 1), 7-18. https://psycnet.apa.org/doi/10.1037/ser0000619

4. Describe how the education and training and practice guidelines for the specialty reflect the specialty's recognition of the importance of cultural and individual differences and diversity.

The processes in place for instilling the importance of cultural and individual differences and diversity, as well as the assessment and continued development of cultural knowledge begins in graduate programs, especially where addiction specialty programs exist. As an addiction psychology licensed psychologist, a Board Certification in Addiction Psychology determines eligibility through rigorous application and assessment processes. The ABAP application and examination and Maintenance of Certification (MOC) procedures allows for initial and continued assessment of culturally competent knowledge and practice and our APSC incorporates and creates this same standard across education and training. The APSC will also continue to monitor changes in cultural knowledge to be able to update recommendations for education, training, continuing education requirements, and continuing and raise awareness and bring it to the attention of all specialty council member organizations.

Addiction psychology is an area that clearly demonstrates complexity and the need to recognize diversity in how health concerns are handled across different cultures, age groups, races, and sexual orientations. Each population has specific needs that have to be met to provide optimal care not only for the addiction problem but any co-occurring concerns as well. This is where there is a real need for qualified and trained addiction psychologists: professionals who can address such psychological complexity with appropriate sensitivity while making use of the latest research and best practices.

At every stage of training for an addiction psychologist, the opportunity to further education regarding cultural and individual differences exists. For example, the application requirements and examination procedures for certification by the American Board of Addiction Psychology (ABAP) requires applicants to discuss their current assessment, intervention, consultation and/or supervision, and teaching/management activities, in general, and with regard to cultural diversity and individual differences. It also requires them to include both the theoretical and empirical basis for their work in addictions with attention to the ways in which their addiction theoretical model informs attitudes toward individual and cultural diversity. Applicants are required to provide specific examples of awareness of individual and cultural diversity as pertinent to their scholarship, assessments, interventions, consultation/supervision,

advocacy, teaching and management/administration (the latter only if applicable), and interpersonal interactions within an addiction framework. Addiction psychology applicants are also asked to describe a challenging specific diversity and/or cultural dilemma that they have encountered in their work as an addiction psychologist. These elements reflect the importance of cultural and individual differences and diversity in the addiction specialty.

At present, education and training content are not uniform despite repeated calls for making training in addictions a required element of graduate professional psychology training for clinical, counseling, and school psychology programs (Burrow-Sanchez, Martin, & Taylor, 2020). The training should include didactic and supervised clinical practice. Such training should include specific content to develop cultural competencies. Likewise, since many individuals undertake addiction psychology training at the postdoctoral level, such training should also include content on cultural and individual difference factors.

Burrow-Sánchez, J. J., Martin, J. L., & Taylor, J. M. (2020). The need for training psychologists in substance use disorders. *Training and Education in Professional Psychology, 14*(1), 8-18. https://doi.org/10.1037/tep0000262

Criterion IV. Distinctiveness. A specialty differs from other recognized specialties in its body of specialized scientific knowledge and professional application.

***Commentary**: While it is recognized that there will be overlap in the knowledge and skill among various specialties in psychology, the petitioning organizations must describe the specialty in detail to demonstrate that it is distinct from other recognized specialties in the knowledge and skills required, the need or population served, problems addressed, and procedures and techniques used.*

1. Identify how the following parameters differentiate and where they might overlap with other specialties. Describe how these parameters define professional practice in the specialty.

    a. Populations:

Addiction psychology is unique in its focus on individuals with addictive disorders and their communities (e.g., family, friends, other associates). As noted previously, there are nearly 50 million Americans diagnosable with this condition each year, and the disorder is characterized by a well-delineated and described set of symptoms with varying levels of severity and impairment. Substance use disorders as well as gambling disorders can be reliably diagnosed using standardized criteria within diagnostic systems in the U.S. and internationally (e.g., DSM-5-TR and ICD-11). Other kinds of behavioral addictions, however, (e.g., gaming, food, sex) remain to be conceptually clarified and delineated with regard to exact symptom profiles and clinical course. Both substance and behavioral addictions affect all segments of the population, confer differing risks and impacts across different life stages, but have higher prevalence in certain sub-groups (e.g., young adults; SGM individuals). Hence, addiction psychologists work with members of a wide variety of populations across age, gender, socioeconomic status, occupation, sexual identity, etc. Due to its high prevalence in the general population, it can often co-occur with a variety of other psychological disorders (e.g., PTSD, bipolar disorder), and thus there can be an overlap in populations between addiction psychology and other specialties.

While there are often theoretical similarities across effective treatments for different psychological disorders, those who treat addictive disorders require specialized knowledge in the biobehavioral principles of operant and classical conditioning, as well as a theoretical models of development, learning, motivation, stress, coping, etc. Knowledge of the biological and psychological effects of psychoactive substances, including phenomena associated with cessation of use (i.e., withdrawal effects) is imperative. These theoretical underpinnings are somewhat unique to substance use disorders (compared to other forms of psychological problems such as major depression or schizophrenia) and they help explain how these disorders may persist and worsen over time. Consequently, addiction specialists are educated and trained specifically to develop, test, and implement interventions founded upon scientific theories relevant to remission and recovery.

The populations served by addiction psychologists are a major defining factor for professional practice within addiction psychology. Understanding the backgrounds and identities of the different groups served by this specialty, as well as the science behind the condition which brings them to an addiction psychologist in the first place, is one of the most essential aspects of their training process and clinical care.

b. Problems (psychological, biological, and/or social that are specific to this specialty):

Addiction psychology primarily addresses problems affecting, stemming from, or in relation to substance use and behavioral addictive behaviors. These include physiological, psychological, and social problems. Although there is overlap among addictive disorders and other psychological conditions in the nature and degree of biopsychosocial impacts and functioning, addictive disorders uniquely involve engagement in a behavior or use of a substance that can cause dose-dependent direct (through neurotoxicity) and indirect (through neuroadaptations) changes in neurobiology and broader physiology as well as in cognitive-affective and social functioning that perpetuate and worsen the course of the disorder over time.

At the biological level, addictive disorders are marked by the ingestion of a substance or repeated engagement in a behavior (e.g., gambling) that has specific subjectively rewarding or distress-relieving neurocognitive effects. These effects can also be particularly pronounced among genetically predisposed individuals. With frequent repeated administration or engagement in the behavior, neuroadaptations occur (tolerance) through processes of neuroplasticity whereby the same dose of a substance or a behavior confers a reduced rewarding effect, or where a higher dose or more repetitions of the behavior is required to achieve the same effect as was manifest at a smaller dose (i.e., tolerance). As the central nervous system adapts to the prolonged presence of a substance, physical dependence can occur whereby aversive physiological reactions and/or withdrawal symptoms develop in the absence of the substance. These can range from mildly unpleasant feelings of anxiety or nausea to convulsions and the risk of death (e.g., in alcohol withdrawal). The nature of these biological effects varies from substance to substance, but the use of one substance can alter the biological system in such a way as to influence the biological impact of another substance, when both substances are in the system (i.e. drug interactions), as well as when the first substance is no longer present (e.g. cross-tolerance). These effects also

may interact with idiosyncratic neurobehavioral variables such as compulsivity, impulsivity, and impaired behavioral control, which can result from damage to various brain regions.

In addition to the problems listed above, use of various substances can cause or facilitate the development of substance-specific medical problems. For example, chronic heavy alcohol use is a cause of liver disease (fatty liver disease, cirrhosis); contributes substantially to the development of hypertension; and is a cause of a variety of cancers including cancers of the breast (in women), oral cavity, larynx, pharynx, and esophagus. Tobacco dependence is a cause of heart disease, lung cancer, chronic bronchitis, and emphysema, and has also been associated with cancers of the upper and lower digestive tract (e.g. mouth, pharynx, larynx, esophagus, stomach). Other substance use has been linked to HIV-AIDS, hepatitis (through intravenous drug administration), cardiovascular problems (methamphetamine, cocaine), neurological impairment (alcohol), and a host of more specific health problems, including poisoning deaths (opioids, alcohol). Though addiction psychologists may not specifically treat the biological issues associated with substance use disorder, these still impact professional practice in the specialty as they need to be able to recognize these concerns and work with an interdisciplinary team accordingly to ensure the best possible care for their patients. This is a very important way in which expertise in addiction psychology is distinct from other psychological specialties.

Addictive behaviors also are often influenced by psychological factors. With substance use disorders, for example, there is substantial evidence that the administration of alcohol and other substances can serve as unconditioned stimuli within a classical conditioning framework. Because of this conditioning, drug cues may come to elicit drug-similar effects, as well as drug-opposite effects (opponent process), with the possibility that these cues may activate conditioned withdrawal reactions and drug craving. There is also considerable evidence that alcohol and other substances serve as operant reinforcers - both positive (e.g., euphoric feelings) and negative (e.g., relief from withdrawal and other negative affective states) - within an instrumental conditioning framework. Social-cognitive and stress and coping theories have provided helpful psychological frameworks for understanding the development and maintenance of substance use, as well as remission and stable recovery. These perspectives highlight psychological processes such as observational learning, stress and coping skills, substance-related outcome expectancies, and self-efficacy. This is essential to professional practice in the specialty, as understanding the psychological basis to the disorder, as well as the basis of the intervention methods, is the only way for addiction psychologists to properly diagnose and treat their patients.

Social factors are also key influencers in the onset and offset of addiction-related problems. Among adolescents, peer norms and peer influence are important contributors to the onset of substance use. There is also evidence that peers strongly influence each other during early adulthood and potentially throughout their lives. Drinking in one's immediate family and in one's social network appears to influence adult patterns of drinking and influence remission and recovery. It is also the case that substance-related problems can have a deleterious impact on individuals' social functioning, by disrupting marital and parenting processes, impairing role functioning, and creating, both directly and indirectly, a variety of adverse and stressful challenges to the individual and his or her family. Therapeutic efforts from an interpersonal perspective help to uncover the function and meaning that clients may attribute to substance use that, ultimately, can help tailor appropriate interventions to reduce interpersonal problems.

Attempts to repair the social disruptions created by substance-related problems have been shown to facilitate recovery from the disorder (e.g., peer influence and norms, cultural beliefs and biases) and shifts in individuals' social networks away from individuals using alcohol or other drugs toward abstainers/those in recovery, have been shown to be major mechanisms through which individuals sustain remission over time. Even though addiction practitioners are not always directly involved with their patients' social networks, focusing on these networks may be a large part of their professional practice.

c. Procedures and Techniques:

Good practice in addiction psychology relies on empirically supported assessment and intervention procedures and techniques. Clinical assessment strategies have included a variety of questionnaires, interviews, self-monitoring, and behavioral observation measurement procedures. This research has largely occurred for substance use disorders. A wide range of specific treatment procedures for substance use disorders have been developed and tested; some have been adapted from other specialties and others are unique to addiction psychology. Because of the interplay between addiction psychology and other clinical fields, it is critical to understand the relationships among strategies used to address substance use and behavioral addictive disorders and other mental disorders to select and customize the optimal treatment approach.

From a broad theoretical perspective, cognitive-behavioral and behaviorally based methods have been shown to be efficacious for addiction problems, while motivational and interpersonal therapies also show promise. To date, some of the most studied interventions for substance use disorders are clinically delivered brief motivational interventions, Cognitive Behavioral Treatments (CBTs), the Community Reinforcement Approach (CRA), Behavioral Couples Therapy, Twelve-Step Facilitation therapies, Guided Self-Change, and Motivational Interviewing (MI) interventions. Unlike most other types of psychological disorders that almost exclusively produce negative affective states and therefore strong motivation to change, SUD and behavioral addictions are associated often with more psychological ambivalence about health-related change. This is in large part due to the reward bias associated with the immediacy of the continued engagement with the substance or activity which can provide reward, relief, and/or performance enhancement (i.e., the effects from the substance/activity are immediate, potent, predictable). This is contrasted implicitly with the delayed, more variable, but more enduring reward and stability that comes with remission and recovery from these disorders (i.e., the effects of remission/recovery are delayed, diffuse and variable). To help address this common ambivalence (particularly among those in the mild-moderate stages of disorder), a type of counseling known as Motivational Interviewing (Miller and Rollnick, 1991) was developed in the 1980's and 1990's. This was unique to addiction given the nature of these disorders and has become a central therapeutic component of education, training, and practice in the successful treatment of these disorders for many. MI also has been adapted and adopted across many other areas of mental and physical health.

As with most psychological disorders, continuing care is essential. Consequently, adaptive continuing care methods have been shown to further enhance such approaches to treatment. The efficacy of any one approach, however, may vary depending on the specific substance-related disorder being treated, the treatment outcome desired, and the background and

clinical profile of the patient receiving treatment, among other factors (e.g., the amount of recovery resources/capital available to a particular patient). It is important that patients also be made aware that several specific medications also have been developed and tested showing efficacy in treating addiction, particularly for alcohol (disulfiram, naltrexone, acamprosate) opioids (methadone, buprenorphine, XR naltrexone) and nicotine (varenicline, bupropion, XR nicotine replacement products, such as patches/gum). As such, similar to the treatment of other psychological disorders, psychologists working in this area of addiction psychology need to remain aware of the various effective addiction medications available and understand when and how these medications may combine with psychosocial interventions. While most addiction psychologists do not prescribe medications, this is extremely relevant to addiction psychology professional practice as use of medication in conjunction with psychosocial therapy consistently ranks among the most effective interventions for substance use disorders.

Another consideration that is important in evaluating the value of interventions, especially for minoritized populations, is how well an approach can attract and retain the target population. Several studies have found the environment to be important for treatment and prevention outcomes. Specifically, among Native American youth, point-of-sale inteventions limitaing availability and accessibility to alcohol has proven helpful (Blume, 2016).

Blume, A.W. (2016). Advances in substance abuse prevention, intervention, and treatment among racial, ethnic, and sexual minority populations. *Alcohol Research: Current Reviews, 38,* 47-54.

2. In addition to the professional practice domains described above, describe the theoretical and scientific knowledge required for the specialty and provide references for each domain as described below. For each of the following core professional practice domains, provide a brief description of the specialized knowledge that is required and provide the most current available published references in each area (e.g., books, chapters, articles in refereed journals, etc.). While reliance on some classic references is acceptable, the majority of references provided should be from the last five years and should provide scientific evidence for the theoretical and psychological knowledge required for the specialty.

    a. assessment:

As noted earlier, clinical assessment strategies may involve questionnaires, interviews, self-monitoring, and behavioral observation procedures. The required theoretical knowledge for assessment in addiction psychology centers around etiological factors (e.g., family history, impulsivity/psychological factors, social environment), factors involved in severity and chronicity (e.g., social networks, substance accessibility/availability, cue reactivity/triggers/impulsivity, accessible recovery capital), and factors involved in remission and recovery (e.g., empirically supported behavioral interventions, medications, social networks, availability and accessibility of recovery capital). The appropriate selection, application, and interpretation of evidence-based assessment procedures is critical. For that reason, addiction psychologists should possess a working knowledge of assessing the most current Diagnostic and Statistical Manual of Mental Disorders (DSM 5-TR) (American Psychiatric Association, 2022) and International Classification of Diseases (ICD) (World Health Organization, 2022) constructs related to addictive disorders and the criteria for diagnosing substance use or behavioral

addictive disorders. Further, they should be knowledgeable of DSM and ICD categories and criteria for diagnosing other psychiatric disorders that may co-occur with substance use or behavioral addictive disorders.

To appropriately conduct assessment procedures, addiction psychologists should be able to list and assess the impact of specific drugs and the classes they belong to as well as behavioral addiction problems, including, but not limited to:

1. Alcohol
2. Opioids
3. Cannabis and derivatives
4. Stimulants, including cocaine and methamphetamine
5. Anxiolytics and barbiturates
6. Hallucinogens
7. Inhalants
8. Caffeine
9. Nicotine
10. Gambling
11. Online gaming
12. Sexual addiction/compulsivity
13. Exercise/food addiction

Additionally, it is necessary to understand the impact of routes of administration, interactions with other drugs, behavioral manifestations, and physical signs of use. Addiction psychologists can describe the acute and chronic effects of the drugs listed above, for example:

1. Dependence and withdrawal
2. Effects on specific organ systems (e.g., cardiovascular, CNS, etc.)
3. Relationships to physical illness (e.g., cancer, heart disease)
4. Understand negative effects of acute and prolonged use of the above substances on psychological, physiological, and social functioning

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

World Health Organization. (2019). International statistical classification of diseases and related health problems (11th ed.). https://icd.who.int/

Miller S. C. Fiellin D. A. Rosenthal R. N. Saitz R. & American Society of Addiction Medicine. (2019). The ASAM principles of addiction medicine (Sixth). Wolters Kluwer.

Cheatle M, Compton P, Dhingra L, Wasser T, O'Brien. Development of the revised opioid risk tool to predict opioid use disorder in patients with chronic non-malignant pain. Journal of Pain. 20(7): 842-851, 2019.

Kelly, S. M., Gryczynski, J., Mitchell, S. G., Kirk, A., O'Grady, K. E., & Schwartz, R. P. (2014). Validity of brief screening instrument for adolescent tobacco, alcohol, and drug use. Pediatrics, 133(5), 819-826. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4006430/

McNeely J, Wu L, Subramaniam G, Sharma G, Cathers LA, Svikis D, et al. (2016). Performance of the tobacco, alcohol, prescription medication, and other substance use (TAPS) tool for substance use screening in primary care patients. Ann Intern Med. 165: 690-699. doi: 10.7326/M16-0317

McCabe, R. E., Milosevic, I., Rowa, K., Shnaider, P., Pawluk, E. J., Antony, M. M. & the DART Working Group. (2017). Diagnostic assessment research tool (DART). Hamilton, ON: St. Joseph's Healthcare/McMaster University

National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2021). Alcohol screening and brief intervention for youth: A practitioner's guide. NIH Publication No. 21-AA-7805. Retrieved from: https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA_AlcoholScreening_Youth_Guide.pdf

b. intervention:

Addiction psychologists should be familiar with the major models of psychological treatment for substance use or behavioral addiction disorders, including but not limited to:

1. Behavioral and Cognitive Approaches
2. Relapse Prevention and mindfulness interventions
3. 12-Step Facilitation treatments
4. Multiple mutual-help organizations (e.g., SMART Recovery, Alcoholics Anonymous) and other recovery support services (e.g., Recovery Community Centers) and their basic differences in rationale and emphases
5. Motivational Enhancement and Motivational Interviewing
6. Community Reinforcement
7. Contingency Management
8. Family and Couples Approaches (Systems Approaches)
9. Harm Reduction Approaches
10. Transtheoretical Model of behavior change
11. Brief outpatient motivational interventions

Addiction psychologists should also have a background in understanding and interpreting treatment outcome evaluation methodology and findings.

Garland, E. L., Baker, A. K., Riquino, M. R., & Priddy, S. E. (2019). Mindfulness-oriented recovery enhancement. Handb mindfulness-based program mindfulness Interv from Educ to heal Ther. Abingdon: Routledge.

Kelly, J.F., Humphreys, K., & Ferri, M. (2020) Alcoholics Anonymous and other 12-step programs for alcohol use disorder. Cochrane Database of Systematic Reviews Issue 3. Art. No.: CD012880. DOI: 10.1002/14651858.CD012880.pub2.

Liese, B.S. & Beck, A.T. (2022). Cognitive-behavioral therapy of addictive disorders (2nd ed.). Guilford Press.

Miller, W.R. & Rollnick, S. (2023). Motivational interviewing: Helping people change and grow (4th ed.). Guilford Press.

Oluwoye, O., Kriegel, L., Alcover, K. C., McPherson, S., McDonell, M. G., & Roll, J. M. (2020). The dissemination and implementation of contingency management for substance use disorders: A systematic review. Psychology of Addictive Behaviors, 34(1), 99.

Pannella Winn, L., Paquette, K.L., Donegan, L.R. W., Wilkey, C.M., & Ferreira, K.N. (2019). Enhancing adolescent SBIRT with a peer-delivered intervention: An implementation study. Journal of Substance Abuse Treatment, (103), 14–22.

Taylor, J.L., Johnson, S., Cruz, R. Gray, J.R., Schiff, D., & Bagley, S.M. (2021). Integrating harm reduction into outpatient opioid use disorder treatment settings. J Gen Intern Med, 36, 3810–3819. https://doi.org/10.1007/s11606-021-06904-4

c. consultation:

Addiction psychologists should be able to describe the specific biological, psychological, and social factors that contribute to the initiation of addictions and substance use disorder; the biological, psychological, and social factors associated with varying degrees of severity and the maintenance of addictive behaviors and substance use disorder; and the long-term course and natural history of substance use disorder and addictive behaviors. Psychologists with such expertise can provide relevant, appropriate consultation to providers, members of different disciplines, agencies, institutions, and the general public.

Because of the importance of collaboration with other professionals involved in the treatment of affected individuals and their families, the ability to facilitate such collaboration is necessary. Addiction psychologists should understand the ethical and legal responsibilities of other individuals involved in care, including but not limited to psychiatrists, social workers, recovery coaches, and recovery focused mutual-help organization representatives.

In addition to providing consultation, addiction psychologists should be able to select and coordinate other professionals as needed, especially when working with populations typically served by other specialists. Providing treatment for comorbid addictions and mental health problems necessarily occurs in an integrated manner, requiring a working knowledge of appropriate models for providing referrals for screening and assessment to other specialists.

Braithwaite, V., Ti, L., Fairbairn, N., Ahamad, K., McLean, M., Harrison, S., Wood, E., & Nolan, S. (2021). Building a hospital-based addiction medicine consultation service in Vancouver, Canada: The Path taken and lessons learned. *Addiction, 116*(7). 1892-1900. Doi: 10.1111/add.15383

Sokol, R. G., Pines, R., & Chew, A. (2021). Multidisciplinary approach for managing complex pain and addiction in primary care: a qualitative study. *The Annals of Family Medicine, 19*(3), 224-231.

Trowbridge, P., Weinstein, Z.M., Kerensky, T., Roy, P., Regan, D., Samet, J.H., & Walley, A.Y. (2017). Addiction consultation services – Linking hospitalized patients to outpatient addiction treatment. *J Subst Abuse Treat, 79*, 1-5. doi: 10.1016/j.jsat.2017.05.007

d. supervision:

Addiction psychologists possess knowledge and skills optimal for coordinating care and providing supervision. When serving as supervisors, addiction psychologists are knowledgeable and well informed about clinical matters, but also about state and/or other local regulations regarding confidentiality of records of individuals with substance use or behavioral addictive disorders.

Doyle, K. (2008). You're not one of us: The age old question of counselor recovery status. In L. Tyson, J. Culbreth, & J. Harrington, (Eds.), Critical incidents in clinical supervision (pp. 3–8). Alexandria, VA: American Counseling Association.

