



The Addictions Newsletter

The American Psychological Association, Division 50

President's Column



Jennifer Buckman, PhD
Division 50 President

Happy summer! It has been an honor to serve as the SoAP president this year. I am very proud of what our board and committees have accomplished. Being active in professional societies like SoAP has many benefits and I encourage others to join committees, become familiar

with governance, and then run for office! Involvement at the national level provides an excellent way to stay at the forefront of our ever-evolving field.

The Spotlight Is On Us.

Have you noticed that APA is featuring opioid advocacy on its home page? The organization has stepped up its role in the opioid crisis. They are working to put together resources and committees to influence the country's policies and practices. Many SoAP members are involved! If you follow the link on the APA home page, you will see our division in action. The cover story as well as other articles in the Special Report feature many of our past presidents and board members. These activities are essential to keep the nation's focus on the ongoing opioid crisis, and remind them that addiction has been an epidemic in this country for decades. Our field has "come out of the shadows" – society is watching and caring. Now, more than ever, is a time to push forward the clinical science and treatment advances we have made; disseminate the new concepts and theories that are emerging; and expose the stigma that continues to affect those with addiction.

We Need Out Of The Box Thinking.

I hope to see many of you at the APA Convention in August. This year is worth attending! The truly cutting-edge program is a direct result of the hard work and passion of Seema Clifasefi, this year's program chair. Seema and I sought submissions that were "Outside the Box", and the membership responded. The division's program is available on our website and in the pages that follow. You'll see sessions on harm reduction, social justice, pain, psychedelics, recovery, ambivalence, habit, and diversity. And, in an effort to move "outside the box"

of the classic symposium, Seema orchestrated an opportunity to visit an off-site safer consumption site (limited space available). What an amazing opportunity for our division members!

One session worth highlighting (because it has the dreaded last day/early morning slot): "Is addiction a psychiatric disorder and does it matter?" parallels the rumblings around "brain disease" and "neuropathology" that are gaining traction in the addiction field. I hope many of you consider staying (and getting up) for this session. I suspect that it, and many of this year's sessions, will leave attendees with more questions than answers, but that, I believe, is what pushes our field forward.

We Are A Digital Society.

The Addiction Newsletter – aka SoAP Box – has gone digital. SoAP Box is drawing more traffic than ever to our addictionpsychology.org website, and we hope to continue to gain momentum in the digital age. The SoAP Box content has also been updated to be more interactive and inclusive of all of the division's members. Look out for our Clinical Pearls series as well as other new columns tailored to the division's clinicians, early career psychologists, and student members. Members now have opportunities to contribute and participate. Read each issue to find out how you can be involved.

Addiction Is Equal Opportunity. Addiction Science and Clinical Practice Should Be Too.

Our mid-year Collaborative Perspectives on Addiction (CPA) conference continues to flourish. Our April meeting in Providence, Rhode Island had an outstanding array of psychological science sessions that had cross-cutting appeal for basic scientists, clinical researchers, and frontline practitioners. Personally, I can attest to the high level science I see each year at CPA; it never fails to provide new insights, generate new ideas, and enhance my research approach.

This year's theme, "Addictive Behaviors across Diverse Populations: Innovations in Science and Practice", was eye-opening in other ways too. The organizers certainly had no expectation that this theme would change the world, but sought to use it, and a program shaped around it, as a way to further the conversation. And, there were



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many diversity-focused conversations, both formally, as part of sessions, and informally, among the attendees. We all know that talk is important. We also know that it is limited unless it is followed by action and change. Here, I wish to touch upon several different conversations I had during CPA. They are offered only as a starting point for your own discussions and consideration, and as a reminder that the division must continue to move forward in this domain.

First, one attendee made the important distinction between individuals who self-identify as members of marginalized populations and individuals who are “diversity-focused” in their research and practice. An Asian scientist may not study addiction in the Asian community. An LGBTQ practitioner may not specialize in treating individuals with stigmatized gender identities and sexual orientations. Often our unconscious bias causes us to expect that because a colleague appears to be a member of a marginalized group, their research and practice necessarily focus on this group.

Second, a question was posed to me: Do we unintentionally “tax” our members who are from marginalized groups? This individual suggested that we may burden individuals from marginalized groups in two ways: By asking them to represent the entirety of the diverse spectrum of humanity or even for the entirety of the group with whom they identify AND by having higher expectations for their involvement on panels and committees (either because these initiatives are diversity focused or because we want these initiatives to appear diverse).

Building on this was a conversation I had with an early career attendee who reminded me that whereas talent is equally distributed across our society, opportunity is not. Our division needs to continue to make opportunities for individuals from marginalized groups when society does not. Should we provide additional scholarships and awards to individuals who self-identify with these groups? Should we should consider moving earlier in the career pipeline and embark on initiatives to encourage high school and early college students from marginalized groups to choose careers in psychology, science, and the field of addiction? Can we advocate for diversity by partnering with other

national and governmental initiatives? To accomplish any of this, we need active and vocal members with a sustained commitment to inclusion.

Third, I noticed as I sat in many CPA sessions that many of us continue to “check the box” on diversity in our research samples, initiatives, and practices by simply reporting the number of participants from marginalized groups, but do not embrace diversity in our conceptualizations, theories, or statistical methods. At CPA, many speakers described their sample in terms of race/ethnicity (“65% white” appears to be the new norm), but few addressed the implications of how a lack of diversity impacted their results. Many studies appear to continue to conflate sex and gender by offering only male and female as response options, and disregard sexual orientation entirely. I suspect that this arises from a lack of understanding of how to “be” inclusive (e.g., how can I recruit more young black men into my study?) and what is at stake when we are not.

I invite you to consider our 2019 conference as a call to action. We should expand our actions beyond attending a conference with a theme about diverse populations to facilitating conversations at our home institutions and clinical practice. I suspect that conscious efforts to include members from marginalized groups in our research teams or as members of our clinical practice would be an excellent starting point for building a culture of inclusion in our division and field, but we should be cautious of stopping at this point and absolving ourselves of further responsibility. I urge us all to identify at least one concrete step to take now to promote diversity and inclusion in our research and practice.

Editor’s Corner

Summer is here! As much as I wish I could say I’ve been spending my days poolside, my assistant editor Jennifer Cadigan and I have been diligently working to bring you the



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Editor



Jennifer Cadigan, PhD
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Summer issue of the newly revamped SoAP Box. Now that everyone is hopefully settling into the new format, I wanted to ask you all 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 so pleased that we are still receiving great submissions from our SoAP members as your input, feedback, and information is critical to the success of this newsletter. 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 a report on the wildly successful 2019 Collaborative Perspectives on Addiction (CPA) Conference that was held in April as well as several important announcements related to Division Programming at APA this August. Attending these conferences is a great way to not only share your work but to learn about ways to get involved in our division. We are also fortunate to have Rob Leeman share his "Finding Success in Failure" story and some really great member feedback in "SoAP Box Soundbites", "Show and Tell", and "Community Corner". As always, Nancy Piotrowski has written another great Advocate's Alcove Column where she covers the most recent advocacy-related issues relevant to our division. We also have a wonderful Clinical Translation piece by Alicia Klanecky and Erika Ruhnke that discusses how their recently published work related to how a better understanding of negatively reinforcing effects of alcohol can be addressed in clinical settings. This issue is full of great ECP information including a list of award winners and great advice by Christine Vinci regarding selecting a clinical internship and/or postdoctoral fellowship. Finally, be sure to check out the announcements page to learn more about a new service as well as job postings.

