



The Addictions Newsletter

The American Psychological Association, Division 50

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President's Column

Mark S. Goldman

University of South Florida

I am sure many of you are now considering, as I am, whether to apply for the credential for treating substance use disorders to be offered by the College of Professional Psychology. In favor of this action is the need for such a credential in many states in order to provide services to individuals with substance use problems, and/or the more idealistic sense that if such a credential is to be offered, then those who claim significant expertise in the field should be willing to subject themselves to the sort of evaluation process embodied in the credentialing process. Against the decision to apply is the expense involved, both in terms of time and effort, and frustration with the appearance of another evaluation, another hurdle, another set of "judges" (even if they are only present in the form of an objective examination), adding to the many we have already encountered in our careers. For members of Division 50, who may feel that they *are* the criterion, rather than an unknown entity needing to be measured against a criterion, this new process may seem particularly onerous. I am afraid that I cannot resolve these issues for you; each of us needs to find our own comfort level and strategy to deal with this issue. I can, however, provide some information that may assist you in your deliberations.

As many of you know, the credentialing process, and to some extent the College itself, came about because paraprofessionals in the alcohol and substance abuse fields successfully lobbied at both the state and national level for a special credential pertaining to treatment of substance abusing populations. Rather than just including alcoholism counselors among those professionals already recognized to

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Editor's Corner

Bruce S. Liese

University of Kansas Medical Center

"To be or not to be?" (certified, that is): that is the question facing all members of Division 50.

Welcome to this special issue of *The Addictions Newsletter* on "The Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders" offered by the APA College of Professional Psychology. Contained herein you will find various perspectives on this new credential available to all licensed psychologists. To learn more about the Certificate of Proficiency I encourage you to read the opinions of our president, **Mark Goldman**; the Chair of our Education and Training Committee, **Sandra Brown**; the Executive Administer of the College, **Janet Ciuccio**; and a member of the College Board of Governors, **David Rodgers**. Each of these individuals offers a unique perspective on the development and purpose of the credential. It is hoped that these papers will help you to decide whether or not to pursue certification.

This is also the election issue of *TAN*. In this issue you will find a brief report from our elections supervisor, **Elsie Shore**, as well as biographies of the candidates running for Division 50 offices. This year we have only two candidates running for two offices (i.e., one per office). In just a few days you should receive a ballot listing **Robert Zucker** as the candidate for president-elect and **Sandra Brown** as the candidate for member-at-large. Both individuals have been extremely active and hard-working members of our Division. They deserve our support and congratulations on their nominations!

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Looking Ahead to Toronto

Preview of the 1996 APA Division 50 Convention Program

Thomas H. Brandon

APA '96 Division 50 Program Chair

The 1996 APA Convention in Toronto (August 9-13) is approaching and it looks to be a particularly relevant meeting for the addiction field. In its short history, Division 50 has already established a tradition of having a strong, research-based convention program. Thanks to the high quality of program submissions that we received again this year, that tradition will continue in Toronto.

The program committee was delighted by the enthusiastic response to our call for submissions. We received approximately 125 submissions of all types. Because we are a smaller Division, we are allocated a relatively limited number of available program hours. Nevertheless, we were able to accept 74% of submissions. Our program will include 11 symposia, 2 paper reading sessions, and 2 poster sessions. We are fortunate to have several distinguished speakers who will give invited addresses. Alan Leshner, the Director of the National Institute on Drug Abuse (NIDA) will give a talk entitled, "Behavioral Science and Drug Abuse: A Half Century of Productive Partnership." And Aaron Beck will speak on "Cognitive Therapy with Addictions: Where Do We Go from Here?" Division 50 President, Mark Goldman, will give the First Annual Presidential Research Address. His talk will be entitled, "Personality, Affect, and Alcohol Expectancies: Structural Overlap and Process Implications."

The topics of the two paper sessions will be "Substance Abuse in Women: Special Issues," and "Predicting Substance Abuse Treatment Retention and Outcome." The eleven symposia will span topics such as findings from the Project Match collaborative study, evaluation of therapeutic communities, pathological gambling, neuropsychological assessment of drug abuse, assessment and prevention of adolescent drug abuse, corrections-based treatment, alcohol challenge studies, and neuropsychological and biobehavioral assessment and prediction of substance abuse. More details about the program will be provided in *The Addictions Newsletter* preceding the convention.

The Addictions Newsletter

can now be found on the world wide web!

Come visit us at:

http://www.kumc.edu/addictions_newsletter

The APA College of Professional Psychology

Certifying Psychologists in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders

Janet Ciuccio

Executive Administrator

APA College of Professional Psychology

The College of Professional Psychology has successfully launched its proficiency certification program with over 3,200 psychologists requesting applications for certification within the first three months. The College was established by the APA Council of Representatives in February, 1994 and it is housed administratively in the Practice Directorate. The College offers a mechanism for licensed psychologists to clearly identify to third party payers and other consumers of psychological services that they have earned a credential in this area of practice. Psychologists in some regions of the country have been hampered in their ability to provide services in alcohol and other psychoactive substance use disorders because they lack such a credential, despite having the education and experience to provide these services. The College's credentialing process will help licensed providers overcome the obstacles created by the lack of specification inherent in generic licensure. The College's certification program is strictly voluntary and does not require membership in APA.

The Examination. A critical early step in establishing the College's certification mechanism was accomplished when an exam development firm, Personnel Decisions Research Institutes, Inc., (PDRI), of Minneapolis, was hired to design, validate and implement a test of a practitioner's knowledge base in alcohol and substance use disorder treatment.

PDRI is nationally recognized as a leading research organization with more than 20 years of experience in the development and validation of tests. Project Director Steven Lammlein, Ph.D., has extensive background in assisting organizational clients with developing valid and fair examinations. According to Dr. Lammlein, the role of the exam in certifying providers requires that the test have content validity, a crucial feature of appropriate and fair certification exams. The exam construction methodology involves the use of an expert panel followed by input from a larger representative sample of psychologists. Practitioners who have appropriate education, training, and experience in the proficiency area likely will have little difficulty passing a valid, practice-based examination.

The 15-member expert panel was carefully selected to reflect the diversity of the profession in terms of practice setting, geographical location, gender, and ethnicity, as well as methodological approach to treatment. Panel members have worked with Dr. Lammlein to define the knowledge base that will comprise the exam content. Division 50 played an important role in developing a document that served as a draft content outline for the expert panel while developing the final exam content outline (See "More About the Certification Examination"

on page 4 of this issue of *TAN*). Sandra Brown, Ph.D., Division 50's liaison to the College, also serves on the panel of experts. (See Dr. Brown's article about Certification on page 4.)

Certification, not education. It is important for practitioners who have followed the College's development in recent years to understand that, as established by APA Council, the College does not conduct education and training in association with proficiency certification. During the years of debate preceding the formation of an APA certifying body, there had been discussion about the possibility that the College would also serve a role in the development of educational programs in proficiency areas of certification. This activity was, however, ultimately determined not to be a part of the College's charge.

Editor's Note: Ms. Ciuccio was hired as Executive Administrator of the College in April, 1995 after serving most recently with several professional associations and credentialing organizations based in Washington, DC. She brings over 15 years of experience in professional credentialing to the College. Ms. Ciuccio welcomes any inquiries about the College. She can be contacted by telephone at the APA College (202-336-6100) or by e-mail: apacollege@apa.org.