Laschober, T., de Tormes Eby, L., & Sauer J. (2013). Effective clinical supervision in substance use disorder treatment programs and counselor job performance. *Journal of Mental Health Counseling, 35*(1), 76-94. https://doi.org/10.17744/mehc.35.1.50n6w37328qp8611

Madson, M. B. & Green, B. A. (2012). Clinical supervision and addiction treatment. In H. Shaffer, D. A. LaPlante, & S. E. Nelson (Eds.), APA addiction syndrome handbook, Vol. 2. Recovery, prevention, and other issues (pp. 35–53). American Psychological Association. https://doi.org/10.1037/13750-002

e. research and inquiry:

An essential part of the practice of addiction psychology is research and empiricism. An extensive knowledge of research techniques, including their strengths and limitations, is imperative, as it will allow psychologists to both understand and critically examine current research and evaluation results, as well as conduct their own. Within addiction psychology, this means specialists should be able to demonstrate knowledge of current research in the assessment and treatment of substance use and behavioral addictive disorders, as well as understand how to translate these findings to optimize and individualize care. Competent addiction psychologists can define how evidence-based and empirically supported treatments are designed and tested, and understand the active ingredients and mechanisms of change associated with each specific clinical intervention.

McCarty, K. N., McDowell, Y. E., Sher, K. J., & McCarthy, D. M. (2020). Training health services psychologists for research careers in addiction science. *Training and education in professional psychology, 14*(1), 70.

Miller, P.G., Strang, J., & Miller, P.M. (Ed.). (2010). Addiction Research Methods (1st ed.). Wiley-Blackwell.

Strickland, J. C., Amlung, M., & Reed, D. D. (2022). Crowdsourcing methods in addiction science: Emerging research and best practices. *Experimental and clinical psychopharmacology, 30*(4), 379.

f. public interest:

Addiction psychologists should possess knowledge of incidence and prevalence rates for substance use disorders, addictive behaviors, and subclinical levels of harmful/hazardous substance use. They should understand the importance of early intervention and prevention efforts to minimize the impact and course of substance use disorders and addictive behaviors in terms of public health and public safety which are of great interest to the public. To contribute to the public health landscape, addiction psychologists should be familiar with harm reduction and other public health strategies, such as:

- Needle exchange programs/overdose prevention sites
- The role of social policy in reducing substance use
- Screening for communicable diseases

Ashford, R., Curtis, B., & Brown, A.M. (2018). Peer-delivered harm reduction and recovery support services: initial evaluation from a hybrid recovery community drop-in center and syringe exchange program. *Harm Reduction Journal*,15, 52 (2018).

American Society of Addiction Medicine (2018). Public policy statement on the role of recovery in addiction care. MD: Rockville.

Appleseth, H.S., Moyers, S.A., Crockett-Barbera, E.K. et al. (2023). Language considerations for children of parents with substance use disorders. *Subst Abuse Treat Prev Policy* 18, 28. https://doi.org/10.1186/s13011-023-00536-z

Goddu, A. P., O'Conor, K. J., Lanzkron, S. ….Beach, M. C. (2018). Do words matter? Stigmatizing language and the transmission of bias in the medical record. *Journal of General Internal Medicine, 33*(5), 685-691. doi: 10.1007/s11606-017-4289-2.

Kelly, J.F., Saitz, R., & Wakeman, S. (2016). Language, substance use disorders, and policy: the Need to reach consensus on an "Addiction-ary". *Alcoholism Treatment Quarterly, 34*(1), 116-123. https://doi.org/10.1080/07347324.2016.1113103

The Recovery Research Institute. (n.d.) The Addictionary. Retrieved from: https://www.recoveryanswers.org/addiction-ary/

g. continuing professional development:

Consistent with professional standards of all practicing psychologists, individuals specializing in addiction psychology must fulfill annual continuing professional development (CPD) and continuing education (CE) requirements. These contain content reflecting both the theoretical/scientific knowledge and professional practice activity requirements listed throughout Criterion IV, and all aim to achieve the objectives listed within those competency areas. Addiction psychologists must understand the Ethical Standards of Psychologists (i.e., APA's current ethical code and updates; American Psychological Association, 2002) as they relate to

working with people with substance use or behavioral addictive disorders. They must be knowledgeable of the most up to date guidelines and regulations (both from HIPAA and local governments) as related to clinical practice, confidentiality, and record keeping. Moreover, as part of keeping their designation of board certification, board-certified addiction psychologists must fulfill maintenance of certification requirements of the American Board of Professional Psychology.

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57*, 1060-1073.

h. any relevant additional core professional practice domains:

h.1. Neurophysiology

It is now widely accepted that chemical and behavioral addictions have common cognitive and neuroanatomical features. Due to the neurophysiological underpinnings of substance and behavioral addictions, a strong foundation in the anatomy and physiology of the nervous system is necessary. In particular, addiction psychologists should be able to describe the neurophysiological underpinnings of substance use disorders and addictive behaviors.

Eddie D., Bates M.E., Buckman J.F. Closing the brain–heart loop: Towards more holistic models of addiction and addiction recovery. Addiction Biology. 2022;27(1): e12958. doi: 10.1111/adb.12958. PubMed PMID: 32783345, NIHMSID: 1625494.

He, Q., Huang, X., Turel, O. et al. (2018). Presumed structural and functional neural recovery after long-term abstinence from cocaine in male military veterans. *Prog Neuropsychopharmacol Biol Psychiatry, 84*(Part A), 18–29.

Humphreys, K. & Bickel, W. K. (2018). Toward a neuroscience of long-term recovery from addiction. *JAMA Psychiatry, 75*(9), 875-876. doi: 10.1001/jamapsychiatry.2018.0956.

Ioime, L., Guglielmo, R., Affini, G. F., Quatrale, M., Martinotti, G., Callea, A., ... Janiri, L. (2018). Neuropsychological Performance in Alcohol Dependent Patients: A One-Year Longitudinal Study. *Psychiatry Investigation, 15*(5), 505–513. https://doi.org/10.30773/pi.2017.09.27.1.

Maillard, A., Poussier, H., Boudehenta,C., Lannuzel, C., Vicente, A. et al (2020). Short-term neuropsychological recovery in alcohol use disorder: A retrospective clinical study. *Addictive Behaviors, 105*, 106350.

Mulhauser, K., Weinstock, J., Ruppert, P., & Benware, J. (2018). Changes in neuropsychological status during the initial phase of abstinence in alcohol use disorder: Neurocognitive impairment and implications for clinical care. *Substance Use & Misuse, 53*(6), 881–890.

h. 2. Pharmacology

Psychologists specializing in this area should understand basic pharmacology, and the immediate and long-term effects of psychoactive substances on organ systems. This is essential because treating the psychological aspects of addiction often requires addressing significant

medical conditions (e.g., withdrawal syndromes). Hence, addiction psychologists must be able to identify and properly refer individuals for needed medical care. Further, the use of medication in conjunction with psychosocial therapy consistently ranks among the most effective interventions for SUD. For this reason, psychologists working in the field of addiction psychology should remain aware of the various effective addiction medications available and understand when and how these medications may combine with psychosocial interventions.

Becker, S. J., Scott, K., Helseth, S. A., Danko, K. J., Balk, E. M., Saldanha, I. J., ... & Steele, D. W. (2022). Effectiveness of medication for opioid use disorders in transition-age youth: a systematic review. *Journal of Substance Abuse Treatment*, 132, 108494.

Miller S. C. Fiellin D. A. Rosenthal R. N. Saitz R. & American Society of Addiction Medicine. (2019). *The ASAM principles of addiction medicine* (Sixth). Wolters Kluwer.

Ries, R. K., Fiellin, D. A., Miller, S. C., & Saitz, R. (2014). *The ASAM principles of addiction medicine* (5th ed.). Lippincott Williams & Wilkins.

Substance Abuse and Mental Health Services Administration: Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings. HHS Publication No. PEP19-MATUSECJS Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2019.

Substance Abuse and Mental Health Services Administration, General Principles for the Use of Pharmacological Agents to Treat Individuals with Co-Occurring Mental and Substance Use Disorders. HHS Publication No. SMA- 12-4689, Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

3. Identify professional practice activities associated with the specialty in each of the following domains and how they differentiate and where they might overlap with other specialties.
    a. assessment:

Assessment includes the systematic collection and integration of the historical and current status of the individual's mental, emotional, and behavioral status and functioning. For an addiction psychologist, assessment and all other professional practice activities are carried out in the context of the practitioner having a comprehensive background in addiction specific knowledge as discussed in detail in earlier sections of this petition. Assessment includes appraisal of functioning in the community, living situation, daily activities, social support systems, and health status and history. Assessment includes screening for and assessing types, levels, and impacts, of substance use or behavioral addiction engagement, establishing diagnoses and their severity, and the use of relevant testing procedures.

Similarly to other psychological disorders, a thorough evaluation and assessment is necessary for substance use and behavioral disorders to determine and provide the appropriate level of care and intervention. The factors to be considered are: type of substance use or

behavioral disorder(s), frequency of use of the substance or behavior involved, intensity/dosage or amount of use, and the medical and physical condition of the patient to identify the patient' needs. Other important aspects include assessment of varying elements of recovery capital (e.g., motivation/readiness to change, degree and nature of prior successful substance use change attempts, the nature of the current social environment, finances, employment and living situation, educational goals, availability and accessibility to ongoing treatment, physical health and functioning).

The initial assessment is an important first step to obtaining a clear account of the nature and extent of current problems. Providers have a responsibility to fully understand the individual and family, their strengths, abilities, and past successes, along with their hopes, aspirations, goals, needs, and problems in seeking help. Attending to the issues of culture in the process of assessment is critically important. The addiction psychologist provider must understand how culture and social context shape an individual's and family's behavioral health symptoms, presentation, meaning and coping styles, along with attitudes towards seeking help, stigma and the willingness and ability to trust. The assessment process is ongoing, and treatment is adapted as a result of the findings.

The assessment should contain:

1. Presenting problems and relevant conditions affecting physical and mental health status (e.g. living situation, daily activities, and social support, cultural and linguistic factors, and history of trauma or exposure to trauma and substance use).
2. Mental health history, previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information, lab tests, and consultation reports.
3. Physical health conditions reported by the patient are prominently identified and updated.
4. Contact information for primary health care provider.
5. Medications, dosages, dates of initial prescription and refills, and informed consent(s).
6. Past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed, and over-the-counter drugs.
7. Patient strengths for achieving goals.
8. Special status situations and risks to patients or others.
9. Mental Status Examination (included on the psychosocial assessment).
10. Diagnosis consistent with the presenting problems, history, mental status examination and/or other clinical data.
11. For children and adolescents, prenatal events, and complete developmental history.
12. Supplemental information to gain a more complete and holistic clinical picture (e.g., including significant others/family members if client wishes)
13. Additional clarifying formulation information, as needed.

During the assessment process, the clinician should identify the client's areas of life functioning and recovery capital which are impacted by their behavioral health, such as the examples listed below:

- Problems with primary group
- Problems related to the social environment
- Educational problems

- Occupational problems
- Housing problems
- Economic problems
- Problems with access to healthcare services
- Problems related to interaction with legal system/crime
- Other psychological or environmental problems

b. intervention:

Based on the assessment procedures described above, addiction psychologists can determine the level of care needed for an individual. Motivational/readiness to change, as well as operant conditioning and classical conditioning paradigms together with associated "triggers" and "high risk" situations typically form the basis for intervention in applied settings. This must include appropriate consideration of culture and diversity, and individual differences, having the availability of treatment services for the patient, and understanding any possible legal involvement. In this way, addiction psychologists are expected to have a strong foundation in the knowledge of addiction and treatment and the ability to use this knowledge to select and plan treatment approaches depending on areas of importance to the client, social and cultural differences, and the client's response to the treatment.

c. consultation:

Using e the significant level of expertise in the addiction field can l help to enhance the care and availability of qualified and trained clinicians, specifically addiction psychologists. Providing consultation is an important task for psychologists working with individuals affected by addiction and it is an essential aspect for those in the field of addiction. Addiction psychologists may consult with interdisciplinary providers, hospitals, governmental agencies, rehabilitation centers, police departments, forensics within the courts and legal system, and legislators involving regulations and /or bills. When offering consultation, addiction psychologists must be able to relay and communicate information and appropriate recommendations to other providers. When reports are needed, addiction psychologists have the ability to provide current, relevant, and informative documents.

d. supervision:

Based on their education, training, and clinical practice experience, addiction psychologists can provide unique insights when supervising the care of individuals affected by addiction. An efficient use of psychologists' comprehensive training would entail having them evaluate, treat, and refer clients to appropriate care facilities or other providers in a care system and/or providing clinical supervision of substance use disorder counselors who lack doctoral degrees.

e. research and inquiry:

Addiction psychologists maintain knowledge of current research specifically pertaining to the treatment of substance use and behavioral addiction disorders and possess the ability to translate research findings into clinical practice. A knowledge of current research in addiction psychology treatment findings is essential for those in the field of addiction to be able to utilize

new results in client interactions as well as to convey new findings to family members, providers, funding sources, legal entities, and treatment and rehabilitation centers.

f. public interest:

The dissemination of scientific knowledge to the general public is critical as it increases awareness and understanding of substance use and behavioral addiction disorders. Increasing public knowledge can reduce the stigma and discrimination against individuals suffering from such disorders which often serve as barriers to initial treatment, engagement and retention. Within addiction psychology, this dissemination assists in targeting negative public perceptions and stigmatizing stereotypes and promoting lifesaving science-based knowledge as to the causes and neurological impacts of these disorders. It also involves communication surrounding the fact that these disorders are treatable and that most people will eventually achieve remission from them even though it can take many years to do so in many cases. Thus, addiction psychologists must be able to communicate scientific findings with the broader community and adapt communication strategies to specific stakeholder groups and population constituencies.

g. continuing professional development:

Completion of ongoing continuing education offerings in addiction psychology is required to maintain competence in this specialty. Addiction psychologists should engage in continuing education and professional development opportunities relevant to addiction and address core theoretical/practical areas within the specialty. Maintenance of addiction psychologists' knowledge base ensures the highest quality care delivery standards in the field as supported by current clinical and research knowledge.

h. any relevant additional core professional practice domains.

h.1. Neurophysiology

Addiction psychologists may conduct brain imaging and/or neurocognitive testing in order to detect and subsequently optimize clinical psychological interventions based on those findings.

h.2. Pharmacology

Addiction psychologists apply their understanding of pharmacology when interacting with clients. Notably, when treating individuals with disorders where there are FDA approved medications that have been shown to help, addiction psychologists make appropriate referrals (assuming they are not able to prescribe themselves) to medical colleagues to prescribe such medications, and they work with interdisciplinary teams to optimize care.

Criterion V. Advanced Scientific and Theoretical Preparation. In addition to a shared core of knowledge, skills and professional attitudes required of all practitioners, a specialty requires advanced, specialty-specific scientific knowledge.

***Commentary**: Petitions demonstrate how advanced scientific and theoretical knowledge is acquired and how the basic preparation is extended.*

1. Specialty education and training may occur at the doctoral (including internship), postdoctoral or post-licensure levels. State the level of training of the proposed specialty.

Training for a specialization in Addiction Psychology can occur at the doctoral, postdoctoral, and/or post-licensure level.

2. Training at the doctoral level is assumed to be primarily broad and general. If specialty training occurs in whole or in part at the doctoral level, describe that training. If there is specialty specific scientific knowledge that is typically integrated with aspects of the broad and general psych curriculum (e.g., biological bases of behavior, cognitive-affective bases of behavior, individual bases of behavior, ethics (science and practice) rather than taught as a freestanding course or clinical experience, specify how this integration occurs.

Specialization in addiction psychology typically begins in graduate training with general knowledge and skills acquired in the areas of screening, assessment, treatment, research, psychopathology, biological bases of behavior, research methods and statistics. Didactic courses necessary to meet the above-mentioned competencies are commonly required for clinical and counseling psychology graduate programs, including Evidence-Based Treatment, Psychopathology, Biological Bases of Behavior, Social Bases of Behavior, Cognitive/Affective Bases of Behavior, Ethics, Clinical Psychopharmacology (i.e., Drugs and Behavior), Psychological Assessment, Cultural Competency and Diversity, and Research Methods. Many of these courses will incorporate substance use disorder and behavioral addiction specific theory and practical knowledge. Additionally, many graduate programs include addiction specific courses, and such courses have been increasing in numbers as the opioid addiction and overdose crisis has continued and worsened throughout the past 20+ years.

Addictive behaviors are associated with numerous neurobiological insults as well as short-term and chronic physical health conditions. Consequently, training typically also includes basic pharmacology as well as the immediate and long-term effects of psychoactive substances on organ systems. This is essential because treating the psychological aspects of addiction often requires first addressing significant medical conditions, and clinicians must be attuned to identifying and properly referring individuals for needed medical care. Significant psychological and social problems are also associated with addictions, including but not limited to cognitive, educational, vocational, and relationship functioning (e.g., familial, interpersonal). Course work should cover relevant research areas that have identified and measured how these problems manifest in clinical and non-clinical populations of individuals with addictive disorders. Course work also covers the prevalence and incidence of addictions, addiction-related disorders, risk factors, natural history, and theory and evidence regarding etiology. In the absence of coursework, candidates will need to have gained relevant and equivalent academic knowledge through alternative means.

3. If specialty training occurs in full or in part during a formal postdoctoral program describe the required education and training and other experiences during the postdoctoral residency. Are there any doctoral level prerequisites beyond an APA-accredited degree in professional psychology required for postdoctoral training?

In some cases, because of the way clinical psychology doctoral level training has historically been structured, addiction psychologists may need to acquire necessary training during internship and postdoctoral training, or through educational opportunities outside of their graduate training program core offerings. Pre-doctoral internships and postdoctoral fellowships in evidence-based addiction treatment are commonly used to provide the specialized training needed to excel in addiction psychology.

The Association of Psychology Postdoctoral and Internship Centers lists 655 internship/residency programs and 136 postdoctoral programs with training opportunities in substance use disorders/addictions. The National Institute on Alcohol Abuse and Alcoholism and the National Institute of Drug Abuse provide over 200 individual pre- and postdoctoral fellowships in addiction treatments and research each year. The United States Department of Veterans Affairs offers approximately 10 fellowship slots for Addiction Psychologists in the Interprofessional Addiction Treatment Advanced Fellowship program at seven fellowship sites across the United States. The Department of Veterans Affairs also offers postdoctoral training through the Addiction Interdisciplinary Treatment Fellowship in the Addiction Treatment Center at the Seattle VA and through the Centers of Excellence for Substance Abuse Treatment and Education. There are no doctoral level prerequisites beyond an APA-accredited degree in professional psychology required for postdoctoral training in addiction psychology.

Pre-doctoral internships vary in the amount of training and supervision they provide. It is therefore assumed that most of the education and training for an addiction psychology specialty will be obtained through addiction specific postdoctoral fellowships, continuing education, and professional supervised experience. That said, in some programs, addiction-specific practica and coursework are available in some doctoral training programs. Formally, certified addiction psychologists must complete an acceptable one-year full-time (or equivalent) formal postdoctoral training program in addiction psychology. In order to obtain diverse experiences in treating addictions, a minimum of two years of supervised clinical experience working with patients who have addictive disorders is also recommended.

4. If specialty training occurs in full or in part post-licensure, describe the required education and training during this training. Are there any doctoral level prerequisites beyond an APA-accredited degree in professional psychology required for post-licensure training?

If an addiction psychologist wishes to obtain specialized credentialing as an addiction psychologist post-licensure, the psychologist must have completed two years of formalized post-licensure supervised experience in addiction psychology meeting the Major Area of Study or Emphasis coverage as found in the Taxonomy for Education and Training of the Council for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP) - https://www.apa.org/ed/graduate/specialize/taxonomy.pdf.

This experience should at a minimum (a) reflect 2,000 hours of addiction psychology practice, and (b) have at least 20% of the applicant's current practice be focused on addiction psychology, and (c) should include other evidence for acceptable practice experience in

addiction psychology. There are no doctoral level prerequisites beyond an APA-accredited degree in professional psychology required for post-licensure training in addiction psychology.

Also, while an addiction psychologist's experience will not be exclusively within the realm of addiction psychology, it is expected that the psychologist will be a member of, and identify with, one or more of the major addiction psychology membership organizations [e.g., Division 50 (Society of Addiction Psychology, SOAP), American Psychological Association, and Division 28 (Psychopharmacology and Substance Abuse), American Psychological Association; College on Problems of Drug Dependence; Research Society on Alcoholism; Research Society on Marijuana].

Criterion VI. Advanced Preparation in the Parameters of Practice. A specialty requires the advanced didactic and experiential preparation that provide the basis for services with respect to the essential parameters of practice. The parameters to be considered include a) populations, b) psychological, biological, and/or social problems, and c) procedures and techniques. These parameters should be described in the context of the range of settings or organizational arrangements in which practice occurs and at each level that specialty training occurs.

Commentary:

A) Populations. *This parameter focuses on the populations served by the specialty, encompassing both individuals and groups. Examples of persons representing diversity include but are not limited to the following: children, youth and families; older adults; workforce participants and those who seek employment; men; women; persons of color, members of racial and ethnic, communities, and persons speaking English as a second or subsequent language; gay, lesbian, bisexual and transgender individuals; persons of various socioeconomic status groups; religious communities; and those with physical and/or mental disabilities.*

B) Psychological, Biological, and/or Social Problems. *This parameter focuses on symptoms, problem behaviors, rehabilitation, prevention, health promotion and enhancement of psychological well-being addressed by the specialty. It also includes attention to physical and mental health, organizational, educational, vocational, and developmental problems.*

C) Procedures and Techniques*. This parameter consists of the procedures and techniques utilized in the specialty. This includes assessment techniques, intervention strategies, consultative methods, diagnostic procedures, ecological strategies, and applications from the psychological laboratory to serve a public need for psychological assistance.*

1. Describe the advanced didactic and experiential preparation for specialty practice in each of the following parameters of practice:
    a. populations (target groups, other specifications):

Addiction psychologists are expected to have training not only in cultural diversity, but also awareness and understanding of the scope and limitations of knowledge as to how addiction principles apply to individuals from diverse backgrounds and life contexts. The influence of race, ethnicity, sex, gender identity, socio-economic background, and sexual orientation in case conceptualization and treatment are particularly relevant. Imperative to increasing access and

effective treatment, addiction psychologists are expected to demonstrate awareness of personal privileges and limitations based on these diverse factors. Also important is how well treatments and programs can attract and retain the target population. For instance, several studies have found the environment to be important for treatment and prevention outcomes (Blume, 2016).

It is especially important for addiction psychologists to recognize that individual differences and diversity issues across and within different population subgroups, as well as their intersection ("intersectionality") are vital factors to consider, especially in building therapeutic trust and clinical engagement. Cultural and individual differences and diversity issues require specialized knowledge regarding how existing evidence-based practices may need to be adapted to address diverse needs. Research shows that LGBTQIA+ populations face unique challenges in substance use treatment, with higher rates of substance use disorders (SUDs) compared to heterosexual and cisgender individuals. These disparities are largely driven by factors such as minority stress, which includes experiences of discrimination, stigma, and a lack of affirming healthcare. Studies have found that LGBTQIA+ individuals often engage in substance use as a coping mechanism for these stressors, contributing to higher prevalence and earlier onset of substance use issues within these communities. Specialized programs in supportive areas have been shown to improve outcomes and the literature suggests limited availability of culturally competent mental health and SUD treatment, making training programs especially needed to recruit and train leaders who are competent in LGBT specific care (Watson et al., 2020).

Individuals from different socioeconomic backgrounds face distinct challenges when it comes to addiction, influenced by factors such as access to healthcare, education, and community resources. These challenges shape not only the risk of developing addictive disorders (SUDs) but also the ability to access and successfully complete treatment. The unique challenges faced by individuals from different socioeconomic backgrounds highlight the need for addiction treatment approaches that are sensitive to these disparities. Addressing the structural barriers that prevent access to treatment, such as financial insecurity, lack of healthcare, and legal challenges, is essential for improving outcomes.

