



The Addictions Newsletter

The American Psychological Association, Division 50

President's Column

The Past and The Present: Keeping SoAP Going and Growing



Jennifer Buckman, PhD

Division 50 President

Dr. Nixon, and, I cannot lie, being the chair when the convention was in Hawaii. It also opened unexpected doors: Dr. Nixon's presidential initiative was to start a midyear conference dedicated to how psychological science and practice influence the field of substance use and addiction, and I was to become the co-chair of the inaugural Collaborative Perspectives on Addiction (CPA) conference. Next month, SoAP will be holding the seventh annual CPA conference. I have been every year and have watched it grow. I am proud to have been part of an event that is now embraced by our division, particularly by the student and early career members of SoAP.

Those first years of CPA often involved some breath holding – *Would members submit their high quality symposia? Would members register? Would we fill the room block?* They did, and CPA became an annual event. Now, just seven years later, we find ourselves in an unexpected situation: We had to close registration to non-presenters, even before the early-bird registration period ended. [If you are a presenter and have not registered, hurry!] This was necessitated by the overwhelming number of registrants for the 2019 CPA conference. Based on CPA's six prior years, we expected registration to be approximately 200. Maybe, we thought, the numbers would be a bit higher because there are so many universities with strong addiction programs in the Northeast United States, but registration soared past 235 by the first week of February (with many presenters still not having registered). The Rhode Island conference venue simply cannot accommodate an audience greater than 275. In other words, we have, for the first time, hit capacity!

Collaborative Perspectives on Addiction – Past to Present

In 2013, Dr. Sara Jo Nixon, then President of SoAP, asked me to be her APA Convention program chair. This was a great opportunity for my career – adding to my CV, curating addiction programming at the convention, working closely with

Lesson learned. Soon you will be hearing all about CPA 2020, in San Diego at a larger, but still boutique venue. Our division will continue in our efforts to balance the event's popularity with its intimate, networking atmosphere. We also will continue to strive to move the conference to different locations to ensure that all SoAP members have the opportunity to attend.

Update on the Addiction Newsletter and the SoAP Box

Each year, the president of the division chooses an initiative on which to focus during their presidential year. My initiative has been to bring The Addictions Newsletter online and try new strategies to increase its readership. I chose this initiative in an attempt to raise the profile of the newsletter and reduce its costs. The newsletter is a long-standing and key membership benefit. It is important that we maintain it as a forum to promote the unique knowledge base and expertise of addiction psychologists. However, culturally, we Americans have moved more and more to online information sources and 'sound-bite' content. Our goal is to find a format and content that bridges online and paper as well as depth and brevity.

As I noted in my last column, the winter issue of The Addiction Newsletter was our "transitional" issue. It was available, as usual, as a PDF in our standard newsletter format *and*, for the first time, as the re-envisioned online newsletter with individual links to each article. The standard PDF can be found on addictionpsychology.org under the "Publications" header. The online newsletter can be found on the same site under the "News" header. Both offer the same great content. The online newsletter has been named "The SoAP Box" (the brainchild of past president Katie Witkiewitz. Thanks Katie!). My hope is that you have come across this column via the SoAP Box link. If, however, you are reading this column in the PDF newsletter, you likely notice that the format is different – perhaps more rudimentary. A 'no frills' PDF of the newsletter will continue to be an option for readers, but we hope that most readers will find their way to the SoAP Box, which will soon be 'backfilled' with old columns from prior newsletter issues.

This change in formatting is the result of my goal to reduce the costs of the newsletter. The design and formatting costs for each of the three yearly newsletters



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has often been in excess of \$1000. I believe that this money would be better spent on activities and opportunities for individuals starting out in the field of addiction psychology.

Supporting our Student and Early Career Members

Both CPA and the newsletter support the careers of individuals interested in addiction psychology. CPA offers valuable networking opportunities. The re-envisioned newsletter hopes to increase the contributions, engagement, and readership of early career SoAP members. We as a division, however, must continue to find new ways to support the career pipeline in our field. Established researchers and clinicians can do this by encouraging their trainees to become active participants in the division through membership on our committees, the board, and attendance at our many social events. They can also support their trainees by attending our events themselves; being present to provide those initial introductions that allow students to show-off their intellect and passion. These moments to shine can often spark new collaborations, bolster confidence, and sometimes even lead to internship, postdoc, clinical or faculty positions.

I encourage all of our members to attend the division's networking events, held at both the CPA and APA conferences. Even those labeled as early career or student events are open to all and are enthusiastic about more established members stopping in. These social/networking events have become a hallmark of CPA thanks to the division's outstanding group of student representatives and social committee members. They have been highly successful, friendly, and fun. Newcomers are always warmly welcomed.

Editor's Corner

Happy Spring! I am so excited to present the second issue of the newly

revamped newsletter. I appreciate the positive feedback we've gotten about the new online format



Dana Litt, PhD
Editor



Jennifer Cadigan, PhD
Assistant Editor

and am thankful for the suggestions we've received thus far. If I can ask one favor of you all, it is to please be sure to click through all the articles in both the past issue and this current issue. One of things we want to be able to track are metrics of how often articles are read, so please help us boost our presence online! For those people who prefer a more traditional newsletter, I have also compiled a very basic PDF newsletter where you can find all of the content in one place.

I am also thrilled to introduce Jennifer Cadigan, PhD who has graciously agreed to serve as Assistant Editor. Jennifer received her Ph.D. from the University of Missouri and completed her Clinical Internship at the University of Washington School of Medicine. She is a licensed psychologist and postdoctoral research fellow on a NIAAA-funded Individual National Research Service Award (F32) in the Department of Psychiatry and Behavioral Sciences at University of Washington. Her program of research explores adolescent and young adult health behaviors, with an emphasis on the etiology, prevention, and intervention of high-risk substance use.

We received many great submissions from SoAP members for the new columns I introduced in the last issue and I am so excited for you all to hear from our fellow members. In particular, please be sure to check out all the great submissions we got for Show and Tell, SoAP Box Sound Bites, and Community Corner. Clayton Neighbors has also graciously shared a series of anecdotes with us in the Finding Success Through Failures column that I think many of us can relate to. These columns are only as successful as the entries we get, so please don't be shy and **share your stories!**

This current issue includes updates on both the Collaborative Perspectives on Addiction (CPA) Conference as well as Division Programming at APA. Attending these conferences is a great way to not only share your work but to learn about ways to get involved in our division. One of the most exciting updates is that CPA has had so many interested parties this year that they had to close enrollment earlier than expected. It looks like this small conference is on its way to hitting the big time! We also have some great updates about the amazing programming that will be offered at the APA Convention



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this year. Speaking of conferences, Aaron Weiner has written a great article about networking tips and strategies at conferences that I hope everyone, particularly our early career readers, will find valuable. This issue also includes information about the upcoming SoAP elections and SoAP Award Winners for 2019. We also have a council report from James Bray that outlines topics discussed at the APA Council of Representatives meeting in February. In addition, Nancy Piotrowski has included her regular Advocate's Alcove Column where she covers the most recent advocacy-related issues relevant to our division. This issue also includes a wonderful clinical translation piece written by Jennifer Cadigan and Michael Bernstein that covers how research from the event-specific drinking literature can be utilized in clinical practice.

For the next issue, I am hoping to continue soliciting new content. I am so excited about the submissions we received this time and I am hopeful that more people will feel comfortable submitting content in the coming issues. Please submit any of the content requested below to me (dana.litt@unthsc.edu) by June 1, 2019.

-SoAP Box Sound Bites. In 50 words or less, please respond to the following prompt—“How can our division better support the clinicians and researchers of tomorrow?”

-Show and Tell. This is the place to show off your recent accomplishments, accolades, awards and/or to and highlight all the important work you are doing. Send us a link and description of your lab branding, current projects, awards, or media attention you may have received, and any other information that you would like to share with our readers. Please limit responses to 200 words.