The Addictions Newsletter

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Division 50 and the College of Professional Psychology

Observations from the Chair of the Division 50 Education and Training Committee

Sandra A. Brown

University of California at San Diego

In the spring of 1994, shortly after I became Chair of the Education and Training Committee of Division 50, I received a call from Stanley Graham, Ph.D., then President of the College of Professional Psychology (CPP). Dr. Graham was seeking to establish a formal relationship between Division 50 and CPP as the College was moving toward developing an examination of proficiency for the treatment of substance use disorders for psychologists. Individuals in the CPP had been working together for a number of years with the goals of establishing credentialing and training procedures for psychologists with substance abuse as the first targeted area. Because of the expertise within Division 50 and the initial emphasis on forging stronger links between research and clinical care, as spearheaded by the insightful leadership of Dr. Jalie Tucker, I agreed to participate in this process. A liaison position (i.e., non-voting representation at CPP board meetings) was established for Division 50 within the College.

The liaisons between Division 50 and the College, and subsequently, Division 28, were critical to the methods later developed under the administrative umbrella of APA to evaluate the need for, and establishment of, procedures for the certification of proficiency. Division 50 was asked to petition APA for proficiency certification for substance abuse and along with representatives of Division 28 such a proposal was prepared, revised and approved by the Division 50 Board. Next, the review and approval of the Division 50 proposal by APA Council of Representatives opened the door for the examination development process to formally begin and ensured the utilization of well standardized, rigorously evaluated procedures of test development. Thus, after the College came under the umbrella of

APA, the examination development process progressed in a fashion more consonant with the interests of Division 50. APA requires guiding involvement of the petitioning organization, which was not the original intent of the College (i.e., independent development of training and certificate procedures).

An Expert Working Group for the substance abuse area was established as part of a content focused curriculum subcommittee within the College. Both standing members of the CPP curriculum subcommittee and new members comprised the Expert Working Group. In this effort Division 50 along with Division 28 sought to generate a balance between content experts who were clinicians, researchers, and academicians. Recommendations for membership on the Expert Working Group made by Division 50 were, by and large, adopted by the College.

The Expert Working Group first sought to develop the content domain for the proficiency exam. The Division 50 Education and Training Committee, with the hard work and good judgment of Barbara McCrady, submitted a set of Knowledge Based Objectives for Psychologists for treating addictive disorders. After discussion, the Expert Working Group adopted the Knowledge Based Objectives. This set of Knowledge Based Objectives then became the content domain to be tested in the proficiency examination of the CPP. While a number of modifications were made, the current emphasis areas are consonant with those considered by our committee to be important for psychologists active in providing interventions for substance use disorders (See table below for details).

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More About the Certification Examination

This computer-administered examination (available after June 1, 1996) consists of 150 multiple-choice items and can be scheduled by appointment at more than 200 locations in the United States and Canada. Results are available immediately upon completion of the exam. Items reflect what a licensed psychologist should know about substance abuse. Many items call for clinical analysis and judgment, rather than recall of facts. The examination is comprised of the following 12 content areas (percentages represent relative emphases on the exam). The examination is targeted to an "entry" or "journeyman" level, rather than to the level of "expert" or diplomate.

- Screening and Assessment (11%)
- Research Knowledge (6%)
- Legal and Ethical Issues (5%)
- Etiology of substance use disorders (6%)
- Initiation, Progression, and Maintenance of Substance Use Disorders (5%)
- Treatment I: Models and Approaches (14%)
- Diagnosis and Comorbidity (9%)
- Issues in Special Populations (6%)
- Prevention, Early Intervention, and Harm Reduction (6%)
- Clinical Pharmacology and Epidemiology (11%)
- Course/Natural History of Psychoactive Substance Use Disorders (5%)
- Treatment II: Planning, Implementing, and Managing Treatment and the Course of Recovery (16%)

Division 50 Elections

Report of the Elections Supervisor and Candidate Biographies

Elsie R. Shore
Wichita State University

The response to this year's call for nominations was gratifying; a total of 89 nominations were received. Nominations from at least twenty-five members of the Division were required in order for a candidate's name to be placed on the ballot. Two members, Robert A. Zucker and Sandra A. Brown, met that requirement and have agreed to run for president-elect and member-at-large, respectively. Their biographies appear below. Division 50 members will also have the opportunity to enter write-in votes for the two offices.

Your ballot will be sent to you directly from APA, in mid-May, along with the ballots for APA president-elect and other offices. Your involvement in Division 50, your Division, is important: Please vote.

ROBERT A. ZUCKER is a Professor of Psychology in the Departments of Psychiatry and Psychology at the University of Michigan, Director of the University of Michigan Alcohol Research Center, and Director of the Division of Substance Abuse in the Department of Psychiatry. Before coming to Michigan he held faculty positions at Rutgers University, Michigan State University, and was Director of Clinical Training at Michigan State before assuming his current position.

Dr. Zucker received his Ph.D. from Harvard University in 1966 and work on the problems of addictive behavior has been a primary focus of his career since that time. His major professional interests have been the etiology of substance abuse, documentation of the effects of substance abuse on children and families, the development of preventive programming, and the implementation of treatment strategies for the more severe and comorbid segments of the substance abuser population.

Dr. Zucker has been active in Division 50/SPAB activities since the early '80s and has been a member of the Division 50 Board since 1993. He has served in an advocacy role within APA by advancing and making visible the role of addiction psychologists, as well as emphasizing the importance of

recognizing the special knowledge base that addiction psychologists bring to their practice. Dr. Zucker was the founding Chair of the joint NIMH/APA Clinical Training Task Force on Substance Abuse and Comorbidity and is currently chair of Division 50's Fellows and Awards Committee. He is a member of the editorial boards of *Psychology of Addictive Behaviors* and *Drug and Alcohol Dependence*. He has demonstrated a long-standing commitment to advocacy work in Michigan by serving on and chairing task forces concerned with the development of standards for the certification and training of substance abuse professionals.

Dr. Zucker is internationally known for his work on alcoholic subtypes, for the identification of early markers of risk, and the development of early intervention programming. He has served on a variety of NIDA and NIAAA review panels, is a Fellow in APA Divisions 12, 28, 29, and 50, and has published over 90 papers and seven edited books. His present research is supported by grants from the National Institute on Alcohol Abuse and Alcoholism and from the State of Michigan Center for Substance Abuse Services.

SANDRA A. BROWN completed her Clinical Psychology Ph.D. from Wayne State University in 1981. She is a Fellow of Division 50, Professor of Psychiatry at the University of California San Diego, and Chief of the Psychology Service at the San Diego Veterans Affairs Medical Center (VAMC). Dr. Brown has 10 years of clinical experience as Director of Psychology Services in the Alcohol and Drug Treatment Program of the VAMC, and has taught in two clinical psychology doctoral training programs. Her research has been funded by NIAAA and NIMH, and she is presently Associate Director of the Center for Research on Child and Adolescent Mental Health Services Research. She consults internationally on the development of intervention programs for teens and adults who abuse substances.

Dr. Brown currently chairs the Clinical and Treatment Institutional Review Group of the National Institute of Alcohol Abuse and Alcoholism and is the Division 50 liaison to the APA College of Professional Psychology. Dr. Brown was the first Chair of the Education and Training Committee for Division 50 and has been actively involved in the development of APA's Certificate of Proficiency for Psychoactive Substance Use Disorder. She is well known for her clinically focused substance abuse research on adolescents and adults, which has produced over 100 peer reviewed publications. Dr. Brown has also been on the editorial board of several APA journals.

The Addictions Newsletter

wishes to congratulate

Robert A. Zucker, Ph.D. and Sandra A. Brown, Ph.D.

on their nominations for president-elect and member-at-large.

Their contributions to the Division have been greatly appreciated.

Now is the time to subscribe to the Division 50 listserver



"What is a listserver?" you ask. It's a centralized computer that receives e-mail from one subscribed individual and sends it to all other individuals on the list. The APA Division 50 listserver (APADiv50-Forum) has begun to serve an active role in aiding communication between Division members and others interested in addictive behaviors. Don't miss the action! All you need is an e-mail address.