We are welcome to any ideas you all may have about making the SoAP box as relevant to all of our readers as possible, so please don't be shy!

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 October 1, 2019.

-SoAP Box Sound Bites. In 50 words or less, please respond to the following prompt—What do you think is the most interesting or important area of research in addiction psychology and why?

-Show and Tell. This is the place to show off your recent accomplishments, accolades, awards and/or to and highlight the cool ways in which you promote your lab (websites, Facebook pages, Instagram accounts, etc.). Send us a link and 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.

-Community Corner. For the coming issue, we want to hear about what responsibility, if any, do you think we as addiction psychologists have to the community? Please limit responses to 200 words.. Please limit responses to 200 words.

-Clinical Translation. Do you have any recently published work that you wish you would have had more room in the manuscript to discuss clinical implications and applications? We would love for you all to share recently published work and give us more information about how your research findings could be useful for clinicians. Please limit responses to 1,000 words.

-Finding Success in Failure. In line with the recent trend of prominent academics and clinicians 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 a time when you worked with a challenging patient/client. What is your process for managing this experience, what did you learn from the experience, and what would you recommend to others who are working with a challenging patient/client? Please limit responses to 500 words.



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-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. Please limit responses to 500 words.

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, PhD
Division 50 Federal Advocacy Coordinator

It's that time of year where we start to see what really might happen in Congress. Bills that survived review by members and committees on each side of the Capitol in spring are now receiving review on the other side, having details worked out and balanced. This means you may hear things like "The house passed HR" or "the senate passed S" – but the job is not done. Now the proposed bill has to travel and clear the other side or be reconciled with similar bills. So, the job is not done. This is why you still may be receiving emails telling you about action alerts where you can write a letter to express your opinion on a bill. And this may be why it will say to write a Representative on an S (Senate) bill, or a Senator on an HR (House of Representatives) bill, or even a committee tasked with reconciliation or other review.

Items making their way to us from APA were discussed at

the annual Practice Leadership Convention (PLC) in Washington, DC from March 9-12. The theme of the meeting was Advocacy and Leadership. I attended in my role as a division Federal Advocacy Coordinator (FAC). But the meeting has many other attendees. There are FACs for each state and territory – who hold their roles in their state psychological association. There are also state psychological and territorial associations (SPTAs) Chief Executive Officers, SPTA Director of Professional Affairs, state association Presidents and President-Elects, Diversity Delegates, Early Career Psychology Delegates, Graduate Student Association Presidents or President-Elects, and sometimes even Presidents or President-Elects from the larger chapters of state associations.

Items addressed at the meeting included discussion of the new organizational structure of American Psychological Association (APA), including the launching of the APA Services, Inc. and closing of the APA Practice Organization. The new Chief Advocacy Officer, Katherine McGuire introduced herself and her task of bringing all the advocacy silos at APA under one department. Information was also presented on the new APA Advocacy Coordinating Committee (<https://www.apaservices.org/about/advocacy-committee>) which happens to have at least four psychologist on there who work in addiction psychology (Go Team!). A little more addictions flavor was added to the meeting by Cynthia Moreno Tuohy, CEO of NAADAC, who attended to get the word out about the master addiction counselor (MAC) credential for psychologists via an information table and a roundtable presentation we completed together. Legislative items for hill visits focused on the Medicare Mental Health Access Act, the Mental Health Telemedicine Expansion Act, and preservation of coverage for substance use and mental health treatment in line with mental health and addiction parity and gains made in the Affordable Care Act. Teams of psychologists, SPTA directors, students, and staff from APA/APASI worked together to do more than 260 meetings with members of Congress.

To find opportunities to participate in current APA/APASI advocacy efforts visit the Federal Action Network (FAN) link which also provides a summary of advocacy issues in APA's focus (<http://cqrcengage.com/apapolicy/>). There is



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also a link where you can sign up for updates online (<http://cqrcengage.com/apapolicy/app/register?1&m=11732>). One example of an item that signing up might get you the early word on are news like the May 31 public hearing the Food and Drug Administration (FDA) held regarding regulation of cannabidiol (CBD) where two APA members (Drs. Ryan Vandrey and Elise Weerts) argued for immediate regulation covering CBD content labelling, quality control standards, manufacturing practices, and a program of regulatory science for cannabis derivatives.

As you might be noticing, I am trying to emphasize the many ways psychologists may advocate for good through the application of psychology. Don't think it's only one role, or writing bills, or visiting elected representatives. It's also leadership in your profession and community, publishing your work, bringing your science to the attention of the public, encouraging colleagues to use best practices and be proficient, and even training students to be aware of advocacy as part of what psychologists do as part of their work. Another thing that is important to notice is that it's a coordinated effort. The lone ranger does not get the law written; it's a collaborative process that follows strategy and involves teamwork. So, if you want to be involved, please do check out these links. 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, education, 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. Be aware too that I will be attending the APA convention in August. If you would like to "talk advocacy" find me at one of the poster sessions or let's have coffee while we are there. Note too that I am going to be holding some conference calls on advocacy topics this fall. If you are interested to attend or have a particular topic about which you want to know more, let me know.

Resource Information

APA Advocacy Coordinating Committee

<https://www.apaservices.org/about/advocacy-committee>

APA Federal Action Network

Summer 2019

<http://cqrcengage.com/apapolicy/>

FAN Sign Up for Updates

<http://cqrcengage.com/apapolicy/app/register?1&m=11732>

Clinical Translation

Addressing the Negatively Reinforcing Effects of Alcohol in Brief Alcohol Interventions for College Students

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Alicia K. Klanecky, PhD



Erika Ruhnke, BS

A considerable amount of research has demonstrated that college students engage in drinking for the negatively reinforcing effects of alcohol. Some students such as those with more severe trauma histories are at greater risk of drinking for these reasons. However, much less emphasis has been placed on drinking motives in brief alcohol interventions. The current article intends to summarize a recently published manuscript, highlighting the negatively reinforcing effects of alcohol via an experimental paradigm (Klanecky, Ruhnke, & Meyer, 2019), as well as more thoroughly discuss how such information can be incorporated into brief alcohol interventions.

Klanecky et al. (2019) examined the relations among child/adolescent trauma, emotion regulation difficulties, and alcohol-related tension reduction expectancies in college students using an experimental mood induction. Undergraduate students were randomly assigned to an experimentally-induced negative or neutral mood condition with questionnaire batteries completed pre- and post-induction. Statistical procedures were limited to students who reported exposure to at least one prior traumatic event (n=134) and analyses accounted for PTSD



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symptoms. Findings indicated a main effect for mood condition such that participants in the negative condition reported heightened tension reduction expectancies post-induction compared to the neutral mood condition. Consistent with study hypotheses, a two-way interaction identified that the increase in tension reduction expectancies for those in the negative mood condition was especially salient for participants with more severe early sexual abuse. The two-way interaction finding with cumulative trauma exposure identified a trend in the same direction. A second trend suggested tension reduction expectancies were higher for participants in the negative mood condition, as reports of sexual abuse and emotion regulation difficulties increased.