-Community Corner. For the coming issue, I want to hear about ways in which you are using novel methods and approaches to active engaging in the community. Please limit responses to 200 words.

-Finding Success in Failure. In line with the recent trend of prominent academics sharing their “CVs of Failures”, we want to hear about a time in your career that things didn’t go your way. For this next issue, we want to hear about how you deal with manuscript rejections? What is your process for overcoming the disappointment and what did you learn from these experiences and what would you recommend to others experiencing this same

disappointment? Please limit responses to 500 words.

-Ethical Issues. In this column, we are looking for articles focused on describing ethical issues you may come across in your research and/or addiction-related clinical practice. Specifically, we want to hear what the ethical issue was, how you handled it, and lessons learned. Some examples could be issues related to googling patients, how you handled it when a patient contacted you on social media, or what happens when you run into a research participant out in the real world.

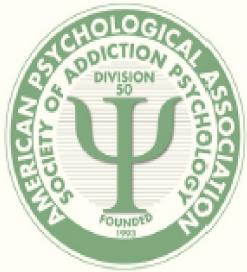
If you have any suggestions for how we can make TAN more relevant and impactful for you, please don’t hesitate to let me know. Wanting to see articles on a specific topic? Send your topic ideas to me for upcoming issues. I am always open to ideas for new columns, hot topics to cover, or anything else you think would be useful for our readers.

Advocate's Alcove



Nancy A. Piotrowski, Ph.D.
Division 50 Federal Advocacy Coordinator

There is a lot to digest in terms of changes for advocacy related to the American Psychological Association (APA) and the APA Practice Organization (APAPO) since the last column. As of January 1, 2019, we now have the APA Services Inc. (APASI) operating as the new 501(c)6 entity for our major advocacy efforts, replacing APAPO. The first Chief Advocacy Officer for APA, Katherine B. McGuire, was named in mid-January. She has a B.S. in Agricultural Economics and International Development and an M. S. in International Agricultural Development from the University of Wyoming. She additionally completed a program for senior managers in government from the Harvard University Kennedy School of Government. And she comes to her role to help psychology with over 25 years of senior-level policy experience in government and the private sector. Her immediate task is merging the current government relations staff, who have typically worked in the directorate silos, into a single department. The end goal will be a unified voice for APA in conversation with government about all the varied things psychologists do



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and what psychology has to offer in solving our modern-day problems. Additionally, it is expected that McGuire will grow the psychology political action committee (Psychology PAC).

Also note that our new Chief Advocacy Officer will speak at the annual Practice Leadership Convention (PLC) which will take place March 9-12 in Washington, DC. The meeting theme will be *Advocacy and Leadership*. Topics for the meeting are designed to foster leaders who will be “champions, innovators, and decision-makers who shape billing and reimbursement codes, licensing regulations, health care policies, and new practice technologies.” Funding to attend the meeting, however, is limited and focuses mainly on supporting the presence of state psychological and territorial associations (SPTAs). There are also a number of early career and student groups supported, many of who are affiliated with the SPTAs. Non-SPTA federal advocacy coordinators (FACs) or other invitees must self-fund or seek other funding. Funding for attending the meeting has dwindled over the last five years with fewer and fewer divisions attending because of this lack of support. This is another side effect from the changing condition of APAPO. In terms of supporting division representation at the meeting, I repeatedly raised this issue as a concern in my general attendance and when I was on the Committee of State Leaders. I did this because colleagues from numerous divisions with clinical interests were falling away from the meeting due to lack of funding. More recently I emphasized this lack of divisional representation with the staff managing the meeting. They have been sensitive to this and hope that this will change in the future. Given the expected shift in advocacy being spread more evenly across the varied needs and interests of the association, I am cautiously optimistic for future years. In the meantime, I have done everything I can to encourage the powers that be to broadcast as much as possible from the meeting over the internet to facilitate broader participation. I will report back what happens to you in the summer column. Also, on the plus side, APA has provided some support for the division to be present to get the word out about our work with NAADAC on the transition of the certificate of proficiency to the MAC credential. Cynthia Moreno Tuohy, the NAADAC CEO, and I will offer a joint roundtable discussion at the meeting on the credential in this area.

At this time, the thrust of advocacy efforts from APA and APASI focus on legislation affecting healthcare reform, medical access and reimbursement, mental health parity, health information technology, insurance and managed care, hospitals and other health care delivery systems, and state advocacy. For items needing action, you may find updates and opportunities to participate in current advocacy efforts online at the CAPWIZ link (<http://capwiz.com/apapractice/home/>). Otherwise, for information summarizing recent actions, results, and other opportunities, you can visit the advocacy page on the APA website (see <https://www.apa.org/advocacy/index.aspx>). At the top of the page, you can click a link to read regularly updated legislative information from the APASI Federal Action Network (FAN). FAN covers issues related to social justice, as well as professional matters and information items. For example, the January 2019 FAN noted that APA members sent over 35,000 messages were sent to Congress. There also were grant program announcements, loan repayment programs specific to addiction, fellowships, and other funding resources (see <http://cqrengage.com/apapolicy/file/TB8eHEK3Y1a/January%202019%20FAN.pdf>).

As always, be in touch if you have questions about any of this information. If you are working an advocacy project related to addictions treatment, training, or policy, I am happy to discuss ideas or help you connect to other advocates or get engaged with advocacy activities at the local, state, and federal levels. Reach me at napiotrowski@yahoo.com.

Resource Information

APA Advocacy

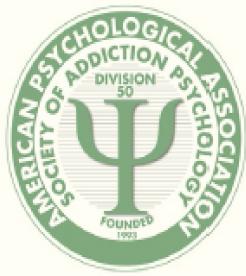
<https://www.apa.org/advocacy/index.aspx>

CAPWIZ

<http://capwiz.com/apapractice/home>

January 2019 Federal Action Network

<http://cqrengage.com/apapolicy/file/TB8eHEK3Y1a/January%202019%20FAN.pdf>.



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Research Briefs

Event-specific drinking and the use of technology: Implications for clinicians

Jennifer M. Cadigan¹ & Michael Bernstein²

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²School of Public Health, Center for Alcohol and Addiction Studies, Brown University

Manuscripts often include a section focused on “clinical implications” of the findings and although these implications are often well-intentioned, many times they are brief, lacking sufficient detail, and fail to fully describe how a clinician could utilize the findings in their own practice. In this article, we focus on two recently published manuscripts that tested event-specific interventions using technology-based approaches (Bernstein et al., 2018; Cadigan et al., 2018). Our goal is to apply these findings to outline more comprehensive implications for clinicians to incorporate in their practice.

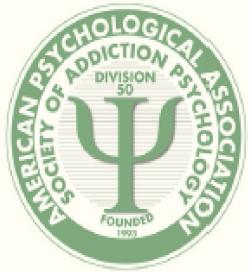
Bernstein et al. (2018) assigned 200 college students to a 21st birthday text-message intervention or an assessment only control group. Participants in the text-message condition received two texts, one the day before and one the day of their 21st birthday celebration. These messages focused on 21st birthday specific personalized normative feedback and protective behavioral strategies. Counter to expectations, there was no direct intervention effect. However, perceived 21st birthday drinking norms mediated treatment condition and 21st birthday estimated blood alcohol concentration (eBAC). Furthermore, moderation analyses suggested that the intervention reduced eBAC among a small but very high-risk subset of participants (i.e. light weekly drinkers who intended to drink very heavily on their 21st birthday).

Cadigan et al. (2018) developed a text-message intervention for reducing high-risk alcohol use and related problems for heavy drinking college students when tailgating prior to football games. A total of 130 college students were assigned to a text-message personalized feedback intervention (TXT PFI) that included feedback

on tailgating alcohol use or to a text-message control condition. Individuals in TXT PFI received a text-message the morning of a home football game with personalized content on their alcohol use, alcohol-related problems, and perceived drinking norms from the last time they tailgated. Participants who received the TXT PFI reported less alcohol use when tailgating than those in the control condition. One month later, those in TXT PFI continued to report lower peak eBAC and fewer alcohol-related problems during typical drinking occasions than the control condition. These findings suggest an event-specific intervention can be used to reduce both tailgating (event-specific) and typical drinking alcohol outcomes.