If you have not subscribed as yet and would like to do so, send a message to:

listserv@csd.uwm.edu

The message should consist only of the following:

subscribe APADiv50-Forum [yourfullname]

Please do not include any other information or correspondence when signing up for the list (it will not be understood by the listserver). Your e-mail address will be registered automatically from the initial e-mail you send.

After you sign up you will receive a welcome message with a full description of the APADiv50-Forum and additional instructions about using the list. Professionals who are not members of Division 50 and others may contact Vince Adesso, Ph.D. by e-mail about joining the list:

vince@alpha2.csd.uwm.edu

Once again, we look forward to hearing from you and having you contribute to some lively discussions

I Need a Fix!

Bill Solomon
Overland Park, KS

What I need is a fix!

Oh, you mean that thing photographers do to make the picture?

No, I need a fix.

Oh, sure, that thing that navigators do to know where they are.

No, I need a fix.

Oh, I know, you got a traffic ticket and you want somebody to take care of it.

No, I need a fix.

I read about that in biology, it's something bacteria do to nitrogen.

No, I need a fix.

I see, it's a vendetta and you need to get even with somebody.

No, well, maybe what I need is to get fixed.

Do you mean spayed or neutered!?

No, just get fixed.

Of course! You mean you need to be repaired, like a car.

Well, maybe not get fixed, I want to be fixed.

Now I understand! You just want to be in one place.

Maybe I could look fixed.

Ah! You want to just stare straight ahead.

What I want is a fix.

Well, this is a fine fix you've gotten us into!

No, what I really need is a fix.

Oh, don't be silly, there are no fixes.

BROWN (continued from p.4)

Members of Division 50 not only participated in the development of the Knowledge Based Objectives for the proficiency exam, they were involved in two item-writing workshops at which items assessing all content areas were developed, reviewed and revised. The Expert Working Group convened an additional time to review and write additional items. At this last meeting members evaluated items for relevance to the professional tasks that psychologists perform (e.g., assessment, intervention, and research) and importance of knowledge needed to answer each item. Since the examination is designed for proficiency level, members modified, when necessary, items to target information needed for individuals entering the field or who may be treating substance related disorders as a minor part of their clinical activities. Since the examination will be available in the summer of 1996, psychologists will have an opportunity to evaluate the extent to which important information is covered and whether the difficulty level approximates that of entry level or non-specialist status. It will be critical to the credibility of the proficiency certification process that Division 50 continues to be involved in the further refinement and update of future examinations.

Given the different perspectives from which Division 50 and CPP were approaching the education, training, and intervention needs of practicing psychologists, it was not surprising that the initial interactions between these two organizations were somewhat tumultuous. Once the Division 50 petition to APA articulating the need for proficiency certification was adopted by APA and CPP was brought under the auspices of APA, the formal process of exam development unfolded in a manner more consistent with the interests of Division 50.

While many of us are ambivalent about the advisability of yet another requirement (exam) when we already have a professional degree, the CPP proficiency exam provides a way for practicing psychologists to demonstrate proficiency in the treatment of substance related disorders. From a training perspective, we presume doctoral level psychologists have sufficient academic and clinical training to be proficient in the assessment and intervention for prevalent forms of psychopathology. From this perspective, additional certificates for proficiency are superfluous although, additional training would be needed for expert status. Unfortunately, despite the national prevalence of addictive disorders, graduate level training in the assessment and treatment of substance related disorders is remarkably variable. One advantage of the CPP proficiency examination is that it has given Division 50 the opportunity to collectively reflect on what we as a profession think is important and unique in our contribution to clinical services for substance related disorders. Hopefully, this information can now be used to inform graduate level training at a time when the landscape of mental health services is rapidly changing and requires increasing justification for our unique professional contributions.

1996 APA Convention *Accommodating People with Disabilities*

The Board of Convention Affairs would like each person with a disability who is planning to attend the Convention in Toronto, Ontario, Canada, August 9-13, 1996, to identify himself or herself and to provide information on how we can make the convention more readily accessible. APA will provide a van with a lift as transportation for persons who use wheelchairs, interpreters for people who have impaired hearing, and escorts/readers for people with impaired vision. We strongly urge individuals who would like assistance in facilitating their attendance at the convention to register in advance for the convention on the APA Advance Registration and Housing Form that will appear in the March through May issues of the American Psychologist. A note that outlines a person's specific needs should accompany the Advance Registration and Housing Form.

We encourage people with disabilities to select one of the following convention hotels for housing because they are the ones best equipped to help with special access issues: Royal York, Sheraton Centre, Crowne Plaza Toronto Centre, and Delta Chelsea Inn. Toronto is not bound by the ADA and only these four hotels come close to meeting ADA standards.



Congratulations!!!
Thanks to your support,
Division 50 retained a seat
on the APA Council of
Representatives for 1997!!!

Who Should Determine the Goals of Alcohol Treatment? *What the Research Says*

Frederick Rotgers
Center of Alcohol Studies
Rutgers University

In the United States clinical service providers have traditionally adopted a prescriptive stance towards persons seeking help for alcohol problems. In the vast majority of instances, these individuals are told that abstinence is the only acceptable treatment goal, and that persons with drinking problems cannot be successful in overcoming them unless they commit themselves to abstinence from the start of treatment. In fact, alternate drinking goals (i.e., learning to moderate one's drinking to within safe levels) are rarely accepted by alcohol treatment programs or offered as an option to clients (Rosenberg & Davis, 1994; Perkins, Cox & Levy, 1981). This is so, despite early recognition by some clinicians (e.g., Parker, Winstead, & Willi, 1979), that client choice plays a significant role in reducing treatment drop-out rates and enhancing overall treatment efficacy.

The situation is often different elsewhere in the world, where clients are frequently afforded an active role and choice in selection of drinking goals, even in inpatient settings (i.e., Rosenberg, Melville, Levell, & Hodge, 1993; Duckert, 1989). Clearly here in the U.S. we have adopted a different perspective on the role clients should play in determining their own treatment for alcohol problems. While there are probably many reasons for this state of affairs, these appear to be based mostly on philosophical positions, and not on empirical evidence (i.e. the "medicalization" of addiction treatment resulting from adoption of a 12-step-based disease model of alcohol problems [Peele, 1989]). The debate has been hot and heavy on both sides with both "prescriptive" (i.e. Hore, 1995) and "choice-oriented" (i.e. Duckert, 1995) views being vigorously presented in the literature.

What does research have to say about this very important clinical issue? In this short paper, I will review some of the evidence about client-goal choices and how such choices affect treatment outcomes. This paper is not meant to be an exhaustive review, but instead it provides an alternative to the predominant view in alcohol treatment in the U.S. today.

Do Clients Want Choices, and What Goals Do They Choose? Although little research has been conducted on client preferences for goal-choices, a study by Mark and Linda Sobell and their group at the Addiction Research Foundation examined exactly that question (Sobell, Sobell, Bogardis, Leo, & Skinner, 1992). Their results suggest that clients with more serious problems tended to prefer the therapist to set goals for them, while better educated clients tended to prefer self-selection of goals. Despite the fact that persons with more severe problems tended to prefer therapist-selected goals, the majority of the subjects in this study preferred to set their own treatment goals, and believed that they would be more likely to achieve self-selected than therapist-selected goals.

In a study that approached goal selection from a somewhat different perspective, Sanchez-Craig & Lei (1986) found better

outcomes for heavier drinkers who were randomly assigned to a moderate drinking program than to an abstinence-focused program. Random assignment, which had the effect of imposing particular goals upon clients in a fashion similar to clinical practice in many programs in the U.S., resulted in poorer outcomes among those most severely affected by alcohol problems.