The unique challenges faced by individuals from different religious communities when it comes to addiction require tailored, culturally sensitive approaches. Stigma, doctrinal conflicts, lack of access to faith-consistent treatment, and cultural expectations all play significant roles in shaping the addiction experience within religious groups. By understanding these challenges, addiction psychology specialists can better support individuals from religious communities in overcoming addiction through inclusive and evidence-based practices that respect their faith traditions.

People with physical and mental disabilities are at a heightened risk of developing substance use disorders compared to the general population. For individuals with physical disabilities, chronic pain, limited mobility, and the use of prescription medications such as opioids can contribute to an increased risk of misuse. Studies have shown that chronic pain and long-term opioid use are associated with higher rates of substance use disorders (Merrill et al., 2012). Individuals with disabilities may also use substances to cope with the emotional distress or social

isolation associated with their condition, increasing their vulnerability to addiction (Pellowe & Sellman, 2014).

Older adults face unique challenges related to addiction, including increased physiological vulnerability, comorbid health conditions, social isolation, barriers to treatment, and cognitive decline. Cognitive decline, including mild cognitive impairment and dementia, can complicate addiction and its treatment in older adults. Substance use can accelerate cognitive decline, particularly alcohol and benzodiazepine use, which are linked to worsened memory and executive functioning (Moos et al., 2010). Treating addiction in older adults with cognitive impairments requires specialized approaches that account for their reduced capacity to engage in standard forms of therapy, such as cognitive-behavioral therapy (Satre, 2015).

The forensic population, which includes individuals involved with the criminal justice system, faces distinct challenges when it comes to addiction. These challenges are multifaceted, involving complex interactions between legal issues, mental health, and social factors that significantly impact both the development of substance use disorders (SUDs) and access to treatment. Research indicates that individuals involved in the criminal justice system have disproportionately high rates of mental health conditions, such as depression, anxiety, and post-traumatic stress disorder (PTSD), which often occur alongside substance use (Prins et al., 2015). This dual diagnosis complicates treatment efforts, as addressing both mental health and substance use disorders requires integrated approaches that are not always available in correctional settings (Chandler et al., 2009). Without adequate treatment for both conditions, individuals are at a higher risk of relapse and recidivism.

An addiction psychologist's training, therefore, should include didactic and experiential preparation to utilize knowledge of cultural and individual differences and diversity to enhance general clinical practice. This understanding includes but is not limited to proper knowledge of barriers to treatment and how to overcome them, therapist behaviors that facilitate or hinder patient engagement and retention in treatment, and any special needs that may arise in treatment (e.g., interpreters, specialty referrals). At the same time, addiction psychologists are trained to be aware of the dangers of cultural stereotyping and allowing certain assumptions based on general characteristics of certain subgroups to overshadow individualized assessment and clinical care. While some individuals' training may focus on select populations, all trainees should receive a general education through their coursework and supervisory practice experiences that adequately prepares them to encounter all populations served by the specialty. This should be reflected at all levels of addiction psychology training including graduate schooling, practicum experiences, residencies, postdoctoral internships, post-licensure training, and continuing education.

The Addiction Psychology Specialty Council will work to create standards for education and training that include cultural diversity and special populations, thorough assessment and treatment planning, evidence-based treatments, co-occurring disorders and treatment, outcome measurement, ethical and legal issues, psychopharmacology, neuroscience of addiction, and prevention in addiction psychology.

Psychologists applying to become board-certified in the addiction specialty are vetted to ensure that they have acquired adequate coursework and experience in addictions. As part of the examination process, the board ensures knowledge of these areas and how they are woven into the applicant's conceptual understanding of patients and their care. This is done through a review of a presented case conceptualization required as part of the practice sample submission subsequent to the initial application. They are further assessed through ethical/legal and diversity case vignettes, which are presented to test candidates on their knowledge, understanding, and application in these areas.

The Addiction Psychology Specialty Council will continue to work to unify addiction-related organizations to establish guidelines for doctoral education, training, and supervision in addiction psychology. The council will serve as a central body to align the diverse approaches currently used across institutions, ensuring consistency and quality in the training of future addiction psychologists. The integration of both didactic and experiential learning is vital for addiction psychology at all professional levels because it ensures that practitioners can translate theoretical knowledge into real-world practice. The specialty of addiction psychology, even at lower professional levels, requires a combination of didactic and experiential preparation to ensure that practitioners are well-equipped to address the complex needs of individuals struggling with addictive disorders.
Currently, various organizations involved in addiction treatment and research may have differing philosophies or standards of practice. The Addiction Psychology Specialty Council (APSC) can help unify these efforts by creating common guidelines and promoting collaboration between organizations such as the American Society of Addiction Medicine (ASAM), the Substance Abuse and Mental Health Services Administration (SAMHSA), and other professional bodies. By facilitating cooperation, the APSC would foster a more integrated approach to addiction treatment and research, ensuring that best practices are shared and adopted across the field (Kelly & Daley, 2013).

Blume, A.W. (2016). Advances in substance abuse prevention, intervention, and treatment among racial, ethnic, and sexual minority populations. *Alcohol Research: Current Reviews, 38,* 47-54.

Kelly, T.M., & Daley, D.C. (2013). Integrated Treatment of Substance Use and Psychiatric Disorders. *Social Work in Public Health, 28,* 388 - 406.

Watson, R. J., Park, M., Taylor, A. B., Fish, J. N., Corliss, H. L., Eisenberg, M. E., & Saewyc, E. M. (2020). Associations between community-level LGBTQ-supportive factors and substance use among sexual minority adolescents. *LGBT health, 7*(2), 82-89.

b. problems (psychological, biological, and/or social (including symptoms, problems behaviors, prevention, etc.):

Addiction psychologists' education, supervised training, and practice experiences are designed to prepare them to address the variety of psychological, biological, and social problems that accompany addiction disorders. Use of psychometrically validated self-report and interview-based assessment tools have been developed, and are deployed, by addiction psychologists in order to facilitate systematic and accurate detection of substance use, behavioral addiction, and other mental health symptoms, as well as related biopsychosocial problems and functional impairment. Such assessment thus takes account of physical conditions (e.g., hepatitis and alcohol associated liver disease, hypertension), psychological problems (e.g., chronic guilt and remorse, depression, anxiety, impulsivity), and social problems (e.g., family, work, and recreational problems). Addiction psychologists more recently are also being trained in the assessment of "recovery capital," or the assets and strengths that can be drawn upon that can aid the attainment and maintenance of disorder remission (e.g., recovery motivation, coping skills, employment and educational status, living situation, social support networks). A multitude of addiction specific comprehensive assessment instruments exist for such purposes (e.g., the Addiction Severity Index; Global Appraisal of Individual Needs; Assessment of Recovery Capital), and addiction psychologists are trained to use these in graduate school classes and supervised addiction practica. Assessment forms the basis for the nature, scope, level, and duration of the interventions needed to address presenting and detected problems.

Psychology training programs may vary in their focus. However, specific advanced didactic and clinical practicum experiences in these areas should be provided in order to adequately prepare trainees for functioning within the specialty. Advanced training in specific problem areas should include knowledge of empirical research relevant to such areas as well as the limitations and gaps in empirical research in each domain.

As mentioned earlier, there has been some deliberation with regard to the inclusion of "behavioral addictions" in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Behaviors such as addiction, food, shopping, technology/gaming, and sex are sometimes referred to as addictions. However, these are not included in the DSM-5 due to the insufficient peer-reviewed conceptual and empirical evidence necessary to establish them clearly as mental disorders (APA, 2022; WHO, 2019; WHO, 2022). The most recent edition of the DSM included the first non-substance addictive disorder, "Gambling Disorder," showing some similarities to substances. While the terminology used is not consistent, there is acknowledgment of behavioral addiction in the DSM and ICD (Petry, 2018).

Behavioral addictions can lead to significant psychological impairment and distress, including anxiety, depression, and impulsivity (Starcevic & Aboujaoude, 2017). In some cases, individuals with behavioral addictions are at higher risk of developing co-occurring mental health disorders, which can complicate their treatment. Being trained to recognize and treat these addictions helps psychologists provide comprehensive care that addresses both the addictive behavior and co-occuring mental health issues (Karim & Chaudhri, 2012). The prevalence of behavioral addictions has been increasing with the rise of digital technology and internet usage. Problematic use of social media and smartphones is associated with psychological distress and impaired functioning, highlighting the need for psychologists to understand and address these issues (Griffiths & Kuss, 2017). Many evidence-based treatments for SUDs, such as Cognitive

Behavioral Therapy (CBT) and Motivational Interviewing (MI), are also effective for treating behavioral addictions (Young, 2013). Psychologists trained in these modalities for substance-related disorders are better equipped to adapt these treatments to individuals struggling with behavioral addictions.

c. procedures and techniques (for assessment, diagnosis, intervention, prevention, etc.):

Developing clinical assessment and treatment procedures specific to addictive behavior problems has been one of the more active research areas in psychology over the past fifty years since the birth of the National Institute of Alcohol Abuse and Alcoholism (NIAAA) in 1970 and the National Institute of Drug Abuse (NIDA) in 1974 and . Covering this large amount of material in didactic formats is essential for core training in addiction psychology. As alluded to above, clinical assessment procedures have included a variety of diagnostic schemes as well as questionnaire, interview, self-monitoring, and behavioral observation measurement procedures. A wide range of treatment procedures for addictions have been developed and studied. In order to best serve the populations of interest, addiction psychologists should receive both didactic and experiential training through their coursework and practica that ensures a high level of competence in the implementation and adaptation of evidence-based procedures and techniques (see Criterion IV, section 2b for examples of these). This training also helps addiction psychologists become sensitized to the fact that the efficacy of any one approach can vary depending on the specific substance-related disorder (or combination of disorders) being treated, the treatment outcome desired, and the background, clinical profile, and life context of the client receiving treatment, among other factors (e.g., the amount of recovery resources/capital available to a particular individual).

Use of medication in conjunction with psychosocial therapy consistently ranks among the most effective interventions for SUDs. Addiction psychologists acquire knowledge regarding the various effective addiction medications available and when and how these medications may combine with psychosocial interventions throughout their doctoral/postdoctoral didactic and experiential training. Course work in these areas should provide the necessary foundation in neurobiology and psychopharmacology to facilitate competent clinical practice including referral to, and collaboration with, medical prescribers. Thus, trainees should be able to identify and assess a multitude of substance use patterns and disorders and be aware of the broad array of evidence-based treatments available to address them. They ideally should also have a background in treatment outcome evaluation methodology and interpreting treatment outcome evaluation findings in order to adequately translate these findings for use in clinical practice. Addiction psychologists should be knowledgeable and skilled in screening for, assessing, and making appropriate differential diagnoses of additional psychopathology, and addressing any additional comorbidity problems in an integrated fashion to optimize care and enhance outcomes.

Criterion VII. Structures and Models of Education and Training in the Specialty. The specialty has structures and models to implement the education and training sequence of the specialty that reference and employ the American Psychological Association's *Education and*

Training Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties (APA, 2020). The structures are stable, sufficient in number, and geographically distributed and may be found at the doctoral, doctoral internship, postdoctoral, and/or post- licensure level.

Commentary:

A) Sequence of Training. *A petition describes a typical sequence of training, including curriculum, research, and supervision.*

B) History and Geographic Distribution. *A specialty has at least four identifiable psychology programs providing education and training in the specialty in more than one region of the country and which have produced an identifiable body of graduates over a period of years.*

C) Psychology Faculty*. Specialty programs have an identifiable psychology faculty responsible for the education and training of students and their socialization into the specialty. The faculty has expertise relevant to the education and training offered. Faculty may include individuals from other disciplines as appropriate. Specialty programs also have a designated psychologist who is clearly responsible for the integrity and quality of the program and who has administrative authority commensurate with those responsibilities. This psychologist has an advanced credential from a recognized board certification organization attesting to their specialty knowledge and skills and a record of scholarly productivity as well as other clear evidence of professional competence and leadership like fellow status in the American Psychological Association or the Canadian Psychological Association, or other evidence of equivalent professional recognition.*

D) Procedures for Evaluation. *Specialty programs regularly monitor the progress of trainees to ensure the relevance and adequacy of the curriculum and integration of the various training components. Attention focuses on the continuing development of the trainee's knowledge, skills, attitudes, and values. Formal performance-based feedback is provided to trainees in the program.*

E) Admission to the Program. *Program descriptions specify the nature and content of the program and whether they are designed to satisfy current licensing and certification requirements for psychologists as w ell as whether or not graduates can satisfy the education and training requirements for advanced recognition in the specialty. Postdoctoral programs have procedures that take into account the trainees' prior academic and professional record. These programs design an education and training experience that builds upon the doctoral program and doctoral internship and the professional experiences of the postdoctoral residents as they prepare for meeting the guidelines of preparation for the specialty.*

F) Post-licensure Training. *A petition describes acceptable post-licensure specialty training that may go beyond any state or providence licensing requirements for psychologists. This may include reacquaintance with recommended specialty topics after certain time periods (e.g., recommending X hours of CEs in Evidence Based Practices every X number of years), additional contact hours treating clients within that specialty, and additional supervision hours by appropriately identified specialty supervisors. Specialties may give broad guidelines for maintaining competency in the specialty through continuing education and/or give detailed guidelines for Specialty sponsored credentialing programs.*

Post-licensure certificate programs are designed to allow psychologists to expand their areas of expertise throughout their careers. When programs offer different levels of competency training (e.g., Exposure, Experience, Emphasis and/or Major Area of Study) each level has clearly stated criteria for CE hours, required contact hours with clients being treated within that specialty, and required supervision hours with a supervisor that the program has vetted for expertise in that specialty area. Post-licensure programs may choose to give certificates at any or all levels of exposure.

1. How are education and training programs in the specialty recognized? How many programs exist in the specialty?

It is difficult to provide a precise number of programs because the programs are self-identified. An interest in addiction psychology can occur at any point during a student's academic career. Most psychology trainees receive some amount of coursework that introduces them to substance use, SUD, and behavioral addictions, such as gambling disorder, during their doctoral programs prior to specializing in addiction psychology, and some encounter coursework or minor in SUD and addictions during their undergraduate training. Although rare, there are a few doctoral programs with addiction specialty tracks (e.g. Northcentral University, University of Florida, Texas Tech University, and University of Denver). Thus, some graduate students may enter early into an addiction specialty track in their doctoral program. However, some students do not gain an interest in the addiction psychology specialty until their internship or postdoctoral experience. Doctoral programs in psychology are accredited by the American Psychological Association (APA). Through the accreditation process, programs are recognized as providing high quality education and training that meet the specialty's professional and ethical standards. According to the APA Accreditation search tool, there are currently 255 APA accredited Clinical Psychology Ph.D. (178) and Psy.D. (77) programs.

However, because addiction psychology is not currently officially recognized as a specialty, there is a limited amount of information regarding the number of education and training programs in the specialty. The APPIC directory currently lists 97 APA accredited postdoctoral programs and 597 APA accredited internship programs that offer training in substance use disorders. These estimates are limited due to the self-report nature of the program descriptions (some programs may list training in substance use disorders while not offering adequate opportunities that would fulfill the requirements for certification in addiction psychology). There are large educational gaps in training psychologists to treat substance use disorders and behavioral addictions. There is an ongoing coordinated effort to address the issue, which aims to enhance graduate-level psychology education, reflecting the growing need for competency in addiction treatment across clinical settings (APA, 2020). Some additional programs that provide extensive opportunities for specialized training in addictions are:
https://psychology.missouri.edu/ ; https://alcoholstudies.rutgers.edu/about-us/;
https://adai.uw.edu/training/uw-graduate-training-in-addiction-research-treatment/ ;
https://ias.usc.edu/education-training/doctoral-postdoctoral-mentorship/ ;
https://addictionresearch.health.ufl.edu/about/directors-welcome/ .

2. Describe the qualifications necessary for faculty who teach in these programs. Describe the qualifications required for the director of such programs.

Faculty providing education and training in addiction psychology should have a documented history of training and experience in working with individuals with substance use and/or behavioral addiction disorders in their own clinical practice or background. The faculty who teach in or direct these programs should be individuals with a strong track record of education and clinical experience in general psychology and addiction psychology in particular. Ideally these would be practitioners or scientist-practitioners as well as professors, teachers, and trainers. The faculty ideally would have completed addiction-specific education or training at the doctoral or postdoctoral level and have had substantial supervised clinical experience in the treatment of addiction disorders. Faculty in the above-referenced programs in Missouri and New Jersey (Rutgers), etc. possess these kinds of qualifications and experience.

Like other doctoral programs in professional psychology (clinical, counseling, school), addiction psychology programs are staffed by doctoral-level psychologists with extensive experience in teaching, research and service as well as possessing professional credentials. Program directors may possess board certification in addiction psychology and/or APA fellowship status. For a program to be identified as having an addiction psychology specialty, faculty qualifications for individuals responsible for training in the specialty would be expected to demonstrate documented expertise in the specialty. Examples of these credentials may include publications in addiction psychology, research in addiction psychology and peer evaluated competency in professional service from an addiction psychology entity (e.g. ABAP).

3. If programs are doctoral level, what are the requirements for admission? Provide sample evaluation forms.

Doctoral level programs in any realm typically require applicants to have a Bachelor's or Master's degree. For clinical psychology programs in specific, many applicants will also have research experience in clinical psychology or a related field at the time of their application. While application requirements are specific to each program, most programs request that applicants submit a combination of the following items:

- Transcript(s)
- Letter(s) of recommendation
- Personal statement
- Resume/CV
- Description of areas of interest and/or specific faculty members of interest
- GRE Standardized Exam score
- Interview with faculty member(s)

An individual's admission to the program is considered based on the evaluation of the application as a whole and their fit with faculty members accepting students at the time of their application.

4. If programs are postdoctoral, what are the requirements for admission? Provide sample evaluation forms.

Postdoctoral programs with a focus in addiction psychology typically require applicants to have completed a doctoral program with a clinical focus. Applicants are further evaluated by the following criteria:

- Quality of clinical training
- Experience and interest in the focus area of the addiction fellowship
- Experience with diverse populations, specifically those listed in Criteria III. Diversity
- Research productivity (if applicable)
- Letter(s) of recommendation
- Personal writing sample(s)

5. Include or attach education and training guidelines, for this specialty as appropriate for doctoral training, doctoral internship, postdoctoral training, post-licensure, or all four. (In this context, education and training guidelines may be found in documents or websites including, but not limited to, those bearing such a title or as described in a variety of published textbooks, chapters, and/or articles focused on such contents.)

APA. (2020). APA graduate level substance use disorders (SUDs) curriculum: Education and training in substance use disorders and addictions. *Professional Psychology: Research and Practice, 14*(1).

6. Provide sample curriculum expected of model programs.

VA Boston Healthcare System Clinical Psychology Fellowship Training Brochure
VA Salt Lake City Handbook for Salt Lake City Clinical Psychology Postdoctoral Fellowship: Addiction Treatment Track
Doctoral Program in Clinical Psychology Program Handbook (University of North Carolina at Chapel Hill)

Program One Doctoral **Postdoctoral** Both
Name of University, School, or Institution offering program: VA Boston Healthcare System
Name of
Program: Clinical Psychology Fellowship Training Program

Address: 150 S Huntington Ave

City/State/Zip: Boston, MA 02130

Contact Person: Amy Silberbogen, Ph.D. ABPP Telephone No. (857) 364-4707

E-mail address: amy.silberbogen@va.gov

Website: https://www.va.gov/boston-health-care/work-with-us/internships-and-fellowships/psychology-training-programs/#psychology-postdoctoral-fellow

APA Accreditation: Accredited

Program Two Doctoral **Postdoctoral** Both

Name of University, School, or Institution offering program: VA Salt Lake City Healthcare System

Name of
Program: Clinical Psychology Postdoctoral Fellowship – Addiction Treatment

Address: 500 Foothill Dr.

City/State/Zip: Salt Lake City, UT 84148

Contact Person: Heather Pierson, Ph.D.
Telephone No. N/A
E-mail address: heather.pierson@va.gov

Website: https://www.va.gov/salt-lake-city-health-care/work-with-us/internships-and-fellowships/psychology-training/

APA Accreditation: Accredited

Program Three
Doctoral Postdoctoral Both

Name of University, School, or Institution offering program: University of North Carolina at Chapel Hill

Name of
Program: Clinical Psychology Graduate Program

Address: 235 E. Cameron Avenue

City/State/Zip: Chapel Hill, NC 27599-3270

Contact Person:
Dr. Jonathan Abramowitz
Telephone No. N/A

E-mail address: jabramowitz@unc.edu

Website: https://clinicalpsych.unc.edu/

APA Accreditation: Accredited

Program Four **Doctoral** Postdoctoral Both

Name of University, School, or Institution offering program: University of Michigan

Name of
Program: Clinical Science

Address: 1004 East Hall 530 Church Street

City/State/Zip: Ann Arbor, MI 48109-1043

Contact Person: Dr. Luke Hyde Telephone No. N/A

E-mail address: lukehyde@umich.edu

Website: https://lsa.umich.edu/psych/program-areas/clinical-science/clinical-science-admissions.html

APA Accreditation: Accredited

Criterion VIII. Continuing Professional Development and Continuing Education. A specialty provides its practitioners a broad range of regularly scheduled opportunities for continuing professional development in the specialty practice and assesses the acquisition of knowledge and skills.

Commentary: *With rapidly developing knowledge and professional applications in psychology, it is increasingly difficult for professionals to deliver high quality services*

unless they update themselves regularly throughout their professional lives through continuing education mechanisms. A variety of mechanisms may be used to achieve these goals.

1. Describe the opportunities for continuing professional development and education in the specialty practice. Provide detailed examples, such as CE offerings that are available.

There are many opportunities for continuing professional development and education within the addiction psychology field. Many organizations offer several different educational opportunities, including our APSC member, the Society of Addiction Psychology (APA Division 50), which offers an annual conference (Collaborative Perspectives on Addiction Annual Meeting), monthly podcasts, webinars, and workshops. In general, there are a vast number of conferences focusing on addiction psychology that are offered each year, many of which can be found here. Additionally, there are many addiction specific CE opportunities offered by federal, state, and local agencies as well as other professional organizations such as NAADAC, the largest national association of addiction professionals.

Addiction psychology also has a very strong presence in professional literature, which allows for opportunities for professional development. Through the peer review process, addiction psychologists seeking to publish research can finetune their work and learn from other professionals in the field allowing for specialty-specific continued professional development. Some of the dozens of specialty journals in addiction psychology include:

- *Addiction*
- *Alcohol: Clinical and Experimental Research*
- *Drug and Alcohol Review*
- *Drug and Alcohol Dependence*
- *The American Journal of Drug and Alcohol Abuse*
- *Journal of Substance use and Addiction Treatment*
- *Substance Use & Misuse*
- *Addiction Research & Theory*
- *Addictive Behavior*
- *Addiction Science & Clinical Practice*
- *Alcohol* and *Alcoholism*
- *Journal of Studies on Alcohol and Drugs*
- Journal of Behavioral Addictions
- *Psychology of Addictive Behaviors*
- Tobacco Control
- Nicotine and Tobacco Research
- Tobacco and Addiction

2. Describe the formal requirements, if any, for continuing professional development and education to maintain competence in the specialty

At present, addiction psychologists do not have specific formal continuing professional development and education requirements beyond those set by state licensing laws. However, psychologists seeking board certification by the American Board of Addiction Psychology are required to demonstrate maintenance of competency by reporting activities outlined in the ABPP Maintenance of Competency (MOC) guidelines. The MOC protocol is standardized through the ABPP and must be completed at least every 10 years. Board certification in addiction psychology granted by ABAP is an important part of this continuing professional development and education.