Both Bernstein et al. (2018) and Cadigan et al. (2018) focused on specific events associated with excessive alcohol use among college students. Research has identified certain events (e.g., 21st birthdays, Spring Break, New Year's Eve, sporting events) that are associated with extremely high risk drinking (Neighbors et al., 2011) and an escalation in alcohol use and alcohol-related consequences (Neighbors et al. 2007). Event-specific alcohol use can be conceptualized differently than other drinking (e.g., alcohol use on a generic Friday night), because the events can be anticipated (e.g., the event is known in advance) and are time limited (e.g., last for the duration of the specific event) (Neighbors et al. 2011). Therefore, it is important for both researchers and clinicians to examine and intervene before these types of events.

Cognitive Behavioral Therapy (CBT) for Alcohol Use Disorder often include weekly assessments of high-risk drinking situations, in which the patient and clinician discuss possible situations where the patient would find it difficult to not drink (Epstein & McCrady, 2009). The clinician and patient then identify several ways in which the patient could handle the situation and not engage in alcohol use. Even for patients whose goal is reduction instead of abstinence, identifying known events that are associated with increased alcohol use, and associated negative consequences, remains important. We encourage clinicians to thoroughly assess for specific-events that serve as high-risk drinking occasions. Many of these high-risk drinking events are planned in advance and happen once a year (e.g., friend's birthday party; their own



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birthday; 4th of July). Other specific drinking events repeat throughout the year (e.g., tailgating at football games; a routine drinking event that holds significance to a friend group). We encourage clinicians to assess for alcohol use during specific events that are developmentally appropriate for the patient. For example, if the patient is a college student, are they planning on tailgating at a football game this weekend? If so, what alcohol-related negative consequences happened the last time they tailgated? What are their plans for Spring Break? What are they doing on New Year's Eve?

After identifying known windows where the patient is likely to engage in high-risk drinking, the clinician and patient can problem solve ways to engage in low-risk drinking or abstinence, depending on the patient's goals. Consistent with NIAAA guidelines, low-risk drinking is defined as no more than 3 drinks on a single day for woman, and no more than 4 drinks on a single day for men. The clinician could discuss protective behavioral strategies (PBS, Martens et al., 2005) the patient could utilize at the event before drinking (e.g., determine not to exceed a set number of drinks), while drinking (e.g., drink water while drinking alcohol), and to avoid serious harm (e.g., use a designated driver). The patient could then identify several PBS strategies to implement during the specific event.

Technology-based approaches (e.g., use of websites, text-messages) can also be integrated with face-to-face sessions and can prove especially useful in terms of homework reminders and self-monitoring (Aguilera & Muench, 2012; Marsch et al., 2014). Aguilera and Muench (2012) offer several suggestions and examples of applications for mood monitoring. For example, patients could engage in self-monitoring by tracking their daily mood using a mood monitoring app or website. This information could then be discussed with the clinician at the next session. Technology-enhanced interventions have been utilized in CBT for the treatment of adolescent depression (Kobak et al., 2015) where between-session text-messaging was used to provide reminders of the session homework and for self-monitoring. The clinician then received a summary of the content from the text-messages, which was discussed with the patient at the next session. We also encourage clinicians to use technology to have patients track daily

alcohol consumption and mood. Patients could use their phone to log daily alcohol consumption (in a "notes" document, for example) to improve accurate assessment of consumption, which could then be discussed with the clinician at the next session.

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Early Career Psychologist Spotlight

Networking Know-How



Aaron Weiner, PhD
Director of Addiction Services
Linden Oaks Behavioral Health

Networking can seem like an incredibly daunting and foreign task for someone just getting started in the field—and even for those who have been in the field for some time. It's easy to feel awkward and insecure, and struggle to even know where to start. I know this, because this was my experience until the past couple

of years, when I moved into a role where networking ability has been a foundational competency to achieve my professional goals. Since then I've had ample experience networking across numerous contexts, and now find the opportunity to meet and connect with new and interesting people to be one of the most exciting and intellectually stimulating parts of my job. My hope is that this article can help de-mystify the process of networking, and help you get to your comfort zone a little more quickly.

General Networking Tips

- **Always have business cards with you. And definitely have them with you when you attend events where you know you'll be networking.**

Regardless whether you're meeting with someone briefly or you share a memorable conversation, you need a way to get in touch with each other later. Business cards are the industry standard for helping facilitate this follow-up. Having attractive business cards handy is an easy way to project professionalism and facilitate further communication.

- **Follow up with anyone you'd like to stay in contact with after an event via e-mail.**

It's difficult to form meaningful connections with others based on isolated, brief interactions at events. Ideally that initial connection gets the ball rolling, and then you follow up the conversation with an e-mail dialogue. One of the easiest ways to tell if someone who approaches you is actually interested in collaborating with you is whether they follow-up afterwards via e-mail.

- **Be able to describe who you are and what you're interested in concisely and clearly.**

Oftentimes in networking situations you won't have very long to make an impression. Being able to represent yourself concisely, with an emphasis on what makes your work or perspective unique, is critical. As a point of comparison, think YouTube ads: they have to hook you in the first 5 seconds, or you'll skip the rest of the commercial to watch your video. If you can't hook someone you're talking to within the first couple of minutes, you won't stand out to them from the large number of other professionals they're likely meeting right after you.

- **At networking events where contact is meant to be brief, end interactions before they get awkward.**

Examples of these situations could be after someone presents a seminar or talk, a poster hour at a conference, or prior to or after a meeting involving numerous influential people. Networking conversations aren't like regular conversations. Although sometimes it's appropriate to carry on long conversations that span numerous topics, generally you're looking more at 1-2 topics, and speaking for under 5 minutes. It's kind of like speed dating: if you find someone you really like, you're going to talk a little more in the moment, and definitely follow up with them afterwards. But it gets awkward and can show a lack of awareness for the social situation, if you don't rotate to your next partner when your time is up. Unlike with speed dating, though, there is no bell or announcement with networking – someone has to disengage from the conversation. It's helpful if you can do that in a polite and friendly way after a reasonable amount of time, rather than having the person you approached feel uncomfortable and/or the need to excuse themselves from you.

- **By the same token, don't be offended or put-off if someone ends an interaction before you thought they would**

The purpose of networking events is to make as many quality connections as possible – most people at the event share this goal, not just you. Spending (very) long periods talking to just one person can be counterproductive for this, so don't take offense if someone moves away! You're all there trying to do the same general thing.



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- If you're targeting someone you know you want to network with, know something about them and have questions prepared ahead of time.

There are often circumstances where you know you want to talk with someone in particular: a member of governance, someone who just gave a keynote speech, etc. In these cases, approach the interaction with an objective in mind – examples of this include asking a follow-up question you'd answered after their talk, or presenting the reason why you think arranging a time to meet individually later would be mutually beneficial. Bear in mind that the person you're speaking with is usually approached by many others for similar reasons (there may even be someone waiting behind you right now!), so it is important to make an impression and gain their interest quickly.

- Get involved in professional association (e.g., Division 50!) governance, community taskforces or workgroups, and/or local community initiatives

A big part of networking is being in a context where you are able to meet others whose work is related to your work. It's easy to sink into our silos, never poking our heads out or entering into broader circles. Make sure to avoid this! A fantastic way to network is to reach outside your immediate work colleagues and collaborate on projects with the people you want to connect with. Oftentimes there are relatively accessible channels to get involved with these types of organizations or groups without much preamble – when someone new makes it clear they are passionate about contributing to a group, there is usually an avenue to allow them to do this.

- YOU are interesting and worth talking to! Keep that confidence.