When clients are offered a choice of goals, what sorts of choices do they make? Do they inevitably, or even by majority, choose moderation goals if offered them? One school of thought suggests that "every alcoholic's dream is to drink moderately." Does this notion withstand scientific scrutiny? Several studies done in Europe, where drinking goals other than abstinence are more widely accepted, thus permitting an examination of client goal choices in settings in which choices will be honored, and thus have more meaning for the client (Booth, Dale, & Ansari, 1984; Ojehagen & Berglund, 1989), have reported findings suggesting that problem drinkers do not overwhelmingly select moderation goals. Rather, the contrary seems to be the case: clients overwhelmingly select abstinence!

In one such study, Booth, Dale, and Ansari (1984) reported that 68% of their subjects chose abstinence at intake, although they indicate that more recent data from their own service suggested that 49% of new clients chose moderation; at discharge this figure reduces to 45%. Ojehagen and Berglund (1989) reported that 84% of their clients selected abstinence as their treatment goal, when given a choice at treatment entry. Goals tended to shift during treatment and follow-up with some clients who chose abstinence shifting to moderation and vice versa.

Two studies done in the U.S. in the late 1970s, prior to the Maltzman-Pendery/Sobell controlled drinking controversy, which appears to have been a major dampening force to research in this area (Roizen, 1987), produced similar results to those done outside the US. Cannon, Baker and Ward (1977) found that 71% of the patients in a VA setting preferred abstinence, while Pachman, Foy and Van Erd (1978) reported that nearly 80% of their subjects chose abstinence when offered a choice between moderation and abstinence goals. If these results are valid, and one would suspect they are given the difficulty encountered in replicating many findings in clinical research, then clinical lore clearly does not hold up under scrutiny--clients do not tend to choose moderate drinking when given a choice. In fact, in the Ojehagen and

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ROTGERS(*continued from previous page*)

Berglund study, the more severely dependent clients, those for whom moderation training was least likely to succeed, were the ones who most frequently chose abstinence as their treatment goal!

Clients Want Choices and they Generally Make Good Ones. Although the group of studies cited is quite small, the uniformity of findings is quite striking. It is clear that clients prefer, by and large, to make their own goal choices, rather than having goals imposed by therapist or program. Clients also, contrary to clinical lore, tend to favor abstinence over moderate drinking goals by several fold when permitted to choose. These findings indirectly support Miller's contention that the "denial" of problems often seen in problem drinkers by many clinicians may be at least partly iatrogenic, rather than characteristic of the clients themselves (Miller & Rollnick, 1991). Given the very poor record clinical services have had in the U.S. in attracting people with alcohol problems to seek help (Cunningham, Sobell, Sobell, Agrawal, & Toneatto, 1993), it would seem logical that one way to increase the acceptability of treatment to a broader range of clients (particularly those with less severe alcohol problems for whom non-abstinence goals are more likely achievable [Heather, 1995]) would be to make treatment more "client-friendly" and "client-driven" by allowing clients much greater input into the goal selection process than has heretofore been the case in alcohol treatment in the U.S..

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Important Notice

The staff of *The Addictions Newsletter* cannot process address changes or subscription orders

If you have changed your address, please contact APA directly at (202) 336-5500. If you are **not** a member of Division 50 and you wish to receive *TAN*, contact Jan Williams, Ph.D. at (803) 656-4755 to become a Division 50 Member or Affiliate. Thank you!

Psychosocial and Behavioral Factors in Women's Health

Research, Prevention, Treatment, and Service Delivery in Clinical and Community Settings

The American Psychological Association will sponsor a National Conference on *Psychosocial and Behavioral Factors in Women's Health: Research, Prevention, Treatment, and Service Delivery in Clinical and Community Settings* at the Renaissance Hotel - Downtown, Washington, DC.

Conference dates: September 19-21, 1996

CE Workshops: September 18, 1996

Conference Objectives:

- ◆ To identify factors that result in effective clinical and community-based interventions and facilitate accurate risk perception, early detection, and the adoption and maintenance of health-promoting behaviors among diverse populations of women;
- ◆ To critically examine the current systems and structures for health care services in women's health and to identify effective models of health care delivery;
- ◆ To present research findings and successful models that highlight features that improve service delivery and behavior change interventions in women's health care;
- ◆ To develop and promote strategies for information transfer among women's health researchers, clinical and community health care providers, health educators, community outreach workers, and health administrators;
- ◆ To identify effective psychological and behavioral interventions in women's health care which reduce psychological distress, improve quality of life and disease outcomes;
- ◆ To create a guide for developing effective health promotion/disease prevention programs, state-of-the-art community-based interventions, and programs for service delivery in women's health.

Content Areas:

- ◆ Sociocultural Influences on Health
- ◆ Health Promotion and Disease Prevention
- ◆ Psychosocial and Emotional Issues
- ◆ Information transfer
- ◆ Systems and Structures for Women's Health Care
- ◆ Health Services Delivery

For additional information contact: Women's Health Conference, American Psychological Association, Women's Programs Office, 750 First Street, NE, Washington, DC 20002-4242; Phone: 202-336-6070; Fax: 202-336-6117; e-mail: whc.apa@email.apa.org

The APA Proficiency Certificate is for Every Competent Psychologist, Not Just the Specialist

David A. Rodgers

Member of the Board of Governors
APA College of Professional Psychology

Third party payers are increasingly restricting reimbursement for certain clinical services to those individuals who hold formal certificates of proficiency. Often, these are proficiencies that the average psychologist possesses to a greater degree than do others who are formally certified as possessing them, such as the bachelor level "Certified Chemical Dependency Counselor." Like the Scarecrow in *The Wizard of Oz*, we possess the brains but do not have the diploma. The APA College of Professional Psychology was established to certify the proficiency status of psychologists in key areas of practice that require such formal evidence.

There is a danger that psychologists will misunderstand the value of this certification. The certificate is meant to represent *proficiency*, not *specialization*. If too few general practitioners apply for the certification, it will become an index of specialization rather than what it was intended to be: proof that the properly trained general practitioner psychologist is proficient at doing what other professionals may need special training to do.

The first Proficiency Certification is in the "Treatment of Alcohol and other Psychoactive Substance Use Disorders." Insofar as alcohol or other psychoactive substance abuse constitutes any part of the disorders a psychologist treats, that psychologist should get the Certificate. Certification will help psychologists secure continuing access to and payment for such patients in this managed care era. The Professional College has made that task as easy as possible at start-up, without initial examination, but for a short time only.

The original certification is for three years, and will require taking and passing the certification examination before renewal. APA and other groups will be providing training that should be helpful for passing the examination. If you are shaky on your knowledge in this area, you will have time to brush up before you take the exam and before the next renewal. Nevertheless, do not put off applying for the Certificate during this initial phase. Your knowledge, without brushing up, is likely to be better than the knowledge of current certificate of competency holders in substance abuse. The pressure to pass the exam before next renewal will force you to become still more proficient.

It is critical that you act now, before May 31! The potential patients of the psychologist should not be forfeited to other professions, simply for the absence of a proficiency certificate. The College of Professional Psychology has made the certificates available, but only you can apply for the certificate and make it a meaningful symbol of the skills of an Addictions Psychologist.

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GOLDMAN (continued from page 1)

provide service to these populations, the credentialing process became exclusionary of professionals who were providing such services under the authorization of their generic license in their specific field, e.g., psychology, medicine, social work, and so on. In response to these new "facts," groups within APA rallied to protect psychologists from having to meet sometimes inappropriate standards that did not reflect or respect training in psychology. The College concept became the vehicle for the credentialing process, because APA itself could not credential (professional organizations are seen as having an inherent conflict of interest in the development of procedures that are designed to serve gatekeeping and regulation functions). Because some individuals anticipated that a similar assault on our ability to provide services might arise in other areas (for example, in the area of marital and family therapy), it was felt that the College could use the development of the alcohol and substance abuse credentialing process as a template for the future development of credentials in other fields.