Licensed and board-certified addiction psychology specialists are subject to all prevailing requirements for continuing education participation and documentation established in their respective state licensure or certification legislation.

3. Describe the minimum expectations, if any, for continuing professional development and education to maintain competence in the specialty.

The minimum expectations for continuing professional development and education to maintain competence in the addiction specialty includes the relevant jurisdictional requirements for licensure maintenance. In the case of board certification, all required Maintenance of Competence (MOC) protocols pertaining to the individual board (the American Board of Addiction Psychology) must be followed.

Criterion IX. Effectiveness. A specialty demonstrates the effectiveness of the services provided by its specialist practitioners with research evidence that is consistent with the APA 2005 Policy on Evidence-based Practice.
Commentary: *A body of evidence is to be presented that demonstrates the effectiveness of the specialty in serving specific populations, addressing certain types of psychological, biological and social behaviors, or in the types of settings where the specialty is practiced.*

1. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of clients or populations (including groups with a diverse range of characteristics and human endeavors) usually served by this specialty. Summarize and discuss the relevance of the findings of the studies, specify populations, interventions, and outcomes in relation to the specialty practice.

The specialty of addiction psychology has a plethora of research literature testifying to the broad areas of concern about addictions, especially in the substance use domain. Besides specific articles, it should be recognized that many scientific journals are devoted to addictions, including two linked to APA divisions. Some of the most prominent addiction print journals are: *Psychology of Addictive Behaviors* (Div. 50); *Experimental and Clinical Psychopharmacology* (Div. 28); *Addiction; Alcohol and Drug Dependence; Journal of Studies on Alcohol and Drugs; Alcohol and Alcoholism; Nicotine and Tobacco Research; Journal of Substance Use and Addiction Treatment; Journal of Substance Use; Substance Use and Addiction Journal; Drug & Alcohol Review; American Journal of Drug and Alcohol Abuse; Alcoholism-Clinical*

&Experimental Research; International Journal of Drug Policy; Journal of Addiction Medicine; Journal of Substance Use and Addiction *Treatment; Harm Reduction Journal; Substance Use & Misuse; Journal of Gambling Studies; Journal of Behavioral Addictions; Tobacco Control; Cannabis & Cannabinoid Research; Journal of Addictive Diseases; Addiction Science & Clinical Practice; International Journal of Mental Health & Addiction.*

The following are a few examples of effectiveness studies and reviews from the addiction literature. McCrady, Epstein and Forkas (2020) reviewed studies of women treated for alcohol use disorders. They found that women tend to present with more severe alcohol problems than men but have similar treatment outcomes. They also suggested that outcomes for women are best when treatment is provided in women-only programs that include female-specific content. This may relate to women with alcohol use disorders experiencing more barriers to treatment than men. They discussed barriers to treatment including provision of childcare, prenatal care, treatment for co-occurring psychological problems, and lack of supplemental social services. Regarding program content, it bears mentioning that evaluations of the contributions of treatments go beyond treatment outcomes and include whether the target population accesses services and whether they remain in treatment. These are two areas where approaches specialized to a particular population may have great value.

Marsden et al. (2019) conducted an open label randomized controlled trial involving persons in treatment for opioid and/or cocaine dependence. All participants were considered treatment resistant and received opioid agonist therapy. They were randomized to receive either treatment as usual or a personalized psychosocial intervention that included contingency management. It was found that the group that received the adjunctive personalized treatment had significantly better outcomes (abstinence for weeks 15 -18) and the adjunctive treatment condition was also more cost effective. This study involves multidisciplinary collaboration. Medication treatments for some substance use problems have been available for years (e.g., methadone) and they also are often accompanied by other interventions (e.g., counseling sessions), but there have been few studies evaluating whether the adjuncts are helpful or comparing types of adjuncts.

It is not uncommon for there to be cases of individuals who have a substance use disorder and also suffer from another disorder. Simpson et al. (2022) conducted a randomized controlled trial for participants who had alcohol use disorders and also post-traumatic stress disorder. Participants were randomized to receive either cognitive processing therapy (CPT), an evidence-based PTSD treatment, or relapse prevention (RP), an evidence-based AUD treatment, or assessment only. The clinician-administered PTSD scale for DSM-5 (CAPS-5) was used to measure PTSD severity. Alcohol use (drinking days and heavy drinking days were measured by the Form-90, a version of the Timeline Followback, considered by the FDA as the gold standard for measuring alcohol consumption (FDA, 2015). It was found that CPT showed greater PTSD symptom improvement than RP or AO, and both CPT and RP showed reduced heavy drinking compared to AO. At six weeks post-randomization, AO participants were further randomized to CPT or RP. Among these, both groups showed reduction of PTSD symptoms at one year and reduced drinking days, but only RP participants had fewer heavy drinking days.

Steinka-Fry, et al. (2017) reported a systematic review and meta-analysis of studies examining culturally sensitive substance use treatment for racial/ethnic minority youth. The

literature was not extensive but identified eight eligible studies. Although they found that culturally sensitive treatments were associated with significantly larger reductions in post-treatment substance use levels relative to the studies' comparison conditions, due to the relatively small number of studies and other considerations they concluded that the review findings are currently promising for culturally sensitive substance use treatment for racial/ethnic minority youth.

A randomized controlled trial by Trudeau et al. (2017) compared an online relapse prevention (RP) treatment with an online attention control condition for adolescents in SUD treatment. The participants, in outpatient treatment, were asked to complete 12 online RP sessions over 3 months, or a set of attentional control sessions. Drug and alcohol use was measured using the Comprehensive Health Assessment for Teens. Participants in the RP group showed a greater motivation to change and had lower substance use scores than participants in the control group. They also reported that participants who completed more of the sessions seemed to benefit more from the intervention, although this finding might indicate a self-selection effect.

Food and Drug Administration (2015). Alcoholism: Developing Drugs for Treatment (No. FDA D-0152-001). Food and Drug Administration, Silver Spring, MD.

Marsden, J., Stillwell, G., James, K., Shearer, J., Byford, S., . . . Mitcheson, L. (2019). Efficacy and cost-effectiveness of an adjunctive personalized psychosocial intervention in treatment-resistant maintenance opioid agonist therapy: A pragmatic, open-label, randomised controlled trial. *Lancet Psychiatry, 6*(5), 391-402. doi: 10.1016/s2215- 0366(19)30097-5

McCrady, B. S., Epstein, E. E., Fokas, K. F. (2020). Treatment interventions for women with alcohol use disorder. *Alcohol Res.*, (2):08. https://doi.org/10.35946/arcr.v40.2.08.

Simpson, T. L., Kaysen, D. L., Fleming, C. B., Rhew, I. C., Jaffe, A. E., Desai, S., Hien, D. A., Berliner, L., Donovan, D., & Resick, P. A. (2022). Cognitive processing therapy or relapse prevention for comorbid posttraumatic stress disorder and alcohol use disorder: A randomized clinical trial. *PLOS ONE, 17*(11), e0276111. doi: 10.1371/journal.pone.0276111 .

Steinka-Fry, K. T., Tanner-Smith, E. E., Dakof, G. A., Henderson, C. (2017). Culturally sensitive substance use treatment for racial/ethnic minority youth: A meta-analytic review. *Journal of Substance Abuse Treatment, 75*, 22-37.

Trudeau, K. J., Black, R. A., Kamon, J. L., Sussman, S. (2017). A randomized controlled trial of an online relapse prevention program for adolescents in substance abuse treatment. *Child Youth Care Forum, 46*(3), 437-454. DOI 10.1007/s10566-016-9387-5

2. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of psychological, biological, and/or social problems usually confronted and addressed by this specialty. Summarize and discuss the relevance of the findings of these studies, particularly their measures and outcome results.

Black and Amaro (2019) reported a randomized controlled trial for low-income women in residential treatment for substance use disorders. Addressing concern for early dropouts, the study would test the efficacy of a mindfulness-based intervention on treatment retention. The control treatment was time-matched psychoeducation. Of the 200 participants, 76% used amphetamine/methamphetamine and 58% were Hispanic. A survival analysis found that the risk of non-completion was lower in the mindfulness group as compared to the control group. The authors concluded that the mindfulness-based intervention helped the women manage the challenges posed by intensive SUD residential treatment.

Rice et al. (2021) presented a systematic review and meta-analysis of the effectiveness of psychosocial interventions adjunctive to opioid agonist treatment for opioid use disorder. They found that 72 studies met the inclusion criteria. Due to inconsistencies in reporting, only 48 trials were included for their treatment retention analyses. It was reported that rewards-based psychosocial interventions, such as contingency management, were associated with better results than medication-only treatment. Several studies did not have sufficient reporting of substance use outcomes to be included in meta-analyses. Consequently, aside from treatment retention the review was not able to identify consistent differences between different types of adjunctive treatments.

A known barrier to retention in treatment for opioid use disorder (OUD) is stigma, especially in ethno-racial minority communities. Anvari et al. (2022) conducted a qualitative research study (interviews and focus groups) to get feedback from methadone maintenance patients about stigma they felt and their reactions to peer recovery specialists (PRS), individuals with shared experience in recovery. Examples of stigma included feeling ashamed of oneself for being an opiate addict and needing methadone. Some also reported feeling they were being stigmatized by staff. Some patients felt working with PRSs helped normalize their feelings about being on methadone. Some patients felt that PRSs who had taken a different pathway to recovery than they were seeking could be a problem. The authors concluded that PRSs could help reduce stigma associated with methadone treatment, but caution might be needed to link patients who have used recovery pathways consistent with that being pursued by the patient.

An important issue in alcohol studies has been how to measure treatment outcome beyond a dichotomous variable of abstinent or drinking, especially since it is well known that complete and sustained abstinence is a desired but not common outcome, but reduced drinking and reduced consequences are frequent. In an effort to define a metric that could be used across studies, the World Health Organization devised a set of criteria for designating four risk levels of drinking and proposed that reductions in levels of risk could identify harm reduction outcomes. Witkiewitz et al. (2020) reported findings of a combined group of investigators from the United States and the United Kingdom who evaluated the value of WHO drinking level reductions as treatment end points. The investigators conducted secondary data analyses using data sets from two large multisite randomized controlled trials. It was found that one- and two-level reductions in WHO risk levels in the last month of treatment were maintained at the 1-year follow-up and were associated with lower levels of consequences. This was the case for both the US and UK studies. This was an important report because it played a major role in the US accepting reduced use and harm reduction as positive outcomes for recovery from alcohol problems.

Harvey et al. (2020) conducted a study examining utilization of psychosocial interventions and treatment outcomes for opioid users. The study involved conducting a secondary data analysis from a large multisite randomized controlled trial comparing two medication assisted treatments. All participants were also offered individual and group therapy and 12 Step group attendance. The analyses investigated the relationship between individual counseling, group therapy, and 12-Step participation and abstinence at the end of treatment, and 1 and 3 months after treatment. It was found that those who had higher levels of participation in individual counseling and 12-Step participation were more likely to be abstinent at follow up. It should be noted that participants selected whether they would participate in particular adjunctive psychosocial interventions, which would allow self-selection to possibly be a confounding factor in the analyses.

Anvari, M. S., Kleinman, M. B., Massey, E. C., Bradley, V. D., Felton, J. W., Belcher, A. M., & Magidson, J. F. (2022). “In their mind, they always felt less than”: The role of peers in shifting stigma as a barrier to opioid use disorder treatment retention. *Journal of Substance Abuse Treatment, 138*. doi: 10.1016/j.jsat.2022.108721

Black, D. S. & Amaro, H. (2019). Moment-by-Moment in Women's Recovery (MMWR): Mindfulness-based intervention effects on residential substance use disorder treatment retention in a randomized controlled trial. *Behaviour Research and Therapy, 120,* https://doi.org/10.1016/j.brat.2019.103437

Harvey, L. M., Fan, W., Cavernwo, M. Á., Vaughan, E. L., Arbona, C., Essa, S., Sanchez, H., & de Dios, M. A. (2020). Psychosocial intervention utilization and substance abuse treatment outcomes in a multisite sample of individuals who use opioids. *Journal of Substance Abuse Treatment, 112*, 68-75. doi: 10.1016/j.jsat.2020.01.016

Rice, D., Corace, K., Wolfe, D., Esmaeilisaraji, L., Michaud, A., Grima, A., et al. (2020). Evaluating comparative effectiveness of psychosocial interventions adjunctive to opioid agonist therapy for opioid use disorder: A systematic review with network meta-analyses. *PLoS One*. doi: https://doi.org/1 0.1371/journal.pone.0244401.

Witkiewitz, K., Heather, N., Falk, D. E., Litten, R. Z., Hasin, D. S., Kranzler, H. R., Mann, K. F., O’Malley, S. S., & Anton, R. F. (2020). World Health Organization risk drinking level reductions are associated with improved functioning and are sustained among patients with mild, moderate and severe alcohol dependence in clinical trials in the United States and United Kingdom. *Addiction, 115*(9), 1668-1680. doi: 10.1111/add.15011

3. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's procedures and techniques when compared with services rendered by other specialties or practice modalities. Summarize and discuss the relevance of the findings of these studies, particularly their measures and outcome results and the comparisons to other specialties or modalities.

Hai et al. (2021) reported a systematic review and meta-analysis of 22 randomized controlled trials of culturally adapted evidence-based treatments for adults with substance use problems. More than half of the studies were conducted at locations outside of the United States, and two-thirds involved alcohol use. Eight of the nine studies conducted in the US involved Latino/a Americans and the other involved Native Americans. The adapted treatment in 13 of the studies was motivational interviewing, and in 3 it was culturally adapted screening and brief interventions (CA-SBIRT). Controls included inactive (e.g., wait list) and active controls such as treatment as usual or the same as the adapted treatment (e.g., SBIRT) but without the adaptation. It was found culturally adapted interventions were significantly more efficacious than inactive controls but were not significantly better than active controls. The investigators also discussed a variety of factors that complicate evaluating cultural adaptation studies, such as translations of materials and those studies that used a diverse range of outcome variables.

Watkins et al. (2017) conducted a study in primary care settings for patients with opioid and/or alcohol use disorders. The study was a randomized controlled trial that compared a collaborative care treatment versus usual care. Collaborative care (CC) involved counselors or social workers who received brief training involving cognitive behavioral therapy and motivational interviewing, and all counselors received training in medication assisted treatment (MAT). Participants assigned to the usual care condition were given a number for appointment scheduling and a list of community referrals. Main outcomes were use of any evidence-based treatment (CC or MAT) and self-reported minimum 30-day abstinence from all opioids or alcohol at the 6-month follow-up interview. It was found that a greater proportion of those in the CC condition had received evidence-based treatment and had achieved self-reported abstinence at the 6-month follow-up interval.

Ashford et al. (2018) investigated the use of peer recovery support services in settings where contacts may be made with high-risk substance using populations. Fueled by the opioid crisis, peer recovery coaches have joined some emergency departments especially in rural settings where resources can be scarce. The study used data gathered by the Northeast Community Connections Program in Georgia where (NECCP) where peer recovery specialists receive training. It was reported that there was a high rate of engagement with services that the investigators concluded was facilitated by having peer recovery specialists available.

In a study focusing on probationers and parolees with substance use disorders residing in sober living houses, Witbrodt et al. (2019) conducted a secondary analysis of data from a larger study. Some participants stayed at a house where case managers had received motivational interviewing (MI) training, whereas case managers for another set of houses had not received MI training. They conducted a latent class analysis that allowed them to designate cases as either high or low in recovery capital (RC). Examining changes in addiction severity indices, they found residents who were high in RC did better in the houses with MI trained case managers, but for those low in RC there was no difference between types of houses.

Kelly, Humphreys, and Ferri (2020) undertook a comprehensive review of outcome studies of formal clinical linkage interventions to the mutual-help organization, Alcoholics Anonymous (e.g., Twelve Step Facilitation treatments). They included randomized controlled trials (RCTs),

quasi-RCTs, and non-randomized comparative effectiveness and economic studies. Outcome variables investigated included abstinence, reduced drinking intensity, reduced alcohol-related consequences, alcohol addiction severity, and healthcare cost offsets. A total of 27 studies were included in the review. Studies were also evaluated for selection bias. They found that AA/TSF clinical linkage interventions produced more continuous abstinence and higher remission rates than other treatments but were on apar with other treatments in terms of other outcomes. AA/TSF clinical linkage interventions also produced much higher medical cost savings due to its ability to help patients maintain remission better over several years. .

Ashford, R. D., Meeks, M., Curtis, B., & Brown, A. M. (2018). Utilization of peer-based substance use disorder and recovery interventions in rural emergency departments: Patient characteristics and exploratory analysis. *Journal of Rural Mental Health.* Advance online publication. http://dx.doi.org/10.1037/rmh0000106

Hai, A. H., Lee, C. S., Abbas, B. T., Bo, A., Morgan, H., Delva, J. (2021). Culturally adapted evidence-based treatments for adults with substance use problems: A systematic review and meta-analysis. *Drug and Alcohol Dependence, 226,* 1-23. *https:/doi.org/10.1016/j.drugalcdep.2021.108856.*

Kelly, J. F., Humphreys, K., & Ferri, M. (2020). Alcoholics Anonymous and other 12-step programs for alcohol use disorder. *Cochrane Database of Systematic Reviews 2020*, Issue 3. Art. No.: CD012880. DOI: 10.1002/14651858.CD012880.pub2.

Watkins, K. E., Ober, A. J., Lamp, K., Lind, M., Setodji, C., Osilla, K. C., ... Pincus, H. A. (2017). Collaborative care for opioid and alcohol use disorders in primary care: The summit randomized clinical trial. *JAMA Internal Medicine*, *177*(10), 1480–1488.

Witbrodt, J., Polcin, D., Korcha, R., & Li, L. (2019). Beneficial effects of motivational interviewing case management: A latent class analysis of recovery capital among sober living residents with criminal justice involvement. *Drug and Alcohol Dependence, 200,* 124-132. doi: 10.1016/j.drugalcdep.2019.03.017

4. Provide at least five psychological manuscripts published in refereed journals (or equivalent) that demonstrate the efficacy of the specialty's services for dealing with the types of settings or organizational arrangements where this specialty is practiced. Summarize and discuss the relevance of the findings of these studies in relation to the specialty practice.

Frost et al. (2018) presented a systematic review of published reviews evaluating motivational interviewing (MI) with adults in health and social care settings. Of 104 reviews included in their review of reviews, 45 involved addictions (e.g., substance use, gambling, smoking). They found that MI seemed to be most effective in reducing substance use. For gambling the available evidence was deemed of low quality. As is typically reported in reviews, the authors identified many gaps in the literature and called for more research; however, they found addiction studies included high quality reviews and even suggested that their finding would support widescale use of MI for smoking cessation.

Ray et al. (2020) conducted a systematic review and meta-analysis of the effects of combining cognitive behavioral therapy (CBT) with pharmacotherapy for alcohol or other substance use disorders. Noting that studies had been done of pharmacotherapy with adjunctive CBT, they also noted that the literature was "unclear" about whether the treatment paired with pharmacotherapy had to be CBT. They included 30 randomized controlled studies in their review, separating the studies into three types: CBT plus pharmacotherapy compared with usual care plus pharmacotherapy; CBT plus pharmacotherapy compared with another specific therapy plus pharmacotherapy; and CBT added to usual care and pharmacotherapy compared with usual care and pharmacotherapy. They found that combined CBT and pharmacotherapy was associated with increased benefit compared with usual care and pharmacotherapy. However, CBT did not perform better than another evidence-based modality (motivational enhancement therapy; contingency management), so their recommendation is that pharmacotherapy should be accompanied by another evidence-based therapy, not necessarily CBT. OBJ

Although not a recent addition to the literature, Project MATCH (Project MATCH Research Group, 1997) is perhaps the best known randomized controlled trial in the psychosocial addiction treatment literature. This multisite study funded by the National Institute on Alcohol Abuse and Alcoholism compared three manualized outpatient treatments for alcohol use disorder: Cognitive-behavioral coping skills therapy (CBS); Motivational enhancement therapy (MET), based on motivational interviewing; and, Twelve-Step Facilitation therapy (TSF), an outpatient treatment based on the self-help program Alcoholics Anonymous. The project had more than 30 investigators and was very rigorous in its methodology. A set of self-report and biological measures were used, as well as several other psychological and addiction measures well established in the literature. Several hypotheses were tested that predicted which types of participants would do better when matched to particular treatments. Perhaps the most important and surprising outcome was that there essentially was no difference in effectiveness between the treatments, even though the CBT and TSF treatments involved 12 sessions and MET only 4 sessions. All three modalities showed major improvements on drinking and other measures. Also, the treatments all had radically different conceptual bases. The CBT was intended to compensate for skills deficiencies underlying the behaviors, TSF involved accepting that one was different from people who drank without problems and therefore should never drink and MET assumed that with strong motivation participants could change their behaviors without any specific skills training. Although TSF participants who did not have co-occurring disorders had more abstinence, and TSF patients had higher abstinence rates at the 3-year follow-up, when drinking reduction was the endpoint the modalities did not differ. Also, dependence severity was not differentially associated with modality. Contrary to the tested hypothesis, participants who were more severely dependent did as well with MET as with the other treatments.

Black and Amaro (2019) reported a randomized controlled trial for low-income women in residential treatment for substance use disorders. Addressing concern for early drop outs, the study would test the efficacy of a mindfulness-based intervention on treatment retention. The control treatment was time-matched psychoeducation. Of the 200 participants, 76% used amphetamine/methamphetamine and 58% were Hispanic. A survival analysis found that the risk of non-completion was lower in the mindfulness group as compared to the control group. The

authors concluded that the mindfulness-based intervention helped the women manage the challenges posed by intensive SUD residential treatment.

Kelly et al. (2017) reported on a pilot study exploring a 12-Step Facilitation treatment developed for adolescents with substance use disorders. They conducted a small, outpatient randomized controlled trial comparing a combined motivational enhancement therapy and cognitive behavioral treatment (MET/CBT) with a treatment using MET/CBT integrated with 12-Step facilitation procedures (iTSF). At a 9-month follow-up they found no difference between the treatments in terms of days abstinent. However, iTSF participants had more AA meeting attendance and had fewer substance-related consequences.

Black, D. S. & Amaro, H. (2019). Moment-by-Moment in Women's Recovery (MMWR): Mindfulness-based intervention effects on residential substance use disorder treatment retention in a randomized controlled trial. *Behaviour Research and Therapy, 120,* https://doi.org/10.1016/j.brat.2019.103437

Frost, H., Campbell, P., Maxwell, M., O'Carroll, R. E., Dombrowski, S. U., Williams, B., Cheyne, H., Coles, E., & Pollock, A. (2018) Effectiveness of Motivational Interviewing on adult behaviour change in health and social care settings: A systematic review of reviews. *PLoS One, 13*(10): e0204890. doi: 10.1371/journal.pone.0204890.