It's easy in your early career to feel intimidated, or wonder what you have to offer in a conversation with someone much your senior, in a high-leverage position, or with a fantastic CV. Remember: you're running in the same circles they are for a reason! Speak to others with the mindset that *they* will benefit from connecting with *you*, and that you have something valuable to offer them from that relationship. Successful professional networking is a balance between confidence, humility, and a desire to promote each other's goals through collaboration. If you don't project confidence that you'll bring value to a

professional relationship, the person you're speaking with likely won't come to that conclusion on their own.

I hope this has been helpful! Please feel free to reach out if you have any questions – I'm available at weiner.aaron@gmail.com.

SoAP Box Sound Bites

"What do you think is the most important issue facing addictions researchers today?"



Elizabeth D'Amico, PhD; RAND Corporation: We need to better address marijuana use for teens given the changing legal landscape. Teens understand the risks of alcohol use, but many believe that marijuana is safe to use. We must share honest information

about this drug, so that teens understand the medical uses, but are also better informed of the risks.



Kirk Bowden, PhD; Rio Salado College: Much of the best addiction research is only published in peer reviewed journals and is written for other researchers and academics. Because of this fact, a lot of good science never gets applied into the treatment of clients by front-line addiction counselors. As such, addiction researchers should consider writing articles for addiction counselor publications. It is important for front-line counselors to be aware of the current science and understand how to apply the science with clients.



Matthew P. Martens, PhD; University of Missouri: From a clinical standpoint, I think the most important issue involves how we can most effectively implement our interventions across a wide array of health care settings. We have a good understanding of "what works" in terms of interventions for addictive behaviors, but to really make a public health impact we need to figure out how to widely disseminate them throughout our health care system.



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Brian Borsari, PhD; University of California, San Francisco; San Francisco VA Medical Center: I feel the main issue facing addiction researchers today is translating the research findings to clinical practice. There are so many protocols and approaches that have been developed and little indication if any that they are being implemented with any degree of fidelity in the field. There is such an intensive amount of instruction and consultation required to have providers reach proficiency in motivational interviewing, cognitive behavioral therapy for substance use disorders, or other manualized approaches developed from efficacy trials. This, combined with a decay of learned skills once training or consultation is completed, raises concern that the treatments that have been painstakingly developed will ever be implemented as designed and intended on a large scale. That said, I am heartened to have seen considerable technological improvements in training modalities (e.g., online interactive protocols with immediate feedback with standardized patients), automation of real-time coding of in-session verbal and non-verbal processes, and improved tracking of client substance use may finally permit us to deliver treatments as designed, determine which components (or “how much”) of established treatments are required to facilitate change, or uncover novel clinical content or interactions that consistently precede reductions in substance use.



Ty Schepis, PhD; Texas State University: The issue that resonates with me most right now is the language we use as researchers to reduce stigma and affirm those who are struggling with substance use problems. I think most of us (me included) have not paid enough attention to our terminology, and it matters. I think clinicians and lay people pick up on our

language by reading our work, interviews we do, or by interacting with us. Using affirming and non-stigmatizing language is something that I am definitely trying to be more aware of.

For the next issue, please respond to the following prompt in 50 words or less—“How can our division better support the clinicians and researchers of tomorrow?” Please send submissions to dana.litt@unthsc.edu by June 1, 2019.

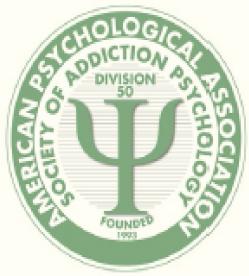


Show and Tell

Kelly Cue Davis, PhD,

Associate Professor at Arizona

State University, recently gave an invited presentation of her research on alcohol-related sexual aggression at the National Institute on Alcohol Abuse and Alcoholism's symposium *Recent Advances in Understanding and Preventing Alcohol-Related Sexual Assault*. Dr. Davis presented novel findings on the role of alcohol in men's sexually coercive behavior to avoid condom usage with female partners. Approximately 42% of this sample of young, male, moderate non-problem drinkers reported having utilized coercive tactics during condom use negotiations, with almost 10% reporting having engaged in “stealthing” (nonconsensual condom removal). Her work in this area has been cited in legislative efforts to include nonconsensual condom removal in state laws regarding sexual assault. Additionally, alcohol-involved sexual assault has received increased media attention of late due to testimony presented during the Senate hearing pertaining to the Supreme Court nomination of Brett Kavanaugh. Given her work in this area, Dr. Davis was interviewed by a variety of media outlets, including fivethirtyeight.com and CBC radio, regarding the state of the research on the role of alcohol in sexual assault.



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Jalie A. Tucker, PhD, Professor and Chair, Department of Health Education and Behavior, University of Florida (UF), received the prestigious Betty Ford Award from the Association for Medical Education and Research in Substance Abuse (AMERSA) at the association's November 2018 conference in San Francisco. The award is given in

honor of former First Lady Betty Ford, a visionary who transformed her difficulties with substance abuse into great benefit for the common good. It recognizes an individual who has made a significant impact on the field of substance abuse, particularly with regard to women's issues. Dr. Tucker led the adoption of a public health approach to substance use disorders (SUDS) and has extensively studied help-seeking for SUDS and natural recovery without treatment. Going beyond the clinical arena is important because most people with SUDs, particularly women, never enter treatment. Dr. Tucker's contributions to understanding and promoting addiction recovery were the focus of her invited award address titled "*The Many Pathways to Recovery from Substance Use Disorders: Contributions from Public Health, Psychology, and Behavioral Economics*." Dr. Tucker directs the UF Center for Behavioral Economic Health Research and is a Division 50 Past-President (1993-1994), a 4-term Division 50 APA Council Representative, and member and chair of the APA Board of Professional Affairs and APA Board of Scientific Affairs.

This is the place to show off your recent accomplishments, accolades, awards and/or to and highlight the important work you are doing. For the next issue, send us your entries by June 1, 2019 to dana.litt@unthsc.edu. Entries can include a description of your current projects, awards, or media attention you may have received, and any other information that you would like to share with our readers. Please limit responses to 200 words.

Finding Success in Failure

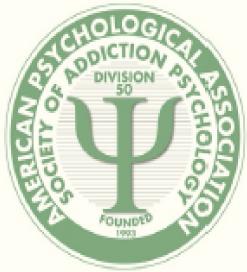
Failures, disappointments, and mistakes are inevitable. While experiencing them they can be painful and frustrating. Seeing them from a distance often reveals that they are necessary and beneficial, acting as a carver's tool, chipping away flaws in our character, shaping, sanding, smoothing, and refining. Three stand out in for me.



Clayton Neighbors, PhD
University of Houston

At the end of my first year as a postdoc I was interviewing for jobs and there was one I really wanted. I thought the interview went very well and I was optimistic. I was very disappointed when I didn't get it. Feelings of self-doubt and dejection gave way to reactance and determination to become more productive than the person who got the position. Later, I saw that the department made a good decision. I was not the best person for the position. In this instance, and many others, the heavy thumb on the scale with which I weighed my own value was an undesirable hindrance to accurate assessment. The person who got the position turned out to be a remarkable person who is impossible not to like.

The second experience came at the end of my first year in a tenure track position. I had worked as hard as I possibly could the whole year. I attempted to give 100% as a researcher, 100% as an instructor, and 100% as a husband. I had begun a marathon in an all-out sprint, and, at the very first turn, I was totally exhausted. I had managed to get the gerbil wheel turning at an unsustainable pace and I saw no way to slow it down without jumping off. Positive feedback from my first annual review fell on ears that were too stressed, tired, and unhappy to listen or care. After two years I returned to a soft money position and it would be several years before the desire for a traditional academic position with tenure and balanced expectations for research, teaching, and service would be rekindled. I have since been careful to advise graduate students, postdocs, and new faculty to think of their careers as a marathon and set a steady sustainable pace in their first years as assistant professors.