Overall, results showed that students generally endorse the negatively reinforcing effects of alcohol when experiencing acute negative affect. Such endorsements prompt drinking patterns where alcohol is used to reduce negative emotional experiences (Cooper, Frone, Russell, & Mudar, 1995). Drinking to reduce negative affect (or drinking to cope) is a significant and unique predictor of problem drinking and alcohol-related consequences including alcohol use disorder characteristics (Kuntsche, Knibbe, Gmel, & Engels, 2005; Merrill, Wardell, & Read, 2014). However, very few studies to date have specifically addressed drinking to cope in brief alcohol interventions. The few recent studies that have worked to address drinking to cope report promising findings in reducing coping motives and corresponding alcohol-related risk (Anker, Kushner, Thuras, Menk, & Unruh, 2016; Blevins & Stephens, 2016).

For example, Blevins and Stephens (2016) conducted a brief alcohol intervention delivered in-person with college students randomly assigned to receive either standard personalized feedback (i.e., with norm comparisons and a discussion of alcohol-related consequences) or the standard feedback plus motives-based feedback. A manipulation check indicated that information on coping motives was new to students, and those who received the personalized feedback with motives-related information reported reduced coping motives at two-month follow-up. Change in drinking to cope with depression, specifically, predicted alcohol quantity and problems at follow-up.

Clinicians may engage clients in discussions centered around their reasons or motives for drinking. Such discussion can be facilitated by completion of the Drinking Motives Questionnaire-Revised (DMQ-R) (Cooper, 1994) or the Modified DMQ-R (Grant, Stewart, O'Connor, Blackwell, & Conrod, 2007), should clinicians want to parse apart drinking to cope with anxiety and/or depression. After the client is presented with their baseline motives assessment information, discussion can identify the “good” followed by the “not so good” aspects or consequences associated with coping motives. Delivered within a motivational interviewing style, the clinician can extend the “not so good” conversation to research information identifying coping motives has associated with more drinking and more alcohol-related consequences. As evidenced by Blevins and Stephens (2016), this information will likely be new to most students. “Good” aspects of drinking to cope identified by clients can be framed within the more comprehensive perspective of “not so good” aspects and known risks. Depending on the client’s goals, the clinician can move forward with an emphasis on lowering risk.

Alternative methods of coping with negative affect (e.g., talking to a friend or being around a pet) can be brainstormed and implemented. Clinicians could encourage clients take an “experiment-like” approach, rating negative affect before and after engaging in alternative coping methods to gather more objective information on method effectiveness. Additionally, protective behavioral strategies (Martens et al., 2005) may be introduced and discussed as methods to reduce the likelihood of experiencing alcohol-related consequences when drinking, if harm reduction is the goal. Strategies before, during and/or after a drinking event can be generated with the clinician’s assistance (e.g., limiting number of drinks, alternating alcohol and non-alcohol beverages) and clients can identify which strategies they could implement.

Approaches to addressing coping motives, as outlined above, can be incorporated into already existing personalized feedback interventions, which are common and effective (Cronce & Larimer, 2011; Scott-Sheldon, Carey, Elliott, Garey, & Carey, 2014). Further, while trauma exposure in college students is prevalent (Klancey



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et al., 2019; Monahan et al., 2013) and linked to drinking motives (e.g., Gilmore & Bountress, 2016), mixed research exists on the need to address trauma-specific risk information within brief alcohol interventions (Gilmore & Bountress, 2016; Gilmore, Lewis, & George, 2015; Monahan et al., 2013). Should clinicians want to incorporate trauma-specific information into personalized feedback interventions, the Adverse Childhood Experiences (ACE) Questionnaire – Short Form (Felitti et al., 1998) may be considered. Endorsement of ACE items are summed, with higher scores representing more severe early trauma exposure and related to increased adverse outcomes including problem drinking. The ACE may be incorporated into baseline assessment and scores incorporated into personalized feedback interventions. Clients' ACE scores could be framed such that higher scores (particularly 4 or more) are associated with greater alcohol-related risks and consequences. The incorporation of trauma-specific information into brief alcohol interventions utilizing personalized feedback should be tested empirically.

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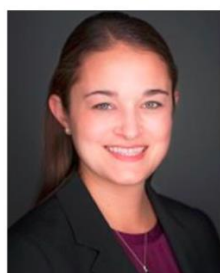
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Early Career Psychologist Spotlight How to Choose the Best Residency and Postdoctoral Fellowship Programs



Christine Vinci, PhD
Moffitt Cancer Center

Choosing the best residency and postdoctoral positions can be very challenging and exciting at the same time. There are not only multiple program-specific factors to consider, but also personal factors (e.g., significant others, family) that might be relevant. For many people, these decisions come with moving out of state (and sometimes across the country) for unknown periods of time.

Despite all of these challenges, residency and postdoc can be pretty awesome experiences too. First, you are continuing to advance in your training (the light at the end of the tunnel is near!). Second, you get to really specify what is most important to you (e.g., a specific research area; working with a unique clinical population; area of the country to live in). This begins with where you decide to apply, all the way through accepting a position. Third, you will meet and interact with all kinds of people. I can honestly say that one of the main reasons I enjoyed my residency and postdoc experiences so much is because of my fellow trainees and the faculty.

To give a bit of background about myself – I completed my PhD in Clinical Psychology at Louisiana State University in Baton Rouge, LA. I applied to several residency programs across the entire country and had 9 interviews. I was matched at the University of Mississippi Medical Center/G.V. Sonny Montgomery Veterans Affairs Medical Center. I then moved to Houston, TX for my postdoctoral fellowship, which I completed at MD Anderson and Rice University over 2.5 years. I am currently in my third year as a faculty member at Moffitt Cancer Center in Tampa, FL. As you can see, I moved around a lot, and each decision I made came with new considerations.

Below I outline some key factors to consider when exploring residency and postdoctoral options. It might be helpful to create a spreadsheet to keep track of this information after interviewing at each site, as sites can blend together really quickly! This can be especially helpful for residency interviews, as they often occur back-to-back over a short period of time. Tracking can help for a few reasons: 1) it gets you thinking about what is most important to you in advance, 2) it allows you to keep track of what various sites can offer you, and 3) you can ultimately rank-order your sites by preference.

Fit. I would argue that fit is one of the most important indicators of whether a program is right for you. Here, I'm mainly talking about whether this program fits your specific training and career goals. For residency, I wanted to have protected research time, the ability to extend my research skills in specific ways (e.g., grant writing; number of publications), and to get clinical experience on both substance use and PTSD rotations. For postdoc, I wanted a research-focused position where I could apply for grants and get more in-depth experience with my research area of interest; I also wanted to get licensed as a clinical psychologist.

Some questions to ask yourself in relation to fit: Does the program offer rotations and/or research experiences that match my long-term goals? Will this program advance my training? Does the research program complement my current research interests, while also providing me with new and interesting opportunities? For residency – are the



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rotations what I want; is there much variety between rotations (does this matter to me in the first place?); am I guaranteed certain rotations? Most people take a postdoctoral fellowship to extend their training in specific ways. Some questions to consider – can I get the specific training I need with this particular lab or faculty member; what is the mentoring style of the PI; what types of projects will I be a part of and what are my expected roles on these projects; what types of clinical experiences/rotations will I get?

Feedback From Those Already In The Program.

Information collected from those currently in the program (or alumni) can be invaluable. The data you are collecting here may be verbal or nonverbal – so keep your eyes open! No position is perfect, so hopefully you learn about both the positives and negatives of a given position.