Kelly, J. F., Kaminer, Y., Kahler, C. W., Hoeppner, B., Yeterian, J., Cristello, J. V., et al. (2017). A pilot randomized clinical trial testing integrated 12-step facilitation (iTSF) treatment for adolescent substance use disorder. *Addiction, 112*(12), 2155–66. doi:10.1111/add.13920

Project MATCH Research Group (1997). Matching alcoholism treatment to client heterogeneity: Project MATCH posttreatment drinking outcomes. *Journal of Studies on Alcohol, 58,* 7-29. https://doi.org/10.15288/jsa.1997.58.7

Ray, L.A., Meredith, L.R., Kiluk, B.D., Walthers, J., Carroll, K.M., & Magill, M. (2020) Combined Pharmacotherapy and Cognitive Behavioral Therapy for Adults with Alcohol or Substance Use Disorders: A Systematic Review and Meta-analysis. *JAMA Netw Open, 3*(6): e208279. doi: 10.1001/jamanetworkopen.2020.8279

Criterion X. Quality Improvement. A specialty promotes ongoing investigations and procedures to develop further the quality and utility of its knowledge, skills, and services.

***Commentary**: The public interest requires that a specialty provides the best services possible to consumers. A specialty, therefore, continues to seek ways to improve the quality and usefulness of its practitioners' services beyond its original determination of effectiveness. Such investigations may take many forms. Specialties promote and participate in the process of accreditation to enhance the quality of specialty education and training. Petitions describe how research and practice literature is regularly reviewed for developments which are relevant to the specialty's skills and services, and how this information is publicly*

disseminated.

1. Provide a description of the types of investigations that are designed to evaluate and increase the usefulness of the skills and services in this specialty. Estimate the number of researchers conducting these types of studies, the scope of their efforts, and how your organization and/or other organizations associated with the specialty will act to foster and communicate these developments to specialty providers. Provide evidence of current efforts in these areas including examples of needs assessed and changed that resulted.

Thanks to large scale funding from NIDA and NIAAA, hundreds of studies are conducted each year, a large proportion of which are designed to develop, test, evaluate, and disseminate novel treatments for substance use addiction or to evaluate existing promising interventions. Newer areas in behavioral addictions are increasingly being formalized into the official diagnostic system and remain an area of debate (Brand & Potenza; 2023). Nonetheless, NCPG and ICRG mentioned previously are both organizations that provide grant funding, peer-reviewed research, and funding for prevention and treatment programs in the area of gambling. Smaller organizations indicate a growing recognition of gaming addiction as a public health concern, promoting research and interventions that address the social and psychological impact of excessive gaming behaviors. Systematic reviews and meta-analyses in the addiction field are common ways of summarizing the large body of treatment findings in a given area.

These methods provide insight into the current state of clinical science and allow researchers to review the important relevant subareas within the addiction psychology specialty. Such reviews can lead to changes in clinical practice recommendations and guidelines that enhance the quality and impact of addiction care. Numerous journals (e.g. *Addiction, Alcohol: Clinical and Experimental Research, Drug and Alcohol Review, The American Journal of Drug and Alcohol Abuse, Substance Use & Misuse, Addiction Research & Theory, Addictive Behaviors, Addiction Science & Clinical Practice, Alcohol* and *Alcoholism, Journal of Studies on Alcohol and Drugs, and the Psychology of Addictive Behaviors*) are dedicated to the evaluation of substance addiction procedures and techniques through their peer review process of submitted manuscripts. *Journal of Behavioral Addictions, Addictive Behaviors Reports, International Gambling Studies, and Cyberpsychology, Behavior, and Social Networking* are recognized for their peer-reviewed contributions to the field of behavioral addictions. The *Journal of Behavioral Addictions* is particularly esteemed for its pioneering research on non-substance-related behaviors such as internet addiction and gaming disorders, with a strong academic reputation. *Addictive Behaviors Reports* focuses on innovative research across behavioral and substance use addictions, contributing to advancements in both prevention and treatment. *International Gambling Studies* serves as a critical platform for interdisciplinary research on gambling, influencing policy development and therapeutic interventions. *Cyberpsychology, Behavior, and Social Networking* bridges psychology and technology by examining digital behaviors, such as social media and gaming addictions, which are crucial in shaping modern behavioral health strategies. Collectively, these journals are helping to build awareness and advancement through academic research and clinical practices in the rapidly evolving area of behavioral addictions.

Through this process, the academic journals can vet and evaluate the relevance and quality of novel research endeavors before making results available to the clinical and research workforce and the general public. NIDA and NIAAA also publish their own regular clinical research reviews (https://arcr.niaaa.nih.gov ; https://nida.nih.gov/research-topics/publications).

Brand, M., & Potenza, M. N. (2023). Behavioral addictions in the ICD-11: An important debate that is anticipated to continue for some time. *Journal of behavioral addictions, 12*(3), 585–589. https://doi.org/10.1556/2006.2023.00042

Board certified addiction psychologists also are expected to be a member of one of the many societies for addiction research and practice which foster the development and communication of novel findings in the field (e.g., *Division 50 (Society of Addiction Psychology, SOAP), American Psychological Association*, and *Division 28 (Psychopharmacology and Substance Use), American Psychological Association; College on Problems of Drug Dependence; Research Society on Alcoholism; Research Society on Marijuana; Society for the Study of Addiction*). Hundreds of peer-reviewed articles are released every year for addiction psychologists to study and read to continue to improve the quality and impact of their practice. In this way, addiction psychologists are exposed on a regular basis to the latest research stemming from the large volume of work conducted annually funded by NIAAA, NIDA, and NIMH (when focused on comorbid mental health and addiction problems). Most of these entities also publish a journal that disseminates recent findings of clinical and public health significance. There are many prominent addiction psychology focused conferences annually (e.g., the *Addiction* journal lists more than 50 annual meetings set to occur in 2025) and additionally, there are dozens of smaller regional, state, and local conferences and symposia focusing on addiction. Because addiction psychologists are required by their state licensing board to fulfill continuing education requirements, addiction psychologists are motivated to avail themselves of these many opportunities to fulfil these requirements that help them stay up to date on the latest high-quality research applicable to improving practice.

2. Describe how the specialty seeks ways to improve the quality and usefulness of its practitioners' services beyond its original determinations of effectiveness.

Defining addiction psychology as a specialty will facilitate unification of education and training standards, which can then be implemented among educational programs and disseminated among treatment facilities, improving outcomes. Addiction psychology is constantly looking to improve the quality and usefulness of its practitioners' services, and a primary strategy which is used to do this is through publishing in peer-reviewed clinical and scientific journals evaluations of current and promising screening, assessment, diagnostic, treatment, and continuing care practices. The unification of education and training standards for addiction psychology within accredited doctoral programs is a goal of our Addiction Psychology Specialty Council. Creating and implementing these standards will help improve the identification, treatment, and outcomes of disorders of addiction. While there are many existing certifications in the area of addiction, none exist at a doctorate level, and many require only a

high school or bachelor's degree. Studies reveal that only about 57% of counseling staff in treatment centers hold a graduate degree, and of those, the majority (60%) are not specifically certified in addiction treatment. In addition to treatment settings, a significant portion of the workforce is non-licensed. For those holding degrees, there is a large disparity in reimbursement when compared to other fields (USDHHS, 2021). Improving training and standards of care are necessary.

Summary Table

Certification	**Minimum Education Required**
CAP	Bachelor's Degree
CADC	High School Diploma (or higher)
CAADC	Master's Degree
MAC	Master's Degree
NCPRSS	High School Diploma
ABAM	MD/DO
CARN	Associate/Bachelor's in Nursing
DATA 2000 Waiver	MD/DO/NP/PA
CCS	Master's Degree
CSAT	Master's/Doctoral Degree
CGAC	Bachelor's/Master's Degree
C-DBT	Master's Degree
MINT	Master's/Doctoral Degree (preferred)

Addiction psychologists certified by the American Board of Addiction Psychology will be expected to demonstrate maintenance of competency by reporting activities outlined in the ABPP Maintenance of Competency (MOC) guidelines. The MOC protocol is standardized through the ABPP and must be completed at least every 10 years. This allows for ongoing assessment of practitioners' services ensuring that those served by the specialty receive the highest quality care. Also, as noted above, licensed board-certified addiction specialists are subject to all prevailing requirements for continuing education participation and documentation established in their respective state licensure or certification legislation. Through adhering to continuing education requirements, addiction psychologists stay informed regarding the most recent updates in the field providing for continuing quality improvement in the addiction psychology field. Continuing education requirements can be acquired at various conferences, webinars, and other regular events throughout the year.

Rockefeller Institute of Government. (2021). *What drives staffing levels for substance-use disorder (SUD) services in New York State?* U.S. Department of Health and Human Services. https://rockinst.org

3. Describe how the research and practice literature are regularly reviewed for developments which are relevant to the specialty's skills and services, and how this information is publicly

disseminated. Give examples of recent changes in specialty practice and/or training based upon this literature review.

Our Addiction Psychology Speciality Council (ASPS; see Criterion I) advocates that addiction psychologists are required to stay abreast of recent developments and innovations in research and practice that are likely to enhance the quality and impact of the care they provide. All doctoral and postdoctoral training programs require focused education and training in designing and conducting research or in rigorous research literacy. Dozens of addiction-focused journals publish hundreds of relevant articles annually (see list above) stemming largely from NIH funded clinical research. Addiction psychologists are part of the large network of peer reviewers used to evaluate the rigor and quality of the information, skills, and/or services depicted within the submitted research.

Information is publicly disseminated through outreach by addiction psychologists themselves in the form of interviews, press releases, conferences, infographics, and social media presence. Organizations such as Harvard's Recovery Research Institute (www.recoveryanswers.org) publish regular monthly bulletins aimed at translating current scientific addiction knowledge for the benefit of clinicians, researchers, policymakers, and the public that reaches 100,000 clinicians, researchers, and policymakers per month. As noted above, regular addiction psychology research reviews are published also by NIAAA and NIDA https://arcr.niaaa.nih.gov; https://nida.nih.gov/research-topics/publications.

An example of how research has changed practice and broadscale approaches to addressing the addiction problem in the U.S. has been through research on stigma and discrimination. Wholesale language and terminology changes have occurred in recent years as a function of novel research showing that certain commonly used clinical terminology may be stigmatizing to patients and can lead to delays in treatment-seeking as well as decisions not to engage with treatment or to discontinue care early. As such, numerous clinical guidelines and consensus statements have been constructed and disseminated with recommendations for how clinical and public health practitioners and agencies should communicate when addressing these highly stigmatized disorders. This has affected nomenclature in the DSM (i.e., the dropping of the "abuse" diagnosis) as well as other broad clinical communication terminology recommendations (see American Society of Addiction Medicine website and International Society of Addiction Journal Editors consensus statement).

Kelly, J. F.; Greene, M. C.; Abry, A. A. (2021). US national randomized study to guide how best to reduce stigma when describing drug-related impairment in practice and policy. *Addiction*, 116(7):1757-1767. doi: 10.1111/add.15333

McLaren, N., Jones, C. M., Noonan, R., Idaikkadar, N., Sumner, S. A. (2023), Trends in stigmatizing language about addiction: A longitudinal analysis of multiple public communication channels. *Drug Alcohol Depend*, 245, 109807.

4. This criterion includes two components: one focusing on past activities around accreditation (X.4.a), and the other on future activities around accreditation (X.4.b).

For X.4.a, describe how the specialty has promoted and participated in the process of accreditation to enhance the quality of specialty education and training. Also, indicate how many programs in this specialty have been accredited at the doctoral and/or postdoctoral level.

To promote and participate in the process of accreditation to enhance the quality of specialty education and training addiction psychology has been put forward and is currently provisionally recognized as a specialty within the American Board of Professional Psychology (ABPP; https://abpp.org/application-information/learn-about-specialty-boards/addiction-psychology/) and has been credentialing professionals in that specialty. Many professionals who identify as addiction psychologists have roles in APA-accredited programs within leadership, administration, faculty, and staff.

Because addiction psychology is not yet officially fully recognized as a specialty, there is a limited amount of information regarding the number of education and training programs in the addiction specialty. According to the APA Accreditation search tool, there are currently 255 APA accredited Clinical Psychology Ph.D. (178) and Psy.D. (77) programs. It can be assumed that most, if not all, clinical psychology programs in the United States offer some form of addiction psychology training due to the pervasiveness and increasingly devastating impact of substance use disorders in the general population. The APPIC directory currently lists 97 APA-accredited postdoctoral programs and 597 APA-accredited internship programs that offer training in substance use disorders. These estimates are limited due to the self-report nature of the program descriptions (some programs may list training in substance use disorders while not offering adequate opportunities that would fulfill the requirements for certification in Addiction Psychology).

For X.4.b, describe how the specialty will promote and participate in the process of accreditation in the future to enhance the quality and sustainability of specialty education and training. Also, explain how the future accreditation support activities will be consistent with the Education and Training Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties (see: http://www.apa.org/ed/graduate/specialize/taxonomy.pdf) and will be sustained (e.g., training CoA site reviewers with specialty expertise, sponsoring CoA self-study workshops, fostering the development or ongoing operation of a specialty training council, administrative agreements and protections, financial support, etc.). Explain how these activities will result in an increase in the number of specialty programs that are accredited at the doctoral and/or postdoctoral level.

The addiction psychology specialty will participate in the process of accreditation in the future as well as promote the process in order to enhance the quality and sustainability of education and training in the specialty. The specialty will provide consultation to those directly involved in the accreditation process in order to ensure the education and training programs that are accredited are consistent with both the specialty's standards outlined above and the Education and Training Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties.

Through continued involvement of the addiction psychology specialty in currently existing APA-accredited programs and through consultation during the accreditation process, the specialty will facilitate an increase in both the number and quality of specialty programs that allow for the training of qualified practitioners and scientists in the addictions.

Criterion XI. Guidelines for Specialty Service Delivery. The specialty has developed and disseminated guidelines for practice in the specialty that expand on the profession's general practice guidelines and ethical principles.[2]

Commentary: *Such guidelines are readily available to specialty practitioners and to members of the public and describe the characteristic ways in which specialty practitioners make decisions about specialty services and about how such services are delivered to the public.*

1. Describe the specialty-specific practice guidelines for this specialty. Please attach. How do such guidelines differ from general practice guidelines and ethics guidelines? (In this context, professional specialty guidelines refer to modes of conceptualization, identification and assessment of issues, and intervention planning and execution common to those trained and experienced in the practice of the specialty. Such professional guidelines may be found in documents or websites including, but not limited to, those bearing such a title or as described in a variety of published textbooks, chapters, and/or articles focused on such contents.)

There are several sets of addiction specific clinical practice guidelines, namely the American Psychological Association's Evidence Based Clinical Practice Guidelines for the Management of Persons with Substance Use Disorders (APA, 2023), the American Society of Addiction Medicine Quality Care Clinical Guidelines (ASAM, 2020), and the American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients with Alcohol Use Disorder (APA, 2018). These guidelines differ from general practice and ethics guidelines as they are very specific to the elements of high-quality evidence-based care delivery for individuals presenting with a variety of substance use disorders, different levels of severity, and types of comorbidities. As such, they provide evidence-based recommendations that can guide clinical practice in optimal ways for different types of substance use disorder patients (e.g., those presenting with opioid use disorder, alcohol use disorder, and stimulant use disorder etc.) as well as provide guidance for use within different venues and particular populations (e.g. in correctional facilities). The Community Alliance or CLAS makes available a multitude of published guidelines for working with specific populations in the area of SUD (CLAS, n.d.). Ultimately, these guidelines help optimize care for individuals presenting with the broad spectrum of substance involvement and impairment across a variety of settings.

As previously discussed, there has been increased acknowledgement of behavioral addiction in both the DSM and the ICD, and there are inconsistencies with terminology and classification (Petry, 2018). For instance, the ICD10 recognizes Pathological Gambling as an Impulse Control Disorder and the DSM-5-TR classifies it as Gambling Disorder housed in the section Substance-Related and Addictive Disorders. Another example is the inclusion of Gaming Disorder in the ICD-11 under Disorders due to Addictive Behaviors, while the DSM-5-TR still houses Internet

Gaming under "Conditions for Further Study." There have been numerous publications citing evidence-based practices for Gambling Disorder (Bodor et al., 2021; Kaspar, 2015). The National Council on Problem Gambling also has standard resources for screening (NCPB, 2023) and assessment (NCPB, 2023). Gaming Disorder is more recent and there are not yet formally acknowledged evidence-based treatment protocols. Wang et al. (2023) conducted a systematic review of randomized controlled trials and identified four effective interventions for Gaming Disorder.

There are many other subcategories of behavioral addictions mentioned in the literature, such as "sex addiction," "exercise addiction," and "shopping addiction," however these are not included due to the insufficient peer-reviewed evidence necessary to establish them clearly as mental disorders or to produce practice guidelines (APA, 2022; WHO, 2019; WHO, 2022). Because the area of behavioral addictions is fairly new in relation to substance use disorders, much remains in the areas of defining, conceptualizing, assessing and treating the behavioral addiction issues noted in the literature, but not formally recognized in our diagnostic system, such as internet social media, shopping, food, pornography and sex, which also pose significant challenges to mental health and quality of life. Thus, continued research is necessary in these areas. It will be a goal of the Addiction Psychology Specialty Council to maintain awareness of the evolving areas of addictions and work with other councils to better understand, define, and create consistency so that the field of addiction psychology can work toward greater advocacy, training, and change.

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text revision). https://doi.org/10.1176/appi.books.9780890425596

American Psychiatric Association. (2018). *Practice guideline for the pharmacological treatment of patients with alcohol use disorder*. https://doi.org/10.1176/appi.books.9780890426760

American Psychological Association. (2023). Evidence-based clinical practice guidelines for the management of persons with substance use disorders. https://www.apa.org

American Society of Addiction Medicine. (2020). *Quality care clinical guidelines*. https://www.asam.org/quality-practice/guidelines

Bodor, D. Ricijaš, N., & Filipčić, I. (2021). Treatment of gambling disorder: review of evidence-based aspects for best practice. *Current Opinion in Psychiatry 34(5)*, 508-513, DOI: 10.1097/YCO.0000000000000728

Chen, Y., Lu, J., Wang, L., & Gao, X. (2023). Effective interventions for gaming disorder: A systematic review of randomized control trials. *Frontiers in psychiatry*, *14*, 1098922. https://doi.org/10.3389/fpsyt.2023.1098922

Community Alliance for CLAS. (n.d.). *Population-specific cultural competence research in substance abuse: Provider manuals and best practices*. https://allianceforclas.org/tools-and-resources/research-clearinghouse/resources-by-audience/providers/population-specific-cultural-competence-research-in-substance-abuse/

Kaspar, P. (2015). Pathological gambling: Screening, diagnosis and assessment. In *A Clinician's Guide to Working with Problem Gamblers* (pp. 104-122). Routledge.

National Council on Problem Gambling. (2023). *Screening standards manual*. https://www.ncpgambling.org/wp-content/uploads/2023/10/Screening-Standards-Manual.pdf

National Council on Problem Gambling. (2023). *Gambling assessment manual*. https://www.ncpgambling.org/wp-content/uploads/2023/10/Gambling-Assessment-Manual.pdf

Petry, N.M., Zajac, K., and Ginley, M.K. (2018). Behavioral Addictions as Mental Disorders: To Be or Not To Be? Annual Review of Clinical Psychology, (14), p. 399. https://doi.org/10.1146/annurev-clinpsy-032816-045120

World Health Organization. (2019). *International statistical classification of diseases and related health problems (10th rev.).* World Health Organization. https://icd.who.int/browse10/2019/en

World Health Organization. (2022). *International statistical classification of diseases and related health problems (11th rev.).* World Health Organization. https://icd.who.int/browse10/2022/en

2. How does the specialty encourage the continued development and review of practice guidelines?

Addiction psychologists are heavily involved in the creation and maintenance of specialty specific as well as general clinical practice guidelines at local, regional, and national levels. As the prevalence and impact of different types of substance use, substance use disorders, and behavioral addiction problems continually changes (e.g., more recently from smoked low potency cannabis to high THC potency vaping and edibles; from prescription opioids to heroin to fentanyl; legalization of online gambling), addiction psychologists continually work on taskforces to create or update best practice guidelines to meet current trends and be consistent with the current evidence base.

3. Describe how the specialty's practitioners assure effective and ongoing communication to members of the discipline and the public as to the specialty's practices, practice enhancements, and/or new applications.

There are numerous events, meetings, and conferences held at the local, state, national, and international level each year that are relevant to the addiction psychology specialty (e.g. *Joint Meeting on Youth Prevention, Treatment, and Recovery; American Society of Addiction Medicine (ASAM) Annual Conference; Collaborative Perspectives on Addiction Meeting; American Psychiatric Association (APA) Annual Meeting; National Association of Problem Gambling Annual Conference*). Practitioners in the addiction psychology specialty are encouraged to attend conferences in order to communicate with other professionals in the field through the various presentations, technical workshops, and discussions offered at such

meetings. These events foster effective communication surrounding the most current research and clinical findings in addiction psychology. Additionally, these conferences provide opportunities to fulfill the continuing education requirements required by state and national licensure.

In addition to conference attendance, addiction psychologists are able to effectively communicate with other professionals in the field through their membership in one of the many societies for addiction research (e.g., Division 50 [Society of Addiction Psychology, SoAP], American Psychological Association, and Division 28 (Psychopharmacology and Substance Use), American Psychological Association; College on Problems of Drug Dependence; Research Society on Alcoholism; Research Society on Marijuana; Society for the Study of Addiction). Specifically, the APA Division 50 *SOAP Box* Newsletter and Division 28 Pharmacology and Substance Use newsletter are published regularly and include recent articles specific to addiction psychology, notifications of upcoming events, and communications from the associated leadership teams. Such newsletters also offer the opportunity for addiction psychologists to provide their own commentary through the inclusion of the President's column as well as editorial letters. In this way, there is a venue for effective and continued communication among addiction psychology professionals. While these newsletters are intended for APA members, many societies for addiction research as well as other organizations in the field, such as the Recovery Research Institute (www.recoveryanswers.org), have an active social media presence which is utilized to share similar information more broadly with the general public. Given the prominence of the current opioid crisis, addiction psychologists are also often asked to speak to different journalists in the press, radio, and for TV that also helps disseminate accurate science-based information that can inform the public.

To keep a tab on the specialty's current practices, practice enhancements, and/or new applications, addiction psychologists may reference any of the numerous journals focused in the realm of addiction psychology (e.g. *Addiction, Alcohol: Clinical and Experimental Research, Drug and Alcohol Review, The American Journal of Drug and Alcohol Abuse, Substance Use & Misuse, Addiction Research & Theory, Addictive Behaviors, Addiction Science & Clinical Practice, Alcohol* and *Alcoholism, Journal of Studies on Alcohol and Drugs, and the Psychology of Addictive Behaviors; Journal of Behavioral Addictions, Addictive Behaviors Reports, International Gambling Studies, Cyberpsychology, Behavior, and Social Networking*).