Division 50, and particularly our Education and Training Committee, was heavily involved in generating the body of information upon which the credentialing test would be based, and in assisting with the generation of questions (which was overseen by a private consulting firm). This involvement was, of necessity, sometimes "assertive" in nature because of the real possibility that our input would be ignored or minimized. These dynamics occurred in part because Division 50 was just coming into being when much of this activity was taking place, and in part because it was unspecified just how experts from the field in question were to be identified. Although our role needed to be secured by the efforts of some of our previous and current Divisional leadership, presently, both Division 50 and Division 28 have liaisons to the College board of directors, and we have been partially successful in establishing the precedent that expertise must be obtained from the appropriate groups in APA. Hence, the newly established credentialing process reflects input by your peers in the Division, and in some sense, reflects our conception of what constitutes expertise in our field (the credential is not intended to reflect advanced or specialist-level expertise, but rather the level of expertise necessary for acceptable professional functioning). As someone who has reviewed the materials on the knowledge base from which the examination is derived, I can assure you that the field of addictions truly represents an extensive and demanding body of knowledge and expertise. Perhaps that is one reason to support the credential.

There is other information that you may wish to consider. The College, of course, is not controlled by the Division and the opinions of the College governance could vary over time from what we think to be best for our area. Based upon my experience with the College governing board in November, 1995, it is my understanding that the plan is to eventually get major input for the development of future exams from those who have already been credentialed; such a group may or may not represent current ideas in our Division. For example, if recipients of the credential are not primarily those in the Division or with special expertise in the substance abuse field (as they may not be), the nature of the credentialing process could change considerably.

Our inability to completely control this process has distressed some members involved in original discussions about Division input. It was felt that the boundaries and content of our field may become determined by others. Of course if other credentials are developed, we might not be so ready to have

control of our ability to see couples, families, or children, or to administer other assessments or treatments be under the control of Divisions originally created as interest groups in these other areas.

The creation of other credentials has more complex implications than might first be apparent. At the very least, proliferation of credentials may render the basic degree in psychology only the beginning of preparation for professional activity, and only a small part of the eventual cost of training. It is, however, again my understanding from my visit to the College governing body in November that the College is heavily dependent for its continued existence on the professional and economic viability of the alcohol and substance abuse credential. As of the November meeting, no other credential was under active development. It is unclear whether demands from licensing or third party systems will make other credentials sufficiently essential to motivate psychologists to participate in additional credentialing processes. Furthermore, even if they do, fees from these credentials will not be available to the College for some time. Therefore, unless sufficient numbers of psychologists participate in alcohol and substance abuse credentialing, the economic viability of the College may be placed in jeopardy. (And participation must include psychologists outside of our Division--our Division membership is far too small to support the entire enterprise). In fact, the cost to us of the credentialing process was set with factors such as actual cost of developing the procedure and running the College taken into account along with considerations of a pricing structure that will be seen as attractive and valuable to the psychologist/consumer. In other words, it is very important to the College that as many psychologists as possible be drawn into this process.

At the same time, you may be aware that there are other, less expensive, credentialing mechanisms already available, or in development, in some states. It is important to consider, however, whether these mechanisms have been specifically designed for psychologists, and whether they reflect quality. As such, they may accomplish the short-term goal of gaining access to the necessary service provision systems, but may not operationalize and validate the special qualifications that psychologists must bring to the assessment and treatment of alcohol and substance abusing clients if we are to maintain our role in the service delivery system. Hence, third party systems may infer from these other credentials that psychologists offer nothing unique (and worthy of reimbursement) in these areas. I would advise each of you to read very closely the material appearing in this issue about the credentialing process and the College itself. We offer our thanks to Janet Ciuccio of the College for her willingness to write a piece for this issue

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GOLDMAN (continued from previous page)

to explain what is happening. As psychologists in the addictions field, we have always known just how much specialized knowledge and skill is required for the adequate performance of our duties. We have often felt frustrated by the lack of attention paid to our area by other psychologists and professionals (not to mention the para-professional movement). It is up to us to insure that the attention we are now getting will prove useful for our field and a good model for psychology in general.

To end on a *very* positive note, I want to acknowledge the fact that Division 50 has retained its seat on the APA Council of Representatives for the year 1997. Thank you all for apportioning your ballots to our Division. Having a representative is of critical importance if the Division hopes to have any influence within APA. For your information, we had a total of 1653 votes for our Division (the total of allocations of 1 vote, 2 votes...up to 10 possible vote-allocations on each ballot). We did well!

Substance Abuse and Psychological Characteristics of Prenatal Women in an Urban Setting

Edward Rubin

Sinai Samaritan Medical Center
Milwaukee, WI

According to the Wisconsin Association for Perinatal Care (1992), one in four pregnant women in Wisconsin put their babies at risk by their consumption of alcohol and one in ten pregnant women put their babies at risk by their use of illegal drugs. The Wisconsin Association recommends that "Mothers of young children and pregnant women who use alcohol and other drugs be identified as early as possible so they can obtain services in a positive, comprehensive approach -- not a punitive one (p.4)."

Sinai Samaritan Medical Center, the clinical campus for the University of Wisconsin Medical School, is the only hospital serving central-city Milwaukee. This medical center delivers the greatest number of cocaine-affected babies in the state of Wisconsin. Despite this fact, the physicians, nurses, residents and others who work in the Ob/Gyn department often lament that many of the women seeking pre- and perinatal services have undetected and untreated mental and substance use problems. In addition, pregnant women seen in this setting often have other specific psychosocial needs which, if identified, could be integrated into subsequent treatment planning. Our patients are very similar to those described by Haller, Knisely, Dawson, and Schnoll (1993). Haller and her colleagues sampled a small group of perinatal substance abusers who consented to treatment. These authors found that identifying, engaging, and then treating these women presented unique challenges. Their sample was characterized by having few resources available to them. They were "...educationally, and financially limited... dependent upon others to care for their basic needs," and had "high rates of depressive and anxiety disorders (p.512)."

In a relevant study, Hobfoll, Ritter, Lavin, Hulsizer, and Cameron (1995) looked at psychiatric prevalence in a sample of pregnant and postpartum "financially impoverished, inner-city women," and found that about 25% of their sample was clinically depressed. Miller and Hyatt (1992) identified poor family and social support networks among this pregnant population as well as frequent relationships with abusive men. They hypothesized inadequate family and social support networks served to increase their vulnerability to physical and sexual abuse. In addition, they reported that the women tended to fear loss of their children to social service agencies due to the mother's drug or alcohol abuse. This can further discourage a pregnant woman from participating in a treatment program. Smith, Dent, Coles, and Falek (1992) found that pregnant and postpartum cocaine-abusing

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Research on Lesbian and Gay Parenting *A Resource for Psychologists*

Lesbian and Gay Parenting: A Resource for Psychologists (1995), is a joint publication of the APA's Committee on Women in Psychology, the Committee on Lesbian and Gay Concerns, and the Committee on Children, Youth, and Families.

The two-part, 40 page publication includes psychological literature on lesbian and gay parenting. Part I is a summary of research findings on lesbian mothers, gay fathers, and their children. Part II is an annotated bibliography of the published psychological literature and includes additional resources relevant to lesbian and gay parenting.

A copy of the publication can be obtained by contacting the Public Interest Directorate at 202-336-6050 or sending an e-mail request to publicinterest@apa.org. Mail orders should be sent to the American Psychological Association, Public Interest Directorate, 750 First Street, NE, Washington, DC 20002-4242.