Does it look like people enjoy being there? Do they speak with general enthusiasm for the position? I have been on interviews where it “sounded like” everything was great, but my observations told me otherwise (e.g., very little exchange [much less positive] was made when handed off from interview to interview; in larger gatherings, no one speaking to one another). If you are meeting with multiple people, ask the same questions over and over again to gauge whether you are getting consistent answers.

Significant Other. You might have to strongly consider whether your significant other and/or family can move to certain locations. This may be less of a concern for residency, as it is only 1 year (and many, many people do live apart for that year). Postdoc positions can be longer and may lead into faculty positions. Thus, more consideration may be made in these cases. Every situation is different, and moving from city to city is likely an inevitable part of this career trajectory for most people. For example, my now husband and I lived apart in separate cities for residency, as that made the most sense for us.

Location. Where you are located for residency or postdoc may be more or less important, depending on your personal circumstances. That said, the less geographically restrictive you are, the better your chances of being accepted into a program that really fits your needs. I applied all over the country for my residency, and I ranked

Jackson, MS as my first preference, whereas a placement in California was second (two very different locations!). For my postdoc, I limited myself a bit more geographically, as that made the most sense for my personal circumstances.

Other factors that may be important to consider for some locations are cost, commute time, and desirability/likeability of the area. Nonetheless, just because you think a given location is not “desirable” to live in, that is not necessarily a good reason to not apply – you might be surprised! In the end, residency is only one year, and postdocs are time-limited, so you can typically move elsewhere if needed.

General Work Environment/Culture. Understanding what your day-to-day environment will look like can be very important. Are people generally in the office every day? What does your work space look like? Do people collaborate with one another (is that the norm)? Do people seem generally happy or pretty stressed out? Does it seem that the residents or postdocs are well-respected? What is the culture of the city/town you will be living in?

In sum, there are many different factors to consider when choosing the best residency or postdoctoral fellowship program. I highly recommend reaching out to faculty and former graduate students in your program for advice as well. There is no “right way” to do this, and you have to make the best decision for you at that point in time. I wish you the best of luck on your journey!

Early Career Psychologist Awards

The ECP Research Grant Program supports ECP research in the field of addiction psychology.



David Eddie, PhD

For 2018, two ECP Research grants of up to \$5000.00 each were awarded. Please see below for more information on the funded grants.

Bringing real-time stress detection to scale: Development of a biosensor driven, stress detection classifier for smartwatches



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ECP: David Eddie, PhD

Institution: Massachusetts General Hospital, Harvard Medical School

Abstract: This project aims to characterize the autonomic nervous system correlates of stress-reactivity, both in laboratory and ambulatory contexts in order to inform the development of a biosensor-driven, stress detection classifier algorithm that can run on commercially available smartwatches. The specific aims of this research will be accomplished through an innovative study leveraging the strengths of traditional laboratory-based, psychophysiological research, and cutting-edge, in natura monitoring of stress and stress' autonomic correlates using a combination of ecological momentary assessment of affect, and ambulatory electrocardiogram monitoring. This research will facilitate the development of a stress detection classifier algorithm that will run on commercially available smartwatches. The clinical and health applications for real-time stress detection are numerous, but this technology holds particular promise for individuals in early recovery from alcohol use disorder for whom unchecked stress heightens risk for alcohol use and engagement in other maladaptive coping behaviors. By the end of the program of research outlined in this application, the goals are to have a working biosensor driven stress detection classifier algorithm ready to be linked to existing smartphone-based relapse prevention apps that will prompt patients with real-time coaching to mitigate alcohol use risk. This award is consistent with NIAAA and NIDA's goal of developing innovative biologically-based, mobile health, substance use disorder interventions.

Formative research to adapt a behavioral economic alternative reinforce intervention with truant youth



Ali Yurasek, PhD

ECP: Ali Yurasek, PhD

Institution: University of Florida

Abstract: Through the research described in this Early Career Psychologist (ECP) Research Grant proposal, the PI (Dr. Yurasek) will use a mixed-methods approach to

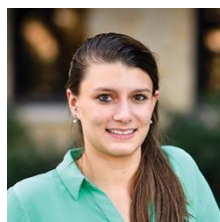
obtain formative data to guide the adaptation of a behavioral economic (BE) intervention for delivery to marijuana (MJ) using

truant youth and their parents. Although brief motivational interventions (BMIs) have demonstrated efficacy with adolescent substance users, parent-based BMI's do not address behavioral economic mechanisms such as substance -free activities or future valuation which may limit their efficacy with truant youth experiencing a disruption of substance-free reinforcement. The proposed study is the necessary first step in improving the efficacy, cost-effectiveness and accessibility of substance use interventions for truant youth. This formative research will lay an essential empirical foundation for adapting a promising BE intervention (the SFAS) to address the unique needs of this population. This project will assess the needs and preferences of multiple stakeholders by collecting survey assessment data on relevant BE variables and conducting structured interviews with truant youth, their parents and truancy program staff. Findings will then be used to create and adapt the BE intervention. This study is a critical initial step in developing a culturally sensitive intervention for a community-based target population that has distinctive characteristics, needs, and preferences and should proceed summative evaluations of intervention efficacy. Findings will be used to formulate an R21 to conduct an open trial and a pilot randomized controlled trial of the adapted SFAS.

SoAP Box Sound Bites

"How can our division better support the clinicians and researchers of tomorrow?"

Michael Amlung, PhD; McMaster University: The most effective way for Division 50 to support early career researchers and clinicians is to facilitate opportunities for mentorship by established colleagues, such as the networking events that happen at the CPA conference. Supporting diversity initiatives and promoting involvement of underrepresented groups is an equally important priority.



Renee Cloutier, PhD; University of North Texas: First, I just want to say how much I appreciate Division 50's



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consistent support of ECP's. Some ideas for supporting researchers of tomorrow include: 1) offering trainings/programming in advanced research/statistical methods, 2) helping ECP's get involved with public policy/advocacy work, and 3) modeling and supporting interdisciplinary science.

Ross Fishman, PhD, President, Innovative Health Systems:

The amount of literature to follow is overwhelming to me, a clinician addressing substance use disorders especially the opioid crisis. A service that pulls together a summary of research reports, perhaps on a quarterly basis, would be enormously helpful. It would address the long-standing issue of clinicians not being knowledgeable of recent findings that could be applied to clinical practice. If there is something like that already available, I would appreciate learning how to access it.



Adam Leventhal, PhD, University of Southern California:

There's an "addiction crisis" facing America. There's an increasing array of licit and illicit products that have acute mood-altering properties and are addictive, including (but not limited) prescription opioids, numerous cannabis products, e-cigarettes and other novel tobacco products, high-performance digital media technologies, and calorie-dense, nutrient-poor manufactured foods. SoAP is one of the few addiction organizations that is "drug-agnostic" and includes non-drug addictions. Hoping SoAP can continue being a champion for considering addiction more broadly and emphasizing the clinical reality that most folks don't have problems with only one substance or behavior, imparting research, training, and community engagement of future early career professionals with this concept.



For the next issue, please respond to the following prompt in 50 words or less—"What do you think is the most interesting or important area of research in addiction psychology and why?" Please send submissions to dana.litt@unthsc.edu by October 1, 2019.