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The third example is a chronic and enduring struggle, which waxes and wanes in intensity. I take some comfort in knowing that I am not alone in often feeling overwhelmed with the number of people, projects, and tasks, requiring my attention. I blame some of this on the “convenience” of instant communication technology, but it also appears as a relatively normal, if unhealthy, developmentally acquired condition, frequently contracted by productive investigators as they become more senior. I hear many of us having the same symptoms of being behind on things, having too many things to do, and always taking longer than we want to finish things. While I have a few colleagues who seem to be immune, my own case is often comically serious. For example, a few years ago I was working on two papers addressing a similar topic. There were about four authors on each paper, but I was the only common author. At some point coauthors from both papers began talking to each other about the similarity of the papers. It turned out that they were not only similar, they were the exact same idea with the exact same data. Given the relative infrequency of meetings with either group, combined with other projects and papers, I hadn’t noticed. After acknowledging my incompetence to my gracious and understanding coauthors, we combined the papers. I often use this story for comforting others when they are feeling bad about a mistake they have made.

My creative strategies for treating over commitment have varied in effectiveness. No-sprees are predicated on the maxim: the first thing to do when you find yourself in a hole is to stop digging. This is when I go in my email and every request for anything gets a stock, copy and pasted, “I am sorry, but I am currently not able to commit to new tasks given my existing commitments.” It is empowering to go down the list- no-no-no-no... At times, strategies that seem like a good idea have been shortsighted. For example, I completely quit checking email for a while. It was a great stress reliever until I was informed that the Human Subjects approval had expired on three of my funded projects. A somewhat more effective strategy is cancelling all project meetings, which I have done on multiple occasions. This frees up a tremendous amount of time for a few weeks before meetings are gradually reinstated one by one as projects begin to languish and suffer. Sadly, I have no long-term solutions and suspect that in my case over-commitment may be an incurable

disease for which there are times of remission but no available cure. Humor helps. I like to tell people I have Five Minutes Late Disease. I’m sorry, but there is nothing I can do about it. IT’S A DISEASE! You should be happy that I don’t have Ten-Minutes Late Disease.

For the next issue, we want to hear about how you deal with manuscript rejections? What is your process for overcoming the disappointment and what have you learned from these experiences and what would you recommend to others experiencing this same disappointment? Please limit responses to 500 words and send to dana.litt@unthsc.edu by June 1, 2019.

Community Corner

Jason R. Kilmer, PhD; University of Washington: We put a great deal of emphasis on bridging the gap between science and practice, and I feel lucky to get to do this every day as part of my job. Half of my position is as a faculty member researching brief interventions that address college student substance use, and the other half of my job is in Student Life delivering prevention efforts and brief interventions to students. I know that I am a better Student Affairs professional because of my involvement in science, and am a better researcher because of my face-to-face work with students. I’ve always appreciated the sentiment expressed in Dr. George Miller’s APA address 50 years ago in which he encouraged the field to discover how to best “give psychology away.” Outside of my day-to-day work on campus, I always appreciate opportunities to present to groups and disseminate research findings from our lab, particularly when these audiences might not otherwise come across a journal article or conference presentation. Whether it’s middle school students, high school students, groups of parents, or community coalitions, I embrace these opportunities to put research findings in people’s hands, and see this as one way I try to “give psychology away.”



Kirk Bowden, PhD; Rio Salado College: I served my community on the





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Arizona Board of Behavioral Health Examiners (AzBBHE) for thirteen years. AzBBHE is the state of Arizona's composite behavioral health licensing and regulatory board for more than 10,000 licensed professionals. Over my years of board service, it was not uncommon to witness licensed clinicians treating clients outside of their scope of competence. That was certainly true of addictions. Obtaining a graduate degree does not fully prepare clinicians to treat individuals suffering from all disorders listed in the DSM-5. Many clinicians don't appear to understand that holding a license to provide a service is very different from having the competence to provide the service. I believe that is true of addictions; especially considering that addictions are widely viewed as one of the most challenging areas of behavioral health. That said, many clinicians appear to believe that simply holding a clinical license grants them the carte blanche authority to provide any and all addiction and substance use disorder treatment services regardless of the clinician's addiction competence. It is important for all of us as members of SoAP to work in our communities to help ensure that individuals seeking addiction recovery receive ethical treatment from professional addiction competent clinicians.

Adelya Urmache, M.A., CASAC-T; Doctoral Student, Adelphi University: This is certainly a great time to be in the field of substance use and addiction; with consistent news coverage of the overdose crisis, marijuana legalization, and advancement in psychedelic research, the public is more interested than ever in the psychology of drug use and abuse. Our role in the community is, therefore, threefold – educating and engaging the public, building community resilience, and promoting the health and well-being of the populations that we serve. We can do this by further increasing exposure to credible information about addiction, its etiology, and psychology, through public and open-access forums such as Op-Eds. We can hold trainings and presentations, with topics such as the trauma of the overdose epidemic, support options for loved ones, and the administration of naloxone. Collaboration with local drug user health organizations (such as syringe service programs) and advocacy groups also allows for ample opportunities to not only stay informed and build networks broadening our systems thinking but also to further engage people who use drugs

and join in the efforts of creating long-lasting changes for a healthy and sustainable community.

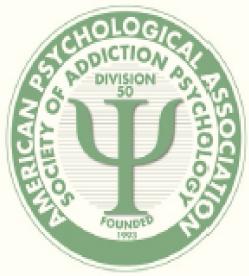
Seema L. Clifasefi, PhD; University of Washington:

Our mission at the Harm Reduction Research and Treatment (HaRRT) Center is to work collaboratively with substance users, community members and organizations to develop, conduct, evaluate and disseminate evidence-based interventions that help to reduce substance-related harm, improve quality of life, and promote social justice and racial equity for affected individuals and their communities. We approach our research through a community-based participatory research framework. This collaborative and inclusive approach ensures diverse perspectives, and that the programs being developed, evaluated or provided are relevant for the communities in which they are intended to serve. We work to create a platform for community members to get a seat at the proverbial table and have a voice in the programs and services that are directly relevant to their lives. By respecting and honoring people's wisdom and allowing them to come up with things they want to see happen for themselves and their communities, we believe that this helps people realize their full potential and see themselves as valuable and respected member of society, as well as a necessary and critical part of the solution forward.

<https://depts.washington.edu/harrtlab/>



For the coming issue, we want to hear about ways in which you are using novel methods and approaches to active engaging in the community. Please limit responses to 200 words and send to dana.litt@unthsc.edu by June 1, 2019



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Division Announcements

APA Council of Representatives Report

The APA Council of Representatives met February 14-17 in Washington DC for the first session of the 2019 Council. Dr. Rosie Davis, APA President, chaired the meeting. James Bray and Raymond Hanbury represented Division 50 at the meeting. It was a busy Council meeting with many important policies discussed and passed.

New APA Strategic Plan. After months of work, led by the APA CEO Arthur Evans, PhD, APA staff and members a new strategic plan was developed and approved by the Council. The strategic plan will be used to guide the association for the next 3-5 years. A new mission and vision statement was developed, along with a set of guiding principles to examine all aspects of the association. Four broad strategic goals were developed: Utilize psychology to make a positive impact on critical societal issues; Elevate the public's understanding of, regard for, and use of psychology; Prepare the discipline and profession of psychology for the future; and Strengthen APA's standing as an authoritative voice for psychology. Compared to the previous strategic plan, the plan is more outwardly focused on using psychology and psychologists to make a difference in our world. You can see the entire plan at www.apa.org/about/apa/strategic-plan/

Advocacy. In 2018 the Council voted to sunset the APA Practice Organization (APAPO) and create a new C6 organization for advocacy, the APA Services Inc. (APASI). It is governed by the Advocacy Coordinating Committee. The funding for the APASI is from APA dues rather than separate dues for the APAPO. The APASI will do advocacy for all of psychology. It is important for Division 50 members to voice their opinions about what types of advocacy APA should engage in. Please complete this survey to voice your opinion: https://apamr.co1.qualtrics.com/jfe/form/SV_ekAfu45Oxq09QOx

Clinical Guideline for the Treatment of Depression Across Three Age Cohorts was passed by the Council. This provides evidenced based recommendations for

treatment of depression for children and adolescents, adults, and elderly people.