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RUBIN (*continued from previous page*)

women had a high incidence of past suicide attempts. They concluded "that many of these women are suffering from chronic psychopathology and that pregnant and postpartum cocaine abusers may be at particularly high risk (p. 347)."

In one earlier attempt to describe our particular population, Broekhuizen, Boyles, and Utrie (1993) analyzed perinatal statistics for almost 28,000 deliveries over a nine year period at the medical center. They found that the patients had an increasing history of illicit drug use dating from 1986. In fact, they reported (p.245) that "by 1991, 12.1% of all obstetrical patients had a positive history of illicit drug use during pregnancy." The authors thought 12.1% was an underestimate of current illicit drug use because an anonymous drug screening survey administered two years before had yielded a 15% to 18% incidence of illicit drug use.

The Prenatal Care Coordination program at Sinai Samaritan Medical Center is the largest of 16 state-financed prenatal coordination programs that focus on in-home prenatal care for pregnant women. Home visits by nurses give expectant mothers greater access to care and help eliminate societal barriers to receiving medical services. The program offers a wide range of services including education and counseling, linking pregnant women to physicians, lab tests, and follow-up services. Nurses offer advice and support on nutrition and child-rearing, and interventions for smoking, alcohol, and other substance abuse problems. Treatment programs may also be recommended. The program also helps women deal with abusive situations, lack of support, lack of transportation, lack of child care, low self-esteem, and depression.

Study design and goals. The main goal of this study is to assess the prevalence of mental health, substance abuse, and comorbid problems in a general urban-based OB/GYN hospital clinic population. We hope the data will help spur the recognition of the need to provide earlier screening and assessment, as well as allow for earlier intervention for these problems. We also will assess whether these variables are associated with women accepting referral into the treatment system.

The study is being conducted at Sinai Samaritan's Ob/Gyn clinic, which provides 18,000 patient visits annually. The participants for this study will be unselected, consecutively admitted pregnant women (18 years and older) who give informed consent and are seeking services through the Prenatal Care Coordination Project at Sinai Samaritan Medical Center. Patients will be excluded if they have an impaired psychiatric or cognitive capacity to such an extent that it would prevent participation in the study because of inability to comprehend the assessment interviews or instruments.

All patients will be asked to participate in the study at their first visit to the OB/GYN clinic as part of their ongoing care. There will be a total of three interviews and participants will be paid a fee of \$8.00 per interview. These interviews will take place at the initial visit, a visit in their third trimester, and their first postpartum visit. Reimbursement will be in the form of tokens that can be exchanged for baby care items, formula, and other necessities. Each of the three interviews consists of a standard assessment battery. We will administer the Addiction Severity Index (McLellan, Kushner, Metzger, Peters, Smith, Grisson, Pettinati, & Argeriou, 1992) to obtain information in a variety of domains: medical history, employment and support status, substance abuse history, legal history, family history,

including family and social relationships, and psychiatric history. We will also administer the Beck Depression Inventory (Beck, Rush, Shaw, and Emery, 1979), as well as ask additional questions regarding handguns, and history of domestic violence and sexual assault (Traub, 1995).

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Divisional Mitosis

Pathological Pluripolarism or Pluperfect Production?

Richard M. Suinn
Colorado State University

I have been invited by Division 50 to participate in the stimulating task of reacting to Dr. John Grabowski's Division 28 article. I hope to do so while not on any medications, off all substances, and promising to avoid addiction to future invitations. Let me begin by first citing the pros and cons of the APA Divisional structure in APA.

Pros

- ◆ Divisions offer a resolution to the massive size of APA by offering a locus for psychologists with common interests to come together and form an identity.
- ◆ Divisional convention programs enable one to select activities of particular interest and avoid the sense of being lost in the crowd.
- ◆ Divisions enable a newcomer to have easier access to involvement, leadership participation, and social introductions.
- ◆ Divisional identity enables others to locate experts by contacting relevant Divisions.
- ◆ Divisional membership complements APA membership because the former identifies one's special competencies (e.g., Fellow in one's Division), while the latter expresses one's generic identity as a psychologist.

Cons

- ◆ Some argue that all Divisions are duplicates of other existing structures, such as APA board/committees, state associations, regional associations, or other national organizations.
- ◆ As Dr. Grabowski points out, there can be overlapping interests, such that a psychologist can be faced with the enormous expense of Divisional dues to be an active member in all Divisions representing their interests.
- ◆ The number of Divisional programs at the APA convention are so extensive that the convention feels impersonal to the newcomer.
- ◆ Divisions lack the political impact in APA since the APA organization is complex with full-time Directorates, Boards and Committees, a Council of Representatives, and a Board of Directors. Further, some would argue that the real work is done by those structures whose members meet more than the one time per year that most Divisions meet. Also, position statements by Divisions must "past muster" by the Council of Representative before becoming official. And, as Dr. Grabowski observes, sometimes APA takes a position without asking the advice of the appropriate Division.

I would note that some of the "cons" may not be the fault of the Divisional structure, but rather of the implementation of the system. Nevertheless, the real point by Dr. Grabowski was that there are too many Divisions that overlap. He offers an

interpretation of how Divisions are formed, using classification concepts such as overlap in settings (Educational Psychology and Psychology of Teaching), therapies offered (Psychoanalysis, Hypnosis, Counseling), sample size (Group Psychology, Population Psychology), gender (Psychology of Women, Lesbian and Gay Issues), etc. I think I will leave debate about the conceptual validity of these classification schema to members of the Division of Theoretical (and Philosophical) Psychology, or the Division of Evaluation, Measurement (and Statistics), or the Division of Experimental Analysis of Behavior.

Beyond his creative humor in offering the classifications, his most direct concerns are: there is too much overlap, over-differentiation and specialization that reflects special interests. Therefore, common work toward collaborative solutions is made difficult, costs for representatives of all units to attend the Council of Representatives meetings are too high. Further, he argues that the sensible alternative is a smaller number of core Divisions with special sections "catering to special issues."

While I do not agree with all of Dr. Grabowski's premises, some raise reasonable issues. Many individuals have expressed concern about what appears to be an unwieldy structure in APA, including the Boards, Committees, Council, and Directorates. Some changes have been made - the Directorates were organized, and the directors of each Directorate have joint planning sessions to assure collaboration and communications. Other changes have been proposed such as the recent discussion about the composition of Council.

The formation of new Divisions is continuously examined through the process of formal application, debate, and approval of Council. In a related way, the adoption under APA auspices of a new APA core journal submitted by a Division requires written justification, including comparison with existing journals in the field.

An immediate overhaul, sunseting of existing Divisions, and collapsing these into a new structure does overlook some of the "pros" I listed earlier. In some situations, "lean and mean" is better, while in others there is "strength in numbers." For the moment, let me present the latter. Psychology is no longer a small, concentrated field, limited to a narrow knowledge base, set of principles, or theories. This is a reflection of the status of science in general. Progress will come from a combination of generalists who are integrationists and specialists who work in depth.

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SUINN (continued from previous page)

I agree that separatism can interfere with collaboration. However, I suggest that forming sections within Divisions is another form of separatism similar to that of having separate Divisions. If we did form new Divisions using such a structure with sections, how would the parent Division prevent the very problems of lack of communication or collaboration that Dr. Grabowski protests? Possibly through having a representative appointed/elected to represent the section, structuring agenda time for sectional topics, etc. Would such steps be equally applicable across Divisions in our current structure, especially where there is an issue of common concern to the various Divisions?

My guess is that such an approach is indeed feasible, but as Dr. Grabowski observes, the leadership must invest in such values. As past president of another Association myself, I am involved in discourse with another national association president to develop collaboration with the president of our State Psychological Association. Perhaps Dr. Grabowski's challenge is the first step in similarly bringing together the leadership of Divisions 50 and 28.