Show and Tell

Dr. Kirk Bowden, Chair of the Addiction and Substance Use Disorders Program at Rio Salado College,

was awarded the 2019 International Association of Addictions and Offender Counselors (IAAOC) Outstanding Addictions/Offender Educator Excellence Award. IAAOC is a division of the American Counseling Association (ACA). Yearly, The International Association of Addictions & Offender Counselors acknowledges an individual who has demonstrated an outstanding commitment to the field of addictions/offender issues through teaching. Dr. Bowden was nominated and selected for this award because he exemplifies outstanding teaching in the area of addictions/offender issues and have demonstrated a strong commitment to the education of professional counselors.



Dr. Jalie A. Tucker

has been selected by the APA Board of Scientific Affairs (BSA) to deliver an invited Master Lecture at the 2019 APA Annual Convention in Chicago. Each year the Master Lecture Program, developed by BSA, supports up to five psychological scientists in core areas of psychology to speak at the convention. This honor is given to select researchers whose work has had a profound impact on the field. Please plan on attending Dr. Tucker's lecture in the core area of Applied Psychology entitled "Contributions From Behavioral Economics to Understanding and Promoting Addictive Behavior Change" on Friday, August 9th at 1pm at McCormick Place/Room W178b Level 1--West Building.



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 October 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



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would like to share with our readers. Please limit responses to 200 words.

Finding Success in Failure

The “Big Picture” of Grant and Manuscript Rejection

Rejection is difficult, so if you have trouble dealing with it, that means you are human. A wise person once told me to put all reviews away for at least 24 hours before considering them in detail. I have followed this advice and tend to wait over 24 hours. I also do this for manuscripts given a revise and resubmit decision. I usually take at least a couple of days just to enjoy getting a positive result.



Robert Leeman, PhD
University of Florida

I taught a writing course in which we address responding to reviews. When I discuss this, I speak of my “angry young man” phase when I used to react to almost every reviewer comment with “how did they not understand that?” But over time, I came to understand that it is my job to make my manuscripts optimally clear, not the reviewers’. While reviewers do occasionally miss or misunderstand a point they should have grasped, far more often than not, reviewers misunderstand things because we have not made them clear. Once I came to understand this, I started to view manuscript reviews as constructive criticism that improves our work (though not always, I am human too).

We are taught early on that the person reviewing our manuscripts or grants is likely to be overworked and reading our document late at night and to write accordingly. Earlier in my career, I understood this on an intellectual level only. Now that I am a mid-career faculty member who reviews manuscripts and grants as an “extra” task on top of my demanding day job, I understand firsthand why clarity is essential.

Another thing to remember is that if you NEVER experience rejection, you are extremely brilliant, working at the absolute top of your field, or (much more likely) you are not challenging yourself sufficiently with your journal outlet choices. Unless I am writing up data that I know are

limited in scope (e.g., cross-sectional data or primarily null findings--yes I publish those though that is a topic for another day!), I send manuscripts first to a journal that would be a peak outlet for that paper, considering multiple factors. If it works out, great, I am on track to publish in a higher-impact journal. If it does not, I have useful feedback that I can use to improve my manuscript for submission elsewhere. The silver lining is that when sending your paper to a new journal, you control what reviewer feedback to take or ignore, as opposed to a revise and resubmit when you have to at least address every comment. The second time around, I typically send the paper to a journal where I have strong confidence that it will be accepted. There are too many other papers, grants and other tasks to work on to spend the time necessary to send a paper to a third journal, thus I try to avoid that if possible.

In summary, dealing with rejection is hard, but getting a sense of where this experience falls in “the big picture” will help you to deal with it at least a bit better and most importantly, lead to better manuscripts and grants in the future.

For this next issue, we want to hear about a time when you worked with a challenging patient/client. What is your process for managing this experience, what did you learn from the experience, and what would you recommend to others who are working with a challenging patient/client? Please limit responses to 500 words and send to dana.litt@unthsc.edu by October 1, 2019.

Community Corner

“What are the novel methods and approaches you are using to actively engage your community?”

Heidemarie Blumenthal, PhD, University of North Texas: Ultimately, all of our work aims to better our communities. Given all we ask of our local community in service of these efforts (e.g., time, vulnerability, trust), like so many labs we actively look for opportunities to give back. Throughout the year we will take part in fundraising





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walks, and partner with our Psi Chi chapter to support a rotating selection of activities determined by the current composition of each team. The activity that I am most proud of, however, is our annual Mental Health Awareness event in May. The team spends at least the full Spring semester working to organize activities, collaborative information packets, and raffle donations (a great way to get folks to stop and listen!). The event is two days on our local square (the heartbeat of any Texas town) where we share resources, basic wellness activities, research opportunities, and simply seek to reduce stigma around the discussion of mental health issues. We just wrapped up our fourth year; I am immeasurably proud of the students who make this all happen and look forward to our next MHA event in 2020!



Kirk Bowden, PhD, Rio Salado College: I serve on Rio Salado College's Incarcerated Programs and Reentry Committee. In my service I found that large numbers of incarcerated students cannot access required course textbooks; either because of accessibility and/or financial issues. Last spring, I was awarded a grant funding the design and development of textbook-less addiction courses for incarcerated students. These textbook-less courses are accessible to most of our incarcerated student population. The textbook-less courses gives hundreds of incarcerated students accessibility to Rio Salado College's entire Addiction and Substance Use Disorder Program.

Ross Fishman, PhD, President, Innovative Health Systems: Up until about a year ago, NYS OASAS prohibited off-site treatment. Now that we can offer services in the community, Innovative Health Systems has reached out to a local shelter, a neighborhood health center and a church with a large underserved Latino population to provide services to people residing, seeking medical care and parishioners. This effort is in line with the Harm Reduction principle of "meeting the patient where s/he is at." Not entirely new but a new opportunity for us become more available to the community at large.



For the coming issue, we want to hear about what

responsibility, if any, do you think we as addiction psychologists have to the community? Please limit responses to 200 words and send to dana.litt@unthsc.edu by October 1, 2019.

Division Announcements SoAP Election Results

Lauren Hoffman & Christian Garcia
The SoAP Nominations and Elections Committee

Thank you to everyone that expressed an interest in running for the two offices open this election cycle. Ultimately, there were three named candidates on the Division 50 ballot, all well qualified. One hundred seventy nine votes were cast or 24% of the Division's voting membership.

Congratulations to **Joel Grube**, the new President-Elect.

Bruce Liese was elected Member-at-Large (Practice). Congratulations to the newly elected and thanks to the outgoing board members for their dedication and contributions to SoAP!

Running for office is one way to give back to the field and increase your visibility at the national level. We will be looking for President-Elect, Member-At-Large (Public Interest), and APA Council Representative candidates later this year; if you are interested please inform Lauren Hoffman, Chair of the Nominations and Elections Committee (lhoffman1@mgh.harvard.edu).

CPA Recap Collaborative Perspective on Addiction 2019 was a Success!

Jennifer E. Merrill, PhD
Ali Yurasek, PhD
Michael Amlung, PhD
James Murphy, PhD

Thank you to all that attended CPA 2019 in Providence, RI, and for making it such a success! The theme of the event was "Addictive Behaviors Across Diverse Populations: Innovations in Science and Practice." We had



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a record number of 286 attendees, with 18 symposia, and 154 posters. Our follow-up survey (n=168, 59% response rate) revealed that almost half (47%) were first-time CPA attendees. Further, an impressive 94% said they will be back! In case you missed it, below are some photos and brief descriptions of the highlights!