APA Accreditation of Master's Programs in Health Service Psychology. A report on recommendations for accrediting Master's programs was received by Council. This will set the stage for the development of accreditation policies for Master's level programs in health services psychology. This is a controversial issue, but it is felt that APA has recommendations for undergraduate and doctoral programs and needs policies for Master's programs.



James H. Bray, PhD

Operation Procedures for Needs Assessment, Slating and Campaigns Committee. APA changed the way it elects Members at Large to the APA Board of Directors in 2017. The slate of candidates is prepared by this committee and then voted on by the entire membership. We passed a policy on how they will assess the needs on the APA Board of Directors and how people will be selected. I (James Bray) am opposed to this process as it seems to be anti-democratic and allowing a small group of people select our leaders. I plan to introduce a new policy to change this process and allow the slates to be selected by nominations by the membership as we do for the APA President election and also have two members elected by the APA Council of Representatives. The concern is that we are not getting seasoned leaders on the Board of Directors with the new process.

Public Policy Statements. The Council approved new resolutions on Child and Adolescent Mental Health, Campus Sexual Assault, and Physical Discipline of Children by Parents. The physical discipline resolution points out that research shows that spanking and other forms of physical punishment are not effective for children and are often harmful to them.



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Division Announcements

Candidates for SoAP

Lauren Hoffman

SoAP Nominations and Elections Committee

We are pleased to announce that we have three candidates for two offices. We would like to thank each and every one of the candidates for agreeing to volunteer their time and energy to promote the advances in research, professional training, and clinical practice within the broad range of addictive behaviors!

Joel Grube is running for President-Elect. Bruce Liese and Lesia Ruglass are running for Member-at-Large (Practice). All candidates received more than the 2.5% of the nominations required to be placed on the slate. You can view candidate statements below.

Thanks to all of you who nominated one or more of the candidates!

Please remember to vote in May!

Candidate Statements

Division 50 President-Elect

Joel W. Grube, PhD

I would be honored to serve as President-Elect of the Society of Addiction Psychology (SoAP; APA Division 50). I have been a member of APA since 1979 and a long-time member of SoAP. SoAP is my primary affiliation in APA and the Division with which I most strongly identify. I served as SoAP Membership Chair and Member at Large for Public Interest. I chair the review committees for the SoAP Early Career Psychologist and Student Research Grants.

I am Senior Research Scientist at the Prevention Research Center, PIRE and Adjunct Professor in Health and Social Behavior at the School of Public Health, University of California Berkeley. I am a social psychologist by training and have been a substance use researcher for over 30 years. My studies include basic research, but also prevention trials that apply science-to-practice in community settings. I have a strong commitment to mentoring early career researchers and practitioners.

As President I will strongly support efforts to increase involvement of students and early career psychologists in SoAP. I believe this is essential. Thanks to hard work by many SoAP members, the annual *Collaborative Perspectives on Addiction* meeting has been a great success. I believe additional efforts should be made to engage more participants to provide greater opportunities for networking, communication, and exchange of ideas among researchers and practitioners. Finally, I believe SoAP should play an important role in advocating for our field in terms of funding and recognition for our unique skills and specialties.

Member-at-Large (Practice)

Bruce S. Liese, PhD, ABPP:

I just can't get enough of Division 50! As my year as Past-President comes to an end I feel the same great enthusiasm I've always felt for our Division. I was among the founding members back in 1993 (26 years ago!) and my commitment to our Division has never waned. Besides serving as Division President last year, I've served as the Division 50 Membership Chair for several years. Prior to holding these offices, I was Editor of *The Addictions Newsletter* (TAN; our Division newsletter) for 10 years, and I received the Division 50 *President's Citation* for my work in that role. And then several years ago, our Division presented me with an award for *Distinguished Career Contributions to Education and Training*.

While involved in our Division, my day job has been Professor at the University of Kansas, where I've taught in the departments of Family Medicine, Psychiatry, and Psychology for more than 35 years. As you might guess, my teaching, research, and clinical practice have all revolved around addictive behaviors. In fact, this year I became the Clinical Director of the new *Cofrin Logan Center for Addiction Research and Treatment* at the University of Kansas.

For more than a quarter century Division 50 has given so much to me that I can't imagine a better way of giving back than continuing on our board as Member-at-Large for Practice. In fact, my primary aim in that position will be to consider all possibilities for engaging more practicing members in our Division.



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Lesia M. Ruglass, PhD:

I would be honored to serve as Member-at-Large (Practice) for SOAP. I am a licensed clinical psychologist and an associate professor in the Applied Department at the Graduate School of Applied and Professional Psychology (GSAPP) at Rutgers University-New Brunswick, where I also serve as assistant director of the Center of Alcohol Studies. For the past 20 years, my clinical and research interests have centered on: 1) testing the efficacy and effectiveness of combined and integrated psychological interventions for co-occurring trauma/PTSD, and substance use disorders (SUDs); 2) understanding the biopsychosocial mechanisms underlying SUDs (particularly cannabis and tobacco use disorders); and 3) understanding and reducing racial/ethnic disparities in mental health, SUD, and treatment outcomes.

I have been an APA member since 1996. From 2012-2017, I served in various elected roles in Division 56, as the early career representative (ECP), co-chair of the diversity committee, and member-at-large. In those capacities, I learned about the importance of ECP mentoring and professional development, diversity and inclusion, and look forward to bringing the knowledge and skills gained in those roles to serve the SOAP membership. As a clinical psychologist who treats and conducts research with those struggling with SUDs, I am keenly aware of practice-related concerns and will work to understand the SOAP members' practice-related needs to ensure they are fully represented at the leadership table. I look forward to liaising with other practice-oriented divisions to spark dialogue and create opportunities for new practice initiatives that would benefit SOAP members. Thanks for your consideration.

Division Announcements

2019 Award Recipients for the SoAP!

Sherry McKee, Chair Fellows and Awards Committee
Members: Sara Jo Nixon & Carlos DiClemente

The SoAP Fellows and Awards Committee is pleased to announce the following 2019 Award Recipients.

Kim Fromme: Distinguished Scientific Contribution

Dr. Fromme is the richly deserving 2019 recipient of the award Distinguished Scientific Contribution. Dr. Dr.

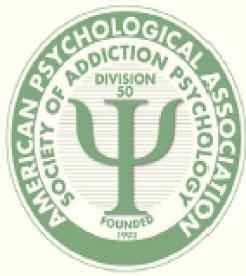
Fromme is Professor in the Department of Psychology at the University of Texas (Austin). Dr. Fromme's research over the past 30 years has provided critical insights into the etiology and consequences of alcohol abuse and risk-taking behaviors among adolescents and young adults. Her seminal longitudinal investigations of college students innovatively combine prospective behavioral data, genetic data, and laboratory-assessed alcohol response endophenotypes. Dr. Fromme's findings have facilitated the early identification of individuals at high risk for developing alcohol use disorder and have identified key targets for intervention. An impressive publication record, mentorship of junior colleagues, and exemplary service to the field all contribute to Dr. Fromme's exceptional scientific contributions.

Kenneth Sher: Distinguished Career Contributions to Education and Training

Dr. Sher is the 2019 recipient of the award for Distinguished Career Contribution to Education and Training. Dr. Sher is the Curators' Distinguished Professor, Department of Psychological Science, University of Missouri-Columbia. Dr. Sher's contributions to the advancement of education and training in the addictions field are unparalleled. As Director of the NIAAA-funded Alcohol Research Training Summer School, geared towards training undergraduate students interested in the psychological science of alcohol use and dependency, Dr. Sher has launched hundreds of careers in the addiction field. Notably, his prior graduate and post-doctoral fellows are leaders in the field. In collaboration with APA, NIAAA, and NIDA, Dr. Sher organized a continuing education series to provide psychologists and psychology students with cutting-edge information about SUDs and addictive behaviors. Dr. Sher's career has clearly been devoted to excellence in the education and training of psychologists, making him an ideal recipient of this award.