4. How does the specialty communicate its identity and services to the public?

Addiction psychologists consistently work to communicate the specialty's identity and services to the public, as transparency is an essential domain of the addiction psychology field. This connection with the general public is so particularly important for addiction psychology based on the sheer pervasiveness of, and stigma attached to, substance use disorders. Many individuals with this condition go undiagnosed and untreated, and continuing to build and maintain the field's relationship with the public is imperative to closing this gap. Additionally, the loved ones of those with substance use disorders are in a unique position and need support in the form of information and clinical care as well, which extends the reach needed for addiction psychology.

One way addiction psychology strives to inform the public is through the American Board of Addiction Psychology (ABAP). This Board makes the process of becoming a certified addiction psychologist transparent, both for those who are interested in seeking certification and for those who would like to know about the qualifications of a board-certified addiction psychologist. Additionally, the ABAP website (which can be found at https://abpp.org/application-information/learn-about-specialty-boards/addiction-psychology/) contains resources helpful for the public, including a 'Specialty Specific' page which defines the specialty and a 'Letter from the President' which details the specific need for the specialty.

Additionally, there are many conferences within the field of addiction psychology which aim to provide information to the public. As one example, the first annual Joint Meeting on Youth Prevention, Treatment, and Recovery in March 2024 had content and information specifically for members of the general public to provide addiction information and resources, as well as provide a safe space to connect with others about this pervasive condition.

In general, there are many large, wide-reaching national organizations which share addiction information and resources with the general public, including the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the National Institute on Drug Abuse (NIDA) to name a few. Every state also has addiction specific public health agencies which address these problems at the local level. Through websites and social media, these organizations put out free information on national and state data and available resources to facilitate public access to reliable and trustworthy information about addiction. Additionally, there are national tools such as SAMHSA's Treatment Locator and the national suicide and crisis lifeline (988; substance use is strongly implicated in suicide crises) to allow members of the public to quickly and easily get access to resources and clinical care.

However, federal and state organizations are not the only groups in Addiction Psychology which are actively connecting with the public. Many other local and national entities are working tirelessly to create informational content and resources specifically for the general public. An example of this is the Recovery Research Institute (www.recoveryanswers.org), which, as a part of its mission, includes translation and dissemination of the latest addiction research for clinicians, researchers, policymakers, and the general public.

Addiction psychology also communicates its identity and services to the public in a less direct way through interactions with policy. Addiction researchers and clinicians are in regular communication with policymakers towards the goal of enacting evidence-based policies that can better support the health and wellness of the public. Outside of individual communications, addiction psychologists and addiction organizations create materials, resources, and events for sharing information with policymakers at the local, state, and federal levels.

Criterion XII. Provider Identification and Evaluation. A specialty recognizes the public benefits of developing sound methods for permitting individual practitioners to secure an evaluation of their knowledge and skill to be identified as meeting the qualifications for competent practice in the specialty.

***Commentary**: Identifying psychologists who are competent to practice the specialty provides a significant service to the public. Assessing the knowledge and skill levels of these professionals helps increase the ability to improve the quality of the services provided. Initially practitioners competent to practice in the specialty may simply be identified by their successful completion of an organized sequence of education and training. As the specialty matures it is expected that the specialty will develop more formal structures for the recognition of competency in practitioners.*

1. Describe the formal peer review-based examination process of board certification including its use of a review and verification of the individual's training, licensure, ethical conduct status, and a peer assessment of specialty competence.

   * If this is a new petition for recognition describe a) current methods by which individual practitioners can secure an evaluation of their knowledge and skill and be identified as meeting the qualifications for competent practice in the specialty and b) efforts to establish a formal peer review-based examination process of board certification including a detailed plan and timeline.

There is a comprehensive review and examination process for applicants to the American Board of Addiction Psychology, which includes reviewing their training, licensure, ethical conduct status, etc. This process involves a review of applicant materials and a peer assessment. Before applying, all applicants must have a minimum of 2,000 hours of addiction psychology practice and have 20% of their practice being addiction psychology. However, if the applicant has other evidence to suggest they have acceptable practice experience, that would also be considered and evaluated by the Board. All applicants must submit documentation confirming they received formal supervision at the doctoral, postdoctoral fellowship, internship, or post licensure level. Additionally, they must be a member of one or more major addiction psychology membership organizations, such as the American Psychological Association Society of Addiction Psychology, Research Society on Alcoholism, etc.

Applicants include their CV and professional statement – including a description of their professional work, the ways in which they utilize or contribute to current science-based practice of addiction psychology, the theoretical/empirical basis for their work in addiction psychology, specific examples of awareness of individual and cultural diversity in their practice thus far, and a specific ethical dilemma they have encountered with an explanation of how they managed the dilemma utilizing the APA Code of Conduct. They provide a practice sample which includes a written case conceptualization and HIPAA compliant video of a clinical session. All applicants participate in an oral examination with three Board certified addiction psychologists.

For further detail, please see https://abpp.org/application-information/learn-about-specialty-boards/addiction-psychology/document-library/

2. Describe how the specialty educates the public and the profession concerning those who are identified as a practitioner of this specialty. How does the public identify practitioners of this specialty?

The American Board of Professional Psychology (ABPP) contains a section on its website that allows one to search and locate board certified psychologists across the country, including those for addiction psychology. Additionally, within the profession, there are many ways for members of the public to identify practitioners of this specialty. There are many online/phone-based tools which allow the public to be connected to treatment, including the Substance Abuse and Mental Health Service Administration's (SAMHSA) national helpline, which also has an online tool at findtreatment.gov. Additionally, addiction is included as a significant problem area in order that members of the public can find an addiction specialist using common publicly available search engines such as the one deployed by *Psychology Today*.

3. Estimate how many practitioners there are in this specialty (e.g., spend 25% or more of their time in services characteristic of this specialty and provide whatever demographic information is available) and how many are board certified through the process decried in item 1.

Based on the findings of numerous agencies (NIDAA, NIDA, NIH, CDC and other national agencies and organizations), the need for specialists trained in the field of addiction psychology is well documented. We estimate that there are approximately 100,000 trained psychologists in the United States as measured by the number of currently held licenses (APA). Based on data from the American Psychological Association, we can estimate from these numbers that there are approximately 3000 practicing addiction psychologists. Substance use disorders are overrepresented in all areas of the health care system, and substance use influences adherence to and the efficacy of almost any other type of intervention. Two further national trends contribute to a potential increase in calls for addiction psychologists to become involved in the care of people with addictive behaviors: integration of addiction psychologists into primary care medicine, and efforts to provide early detection and identification, assessment, and treatment referrals for people with addictions in primary care. Based on the membership of the American Psychological Association, these changing trends in practice settings, and the focus on addiction as a national epidemic, it would be responsible and appropriate to work on the premise that this estimate is increasing in size in recent years and that there are many thousands of psychologists who practice in this addiction arena.

Based on a 2016 survey of APA's Society of Addiction Psychology (SOAP) members (over 1,000), 52% expressed an interest in applying for an addiction psychologist specialty qualification. Based on these survey data, we assume that there would be at least 75 SoAP members who would apply for a specialty in the first year it was available and likely 150 applications within the first three years. We think it is also likely that there will be at least another 50 to 75 psychologists each from some of the other 56 APA divisions such as Society of Clinical Psychology (Division 12), Psychologists in Independent Practice (Division 42), Society for Health Psychology (Division 38), Rehabilitation Psychology (Division 22), Trauma Psychology (Division 56), Society of Clinical Child and Adolescent Psychology (Division 53), Society for Clinical Neuropsychology (Division 40), Psychopharmacology and Substance Abuse (Division 28), School Psychology (Division 16), Psychologists in Public Service (Division 18), Military Psychology (Division 19), Society for Sport, Exercise and Performance (Division 47), Police & Public Safety (Division 18 Section), Society for Couple and family Psychology

(Division 43), Society of Group and Group Psychotherapy (Division 49), who may be interested in applying. Given the addiction concerns across the country, it is reasonable to anticipate at least an average of 50 psychologists from each of these fifteen potential sources of applicants. This would be approximately 750 potential applicants. Given the number of Divisions that are included here and with the strong possibility that there are other organizations and associations that have psychologists on their membership rosters and are looking for such a credential, certification in addiction psychology will have a broad appeal.

Public Description:

An important component of the recognition process is to develop a public description of the specialty that can be used to inform the public about the specialty area. Please develop a brief description of the specialty by responding to the question below (total combined word limit for all five questions must not exceed 400 words). This provides the foundation for what will appear on the APA website upon recognition of the specialty and should be understandable to the general public (wording should not exceed an eighth-grade level). Descriptions will be edited for consistency to conform to the CRSPPP website standards.

1. Provide a brief (2-3 sentences) definition of the specialty.

Addiction psychology is a specialty that focuses on understanding and explaining the psychological processes and factors associated with addiction as well as developing, testing, and implementing treatments to address such problems. It explores why and how individuals develop substance use disorders (e.g., alcohol, heroin, cocaine) or engage in compulsive behaviors (such as gambling or gaming), even when these activities have harmful consequences.

2. What specialized knowledge is key to the specialty?

Practitioners in the field of addiction psychology require a diverse set of knowledge to understand, assess, and treat individuals suffering from addictive behaviors. Key areas of knowledge include neurobiology and psychopharmacology**,** screening**,** assessment and diagnosis, understanding co-occurring disorders, behavioral psychology and therapy techniques, cultural competence, trauma-informed care, prevention strategies, ethics and legal knowledge, and research literacy.

3. What problems does this specialty specifically address?

Addiction psychology addresses harmful and hazardous patterns of alcohol and other drug use and related disorders as well as other types of behavioral compulsions such as gambling problems and disorders.

4. What populations does this specialty specifically serve?

Addiction psychologists serve individuals exhibiting harmful and hazardous patterns of alcohol and other drug use and related disorders as well as those who have other types of behavioral compulsions such as gambling problems and disorders.

5. What are the essential skills and procedures associated with the specialty?

Addiction psychologists possess skill in screening**,** assessment, diagnosis, treatment, and evaluation procedures concerning harmful and hazardous use of alcohol or other drugs and related disorders as well as compulsive behaviors such as gambling and gaming.

Attachment A

Structures and Models of Education and Training in (name of specialty) Psychology
Doctoral Program

COMPLETE THE FOLLOWING FOR ANY EXAMPLE DOCTORAL PROGRAMS SUBMITTED IN CRITERION VII THAT ARE NOT APA ACCREDITED

Program One
Name of University, School, or institution offering program:

Name of Program:

Address:

City/State/Zip:

Contact Person: Telephone No.

E-mail address:

Website:

1. Provide evidence that your program, regardless of setting, (a) maintains a psychology faculty; (b) provides opportunities for scholarly inquiry and practice by the faculty; and (c) provides support for trainees to encourage and expand learning opportunities beyond course work.

2. Provide evidence from your program that published descriptions of the program specify whether graduates can satisfy the education and training requirements for advanced recognition in the specialty.

3. Indicate by document and page number where your program is clearly identified as a psychology program whose intent is to educate and train psychologists.

4. Enclosed is an organizational chart describing the administrative relationship of the program with other units within the organization (e.g., College/Division/Department/ Program/Specialty). Indicate lines of authority for both academic decision making and resource allocation. Indicate names, titles, addresses, phone numbers, and authority.

5. Using examples of typical trainee schedules, show the sequence of courses recommended for each year level of trainees enrolled in the program.

6. Do you require at least three full-time years of graduate study (or the equivalent thereof) at your institution? (enclose documenting policy statement)

   Yes No

7. Are two academic years of study at a single institution required for award of the degree? (enclose documenting policy statement):

   Yes No

8. Do you require at least one academic year of full-time residency (or the equivalent thereof) at the same institution for the award of the degree? (enclose documenting policy statement):

   Yes No

9. Using the following format, indicate the courses that your program requires. Please list didactic courses only here. Information about practicum experience will be requested elsewhere.

Title	Number	Required of Elective	Catalog Page#
a. Scientific & Professional Ethics and Guidelines			
b. Research Design & Methodology			
c. Statistics			
d. Psychological Measurement			
e. History & Systems			
f. Biological Bases of Behavior			
g. Affective Bases of Behavior			
h. Social Bases of Behavior			
i. Individual Behavior			
j. Specialty course taught in department			
k. Specialty course taught in other departments			

10. Using this format, show how laboratory, practicum, and internship requirements are met. NOTE: For practicum: names and agencies used, nature of agency, its mission, financial support, administrative structure, types of clients seen, services offered. For internship: name of agency, how they are selected, communication between psychology program and internship agency, name of chief psychologist and director of training, and nature of agency, its mission, financial support, administrative structure, types of clients seen, services offered.

    Types of agencies and experience:

	Laboratory, Practicum, Internship (please specify)	Name and Qualifications of Agency and Institutional Supervisor	Number of Trainees Placed in the Last Two Years
First Year			
Second Year			
Third Year			
Fourth Year			
Fifth Year			

11. Competencies in (<u>name of specialty</u>) psychology (please list all of the specific competencies which graduates of this program have mastered as a requirement for completion of the doctoral degree).

Competency	Description of Competency	Description of how the Competency is Acquired	Criterion for Establishing Competence

Attachment B

Structures and Models of Education and Training in (name of specialty) Psychology
Postdoctoral Program

COMPLETE THE FOLLOWING FOR ANY EXAMPLE POSTDOCTORAL PROGRAMS SUBMITTED IN CRITERION VII THAT ARE NOT APA ACCREDITED

Program One
Name of University, School, or institution offering program:

Name of Program:

Address:

City/State/Zip:

Contact Person: Telephone No.

E-mail address:

Website:

1. Provide evidence that your program, regardless of setting, (a) maintains a psychology faculty; (b) provides opportunities for scholarly inquiry and practice by the faculty; and (c) provides support for trainees to encourage and expand learning opportunities beyond course work.

2. Provide evidence from your program that published descriptions of the program's specify whether or not graduates can satisfy the education and training requirements for advanced recognition in the specialty.

3. Indicate by document and page number where your program is clearly identified as a specialty psychology program whose intent is to educate and train psychologists in the specialty.

4. Enclose an organizational chart describing the administrative relationship of the program with other units within the organization (e.g., College/Division/Department/ Program/Specialty) Indicate lines of authority for both academic decision making and resource allocation. Indicate names, titles, addresses, phone numbers, and authority.

5. Using examples of typical trainee schedules, show the sequence of courses recommended for each year level of trainees enrolled in the program.

6. Do you require at least one year of full-time training (or the equivalent thereof) at your institution? (enclose documenting policy statement):

   Yes No

7. Describe the education and training provided to the postdoctoral candidates in the program.

8. Competencies in (name of specialty) psychology (please list all of the specific competencies which graduates of this program have mastered as a requirement for completion of the postdoctoral program).

Competency	Description of Competency	Description of how the Competency is Acquired	Criterion for Establishing Competence

Signed: John F. Kelly, PhD, ABPP_____

On behalf of the Addiction Psychology Specialty Council (APSC)

END OF PETITION FORM

The American Board of Addiction Psychology (ABAP)
A Member Board of The American Board of Professional Psychology (ABPP), Inc.

BYLAWS

Chapter 1

Name

The name and title by which this organization shall be known is the American Board of Addiction Psychology (ABAP; also referred to as "the Organization"). The *ABAP* was provisionally approved as a specialty board May 6, 2020 by the Board of Trustees of the American Board of Professional Psychology (ABPP), by email, and is recorded in the minutes of the Executive Committee (EC) of the ABPP. The ABAP is affiliated with the American Board of Professional Psychology (ABPP) as a Member Specialty Board, with representation through the Board of Trustees (BOT). These bylaws are consistent with those of the ABPP, and the ABAP (will be signing when approved as a specialty board) the Articles of Agreement between ABPP and ABAP (insert date TBD) in accord with the ABPP Affiliations Manual.

Historical Review of the Creation and Development of the provisional American Board of Addiction Psychology (this section will be updated as this application proceeds): In 2001, APA's Commission for Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) recognized Addiction Psychology (formerly called Treatment of Alcohol and Other Psychoactive Substance Use Disorders) as a proficiency with oversight by the Society of Addiction Psychology (SoAP, Division 50, American Psychological Association). The name of the proficiency was later changed to Addiction Psychology and a revised application for renewal of the proficiency was submitted to CRSPPP. In 2016 the ABPP Boards of Behavioral and Cognitive Psychology, Forensic Psychology, and Family and Couple Psychology, and the Board of the Society of Addiction Psychology (SoAP; Division 50 of APA) identified five ABPP Specialty Board members willing to serve on the Addiction Psychology (AP) subspecialty Special Interest Group (AP-SIG). In 2017, the Addiction Psychology Subspecialty SIG was established and charged with developing an Addiction Psychology Subspecialty application for submission to the ABPP Board of Trustees. In 2019, the Addiction Psychology subspecialty application was submitted to the ABPP Board of Trustee's BOT at its winter meeting. The BOT, however, voted unanimously to have this application be amended, updated, and resubmitted as a specialty board application to the ABPP BOT. The American Board of Addiction Psychology was approved as a provisional Specialty Board in December 2020 at the winter meeting of the ABPP BOT. In April 2021, the ABAP submitted its implementation plan to the ABPP BOT for the required committee reviews and approval and in at the BOT meeting in June 2021 the ABAP specialty board unanimously approved the plan.

Chapter 2

Purposes and Goals

The following are the purposes and goals of the American Board of Addiction Psychology:

A. To serve the public and the profession by ensuring that psychologists certified by the ABPP in Addiction Psychology have completed and will maintain the education, training, experience and standard ethical requirements of this specialty. These requirements include an examination process designed to assess the competencies required to provide high quality services within the scope of practice of the American Board of Addiction Psychology and routine demonstration that these competencies and ethical standards are maintained.

B. To function in accord with the bylaws as a Member Specialty board in the ABPP and in doing so comply with the basic requirements for recognition, acceptance, and continued affiliation with the ABPP as established by the Board of Trustees of the ABPP. Specific functions of ABAP as it relates to the ABPP shall be:

1. To maintain a Board of Directors as the Executive Committee of the Addiction Psychology Specialty Board,]responsible for designing and implementing the function of the examining body in the specialty of Addiction Psychology.
2. To function in accord with the bylaws of the parent ABPP organization as the examining body in the Specialty of Addiction Psychology.
3. To maintain a close, collaborative relationship with the ABPP Board of Trustees.
4. To establish relationships with the public and the profession, the ABAP applicant base, and particularly organizations that identify psychologists as providers of service with board certified credentials.
5. To recommend to the Board of Trustees of the ABPP, Inc. policies (or changes in policies) and procedures with regard to the organization's specialty area of Addiction Psychology.
6. To develop and maintain examination procedures for those who apply for Board Certification in Addiction Psychology (the Certificate) issued by the ABPP, Inc. in the organization's specialty area of Addiction Psychology, and to submit such periodically for review, recommendation, and formal approval of the ABPP;
7. To establish and execute procedures for recertification of Board Certification (Certificates) in Addiction Psychology.

C. To conduct information and education programs designed to make information about the specialty certification process available to the public and the profession.

D. To demonstrate a commitment to excellence though self-study and its relationship to the Standards Committee of the ABPP.

Chapter 3

Composition of the Board of Directors

A. The organizational powers of ABAP shall be vested in a self-perpetuating Board of Directors consisting of no fewer than six persons, who shall supervise, control, direct

and manage the affairs and activities of the ABAP.

B. The Board of Directors shall consist of diverse representatives, including members from different ethnic, cultural, gender, professional, and theoretical backgrounds.

C. The number of Directors may be changed at any regular meeting of the Board of Directors by a simple majority of those present. If there is a tie vote, then subsequent votes will be taken until there is a simple majority.

D. **Nomination and Selection of Board Members**: In anticipation of scheduled vacancies at the end of a member(s) term, the President of the ABAP or a designee and the Secretary-Treasurer shall develop a slate of candidates by June of the year in which the vacancies are anticipated. The Board of Directors shall then vote on the nominees to fill the seat(s) for the vacant position(s). The vote shall be a simple majority. Upon notification of an upcoming vacancy for reasons other than natural attrition, the Board of Directors shall follow the procedures noted in 3G.

E. **Terms of Office:** Each member of the Board of Directors shall be elected to hold office for a term of **three years**, beginning January 1 and ending December 31. Attempts will be made to stagger terms.

F. **Qualifications**: To serve as a Director, a person must hold an ABPP Certificate in American Board of Addiction Psychology and be in fees-paid good standing status with the ABPP.

G. **Vacancies**: In the case of a vacancy, resignation, or removal of a Director, the Board of Directors shall designate a person within 30 days to fill the unexpired portion of the term, utilizing the same criterion for qualifications as in 3F.

H. **Resignation**: A Director may resign at any time by submitting a written resignation to the President of the Board of Directors. The resignation will be effective no less than 30 days following the receipt of the letter by the President.

I. **Removal**. Any officer or member of the Board of Directors elected or appointed may be removed upon a two-thirds majority vote of the Board of Directors whenever in its judgment the best interests of the ABAP will be served, thereby, but such removal will be without prejudice to the contract rights, if any, of the person removed.

J. **Consultants**: The Board of Directors may utilize consultants whose specialized knowledge and ability would be of value in the conduct of the affairs of this organization.

K. **Other Affiliates**: The ABAP is a voting member of the American Board of Addiction Psychology Specialty Council, which in turn is a voting member of the Council of Specialties in Professional Psychology. As such, the President/Head of the Addiction Psychology Specialty Council periodically shall be invited to attend meetings of the Board of Directors as a non-voting affiliate.

Chapter 4

Functions of the Board of Directors

A. To the extent that it is consistent with the bylaws of the ABPP, the Board of Directors shall have full legal control of the organization's assets, shall have the power to make contracts on behalf of the organization, oversee the conduct of all the business affairs of the organization, and shall also have the authority and duty to establish, direct, and promulgate policies and procedures:

    1. That establish the qualifications for Board Certification as a specialist in Addiction Psychology.
    2. By which credentialing activities of the Board are conducted.
    3. In conjunction with the BOT of ABPP for recall, reinstatement, and maintenance of Board-Certified status. and
    4. All other activities engaged in by the ABAP.

B. Policy and Procedures: The ABAP shall use the policies and procedures of ABPP when relevant to the Addiction Psychology specialty board.

C. Parliamentary Procedures: The Board shall be governed by its own bylaws. However, Board meetings shall be conducted according to the guidelines in Keesey's abridged parliamentary procedures.

Chapter 5

Officers and Elections of Officers

A. **Addiction Psychologists Titles and Terms**: The officers of the organization. which constitute the Board of Directors consist of the President, the Vice-President, a Secretary-Treasurer, ABPP Board of Trustee (BOT) representative. The Board shall, by a majority, elect these officers except the ABPP Board of Trustee representative, whenever the need exists to elect any and all officers, at any of its meetings when the Board so decides to conduct such an election, but no later than its last meeting in any given year. Other voting positions on the Board of Directors of the ABAP consist of the Practice Sample Coordinator, Oral Examination Coordinator, and Consultation Coordinator. These three positions will be appointed by the President.
    a. The terms of the President, Vice-President, Secretary-Treasurer and Practice Sample Coordinator, Oral Examination Coordinator, and Consultation Coordinator shall be two years, beginning January 1 and ending December 31, (unless extenuating circumstances exist that shorten or extend the length of any officer’s term).
    b. The ABPP Board of Trustee representative requires the nomination of at least two candidates, and the ranking of those candidates in order from most preferred to less preferred; said candidates’ names then to be sent to the ABPP Board of

Trustees as a slate. The ABPP Board of Trustees will select the individual to serve as the representative. The term of the ABPP Representative shall be three years.

c. The Officers and the BOT representatives shall remain as Directors for as long as their office term runs, regardless of the termination of their Board member term itself.