Keynotes were delivered by Drs. Felipe Gonzalez-Castro and Rajita Sinha.



The Nancy M. Petry Memorial Lecture was delivered by Dr. Carla Rash.



Postdoc Awards: Awardees pictured from left to right: Rachel Gunn, Angela Haeny, Lidia Meshesha, and Alexander Sokolovsky.



Last but not least, the Early Career Faculty Award went to Roseann Peterson and the Nancy M. Petry Memorial Mid-Career Award went to Ty Schepis.



The mentoring lunch was a big hit. Over 90 mentees were matched with 22 mentors.

Awards were given to six graduate students and four postdoctoral fellows

for exceptional abstract submissions. Local attendees received a registration waiver, and other awardees received both registration waivers and travel funds.

Student Awards: Pictured from left to right are Jen Buckman (Division 50 president), Jennifer Merrill (CPA program co-chair), Angela Stevens, Michelle Haikalis, Samuel Acuff, Daniel Delaney, Christian Garcia, Neo Gebu, and Ali Yurasek (CPA program co-chair).



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We are already looking forward to next year. Save the date! CPA 2020 will be held in San Diego, April 2-4th, 2020. Next year, Ali, Jim, and Jen will rotate off as program chairs. We have enjoyed our time serving the division in this capacity, and thank everyone that made CPA a success over the past few years! We will pass the program chair torches to Michael Amlung and Elizabeth Aston, and we are confident they will run yet another successful event!



ANNOUNCING CPA 2020 San Diego

**We hope to see you at the 8th Annual Collaborative Perspectives on Addiction Conference
April 2-4, 2020 at the Hotel Salomar in
San Diego's exciting Gaslamp Quarter!**

Additional details will be announced soon:
<http://www.addictionpsychology.org>



COLLABORATIVE
PERSPECTIVES on
ADDICTION





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SOCIETY OF ADDICTION PSYCHOLOGY 2019 APA CONVENTION PROGRAM Chicago, IL.

Thursday, August 8th

8:00 AM - 9:50 AM: SYMPOSIUM

Divisions 28, 50

(McCormick Place, Room: W178a)

**Harm Reduction Psychotherapy---Uniting Social Justice
Perspectives with Innovative Clinical Methods**

P. Denning & J. Little; Chair: S. Collins

CE Credits*

10:00 AM - 11:50 AM: NIAAA SYMPOSIUM

Divisions: 27, 28, 45, 49, 50

(McCormick Place Room W184a)

**Adapting Alcohol Interventions to Specific Populations:
Factors to Consider and Lessons Learned**

C. Lee, E. Epstein, L. Nelson, D. Kaysen; Chair: B. Hoepfner

CE Credits *

12:00 PM – 1:50 PM: SYMPOSIUM

Divisions 27, 28, 29, 45, 49, 50

(McCormick Place Room W179b)

**Community-Based Participatory Research on Harm Reduction
Approaches with Marginalized Populations**

S. Clifasefi, S. Collins, L. Nelson, M. Peake-Andrasik, R.

Bluthenthal; Chair: K. Witkiewitz

CE Credits *

1:00 PM - 1:50 PM: INVITED ADDRESS

Divisions 25, 28, 50

(McCormick Place Room W176b)

Remembering Dr. Nancy M. Petry

J. Roll & S. Alessi; Chair: M. Berry

2:00 PM – 2:50 PM: PRESIDENTIAL ADDRESS

Division 50

(McCormick Place Room W179b)

**Stories of drug use that challenge our theories and
practices**

J. Buckman

CE Credits*

Thursday, August 8th Cont.

3:00 PM - 3:50 PM: SOCIETY OF ADDICTION PSYCHOLOGY

BUSINESS MEETING

Division 50

(McCormick Place Room W179b)

5:00 PM-5:50 PM: SOCIAL HOUR

Divisions: 1, 9, 17, 27, 29, 34, 39, 44, 50, 52

(Marriott Marquis Chicago Hotel, Shedd Rooms A & B)

Social Justice Happy Hour

**7:30 PM - 10:00 PM: SOCIETY OF ADDICTION
PSYCHOLOGY STUDENT AND EARLY CAREER
PROFESSIONAL SOCIAL HOUR**

All Division 50 members welcome!

(Location will be announced via email and on
the Div. 50 website)

Friday, August 9th

8:00 AM – 8:50 AM: SYMPOSIUM

Divisions 3, 28, 29, 32, 38, 50

(McCormick Place Room W192b)

**Meditation Approaches to Substance Use and Pain---
Mindfulness and Emotion-Regulation Perspectives**

L. Finkelstein-Fox, A. Wachholtz, B. Russell; Chair: C. Park



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9:00 AM – 10:50 AM: INVITED DISCUSSION/FEATURED PANEL

Divisions 28, 41, 50, 55

(McCormick Place Room 190ab)

Safer Drug Consumption Spaces--Policy, Practice Research, and Advocacy

G. Scott, P. Sully, Z. Dodd & Drug Policy Alliance;

Chair: S. Clifasefi

CE Credits*

Friday, August 9th (Continued)

11:00 AM – 11:50 AM: SYMPOSIUM

Divisions 28, 50

(McCormick Place Room W175a)

What About Me? Secondhand Effects of Health Risk and Addictive Behaviors

L. Longo, R. Pazienza, M. Cannon, M. Boyle;

Chair: Bruce Liese

CE Credits*

11:00 AM.–12:50 PM: SYMPOSIUM

Divisions 28, 3, 12, 19, 22, 32, 50

(McCormick Place, Level 1--West Building, Room W183b)

Efficacy and Mechanisms of MDMA-Assisted Psychotherapy:

Evidence from the Lab and the Clinic

H. de Wit, M. Mithoefer, A. Danforth, N. McCourry;

Chair: M. Kirkpatrick

CE Credits*

12:00 PM – 3:30 PM: CHICAGO RECOVERY ALLIANCE INFORMAL OFFSITE

(Location will be announced on Friday at 9am during Invited Discussion)

Open to all convention attendees (limited to first 25 sign ups)

12:00 PM – 12:50 AM: POSTER SESSION I

Division 50

(McCormick Place Hall F)

Division 50 Poster Session

1:00 PM- 1:50 PM: MASTER LECTURE

Divisions: BSA-APA Board of Scientific Affairs; 28, 29, 50

(McCormick Place/Room W178b Level 1--West Building)

Contributions from Behavioral Economics to Understanding and Promoting Addictive Behavior Change

J. Tucker; Chair: L. Sobell

CE Credits*

1:00 PM-1:50 PM: THOUGHT LEADER SESSION

Divisions: 28, 50

(McCormick Place, Level 1--West Building, Room W183a)

How to change your mind: The promise of psychedelic therapy

M. Pollan

FRIDAY, 2:00 PM-2:50 PM: THOUGHT LEADER SESSION

Divisions: 28, 50

(McCormick Place, Level 1--West Building, Room W183c)

Drugs, Stigma, and Policy: How language drives change

J. Kelly

CE Credits*

Friday, August 9th (Continued)

3:00 PM–4:50 PM: INVITED DISCUSSION

Divisions 28, 1, 3, 6, 32, 36, 50

(McCormick Place, Level 1--West Building, Room W183a)

Psychedelic Therapy: A Guide, a Volunteer, and a Discussion

with Author Michael Pollan

Chair: M. Johnson

4:00PM-4:50 PM: POSTER SESSION/RECEPTION ALL DIVISIONS

(McCormick Place, Hall F, Level 3--West Building)

Science at Sunset Poster Competition

Winners will be announced at 4:45

4:00-5:50 PM: NIAAA/NIDA EARLY CAREER INVESTIGATORS POSTER SESSION & SOCIAL HOUR

Co-sponsored by Divisions 28 & 50

(Marriott Marquis Chicago Hotel Grand Horizon Ballroom C)

All Convention attendees welcome;

hors d'oeuvres served

6:30 PM - 8:30 PM: SOCIETY OF ADDICTION PSYCHOLOGY



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EXECUTIVE COMMITTEE DINNER (Closed)

(Tapas Valencia, 1530 S. State St.)