Michael Amlung: Distinguished Scientific Early Career Contributions

Dr. Amlung is the 2019 recipient of the award for Distinguished Scientific Early Career Contributions. Dr. Amlung received his Ph.D. in Experimental Psychology from the University of Georgia in 2013. He completed an NIAAA-sponsored T32 Postdoctoral Research Fellowship at the University of Missouri in 2015



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and is currently an Assistant Professor of Psychiatry and Behavioural Neurosciences at the McMaster University Peter Boris Centre for Addiction Research. Dr. Amlung's research applies behavioral, neuroimaging, and neuro-economic approaches to address fundamental questions that are highly relevant to both our scientific understanding of the nature of addiction (e.g., the role of craving and decision-making processes such as delay discounting, elevated drug-reward valuation) and to public policy (e.g., the role legal cannabis price in decision to purchase illegal cannabis, risk factors for drug impaired driving). Dr. Amlung is a highly productive young scientist, with 54 peer-reviewed publications and demonstrated success in obtaining grants from NIAAA. Dr. Amlung is a distinguished early career scientist who is richly deserving of this award.

Sanjay Gupta: Outstanding Contributions to Advancing the Understanding of Addictions

Dr. Gupta is the 2019 recipient of the award for Outstanding Contributions to Advancing the Understanding of Addictions. Dr. Gupta is Assistant Professor of neurosurgery at the Emory University School of Medicine and is the chief medical correspondent for CNN. Dr. Gupta has had a long-standing interest in advancing the public understanding of addictions. His efforts include numerous news stories and advocacy regarding the neurobiology and treatment of addiction, the opioid crisis, and medical marijuana. Dr. Gupta's documentary "WEED" focused on medical marijuana, has received several awards including the Alfred I. duPont-Columbia Award. For this award, Dr. Gupta is an exceptional candidate.

APA Meeting Announcements



The 2019 APA Convention, Chicago, IL

We are incredibly excited to invite you to the 2019 APA Convention in Chicago, IL. August 8-11. This year's program includes a variety of divisional and collaborative

symposia and poster sessions related to SoAP's 2019 theme:

Outside the Box: Harm reduction and other innovative approaches to studying and treating substance use behaviors. We have worked hard to select topics that relate to this year's theme.

Here is a sneak preview to a few symposia that we are excited to feature:

- *Safer Drug Consumption Spaces: Policy, Practice, Research and Advocacy*
- *Harm Reduction Psychotherapy: Uniting Social Justice Perspectives with Innovative Clinical Methods*
- *Adapting Alcohol Interventions to Specific Populations: Factors to Consider and Lessons Learned*
- *(Re)Defining Recovery: Why is it Hard to Define, and What are the Contentious Issues in Defining it?*
- *Community Based Participatory Research on Harm Reduction Approaches with Marginalized Populations*

We would also like to highlight two of our esteemed colleagues who will be presenting *Thought Leader* and *Master* plenary sessions. Dr. John Kelly will talk about how language reflects and affects our approaches to drug treatment, public health, and policy," and Dr. Jalie Tucker will speak about contributions from behavioral economics to understanding and promoting addictive behavior change. Both these sessions will take place on Friday afternoon between 1-4pm.

In addition to our featured symposia and plenary sessions, we have several more exciting talks planned that address advances in substance use research, introduce new ways to break old habits, explore ambivalence around medication assisted treatment, and offer career development advice from the experts.

Exciting/Unique Opportunity

We are thrilled to announce that the Chicago Recovery Alliance, major players in the US harm reduction movement, has generously offered to host an informal offsite visit for anyone interested in learning more about their organization and the various harm reduction practices and services that they offer. Sign ups will be available



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during their APA panel session on Safer Drug Consumption Spaces (August 9th, 9-11am; and will be limited to the first 25 people). The offsite is tentatively scheduled for Friday, August 9th, 12-4pm. You will be responsible for your own transportation. More details will be available during the panel session.

Early Career Investigators Poster Session and Social Hour

SoAP is proud to present three poster sessions at the Convention, including the Early Career Investigators Poster Session and Social Hour featuring up-to-date research on a broad range of addictive behaviors. This event is cosponsored by SoAP, Division 28 (Psychopharmacology and Substance Abuse), NIAAA, and NIDA, and is an excellent way to reconnect with old colleagues, meet new colleagues, and engage in stimulating conversations about addiction psychology. As if all that isn't enough, there will also be delicious catered food on offer. Friday, August 9th, 4-6pm.

Division 50 Presidential Address and SoAP Business Meeting.

Aside from our fabulous symposia and poster sessions, we would also like to draw your attention to our Division 50 Presidential Address (featuring, Dr. Jennifer Buckman) and SoAP Business Meeting. These events will take place between 2:00-4:00pm on Thursday, August 8th, and are open to everyone. Dr. Buckman will speak directly to this year's theme by discussing critical disconnects between research findings and clinical observations, the need to reexamine our definitions of addiction, and the theoretical implications of repeatedly taxing the body systems that lie at the cross-roads between mental and physical health. At the business meeting, we will discuss the past year's activities of the Executive Board and all SoAP committees, as well as distribute awards to SoAP members who have made outstanding contributions to the field. Please come and learn about what we have been up to, and celebrate your colleagues!

As in previous years, we have developed our program in close collaboration with Division 28. They too have an outstanding lineup planned, as do many other divisions

who will be sponsoring events that will be directly relevant to SoAP members. Be sure to check out Division 28's events and all the Convention events that are co-listed by SoAP's Division 50 in the APA Program.

We can't wait to see you all in Chicago! Please note that Division 50 programming will begin at 8am on the first day of the conference (Thursday, August 8th), so please plan to arrive by Wednesday night so you don't miss out!

We also hope to see many of you at our Collaborative Perspectives on Addiction meeting in Providence, Rhode Island, April 4-6th :

<https://addictionpsychology.org/conventions/cpa/2019-collaborative-perspectives-addiction-meeting>

*Seema Clifasefi & Susan Collins
2019 SoAP Program Chairs*



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Join us for the 2019 Society of Addiction Psychology Meeting



COLLABORATIVE
PERSPECTIVES on
ADDICTION

April 4-6, 2019 Providence, Rhode Island



Addictive Behaviors across Diverse Populations: Innovations in Science and Practice

Sign up now to attend a preconference workshop on April 4 and earn CE credits!

CBT for Addictions:
Customizing Your
Strategies to Meet
the Needs of People
from Diverse
Backgrounds



Bruce Liese, PhD

Research Synthesis: Best Practices for
Addiction Psychology



Rebecca L.
Acabchuk, PhD



Blair T.
Johnson, PhD



Emily Alden
Hennessy, PhD

Free Workshop: NIH Funding to Support Research on Addictive Behaviors Across Diverse Populations

<http://addictionpsychology.org/cpa> for
meeting and workshop registration.

The Society of Addiction Psychology is approved by the American Psychological
Association to sponsor continuing education for psychologists. The Society of Addiction
Psychology maintains responsibility for this program and its content.