B. Elections of Officers: The Board shall, by a majority of its members who vote in the elections of officers, elect these officers, whenever the need exists, via ballots either through remote means (e.g., email) or at any of its meetings when the Board so decides to conduct such an election, but no later than its last meeting in any given year. Elections may be conducted in person, via paper ballots, or by electronic means such as email; but whichever election balloting process is used, all votes must be cast using only that method.

C. **Officer Roles and Functions**: All officers shall have the following specific functions in addition to the general responsibilities of Directors:

1. **President**: The President shall be the Chief Executive Officer of the organization. The President shall preside at all meetings of the Board of Directors, shall have the power to transact all of the usual, necessary, and regular business of the organization as may be required and, with such prior authorization of the Board as may be required by these bylaws, to execute such contracts, deeds, bonds, and other evidence of indebtedness, leases and other documents as shall be required by the organization; and, in general, the President shall perform all such other duties incident to the office of President and Chief Executive Officer, and such other duties as may from time to time be prescribed by the Board of Directors. The President shall also recommend formation of committees and the appointment of committee chairs.

2. **Vice-President**: The Vice President shall act as Chief Executive Officer in the absence of the President and, when so acting, shall have all the power and authority of the President. The Vice-President shall serve as the ABAP Representative to the American Board of Addiction Psychology Specialty Council. Further, the Vice-President shall have such other and further duties as may from time to time be assigned by the Board of Directors.

3. **Secretary-Treasurer**: The Secretary-Treasurer, or their designee, shall record and preserve the board approved minutes of the meetings of the Board of Directors and all committees of the Board, shall cause notices and agendas of all meetings of the Board of Directors and committees to be given, and shall perform all other duties incident to the office of as directed by the Board of Directors or the President. The Secretary-Treasurer shall be responsible for all funds of the organization consistent with the accounting and fiscal policies of ABPP. As agreed to in the Articles of Agreement, the Secretary-Treasurer acts to insure that ABAP adheres to the “Financial Plan: Policies and Procedures”, consistent with

the accounting and fiscal policies of ABPP as agreed to in the subsection on "Annual Budgets for Specialty Boards". The Secretary-Treasurer shall prepare an annual budget in collaboration with the President.

4. **Representative to the Board of Trustees of the ABPP**: The ABAP Representative shall represent the best interests of the specialty area of ABAP, appropriately balanced with the interests, viability, responsibilities, and duties of the role as a member of the BOT of the ABPP.

5. **Practice Sample Coordinator:** The Practice Sample Coordinator will review all applicants' Practice Sample submissions. This person will serve a 2-year term and can be reappointed to a second 2-year term.

6. **Oral Examination Coordinator**: The Oral Examination Coordinator will oversee, coordinate, and schedule all applicant oral examinations This person will serve a 2-year term and can be reappointed to a second 2-year term.

7. **Consultation Coordinator:** This person links applicants with a mentor at an applicant's request. This person will serve a 2-year term and can be reappointed to a second 2-year term.

D. **Salary:** The Directors of the organization shall receive no salary for serving as a Director. Directors may be reimbursed for expenses incurred in the performance of their duties.

Chapter 6

Executive Officer (EO):

The American Board of Addiction Psychology does not have an Executive Officer (ED).

Chapter 7

Committees

A. **Standing Committees**:

1. **Nominations Committee**: There shall be a Nominations Committee consisting of the President, Secretary-Treasurer and another board member selected by the President. This committee shall submit at least two nominations for board officer vacancies from among existing board members. The committee shall also submit at least two nominations for vacant board positions from among all nominations generated from all ABPP board certified specialists. At least two nominations of a given specialist are required for the nomination to be forwarded to the Board of Directors for consideration. The committee is not required to forward to the board all specialists who received the requisite two nominations.

2. **Diversity Committee:** There shall be a Diversity Committee whose Chair is appointed by the President. The Chair shall ask for three members of the ABAP Board to serve on this committee. At least two members, when possible, shall represent diverse populations/groups. Members' terms will be 2 years with an opportunity to extend an additional 1 year. As a board, we encourage diversity of all types, recognizing that diversity is broad and encompasses numerous and different intersecting experiences. **[**While we have a detailed statement of how diversity will be incorporated into the ABAP Board governance structure, it is too long to include in the bylaws and instead is a separate document submitted as part of our implementation plan (ABAP: Diversity Criteria and Activities). This document will be posted on the Addiction Psychology's ABPP webpage]

B. **Ad Hoc Committees and Task Forces**: The President may, at his/her discretion, appoint Ad Hoc Committees. The appointment must include a specific work scope for the Ad Hoc Committee and designate a term for the length of time for which the Ad Hoc Committee will conduct its work; said length of time shall be no longer that two years.

C. **Creation of New Standing Addiction Psychology Committees**: The Board of Directors may, by resolution, adopted by a quorum of the Directors, establish one or more additional standing committees as needed; the composition, and length of term for committee membership, shall be decided by the Board. Upon such action, a new Standing Committee shall be incorporated into these bylaws by reference to minutes of said action.

Chapter 8

Meetings/Quorums

A. **Regular Meetings**: The Board of Directors, when possible, shall hold at least one annual in-person meeting for the purposes of transacting any business as may come before the meeting. Other meetings can be conducted virtually or using other acceptable electronic forms.

B. **Special Meetings**: Special meetings of the Board of Directors, in person, by phone, or teleconference, can be convened by the President.

C. **Meeting Location and Business Year**: All meetings of the American Board of Addiction Psychology, regular or special, shall be held at a location designated by the President with input and consensus approval of the ABAP Board. The business year of the Board of Directors shall begin on January 1st and end on December 31st. All elected officers of the Board of Directors take their positions on the first day of the business year (January 1st).

D. **Notice**: Notice of all regular and special meetings of the Board of Directors no less than twenty (20) days prior to the meeting date and be delivered via email or USPS to each Director at such Director's preferred address or e-mail. If mailed through USPS, such notice shall be deemed to have been delivered when deposited in the United States mail

in a sealed envelope so addressed, with postage thereon prepaid. If notice be given by e-mail, such notice shall be deemed to have been given when the e-mail transmission is sent. An agenda of all items to be discussed at such meetings shall be delivered in a reasonable amount of time prior to the meeting.

E. **Quorum Requirements**: A majority of the current members of the Board of Directors (50% + 1), present physically, telephonically, or using other approved medium, shall constitute a quorum for the transaction of business at regular or special meetings of the Board. If a quorum is not physically present, enough Directors must vote via mail, e-mail or telephone conference call to obtain the necessary quorum.

F. **Actions of the Board**

1. **Regular business of the Board at in-person or virtual/telephonic meetings**. At in-person or telephonic meetings, any action requiring a vote, shall be done by a simple majority of the votes of Board Members present when the quorum requirement is met.

2. **Regular business actions taken when not a part of an in-person meeting**: When work is not conducted in an in-person meeting, should a matter requiring a vote of the Board of Directors arise, a ballot by mail or e-mail authorized by the President, may be taken. **A two-thirds (2/3) vote of the all the existing Board of Directors will be necessary to carry such a motion.**

G. **The following applies to the Director presence at meetings**:

1. The President may authorize a telephone/virtual conference meeting of the Board of Directors when deemed necessary, and 10 days advance notice of such a call shall be given to each member of the Board of Directors by email with a return receipt required.
2. Should an item of business require urgent attention and action by the Board of Directors, a telephone conference may be called without previous notice, as long as ALL of the members of the Board of Directors have been contacted. A two-thirds (2/3) roll call vote of the entire Board of Directors will be necessary to carry a motion presented during such an urgent meeting.
3. Even without an urgent timetable, Members of the Board of Directors or Presidential invitees who are not members of the Board of Directors may participate in a meeting of the Board or Committee by means of conference telephone or similar communications equipment whereby all persons participating in the meeting can hear each other, and participation in this manner shall constitute presence in person at the meeting.

H. Action by Consent: Any action which is required to be taken, or may be taken, at a meeting of the Directors, may be taken without a discussion if it is a part of a "consent agenda". When a Consent Agenda item is approved by appropriate vote procedures (e.g., adoption of the agenda as the regular order of business), it will be so voted for adoption at any meeting of the Board of Directors. Consideration of any item on a consent agenda about which a Director wishes discussion to occur will only occur if a notice of a request

to discuss said item on the consent agenda is made no later than 10 days prior to any scheduled meeting.

Chapter 9

Income and Properties

In accordance with the American Board of Professional Psychology Inc. bylaws (insert date), the income and properties of the ABAP, whenever and however derived, shall be applied solely toward promoting the purposes of the Specialty board. No portion of the income or properties shall be paid or transferred directly or indirectly by way of dividend, bonus, or otherwise by way of profit to members of the organization. As agreed, in the Articles of Agreement, the ABAP will manage its financial affairs in accordance with the "Financial Plan: Policies, and Procedures" of the ABPP, with special attention to the subsection on "Annual Budgets for Specialty Boards".

Chapter 10

Liabilities of the Board of Directors

In accordance with the American Board of Professional Psychology, Inc. bylaws (insert date), no member of the ABAP Board of Directors or other officer or servant of the organization shall be liable for the accounts, receipts, neglects, or defaults of any other like member or agent, or for any loss or expense happening to the organization through the insufficiency or deficiency of any security in or upon which any of the money of the organization shall be invested or for any loss or damage arising from the bankruptcy, insolvency, or tortuous act of any person with whom any monies, securities, or effects shall be deposited, or for any loss or damage occasioned by an error of judgment or oversight, or for any other loss, damage, or misfortune whatever which shall happen in execution of the official duties or in the relation thereto, unless the same happened through dishonesty, willful neglect or default.

Chapter 11

Indemnification of Directors, Executive Officer, Employees and Board-certified Specialists

The American Board of Professional Psychology (ABPP) ("Corporation") carries a Directors and Officers Liability Insurance Policy. To the extent covered by said policy, each trustee, and officer of an ABPP-affiliated Specialty Board who is officially engaged in Specialty Board business shall be considered to be engaged in Corporation business, and shall be indemnified by the Corporation against all costs and expenses (including counsel fees) actually and necessarily incurred by or imposed on him/her/them in connection with the defense of any action, suit, or proceeding in which he/she/they may be involved or to which he/she/they may be made a party by reason of his/her/they being or having been such trustee or Specialty Board officer, except in relation to matters as to which he/she/they shall be finally adjudged in such action, suit, or proceeding to be liable for dishonesty, willful neglect or default. Such costs and expenses shall include amounts reasonably paid in settlement for the purpose of curtailing the costs of litigation and as covered by the liability policy. The foregoing right of indemnification shall not be

exclusive of any other rights to which he/she/they may be entitled as a matter of law or by agreement, by law, or otherwise. Any indemnification, however, shall not exceed the monetary limits of any insurance policy carried for such purposes by the Corporation regardless of the absolute monetary amount incurred by an individual trustee or Specialty Board officer engaged in Corporation business. The Corporation shall make a copy of the Directors and Officers Liability Insurance Policy available to trustees and Specialty Board officers who request to review the policy so that the requesting individual may determine what, if any, additional coverage that individual might desire to obtain independent from the Corporation. The cost of any such additional coverage will be the individual's responsibility.

Chapter12

Ethical Standards

The ethical principles of The ABAP will follow the current codes of ethics promulgated by the American Psychological Association.

Chapter 13

Amendments

Alterations or amendments to these bylaws require a two-thirds majority vote of the members of the Board of Directors at an inperson or remote (videoconference) Board of Directors meeting, email, or regular mail ballot, provided that all members of the Board of Directors have been notified in writing of the proposed changes not less than 20 days prior to the date of action.

The undersigned, the duly elected President of the American Board of Addiction Psychology, hereby certifies that the aforesaid bylaws were duly approved and adopted by the Board of Directors of the American Board of Addiction Psychology by email.

John F. Kelly, PhD ABPP, President
American Board of Addiction Psychology

Date Approved: Dec 23, 2023

Bylaws of the Society of Addiction Psychology
Division 50 of the American Psychological Association

Article I

NAME AND PURPOSE

A. The name of this organization is the Society of Addiction Psychology (SoAP) of the American Psychological Association (APA), hereinafter referred to as the "Society." The Society promotes advances in research, professional training, education, and clinical practice within the broad range of substance use disorders (SUDs) and addictive behaviors.

B. The Society is organized exclusively for charitable, educational, and scientific purposes.

C. The purposes of the Society include, but are not necessarily limited to, the promotion of human welfare through encouragement of scientific and professional activities and communication among psychologists, others working in the areas of substance use disorders and addictive behaviors, and the general public.

D. Work in the areas of substance use disorders and addictive behaviors includes, but is not necessarily limited to, education, administration, prevention, treatment, and research.

Article II

MEMBERSHIP

A. Membership in the Society shall consist of four classes: Members, Fellows, Associates, and Affiliates.

1. **Members** of the Society (hereinafter referred to as "member(s)" shall be persons who have an interest in the areas of substance use disorders and addictive behaviors.

2. **Fellows** of the Society (hereinafter referred to as "Fellow(s)" shall be Fellows of APA and shall have been members of the Society for at least one year and who have, upon recommendation of the Society's Fellowship Committee and the APA Membership Committee, been nominated and approved for Fellow status by APA in accordance with the procedures set forth in the APA bylaws and Association Rules and have been forwarded to the APA Membership Committee for recommendation and to the APA Council of Representatives for ratification.

3. **Associates** of the Society (hereinafter referred to as "Associate(s)" shall be persons who are Associate Members of APA and who have an interest in the areas of substance use disorders and addictive behaviors. Associates, who have earned the right to vote in APA shall also have earned the right to vote in the Society.

4. **Affiliates** of the Society are not Members of APA but are individuals sufficiently interested in the work and aims of the Society who wish to join, as follows:

a. **Professional Affiliates** are individuals who are not members of APA but who are from disciplines bearing an interest central to the Society.
b. **Student Affiliates** include graduate and undergraduate students interested in the areas of substance use disorders and addictive behaviors.

B. Members, Fellows, Associates, and Affiliates shall be entitled to attend and to participate in all society membership meetings; to receive such publications as the Board of Directors may from time to time determine, and; as prescribed in Article VIII, Section A, be eligible to serve on Boards and committees of the Society.

C. Members and Fellows shall be eligible to hold office in the Society.

D. Members, Fellow, and Associates with voting privileges shall be entitled to vote in all regular and special elections and on Membership referenda; each shall be entitled to one vote.

E. Termination of Membership in the Society may be accomplished in one of the following ways.

1. Resignation in writing to the Membership Chair or by notifying APA;

2. Failure to pay annual dues or assessments;

3. Failure to meet the criteria for the membership designation held by the individual;

4. Expulsion from the Society for cause by a vote of two-thirds of the Board of Directors following an appropriate opportunity for an appeal hearing.

F. Any person voluntarily terminating membership under subsections 1 or 2 of Section E of this article may rejoin the Society at any time by submitting a membership application to APA and paying Society dues.

Article III

OFFICERS

A. The officers of the Society [hereinafter referred to as “Officers(s)”] shall be as follows: President, President-Elect, Past President, Secretary, Treasurer, four Members-At–Large (one each for Science, Public Interest, Early Career Psychologists, and Practice), and Council Representative(s) to APA. The Officers of the Society shall be elected by the voting Membership.

B. There shall be two student representatives, each serving two years, appointed by the Board of Directors. Their terms shall be staggered such that one student representative is replaced each year. Thus one student representative will be in the first year of his/her term and the other in the second year of his/her term at any time. Each student representative shall be a voting member of the Board of Directors in his/her second year of service, and thus there shall be no more than one student voting on the Board at any time.

C. The **President** shall be a Member or Fellow who has just completed his/her one-year term as President-Elect and shall serve for one year. It shall be the duty of the President to preside at all meetings of the Society membership and Board of Directors as Chairperson, and perform such other duties consistent with the Bylaws and that he/she

or the Board of Directors shall deem necessary and/or appropriate to the functioning of the Society.

D. The **President-Elect** shall be a Member or Fellow and shall serve for one year. He/she shall take office at the close of the annual meeting following his/her election. It shall be the duty of the President-Elect to fulfill any and all duties of the President in the event that the President is absent or otherwise unable to fulfill such duties. The president-Elect shall also perform such other duties as may be prescribed by the president or the Board of Directors.

E. The **Past President** shall be the most recently retired President of the Society and shall serve for one year.

F. The **Treasurer** shall be a Member or Fellow and shall serve a three-year term. He/she will take office at the close of the annual meeting following his/her election. The duties of the treasurer shall be to collect dues and special assessments; to keep financial records; to reimburse members and third parties for approved Society expenses, and to prepare annual financial reports and tax returns.

G. The **Secretary** shall be a Member or Fellow and shall serve a three-year term. He/she will take office at the close of the annual meeting following his/her election. The duties of the secretary shall be to keep Society archives and records of all meetings of the Society and to issue calls and notices of meetings.

H. Three **Members-at-Large** (one each for Science, Public Interest, and Practice) shall be Members or Fellows and each shall serve a three-year term. Their term shall be staggered so that one Member-at-Large (MAL) is replaced each year. The fourth MAL (for Early Career Psychologists) shall serve a two-year term. The Members-at-Large will represent the views and interests of the Society membership to the Board of Directors, provide advice to Society Committees, and assist with other tasks as needed. Members-at-Large will take office at the close of the annual meeting following his/her election.

I. Any officer of the Society may delegate any of his/her duties to another member provided that such delegations shall not relieve the Officer of primary responsibility for such duties.

J. Any Officer of the Society may be removed from office prior to the expiration of his/her term for cause. Removal shall occur by a vote of two-thirds of the remaining Members of the Board of Directors. The Officer shall first be provided with an appropriate opportunity for hearing.

K. Any Officer may resign at any time by giving written notice thereof to the chairperson of the Board of Directors. Such resignation to become affective upon receipt. Resignation by an Officer shall also include automatic resignation from the Board of Directors.

L. In the event of the death, resignation, removal, disability, or any other condition that would prevent a board Member from carrying out his/her duties under these Bylaws, the Board of Directors shall, by majority vote, appoint another Member to fulfill the unexpired term of such Board Member.

M. Voting members of the Board are: President, Past President, President-Elect, Members-at-Large, Secretary, Treasurer, Council Representative(s), and one student representative (the latter as specified in Article III, Section B of these Bylaws).

Article IV

BOARD OF DIRECTORS

A. There shall be a Board of Directors of the Society that consists of the:

   1. Society Officers as specified in Article III of these Bylaws;

   2. Representatives elected to the APA Council of Representatives as specified in Article IV, Section C of these Bylaws.

   Unless otherwise specified in these Bylaws, Members of the Board of Directors shall be elected by the voting Membership of the Society.

B. In addition to those Officers as specified in Article VI, Section A, Members of the Board of Directors shall assume office at the close of the annual meeting following election or appointment.

C. The Society shall elect each year that number of Representatives to the APA Council needed to fill the vacancies created by the ending of the term(s) of incumbent Representative(s) and/or vacancies created by the annual APA apportionment ballot. The Council Representatives to APA shall be Members or Fellows of the Society and shall be elected to terms of three years. Elections shall be conducted according to APA Bylaw provisions. The number of Council Representatives to be elected by the Society shall be determined by APA in accordance with its apportionment procedures. In the event that APA allocates fewer seats to the Society for Council Representative seats, the Board of Directors shall recall the appropriate number of Council Representatives with the most recently elected Council Representatives recalled first. The terms of office of recalled Council Representatives shall terminate upon recall by the Board of Directors.

D. The Board of Directors shall be the governing body of the Society; shall manage, control and direct its affairs and property; and shall have and may exercise all the powers necessary to carry out all of it's purposes as specified in the Society's Articles of Incorporation, these Bylaws and the "nonprofit Corporation Act" of the state in which the Society is incorporated at that particular time. Any duty or power not otherwise specifically delegated to any other member, Board, or Committee under these Bylaws or by the Board of Directors shall be deemed to reside in the Board of Directors.

E. The President of the Society shall serve as the chairperson of the Board of Directors. In his/her absence, the President-Elect shall serve as the Chairperson of the Board of Directors, followed in succession by the Past President, Secretary, and Treasurer.

F. The Board of Directors shall meet (in person or via teleconference or other electronic medium) as frequently as required to conduct Society business, with a minimum of two meetings per year.

G. For Board of Director meetings, a quorum shall be a majority of voting officers (as specified in Article III, section M).

H. Standing committee chairs (as specified in Article V) and other appointed Society positions (such as liaisons to other Societies, convention program chair, the Society's Federal Advocacy Coordinator) may attend and participate in meetings of the Board of Directors, at the discretion of the President.

I. A director may resign from the Board of Directors at any time by giving written notice thereof to the Chairperson; such resignation shall become effective upon receipt.

J. Resignation by a Director shall also include automatic resignation from any office of the Society held by the Director.

Article V

COMMITTEES

A. Members, Fellows, Associates, and Affiliates of the Society may serve as voting Members of Boards and Committees, provided that a majority of the members of each Board or Committee shall be members of the Society, however, the Board of Directors shall appoint members to serve on Society Boards and Committees.

B. Standing committees of the Society may be established by the Board of Directors. Chairs of standing committees may be appointed by the President in consultation with the Board of Directors.

1. **Membership Committee**, which shall serve under the guidance of the Membership Committee Chair.
2. **Nominations and Elections Committee**, which shall serve under the guidance of the Nominations and Elections Committee Chair.
3. **Education and Training Committee**, which shall serve under the guidance of the Education and Training Committee Chair.
4. **Fellows and Awards Committee**, which shall serve under the guidance of the Fellows and Awards Committee Chair.
5. **Finance and Budget Committee**, which shall serve under the guidance of the Finance and Budget Committee Chair.
6. **Diversity Committee**, which shall serve under the guidance of the Diversity Committee Chair.
7. **Outreach Committee**, which shall serve under the guidance of the Outreach Committee Chair.
8. **APA Convention Program Committee**, which shall serve under the guidance of the APA Program Committee Chair.
9. **Collaborative Perspectives on Addictions** (CPA) Program Committee, which shall serve under the guidance of the CPA Program Committee Chair.
10. **Technology and Communications Committee**, which shall serve under the guidance of the Technology and Communications Committee Chair.
11. **Grant Review Committee**, which shall serve under the guidance of the Grant Review Committee Chair.

C. Standing committee chairs shall serve two (2) year terms that may be renewed by the Board of Directors. Committee chairs will take office at the close of the annual meeting following their appointment.

D. The President or the Board of Directors may appoint such additional committees (e.g., ad hoc committees), boards, program chairs and Editors as may further the purposes of the Society. This may include the formation of standing committees with other Societies to represent common interests.

E. Each standing committee chair will be required to submit a summary of activities and progress to the Board on twice-annual basis: by the February Board meeting and the August Board meeting.

Article VI

MEETING AND VOTING OF THE SOCIETY

A. The annual meeting of the Society will be held in conjunction with the APA annual convention.

B. Other meetings of the Society may be called as are considered appropriate and feasible by action of a majority of the Board of Directors.

C. The Board may decide to obtain a vote from the membership on an ad hoc basis, which can occur via electronic means (e.g., email) or other means, as long as such voting is consistent with APA guidelines on voting.