Saturday, August 10th

8:00 AM - 9:50 AM: SYMPOSIUM

Divisions 28, 50

(McCormick Place Room W181c)

(Re)Defining Recovery---Why Is It Hard to Define, and What Are the Contentious Issues in Defining It?

M. Subbaraman, K. Witkiewitz, J. Neal, K. Lancaster, B. Hagman; Chair: B. Hoepfner
CE Credits*

11:00 AM - 12:50 PM: SYMPOSIUM

Divisions 1, 3, 6, 28, 32, 36, 50

(McCormick Place Room W178b)

Psychedelics as Behavior Change Agents

R. Griffiths, P. Hendricks, M. Johnson, D. Cox, S. Dolan;
Chair: M. Johnson
CE Credits*

11:00 PM - 11:50 PM: SKILL BUILDING SESSION

Division 28, 50

(McCormick Place Room W186c)

Not Just Because I Said So---Exploring Patient Ambivalence About Medication-Assisted Treatment

A. Braun-Gabelman
CE Credits*

Saturday, August 10th (Continued)

12:00 PM - 12:50 AM: POSTER SESSION II

Division 50

(McCormick Place Hall F)

Division 50 Poster Session

12:00 PM - 12:50 PM: SOCIETY OF ADDICTION PSYCHOLOGY EXECUTIVE COMMITTEE MEETING

Division 50

(Marriott Marquis Chicago Hotel Calculus Room)
(Closed event)

1:00 PM-1:50: THOUGHT LEADER ADDRESS

(McCormick Place/Room W183b Level 1--West Building)
Thinking, Drunk and Slow: Alcohol and Decision Making
D. McCarthy

CE Credits*

3:00 PM- 3:50 PM: NEIL MILLER LECTURE

Divisions: BSA-APA Board of Scientific Affairs; 6, 28, 50
(McCormick Place/Room W179b Level 1--West Building)

Sex Differences in Addiction: Lessons from animal models

J. Becker

CE Credits*

4:00 PM - 5:50 PM: SYMPOSIUM

Divisions 28, 50

(McCormick Place Room W187c)

Career Development and Panel Discussion---Get Advice and Feedback From Experts in the Field

J. Tucker, S. Collins, Q. Ngo, M. Larimer, L. Morin;
Chair: B. Hoepfner

Sunday, August 11th

8:00 AM - 9:50 PM: SYMPOSIUM

Division 28, 50

(McCormick Place Room W176a)

Advances in Substance Use Disorder Research---Is Addiction a Psychiatric Disorder and Does It Matter?

S. Grant, J. Crabbe, H. de Wit, A. Gearhardt, M. Glantz; Chair:
M. Glantz & K. Sher
CE Credits*

10:00 AM - 11:50 PM: SYMPOSIUM

Divisions 25, 28, 40, 50

(McCormick Place Room W181c)

Breaking Habits---On the Automaticity of Robotic Mind in Reaching for Glass-of-Orange

W. Miles Cox, J. Fadardi, M. Samifard; Co-Chairs: J. Fadardi & S. Fatemi
CE Credits*

Sunday, August 11th (Continued)

10:00 AM - 11:50 PM: SYMPOSIUM

Divisions 6, 38, 25, 28, 38, 50

Board of Scientific Affairs

(McCormick Place Room W187a; Level 1)

Interdisciplinary Science and Tobacco Regulation---Informing the FDA About Electronic Cigarettes.

S. Talih, A. Breland, C. Cobb; Char: T. Eissenberg



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CE Credits*

Note: The Board of Scientific Affairs selected Dr. Thomas Eissenberg and his team to receive the 2018 APA Prize for Interdisciplinary Team Research and they were invited to make a presentation about their research at the APA Convention (see details above). Dr. Eissenberg is the head of the Center for the Study of Tobacco Products and will be chairing the session.

We look forward to seeing you in Chicago!

Any questions, please contact Division 50 Program Chair:
Seema Clifasefi (seemac@uw.edu)

WORKSHOPS/TRAININGS OFFERED BY DIVISION 50 MEMBERS

Thursday, August 8

8:00 a.m.–3:50 p.m.

CE CREDITS 7

Cognitive-Behavioral Therapy for Substance Use Disorders and Addictions: An Experiential Workshop

Bruce S. Liese, PhD, University of Kansas Medical Center, Kansas City

This intermediate workshop is an opportunity for practicing psychologists (both generalists and addiction specialists) to explore the latest developments in cognitive behavioral therapy (CBT) for diverse addictive and problematic habitual behaviors, including drug and alcohol misuse, problem gambling, shopping, sex, internet gaming, and binge eating. The focus is on five essential components of individual and group CBT: structure, collaboration, case conceptualization, psychoeducation, and techniques. The workshop includes lively activities, including case presentations, discussions, critiques of recorded CBT sessions, demonstrations, and role playing.

Thursday, August 8

1:00 p.m.–4:50 p.m.

CE CREDITS 4

Mysteries of NIH Funding Revealed: A Comprehensive Guide to Applying for Research Grants

Harold I. Perl, PhD, Independent Practice, Arroyo Seco, NM

This intermediate workshop presents a comprehensive guide for developing, writing, and submitting applications for National Institutes of Health (NIH) research funding (and career development support) that have a high likelihood of success. Key elements of the grant application process are identified, from developing a fundable scientific question to fulfilling federal requirements for conducting ethical and humane research. Particular attention is paid to describing specific components that can strengthen or weaken an application, selecting the most appropriate grant mechanism, and engaging NIH staff productively throughout the entire process.

Friday, August 9

1:00 p.m.–4:50 p.m.

CE CREDITS 4

Screening, Brief Intervention, and Referral to Treatment: Clinical Practice Applications

Maria D. Cimini, PhD, and Jessica L. Martin, PhD, University at Albany-State University of New York

This intermediate workshop presents cutting-edge research and training in the clinical application of the evidence-based practice of screening, brief intervention, and referral to treatment (SBIRT) for alcohol and other drugs in primary health and mental health care settings. Participants explore the practical implications and challenges of using SBIRT in diverse behavioral health care settings. The workshop focuses on the knowledge and skills essential to the delivery of motivational interviewing (MI) and its central role in conducting SBIRT in various clinical settings. Participants are given ample opportunity to practice and receive feedback on MI and SBIRT skills.

Saturday, August 10

8:00 a.m.–3:50 p.m.