Please join us at CPA in Providence
for our Annual Student and Early
Career Social Event



Xaco Taco, 370 Richmond St., Providence, RI

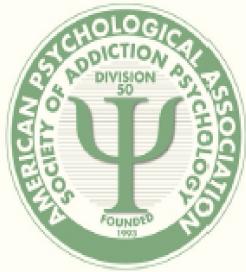


Spring

Friday Night, April 5th
from 8-10PM



Sponsored by Div. 50, Society of
Addiction Psychology (SoAP)



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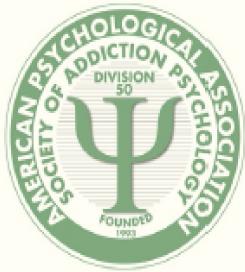
The American Psychological Association, Division 50

Member Announcements

Associate/Full Professor, University of Florida. The Department of Health Education & Behavior, College of Health & Human Performance, seeks applications and nominations for a tenure-track faculty position at the Full or Associate Professor rank. UF is a dynamic Carnegie Foundation Research University with very high research activity and educates approximately 55,000 students annually. We seek an established scholar with a distinguished research program that addresses health behavior problems common among community populations and contributes knowledge relevant to prevention and modification of health-related behavioral risk factors. The Department has established research programs in behavioral aspects of substance misuse; obesity, physical activity, and nutrition; HIV/AIDS, other STIs, and reproductive health. We seek applications from exceptional scholars in these areas who can provide leadership in research and educational initiatives, apply health-relevant theoretical frameworks such as behavioral economics, have strong quantitative or mixed methods research skills, are experienced with multidisciplinary collaboration, and use digital technologies for health promotion research and implementation/dissemination of evidence-based health behavior change programs. Candidates must have earned their doctorate in health behavior, health education, or a related public health, social, or behavioral science field and have an extensive record of scholarly productivity, extramural funding, and successful mentoring. The successful candidate will: (a) conduct an independent research program that complements department and college research initiatives, (b) participate in related collaborative research programs, (c) teach in the department's educational programs, and (d) mentor MS/PhD students. Review begins November 1st, 2018 and will continue until the position is filled. Submit applications for Position #38333 online at <https://facultyjobs.hr.ufl.edu/> and include: (1) an application letter summarizing qualifications, ongoing research, and interest in the Department; (2) a curriculum vitae; and (3) names, addresses, email addresses, and telephone numbers of five references. Send email inquiries or nominations to **Dr. Amy Mobley**, Search Committee Chair, at amy.mobley@ufl.edu. This 9-month, fulltime (1.0 FTE), position begins August 16, 2019 or January 1,

2020. Consideration for initial tenure based on qualifications. UF has a competitive benefits package, and department faculty are eligible for summer salary. We are especially interested in candidates who can contribute to the diversity, inclusivity, and excellence of the academic community. UF is committed to non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, gender identity and expression, marital status, national origin, political opinions or affiliations, genetic information and veteran status in all aspects of employment including recruitment, hiring, promotions, transfers, discipline, terminations, wage and salary administration, benefits, and training. The selection process will be conducted in accordance with Florida's 'Government in the Sunshine' and Public Records Laws. Call (352)392-2HRS or the Florida Relay System at (800) 955-8771 (TDD) if a disability accommodation is needed to apply.

Endowed Professor, University of Florida. The Department of Health Education & Behavior, College of Health & Human Performance, seeks applications for the Mary F. Lane Endowed Professorship from distinguished behavioral scientists with accomplishments commensurate with goals of the University of Florida (UF) Preeminence Faculty Initiative. UF is a dynamic Carnegie Foundation Research University with very high research activity and educates approximately 55,000 students annually. We seek an established scholar with a distinguished research program that addresses health behavior problems common among younger adults, adolescents, and children and contributes knowledge relevant to prevention and modification of health-related behavioral risk factors. The Department has established research programs in behavioral aspects of substance misuse; obesity, physical activity, and nutrition; HIV/AIDS, other STIs, and reproductive health. We seek applications from exceptional scholars in these areas with a focus on youth who can provide leadership in research and educational initiatives, apply health-relevant theoretical frameworks such as behavioral economics, have strong quantitative or mixed methods research skills, are experienced with multidisciplinary collaboration, and use digital technologies for health promotion research and implementation/ dissemination of evidence-based health behavior change programs. Candidates must have earned



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their doctorate in health behavior, health education, or a related public health, social, or behavioral science field and have an extensive record of scholarly productivity, extramural funding, and successful mentoring. The successful candidate will: (a) conduct an independent research program that complements department and college research initiatives, (b) participate in related collaborative research programs, (c) teach in the department's educational programs, and (d) mentor MS/PhD students. Review begins November 1, 2018 and will continue until the position is filled. Submit applications for Position #38344 online at <https://facultyjobs.hr.ufl.edu/> and include: (1) an application letter summarizing qualifications, ongoing research, and interest in the Department; (2) a curriculum vitae; and (3) names, addresses, email addresses, and telephone numbers of five references. Send email inquiries or nominations to **Dr. Amy Mobley**, Search Committee Chair, at amy.mobley@ufl.edu. This 9-month, fulltime (1.0 FTE), position begins August 16, 2019 or January 1, 2020. Consideration for initial tenure based on qualifications. UF has a competitive benefits package, and department faculty are eligible for summer salary. We are especially interested in candidates who can contribute to the diversity, inclusivity, and excellence of the academic community. UF is committed to non-discrimination with respect to race, creed, color, religion, age, disability, sex, sexual orientation, gender identity and expression, marital status, national origin, political opinions or affiliations, genetic information and veteran status in all aspects of employment including recruitment, hiring, promotions, transfers, discipline, terminations, wage and salary administration, benefits, and training. The selection process will be conducted in accordance with Florida's 'Government in the Sunshine' and Public Records Laws. Call (352)392-2HRS or the Florida Relay System at (800) 955-8771 (TDD) if a disability accommodation is needed to apply.

Postdoctoral Traineeship in Substance Use Disorders Treatment and Services Research Training Program, University of California, San Francisco. The Substance Abuse Research Program at the University of California, San Francisco is currently accepting applications to its two-year postdoctoral research training program. This program, funded by a National Institute on Drug Abuse

(NIDA) T32 grant, aims to produce the next generation of leaders in the field of drug abuse treatment and services research. With the support of faculty mentors, scholars design and implement studies on treatment of drug and alcohol dependence. Current research interests of faculty include trials of efficacy and effectiveness of psychosocial and pharmacologic treatment of drug abuse, including:

- Tobacco dependence and food insecurity
- Innovative methodology including Internet-based studies
- Treatment of complex patients in innovative settings
- Diagnostic techniques and research on treatment tailored for HIV-positive drug abusers and drug abusers with psychiatric and medical disorders
- Provision of services to drug and alcohol abusing populations
- Instrument development in drug abuse

A variety of university-affiliated and community substance abuse programs are available as research sites. These include inpatient and outpatient setting programs that treat a range of problems related to drugs of abuse, including dependence on cocaine, nicotine, alcohol, and opiates. Our program encourages close research involvement with your preceptor, and involvement in selected classes, seminars, and grant preparation.

Resources from other significant extramural funding and R01-level grants are also routinely available to scholars. Funds for travel and training opportunities are available.

More information can be found at:

<http://psych.ucsf.edu/SUDTSR>

To Apply: Submit a cover letter, curriculum vitae, statement of research interests, and representative work or dissertation chapters, and 2 letters of reference to: jaimie.smith@ucsf.edu. Applicants must have completed their doctoral degree and be a U.S. citizen or have Lawful Permanent Residency (green card) status at the time of appointment. Letters of reference should be sent directly from the recommenders.



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SoAP MEMBER SERVICES

Join SoAP: www.apa.org/divapp

Renew SoAP: APA Members, Associates, and Fellows may renew via www.apa.org/membership/renew.aspx and Professional Affiliates (professionals with no membership in APA) and Student Affiliates may renew at www.apa.org/divapp.

Listservs: To join the discussion listserv (discussion among members), contact Robert Leeman at robert.leeman@yale.edu. All members (and all new members) are added to the announcement listserv, div50announce@lists.apa.org (for division news).

Journal: You can access the division journal, *Psychology of Addictive Behaviors*, online at www.apa.org via your myAPA profile (even if you don't belong to APA). Log in with your user ID or email and password.

Newsletter: *The Addictions Newsletter* is sent out on the listservs and is available on the website.

For help with membership issues, contact the administrative office at division@apa.org or 202-336-6013.



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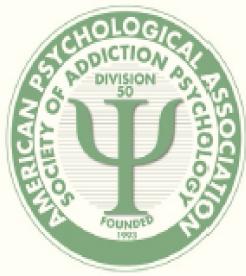
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