My comments do not mean that I feel the Divisional structure has reached its full potential. I believe APA needs to consider: a formal voice for Divisions beyond the twice-a-year Council of Representatives format, increasing services to aid Divisional recruitment, perhaps expanding of e-mail services networking or a "Divisional Dialogue," possibly offering development funds, and perhaps more meaningful space in the *APA Monitor* to highlight Divisional members.

As a final comment, Dr. Grabowski's thoughtful and enjoyable discourse was obviously aimed at being provocative as well. He has opened a dialogue that could ultimately lead to enhancing the role of Divisions in APA. It is up to all of us to continue this very important dialogue!

LIESE (continued from page 1)

Once again, **Fred Rotgers** has taken time from his busy schedule to write an article for the newsletter. This time he writes about the determination of goals of treatment for alcohol problems. (Anyone who knows Fred agrees that you couldn't meet a nicer guy. By the way, Fred, congratulations on your new book!) "**Ned**" **Rubin** describes a pilot study of substance abuse in underserved women in Milwaukee. And **Tom Brandon** gives us an update on the APA Division 50 program in Toronto.

For your reading pleasure there is again a creative feature in this issue of *TAN*. Thanks to **Bill Soloman**, we bring you yet another entertaining piece. Hopefully such creativity will become a tradition in *TAN*. If you like to write creatively, please consider submitting a thought-provoking, stimulating, or entertaining paper.

There are two final pieces of good news regarding our newsletter. First, it is now possible to read *The Addictions Newsletter* on-line. Just visit:

http://www.kumc.edu/addictions_newsletter

At present, this site provides two methods for reading and downloading the newsletter. In the near future we will add previous *TAN* issues, color, and more functionality to the site. If you have expertise in www site design and have suggestions, please let me know.

The other good news is that I have recruited an Assistant Editor. Ralph Greene is a graduate student in clinical psychology at the University of Kansas. After working with Ralph for some time I invited (coerced?) him to get involved and he has agreed to do so. I am happy to report that Ralph has survived his first newsletter with me!

So that's all for now. Hope to see many of you in Toronto in August.

Call for abstracts and an invitation to attend

The First National Harm Reduction Conference

September 18-21, 1996

Oakland, California

(Abstract deadline: June 1, 1996)

The Harm Reduction Coalition invites you to participate in the First National Harm Reduction Conference. The purpose of the conference is to expand harm reduction in the United States through the exchange of information and experiences. Harm reduction is a set of strategies and tools to reduce the drug-related harm experienced by individuals and communities. This harm includes HIV and other infectious diseases, violence, chronic illness, community disintegration, and death.

We strongly encourage the participation of psychologists in this important conference. You will be joined by people from a diversity of backgrounds, disciplines, and philosophies, with a variety of personal histories and experiences. We are excited about this opportunity for an honest dialogue between various individuals and disciplines. The conference will provide a combination of information, education, and practical training. For more information and registration, contact:

Harm Reduction Coalition

telephone: 510-444-6969

e-mail: harmredx@well.com



Announcements

Pre- and Post-Doctoral Fellowship

A Pre- and Post-doctoral fellowship at University of Vermont to work with John Hughes are available beginning September, 1996. Areas of research will include smoking cessation in recovering alcoholics, harm reduction as applied to smoking, abuse liability of nicotine replacement products, and caffeine reinforcement in humans. Also, UVM has ongoing research in mass media and prevention programs for smoking, and laboratory and treatment research on cocaine and opioid dependence.

One pre- and one post-doc are available. Pre-doc trainees must be accepted into the Department of Psychology or the Medical School at UVM. Funding is via a NIDA Institutional Training Award. Burlington, VT (Metro pop = 100,000) has great recreational opportunities.

If interested, send CV and cover letter to John R. Hughes, M.D., Department of Psychiatry, University of Vermont, 38 Fletcher Pl, Burlington, VT 05401-1419.

Post-Doctoral/Research Associate

Position available with research project funded until 2001 by the National Institute on Alcohol Abuse and Alcoholism (PI: Mark S. Goldman). This individual will oversee daily operations of a research program on cognitive/expectancy factors involved in the etiology and prevention of problem drinking and alcoholism. Candidates should have a Ph.D. in psychology or cognitive science and be interested in committing to this line of research, as well as pursuing research of their own in related areas. A background in one or more of the following areas is desirable: alcoholism or substance abuse research, multivariate statistics, computational modeling, and cognitive/neural models of learning and development. Potential applicants who have some of these characteristics and are interested in acquiring others are encouraged to apply. The position will begin about August/September 1996, and will last for two years, with extensions possible. Interested parties may send curriculum vitae to Mark S. Goldman, Ph.D., Department of Psychology, BEH 339, University of South Florida, Tampa, FL 33620-8200, or call (813) 974-6963, fax (813) 974-3409, or e-mail goldman@luna.cas.usf.edu. USF is an equal opportunity employer.

Moderation Training Database Under Construction

Reid Hester is compiling a database of psychologists and other therapists who do moderation training with problem drinkers. So if you do moderation training, or know someone else who does, Reid would like to hear from you. Please send the following information to him: name, affiliation, address, telephone, FAX, e-mail address. Reid hopes to publish this information. He prefers to receive this information via e-mail (rhester@unm.edu). Otherwise, you can reach him at the following address: Behavior Therapy Associates, 4300 San Mateo NE Suite B-285, Albuquerque, NM 87110.

Announcements (con't)

Johns Hopkins Postdoctoral Positions in Substance Abuse Research

Postdoctoral human research positions are available in a stimulating and productive environment with excellent clinical and research resources.

Applied Research in Behavioral Treatment of Substance Abuse. Develop and evaluate treatment interventions for opioid and cocaine pregnancy clinics.

Human Laboratory Behavioral Pharmacology. Design and implement controlled laboratory research on the behavioral, subjective, and physiological effects of psychoactive drugs for abuse liability testing and medication development. Drug classes under study include: opioids, cocaine, anxiolytics, caffeine, and nicotine.

Research background and experience required. Minorities encouraged. USPHS stipend levels based on experience.

Send vita, letter of interest, names and phones of 3 references to George E. Bigelow, Ph.D. or Maxine L Stitzer, Ph.D.; BPRU, Behavioral Biology Research Center, 5510 Nathan Shock Drive; Johns' Hopkins Bayview Campus, Baltimore, Maryland 21224-6823. (410) 550-0042.

Recent Psychology Ph.D. or Advanced Graduate Student Needed for Coordinator/Therapist Position

A recent Ph.D. or advanced graduate student with clinical experience is needed to serve as full-time study coordinator for an NHLBI-funded trial of a behavioral intervention to prevent weight gain after quitting smoking. The applicant must have experience in providing cognitive-behavioral therapy, preferably in the areas of smoking cessation and/or weight control. The successful candidate will join a team of psychology researchers based at the Finch University of Health Sciences/The Chicago Medical School in North Chicago and the Hines VA Medical Center in Maywood. An academic appointment will be available, as will opportunities to conduct independent and collaborative research. Please send CV and letters of reference to: Bonnie Spring, Ph.D., ABPP, Department of Psychology, Finch University of Health Sciences/The Chicago Medical School, 3333 Green Bay Road, North Chicago, IL 60064, Fax: 847-578-3015.

Postdoctoral Training Program in Family-based Intervention Research

This announcement requests applications for the second cohort of post-doctoral fellows in a post-doctoral research training program in the area of family-based interventions for adolescent drug abuse. The first group began the program in 1994. The new cohort of three post-doctoral fellows will begin in the summer or fall of 1996. This fellowship is funded by a NIH/National Institute on Drug Abuse training grant connected to the Center for Research on Adolescent Drug Abuse, a treatment evaluation research center. The postdoctoral training program includes intervention and provides research opportunities such as: conducting protocol-driven, family-oriented, clinical and prevention interventions; access to course work in relevant areas such as intervention and clinical intervention research; co-authorship of publications; training workshops with family therapy process and outcome research scientists at different research sites, including Temple University (Howard Liddle), University of Utah (James Alexander), and University of Miami School of Medicine (Jose Szapocznik); participation in the preparation of research grant proposals including professional supervision in developing First Award grant applications designed by the fellow; presentations at national conferences. Post-doctoral fellows locate at a site for the two years of the training program and travel to other sites to learn about the Center's research program and develop collaborative projects.