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CE CREDITS 7

Harm Reduction Treatment for Substance Use Disorders: Meeting People Where They're At

Susan E. Collins, PhD, and Seema L. Clifasefi, PhD, MSW, University of Washington

Harm reduction refers to a set of pragmatic and compassionate strategies that aim to reduce substance related harm and improve quality of life for people who use substances and their communities—without requiring abstinence or use reduction. Harm reduction can refer to interventions and approaches applied at the policy, population, community, or individual levels. In this introductory workshop, participants learn how to apply harm reduction in the individual psychotherapeutic context using an effective and client-driven approach in which therapists engage a harm-reduction mindset, heart-set, and concrete therapeutic components.

Sunday, August 11

8:00 a.m.–11:50 a.m.

CE CREDITS 4

Community-Based Participatory Research in Psychology: Theory, Research, and Practice

Eleanor F. Gil-Kashiwabara, PsyD, Portland State University; Patricia Rodriguez Espinosa, PhD, MPH, Stanford University School of Medicine; Seema L. Clifasefi, PhD, MSW, and Susan E. Collins, PhD, University of Washington

Community-based participatory research (CBPR) answers the call for more patient-centered, community-driven research approaches to address growing health disparities. CBPR is a collaborative research approach that equitably involves community members, researchers, and other stakeholders in the research process and recognizes the unique strengths that each bring. Although CBPR is well-aligned with psychology's ethical principles and research aims, it has not been widely implemented in psychology research. This introductory workshop presents a promising

research framework that may guide the implementation of more effective, culturally appropriate, socially just, and sustainable community-based research.

ENROLLMENT IS NOW OPEN!

To register for any of these trainings, visit:

convention.apa.org/ce

or call the CEP Office at 800-374-2721 x5991, option 3

Fees	EARLY BIRD (4/15–5/15)		ADVANCE (5/16–6/30)		REGULAR (7/1–8/11)	
	4 CE's	7 CE's	4 CE's	7 CE's	4 CE's	7 CE's
Members	\$130	\$220	\$160	\$275	\$190	\$330
Non Members	\$160	\$260	\$200	\$335	\$240	\$410

Unique Opportunity

Are you interested in learning more about harm reduction and seeing it in practice? The Chicago Recovery Alliance (CRA) has generously offered to host an informal offsite for APA attendees. The offsite will take place during the conference (independent transport will be arranged) on Friday, August 9th from 11:30-3:30 after the panel on Safer Consumption Sites: (check out the Division 50 program above for details).

CRA is a comprehensive, street-based harm reduction organization operating principally in Chicago but also across the State of Illinois and throughout the Midwest. They offer the nation's largest overdose education and naloxone distribution program, distribute several million syringes for HIV/HCV prevention annually, provide HIV/HCV testing and linkage to care, provide respectful safer substance use counseling and materials, and deliver training and technical assistance on a wide range of innovative topics locally and nationally.

Because of space limitations, this offer is limited to the first 25 people who sign up. You can do so here:



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https://docs.google.com/document/d/1rEJd_hbhf0dv6MFMt4pnjxahv79OYvNwf9hCwf3P2sM/edit?usp=sharing

Logistical details will be sent to the final group of attendees prior to the conference. See you in Chicago! Any questions: Please contact Seema Clifasefi (seemac@uw.edu; 206-543-3452).

Announcements

Post-Doctoral Training Opportunities in Tobacco Regulatory Science (Tobacco Policy Research)

The Department of Preventive Medicine at the USC Keck School of Medicine is accepting applications for the position of post-doctoral scholars in the USC Tobacco Center of Regulatory Science (TCORS).

Tobacco Regulatory Science is an emerging field of applied research that has the overall goal of developing research evidence that will support the Food and Drug Administration in implementing the policies and regulations called for by the 2009 Family Smoking Prevention and Tobacco Control Act. Through our theme, the Intersection of Products with Populations, USC TCORS will conduct research on the use and health effects of specific e-cigarette products across populations. For additional background, see fda.gov/TobaccoProducts and prevention.nih.gov/tobacco-regulatory-science-program.

Post-Doctoral

The up through two-year training program will have four core elements including required coursework, project immersion, research funding, and professional development and mentoring. Trainees will be matched to one of the TCORS research projects and brought onto the project team. Trainees will be encouraged and supported to apply for the TCORS pilot research grants to enhance their ability to carry out independent research. Trainees will receive individualized mentorship from members of the TCORS advisory groups matched to their interests and needs. Upon completion of the training, fellows will be well positioned to be leaders and active participants in the

future development and implementation of tobacco policies and tobacco control interventions.

Required Qualifications: This opportunity is for individuals from a wide variety of backgrounds in medical, biological, social, behavioral, and policy sciences. Applicants must hold a PhD, MD, DDS, ScD, DrPH, PharmD or equivalent doctoral degree from an accredited institution. Applicants must be citizens or noncitizen nationals of the U.S. or have been lawfully admitted for permanent residence by the time of award.

Benefits of Training

- Strong mentoring with USC TCORS Faculty
- Opportunity to apply for pilot funding
- Opportunity for immersion experience
- Networking with experts from the FDA and NIH

Application Deadline: On a rolling basis

To Apply: Apply online at tcors.usc.edu/training. If you encounter technical problems, please email all required email to tcors@usc.edu.

Required Application Materials:

- 1) Letter of interest speaking directly to qualifications, professional activities, research interests and accomplishments. The letter should specifically address: 1) the relevance of the candidate's background to tobacco regulatory science; goals for the training program; and potential research projects related to tobacco regulatory science.
- 2) Current resume or curriculum vitae
- 3) 2 Letters of Recommendation

For more information about the USC Tobacco Center of Regulatory Science or about this training opportunity, please contact: Kiana Rowshan, tcors@usc.edu, 323-442-7253.



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Use the free Kudos service to promote your published work

Tammy Chung, PhD

Interim Editor, *Psychology of Addictive Behaviors*

In 2018, the American Psychological Association (APA) licensed Kudos (growkudos.com) to promote the published work of APA authors, and Publons (publons.com) to recognize the efforts of peer reviewers. This article focuses on Kudos, which provides authors with a free social media platform to describe, disseminate, and track the impact of their published work. In a recent case study (Erdt et al., 2017), use of Kudos resulted in an average 23% increase in full text downloads compared to a control condition.

In 15 minutes, and 3 steps, Kudos can help authors maximize the impact of their article. First, describe your work in everyday language. Second, share trackable article

links (e.g., Twitter, Facebook). Third, see the impact of your 15 minutes on altmetrics, downloads, and citations.

The Kudos site provides helpful tips on how to write article titles and brief summaries that will bring a broad, relevant audience to your article. Kudos also provides “quick start” how-to videos to facilitate use of the site’s tools for promoting one’s work and measuring its impact. APA hopes that partnering with Kudos will help the authors who support its publications to promote their work, and increase the impact and reach of the science being published.

Reference

Erdt, M, Aung, HH, Aw, AS, Rapple, C, Theng, Y-L (August 17, 2017) Analysing researchers’ outreach efforts and the association with publication metrics: A case study of Kudos. *PLoS One*.

<https://doi.org/10.1371/journal.pone.0183217>

SoAP Member Services

Join SoAP: www.apa.org/divapp

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

Listserves: To join the discussion listserv (discussion among members), contact Bruce Liese at bliese@kumc.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 <https://www.apa.org/pubs/journals/adb/> 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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