D. Written notice of the date, time and place of all meetings of the Society, annual or other, shall be given to the Membership at least 30 days prior to such meetings (such notice shall be deemed to be valid if it is published in the Society's Journal, Newsletter, Website, and/or any existing Society listservs, and distributed to the Membership of the Society within the required time period).

Article VII

NOMINATIONS AND ELECTIONS

A. Nominations shall be made in the following manner:

1. Any member may submit to the Board of Directors a petition nominating any other member for an office; provided, however, that such petition must be supported by the signatures of at least two-and-one-half percent (2 ½%) of members, but no less than five (5) members. Electronic signatures will be considered acceptable.

2. At least 110 days prior to the annual meeting of the Society at which a particular Officer is to be elected, the Membership Chair shall certify to the Board of Directors the validity of each petition and the Membership status of any nominees and signatories on the nominating petitions.

B. From those nominees certified to the Board of Directors by the Membership Chair, the Board of Directors shall prepare for the final election ballot a slate including the names of three (3) members who received the greatest number of signatures on their respective nominating petitions. In the event that fewer than two (2) members are nominated for any office pursuant to the provisions of paragraphs, A1 and A2 above, the Board of Directors may nominate a member or members for each office such that the final ballot contains the names of at least one (1), but no more than three (3) individuals for each position to be filled as of the close of the next annual meeting. If there is only one (1), then there shall be an opportunity for a write-in candidate.

C. At least 100 days prior to the annual meeting of the Society, at which any Officer is to be elected, the Board of Directors shall have received written acceptance, either hard copy and/or electronically, the nomination from each nominee.

D. At least 90 days prior to each annual meeting of the Society, the Nominations and Elections Committee Chair shall distribute to the members ballots containing names of the nominees for each office to be filled at such meeting, any required validation procedures, the date by which completed ballots must be returned in order to be valid, and the name and electronic address/office address of the Elections Supervisor, to whom ballots should be returned.

E. In the event of a tie, election shall occur by a majority vote of the Board of Directors excluding those Directors who may be nominees for that office.

F. At least 30 days prior to each annual meeting of the Society, the Nominations and Elections Committee Chair shall report the results of the elections to the Board of Directors.

G. The President of the Society shall announce the results of the elections at the annual meeting and via other standard Society mechanisms (e.g., website, listservs).

Article VIII

FINANCIALS

A. Annual Society assessments (i.e., dues) shall be established each year by the Board of Directors, approved by APA, and disbursed to the Society by APA.

B. Once established by the Board of Directors, an annual assessment shall remain in force for each subsequent year unless modified by the Board.

Article IX

AMENDMENTS

A. Amendments to these Bylaws shall be proposed as follows:

1. By a majority vote of the Board of Directors; or

2. By petition, signed by at least four percent (4%) of the voting members, such petition to be sent to and validated by the Secretary. Electronic signatures will be accepted.

B. At least 30 days prior to the date by which ballots containing proposed amendments are to be returned in order to be valid and counted, the Secretary shall provide to the Membership for the Society, in writing, electronically and/or in hard copy, the text of such proposed amendment together with any explanatory statement deemed necessary and useful by those persons proposing the amendment (such notice shall be deemed to be valid if it is published in Society publications, such as a journal, newsletter, listservs, and/or on the Society website) and distributed to the Membership of the Society within the required time period.

C. An amendment to these Bylaws shall be approved by the members by an affirmative vote of two-thirds of the ballots that are valid and returned by mail or electronically.

american board
of professional psychology

Drs. Bogomaz and Stern
President and President-elect
American Board of Group Psychology
10/10/2024

Dear Dr. Kelly,

On behalf of American Board of Group Psychology, I am writing to express our strong support for the recognition of addiction as a distinct psychological specialty. Addiction is a complex and multifaceted disorder that impacts not only individuals but also families, communities, and society at large. Its treatment requires specialized knowledge of neurobiology, behavioral patterns, and psychosocial factors, all of which fall within the domain of psychology.

Addiction is a psychobiological disorder that affects approximately 50 million Americans annually, yet it remains a field that lacks formally recognized professional psychological specialization. Recognizing addiction as a specialty would enhance the quality of care by ensuring that practitioners have advanced training in both evidence-based interventions and the underlying psychological mechanisms of addiction. Moreover, formal recognition would promote further psychological research, innovation, and a greater understanding of the condition.

Given the widespread impact of addiction and the need for tailored therapeutic approaches, we believe this recognition is essential for advancing the field and improving treatment outcomes. Since group psychology is a primary form of treatment of addiction, we strongly support your efforts to have addiction psychology recognized as a psychological specialty by the Commission for the Recognition of Specialties and Sub-specialties in Professional Psychology (CRSSPP) and strongly urge them to take action in recognizing addiction as a formal psychological specialty.

We appreciate the opportunity to support you in this effort.

Sincerely,

Drs. Bogomaz and Stern
President
American Board of Group Psychology
Psychology

Dr. Lisa Stern
President-Elect
American Board of Group

American Board of Clinical Psychology

CERTIFICATION
SERVICE
EXCELLENCE

November 1, 2024

Dear Dr. Kelly,

On behalf of the American Board of Clinical Psychology, I am writing to express our strong support for the recognition of addiction as a distinct psychological specialty. Addiction is a complex and multifaceted disorder that impacts not only individuals but also families, communities, and society at large. Its treatment requires specialized knowledge of neurobiology, behavioral patterns, and psychosocial factors, all of which fall within the domain of psychology.

Addiction is a psychobiological disorder that affects approximately 50 million Americans annually, yet it remains a field that lacks formally recognized professional psychological specialization. Recognizing addiction as a specialty would enhance the quality of care by ensuring that practitioners have advanced training in both evidence-based interventions and the underlying psychological mechanisms of addiction. Moreover, formal recognition would promote further psychological research, innovation, and a greater understanding of the condition.

Given the widespread impact of addiction and the need for tailored therapeutic approaches, I believe this recognition is essential for advancing the field and improving treatment outcomes. We support your efforts to have addiction psychology recognized as a psychological specialty by the Commission for the Recognition of Specialties and Sub-specialties in Professional Psychology (CRSSPP) and strongly urge them to take action in recognizing addiction as a formal psychological specialty.

We appreciate the opportunity to support you in this effort.

Respectfully,

Leonardo Caraballo, PsyD, ABPP

Leonardo J. Caraballo, PsyD, ABPP
Board Certified in Clinical Psychology
President, American Board of Clinical Psychology

SHANE GREGORY OWENS, PH.D., ABPP
PSYCHOLOGIST
BOARD-CERTIFIED IN COGNITIVE-BEHAVIORAL PSYCHOLOGY

100 NORTH VILLAGE AVENUE
SUITE 32
ROCKVILLE CENTRE, NY 11570

PHONE: 516-366-5885
DOC@DRSHANEOWENS.COM

Shane Gregory Owens, PhD ABPP
Psychologist
Board Certified Specialist in Behavioral and Cognitive Psychology
President, American Board of Behavioral and Cognitive Psychology
October 15, 2024

Dear Dr. Kelly,

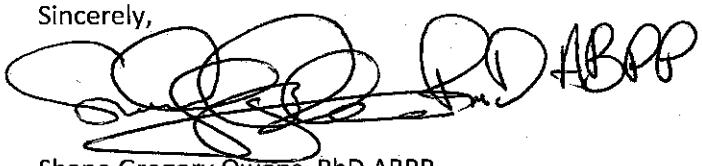
I am writing to express our strong support for the recognition of addiction as a distinct psychological specialty. Addiction is a complex disorder that impacts individuals, families, communities, and society as a whole. Its treatment requires specialized knowledge of neurobiology, behavioral patterns, and psychosocial factors, all of which fall within the domain of psychology.

Addiction is a psychobiological disorder that affects approximately 50 million Americans annually, yet it remains a field that lacks formally recognized professional psychological specialization. Recognizing addiction as a specialty would enhance the quality of care by ensuring that practitioners have advanced training in both evidence-based interventions and the underlying psychological mechanisms of addiction. Moreover, formal recognition would promote further psychological research, innovation, and a greater understanding of the condition.

Given the widespread impact of addiction and the need for tailored, effective therapeutic approaches, I believe its recognition as a specialty is essential for advancing the field and improving treatment outcomes. I support your efforts to have addiction psychology recognized as a psychological specialty by the Commission for the Recognition of Specialties and Sub-specialties in Professional Psychology (CRSSPP) and strongly urge them to recognize addiction as a formal psychological specialty.

I appreciate the opportunity to support you in this effort and offer any further assistance I can provide.

Sincerely,



Shane Gregory Owens, PhD ABPP
Psychologist
Board Certified Specialist in Behavioral and Cognitive Psychology
President, American Board of Behavioral and Cognitive Psychology

American College of Academic Addiction Medicine
8735 W. Higgins Rd, Suite 300 • Chicago, IL 60631 • www.acaam.org

Carly Reisner
Executive Director
The American College of Academic Addiction Medicine
October 10, 2024

Dear Dr. Kelly,

On behalf of The American College of Academic Addiction Medicine (ACAAM), I am writing to express our strong support for the recognition of addiction as a distinct psychological specialty. Addiction is a complex and multifaceted disorder that impacts not only individuals but also families, communities, and society at large. Its treatment requires specialized knowledge of neurobiology, behavioral patterns, and psychosocial factors, all of which fall within the domain of psychology.

Addiction is a psychobiological disorder that affects approximately 50 million Americans annually, yet it remains a field that lacks formally recognized professional psychological specialization. Recognizing addiction as a specialty would enhance the quality of care by ensuring that practitioners have advanced training in both evidence-based interventions and the underlying psychological mechanisms of addiction. Moreover, formal recognition would promote further psychological research, innovation, and a greater understanding of the condition.

Given the widespread impact of addiction and the need for tailored therapeutic approaches, I believe this recognition is essential for advancing the field and improving treatment outcomes. We support your efforts to have addiction psychology recognized as a psychological specialty by the Commission for the Recognition of Specialties and Sub-specialties in Professional Psychology (CRSSPP) and strongly urge them to take action in recognizing addiction as a formal psychological specialty.

We appreciate the opportunity to support you in this effort.

Sincerely,

Carly Reisner
Executive Director

Arthur W. Blume, Ph.D.
Professor of Clinical Psychology
Washington State University
October 12, 2024

Dear Dr. Kelly,

I am writing as an Indigenous Addiction Scientist and fellow of the American Psychological Association (APA) to express my strong support for the recognition of addiction as a distinct psychological specialty. I very much appreciate that you and your colleagues solicited comments to help to improve the EDI focus of the application. As an Indigenous American psychologist and a former member of both the *APA Presidential Task Force on Psychology and Health Equity* and the *APA National Working Group on Health Disparities in Boys and Men*, I am keenly aware of the importance of advancing culturally appropriate best practices to clinically intervene on substance use disorders, especially with an eye to the compassionate care and treatment that vulnerable populations so urgently need in minoritized communities.

Many Indigenous Americans, as one example, live in remote rural locations and are served by substance treatment counselors with minimal training and experience. Our people would likely benefit greatly from the specialty designation of psychologists who would be able to provide excellent care and services to these communities locally or remotely. Unfortunately, many Indigenous nations do not have sufficient local treatment services and often must refer clients to treatment centers at a distance that typically have little to no training in cultural competence. In our research, we have found that racism in the treatment experience has been a particular barrier to recovery, and I anticipate that the proposed specialty designation will make culturally competent care more accessible to our people.

Surprising to some, most of our people, like many other minoritized groups, dwell in urban areas. I believe the specialty would also greatly impact the quality of care to urban minoritized communities, who also face limited options for treatment that often do not include access to best practices or providers with sufficient training. Many urban minoritized neighborhoods are essentially treatment services deserts. Access becomes a particular challenge and many clients report facing issues of stigma, stereotyping and microaggressions in their experiences of traditional services. The addiction psychology specialty would help to bring more innovative, culturally appropriate, and empirically derived services to communities that typically do not currently have those options.

Addictive behaviors have broadly impacted minoritized communities and typically have complex presentations due to the high number of social determinants of health that interact within these largely neglected communities. The context of addiction is compounded by the experiences of bias

and discrimination that minoritized communities face on a daily or nearly daily basis. Enabling the ability of psychologists to provide quality care to these underserved communities would be a welcomed advance and align well with the stated priorities of the APA to advance health equity and study and address other population health challenges.

Psychological science has significantly advanced treatment interventions over the last few decades and yet the millions of peoples impacted by these disorders are likely to be treated in traditional treatment centers that emphasize a disease model and lack psychologically trained providers. Many of us believe that approving this application for specialty status will help to overcome these longstanding biases in the field and increase the reach of psychology into communities with longstanding health disparities and inequities. Recognizing addiction as a specialty would enhance the quality of care by ensuring that practitioners have advanced training in culturally relevant evidence-based interventions, underlying psychological mechanisms of addiction, and promotion of innovative psychological research that may positively impact those with substance use disorders in minoritized communities, as well as the communities themselves.

I believe very strongly in the value of this application to many underserved communities and endorse your efforts to have addiction psychology recognized as a psychological specialty by the Commission for the Recognition of Specialties and Sub-specialties in Professional Psychology (CRSSPP) and strongly urge them to take action to recognize addiction as a formal psychological specialty.

Thank you for the opportunity to support this application with an endorsement.

Very best regards,

Arthur W. Blume, Ph.D.
Professor of Clinical Psychology
Past President, Society of Indian Psychologists (2015-17) and APA Division 45 (2020)
Fellow, APA Divisions 45 and 50

October 9, 2024

Dear Dr. John Kelly,

On behalf of ASAM, representing over 7000 physicians and associated professionals, I am writing to express our strong support for the recognition of addiction as a distinct psychological specialty. Addiction is a complex and multifaceted disorder that impacts not only individuals but also families, communities, and society at large. Treatment often requires specialized knowledge of neurobiology, behavioral patterns, and psychosocial factors, all of which fall within the domain of psychology.

Recognizing addiction psychology as a specialty would enhance the quality of care by ensuring that practitioners have advanced training in both evidence-based interventions and the underlying psychological mechanisms of addiction. Moreover, formal recognition would promote further psychological research, innovation, and a greater understanding of the condition.

Given the widespread impact of addiction and the need for tailored therapeutic approaches, I believe this recognition is essential for advancing the patient care and improving treatment outcomes. We support your efforts to have addiction psychology recognized as a psychological specialty by the Commission for the Recognition of Specialties and Sub-specialties in Professional Psychology (CRSSPP) and urge them to take action in recognizing addiction as a formal psychological specialty.

Sincerely,

Brian Hurley, MD, MBA, FAPA, DFASAM
President

11400 Rockville Pike, Suite 200, Rockville, MD 20852
Phone: 301.656.3920 | Fax: 301.656.3815
www.ASAM.org

SOCIETY OF CLINICAL PSYCHOLOGY

American Psychological Association
2024

11/1/24

Dear Dr. Kelly,

On behalf ofAPA's Society of Clinical Psychology, I am writing to express our strong support for the recognition of addiction as a distinct psychological specialty. Addiction is a complex and multifaceted disorder that impacts not only individuals but also families, communities, and society at large. Its treatment requires specialized knowledge of neurobiology, behavioral patterns, and psychosocial factors, all of which fall within the domain of psychology.

Addiction is a psychobiological disorder that affects approximately 50 million Americans annually, yet it remains a field that lacks formally recognized professional psychological specialization. Recognizing addiction as a specialty would enhance the quality of care by ensuring that practitioners have advanced training in both evidence-based interventions and the underlying psychological mechanisms of addiction. Moreover, formal recognition would promote further psychological research, innovation, and a greater understanding of the condition.

Given the widespread impact of addiction and the need for tailored therapeutic approaches, I believe this recognition is essential for advancing the field and improving treatment outcomes. We support your efforts to have addiction psychology recognized as a psychological specialty by the Commission for the Recognition of Specialties and Sub-specialties in Professional Psychology (CRSSPP) and strongly urge them to take action in recognizing addiction as a formal psychological specialty.

We appreciate the opportunity to support you in this effort.

Sincerely,

Donna LaPaglia, PsyD, ABPP

Donna LaPaglia, PsyD, ABPP
President, Society of Clinical Psychology (APA Division 12)
Associate Professor of Psychiatry
Yale University School of Medicine
Director of the Substance Use and Addiction Treatment Unit
Connecticut Mental Health Center

DIVISION 12 CENTRAL OFFICE - P.O. Box 98045 - Atlanta, GA 30359
(404) 254-5062 - Fax: (866) 608-7804 - Email: division12apa@gmail.com

October 28, 2014
RE: Recognition of Addiction Psychology Subspeciality

Dear Dr. Kelly,

On behalf of the American Psychological Association's Division 50, Society of Addiction Psychology, I am writing to express our strong support for the recognition of addiction psychology as a distinct psychological specialty. Addictive behaviors are associated with a complex set of psychological disorders that impact not only individuals but also families, communities, and society at large. Treatment of addictive behaviors require specialized knowledge of neurobiology, behavioral patterns, and psychosocial factors, all of which fall within the domain of psychology.

Addiction is an umbrella term that describes a set of psychobiological disorders that affect approximately 50 million Americans annually, yet it remains a field that lacks formally recognized professional psychological specialization. Recognizing addiction as a specialty would enhance the quality of care by ensuring that practitioners have advanced training in both evidence-based interventions and the underlying psychological mechanisms of addictive behaviors. Moreover, formal recognition would promote further psychological research, innovation, and a greater understanding of the condition.

Given the widespread impact of addiction and the need for tailored therapeutic approaches, I believe this recognition is essential for advancing the field and improving treatment outcomes. We support your efforts to have addiction psychology recognized as a psychological specialty by the Commission for the Recognition of Specialties and Sub-specialties in Professional Psychology (CRSSPP) and strongly urge them to take action in recognizing addiction as a formal psychological specialty.

We appreciate the opportunity to support you in this effort.

Best regards,

Susan E. Collins, PhD
President – Society of Addiction Psychology
On behalf of the Executive Committee of Division 50, American Psychological Association

International Gambling Counselor Certification Board

October 11, 2024

Jody Bechtold
LCSW, ICGC-II, BACC, PC
International Gambling Counselor Certification Board, President
CEO, The Better Institute

Dear Dr. Kelly,

On behalf of the International Gambling Counselor Certification Board (IGCCB), I am writing to express our support for the recognition of addiction as a distinct psychological specialty, with a significant focus on behavioral and process addictions such as Gambling Disorder and Gaming Disorder. Addiction is a complex and multifaceted disorder that impacts not only individuals but also families, communities, and society at large. The IGCCB works internationally to assure a body of qualified and competent professionals working in the field of clinical treatment of individuals with at-risk, problematic and disordered gambling and their families/concerned others. Certification standards established by the IGCCB represent the current best practices in the field of disordered gambling and gaming treatment.

Addiction is a psychobiological disorder that affects approximately 50 million Americans annually, yet it remains a field that lacks formally recognized professional psychological specialization. Recognizing addiction as a specialty would enhance the quality of care by ensuring that practitioners have advanced training in both evidence-based interventions and the underlying psychological mechanisms of addiction. This is increasingly impactful in forms of addictive disorders that increasingly occur through modern, digital means - gambling and gaming addictions. Formal recognition across the spectrum of addiction would promote further psychological research, innovation, and a greater understanding of the condition.

Given the widespread impact of addiction and the need for tailored therapeutic approaches, I believe this recognition is essential for advancing the field and improving treatment outcomes. We support your efforts to have addiction psychology recognized as a psychological specialty by the Commission for the Recognition of Specialties and Sub-specialties in Professional Psychology (CRSSPP) and strongly urge them to take action in recognizing substance, behavioral, and process addiction as a formal psychological specialty.

We appreciate the opportunity to support you in this effort.

Sincerely,

Jody Bechtold

Jody Bechtold
LCSW, ICGC-II, BACC, PC
International Gambling Counselor Certification Board, President
CEO, The Better Institute

Adrian J. Bravo, PhD
President
Research Society on Marijuana
October 8, 2024

Dear Dr. Kelly,

On behalf of the Research Society on Marijuana, I am writing to express our strong support for the recognition of addiction as a distinct psychological specialty. Addiction is a complex and multifaceted disorder that impacts not only individuals but also families, communities, and society at large. Its treatment requires specialized knowledge of neurobiology, behavioral patterns, and psychosocial factors, all of which fall within the domain of psychology.

Addiction is a psychobiological disorder that affects approximately 50 million Americans annually, yet it remains a field that lacks formally recognized professional psychological specialization. Recognizing addiction as a specialty would enhance the quality of care by ensuring that practitioners have advanced training in both evidence-based interventions and the underlying psychological mechanisms of addiction. Moreover, formal recognition would promote further psychological research, innovation, and a greater understanding of the condition.

Given the widespread impact of addiction and the need for tailored therapeutic approaches, I believe this recognition is essential for advancing the field and improving treatment outcomes. We support your efforts to have addiction psychology recognized as a psychological specialty by the Commission for the Recognition of Specialties and Sub-specialties in Professional Psychology (CRSSPP) and strongly urge them to take action in recognizing addiction as a formal psychological specialty.

We appreciate the opportunity to support you in this effort.

Sincerely,

Adrian J. Bravo, PhD

Associate Professor

Department of Psychological Sciences

William & Mary

SRNT
SOCIETY FOR RESEARCH ON NICOTINE & TOBACCO • 2424 American Lane • Madison, WI 53704-3102
Tel: 1-608-443-2462 Fax: 1-608-333-0310 • E-Mail: info@srnt.org • Website: http://www.srnt.org

October 7, 2024

Dear Dr. Kelly,

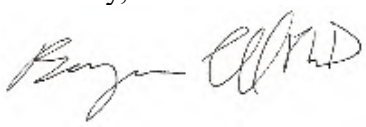
On behalf of the Society for Research on Nicotine and Tobacco (SRNT), I am writing to express our strong support for the recognition of addiction as a distinct psychological specialty. As you know, addiction in general, and tobacco addiction is a complex and multifaceted disorder that impacts not only individuals but also families, communities, and society at large. Its treatment requires specialized knowledge of neurobiology, behavioral and cognitive patterns, and psychosocial factors, all of which fall within the domain of psychology.

Addiction is a psychobiological disorder that affects approximately 50 million Americans annually, yet it remains a field that lacks formally recognized professional psychological specialization. Recognizing addiction as a specialty would enhance the quality of care by ensuring that practitioners have advanced training in both evidence-based interventions and the underlying psychological mechanisms of addiction. Moreover, formal recognition would promote further psychological research, innovation, and a greater understanding of the condition. We ask that you include tobacco as a substance that is a part of this important specialization, which we support.

Given the widespread impact of addiction and the need for tailored therapeutic approaches, I believe this recognition is essential for advancing the field and improving treatment outcomes. We support your efforts to have addiction psychology recognized as a psychological specialty by the Commission for the Recognition of Specialties and Sub-specialties in Professional Psychology (CRSSPP) and strongly urge them to take action in recognizing addiction as a formal psychological specialty.

We appreciate the opportunity to support you in this effort. If you need any additional information or assistance from us, please feel free to email me at toll@musc.edu.

Sincerely,



Benjamin A. Toll, Ph.D.
President, Society for Research on Nicotine and Tobacco

Professor of Public Health Sciences and Psychiatry
Vice Chair of Research, Public Health Sciences
Medical University of South Carolina