Qualifications include a Ph.D., M.D., or D.S.W., plus demonstrated research skills and interest in family-oriented interventions. The stipend is based on experience and includes health coverage, trainee expenses, and travel. Send cover letter, vitae, writing samples, and three letters of recommendation to Dr. Howard Liddle, Director, Center for Research on Adolescent Drug Abuse, 3rd Floor Weiss Hall, Temple University TU 265-66, Philadelphia, PA 19122. Applications from women and minorities are encouraged. EOE/AA.

To do list:

1. Plan to attend APA in Toronto in August.
2. Recruit a new member to Division 50.
3. Vote in the upcoming APA election.
4. Visit our *TAN* web site.

Announcements (con't)

Postdoctoral Fellowships in Addictions Research

The Research Institute on Addictions (RIA) Postdoctoral Research Fellowship Program provides career training opportunities for recent graduates. Under the guidance of established scientists, fellows develop, seek funding for, and carry out their own programs of research in alcoholism and substance abuse studies. RIA provides a competitive salary with benefits, for a three-year period. The fellowship is renewed annually, contingent upon satisfactory progress. Internal funding for pilot studies is available. Candidates interested in developing and conducting independent programs of research in the field of addictions are urged to apply. A Ph.D. or equivalent degree in psychology or a related field is required. Send vita, representative reprints, a statement of research goals, and three letters of recommendation to Chair, Postdoctoral Search Committee, Research Institute on Addictions, 1021 Main Street, Buffalo, NY 14203. RIA is an Affirmative Action/Equal Opportunity Employer.

New Editor Sought for *Contemporary Psychology*

The Publications and Communications (P&C) Board has opened nominations for the editorship of *Contemporary Psychology* for the years 1999-2004. John H. Harvey, Ph.D., is the incumbent editor. Beginning with the new editorship, the P&C Board intends to increase the timeliness of reviews and implement a new, more selective coverage policy, indicated in the following statement: *Contemporary Psychology* is a journal of review and evaluation. Although it is sustained by a varied intellectual diet, its main staple is ideas as they are reflected in books. Not all books nourish the review process, but books that provoke thought about the broad arena of psychology, monographs that integrate new empirical work, works that enhance clinical practice, treatises that are likely to influence public thinking, and textbooks that will be used in colleges and universities are grist for the evaluative process.

Contemporary Psychology endeavors to provide a meaty fare of sophisticated, even opinionated and controversial reviews that emphasize evaluation rather than mere précis and summary. (As protection against occasional gross bias, there may be competing reviews and occasional response.) Often a book will serve as a spring-board for weighing competing positions. Just as often, it will plumb the full depth and implications of an idea. In each assessment, the reviewer will be encouraged to bring the full panoply of scholarship into play. Beyond reviewing individual books and groups of related books, *Contemporary Psychology* will provide occasional essays on the "state of the media" in psychology, including comment on new information technologies (Internet and the World Wide Web, for example) and new production modes for books and journals (electronic journals, for example).

Candidates should be members of APA and should be available to work with the P&C Board on developing new procedures in 1997. The successful candidate will start receiving books on January 1, 1998. Please note that the P&C Board encourages participation by members of underrepresented groups in the publication process and would particularly welcome such nominees. Members of the search committee are Donna Gelfand (Chair), Norman Abeles, Joe L. Martinez, Jr., Richard M. Suinn, and Judith P. Worell. First review of nominations will begin June 1, 1996. To nominate candidates, prepare a statement of one page or less in support of each candidate and send to:

Donna M. Gelfand, Ph.D., Search Committee Chair
c/o Lee Cron, P&C Board Search Liaison
American Psychological Association 750 First Street, NE, Room 2004
Washington, DC 20002-4242

Know any interesting web sites???

Do you surf the Net? Are you interested in addictions? Have you found any really interesting web sites? If so, please let us know! Here at *The Addictions Newsletter* we have gotten addicted to the world wide web. In fact, here's a list of interesting sites you might want to check out. If you know of any additional sites, please drop us an e-mail (liese@kumc.edu) and let us know.

<http://www.cts.com/~habtsmrt/index.html> -- HabitSmart

<http://orion.it.luc.edu/~pcrowe/375link.htm> -- Loyola WWW Links to substance abuse sites

<http://www.autonomy.com/smoke.htm#Top> -- The Master Anti-Smoking Page

<http://izzy.online.discovery.com/DCO/doc/1012/world/history/cigarettes/cigarettes1.4.html> -- History of smoking (DiscoveryCh)

<http://www.smokescreen.org/> -- Educational anti-smoking political action site

<http://www.well.com/user/woa/> -- Web of addictions

http://www.kumc.edu/addictions_newsletter -- You didn't think we'd forget this one, did you?

The APA College of Professional Psychology

is pleased to announce the availability of its first certification:

The Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders

*The Certificate of Proficiency is a uniform national credential offered exclusively to
licensed psychologists who meet the following criteria:*

- Possess a current state or provincial license in good standing to engage in the independent practice of psychology;
- Have treated alcohol and other psychoactive substance use disorders for a least 1 year during the last 3 years;
- Provide health services in psychology;
- Successfully complete the APA College of Professional Psychology's examination in the treatment of alcohol and other psychoactive substance use disorders (scheduled to be available after June 1, 1996)

APA members are eligible to take advantage of a discounted application fee of \$175 until May 31, 1996.

The discounted non-member application fee for the same period is \$250

Practitioners engaged in the treatment of alcohol and other psychoactive substance abuse disorders for at least 5 of the last 8 years may qualify for initial 3-year certification without examination (applications postmarked on or before May 31, 1996).

To obtain more information or to request application materials contact:

APA College of Professional Psychology
750 First Street, NE
Washington, DC 20002-4242

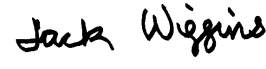
Telephone:(202) 336-6100 • TDD: (202) 336-6123 • FAX:(202) 336-5797 E-Mail: apacollege@apa.org



Vicki V. Vandaveer, PhD
Chair



Stanley Graham, PhD
Past Chair



Jack Wiggins, PhD
Past Co-Chair

Continuing Education Workshops on Addictions at the APA Convention in Toronto

There will be five outstanding CE workshops on addictions offered at the APA Convention in August this year. Anyone interested in these workshops can learn more about them from the CE brochure soon to be published in the *APA Monitor*, or they may call the CE office at 1-800-374-2721. The following is a list of these workshops:

Scientific Basis of Drug Abuse Treatment(Stitzer, Carroll, & Pickens) --Friday August 9 (9 a.m. - 5 p.m.)

Trauma and Addiction(Abueg) -- Saturday August 10 (9 a.m. - 1 p.m.)

Drug Addiction Treatment(Onken, Higgins, Carroll, Grabowski, & Linehan) -- Sunday August 11 (9 a.m. - 1 p.m.)

Adolescent Drug Abuse Treatment Strategies(Rahdert, Liddle, Santisteban, & Hall) -- Tuesday August 13 (9 a.m. - 1 p.m.)

Practical Smoking Cessation Treatment(Kilbey, Stitzer, Hatsukami, & Shipley) -- Tuesday August 13 (9 a.m. - 5 p.m.)

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The Addictions Newsletter

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