



The Addictions Newsletter

The American Psychological Association, Division 50

Summer, 1997

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President's Column

George De Leon

Center for Therapeutic Community Research

In my final column as president of the Division, I wish to amplify a theme that has surfaced in my previous columns and writings (e.g., De Leon, 1993): namely, the relationship between general psychology and the addictions (with emphasis on chemical dependency disorders). The focus of these remarks will be on contributions made to psychology by the study and treatment of addictions. While treatments for addictions have benefited greatly from theories and techniques of general psychology (e.g., cognitive-behavioral approaches and family systems theories), the addictions field has produced innovative approaches that have greatly contributed to the theories and techniques of psychology in general. Three examples are briefly discussed here: self-help approaches, relapse prevention, and motivational theories.

Addiction treatments in particular, and the social and health sciences in general, now recognize the powerful role of *self-help approaches* in the recovery process. Twelve-step groups (e.g., A.A.) are prototypical for addressing other health problems (e.g., Reissman and Carroll, 1995). Indeed, the self-help movement, rooted in the addictions, has blossomed with self-help groups for all kinds of health problems, social dysfunction, and alienation. The development of self-help groups has moved treatments from an exclusive consumer-provider model to a client-empowerment model.

Relapse prevention was born in the field of addictions. The use of drugs *after* a period of stable remission can be

distinguished from drug use during a period of learning about addiction and abstinence. Moreover, the *forms* of relapse vary,
(continued on page 6)

Editor's Corner

Bruce S. Liese

University of Kansas Medical Center

So much news to report, so little space! By now you have probably noticed some differences in this issue of *TAN* (e.g., fewer pages, no feature articles, fewer job announcements, the APA Convention schedule is an insert instead of being printed in the body of the newsletter). The explanation is simple: we are on a fiscal diet because the last two issues were getting so fat. But the situation will improve as we tighten our *TAN* belt. So don't fret; we should be back to a healthy size and shape within the next few issues.

In the last Editor's Corner I attempted to use humor in reporting that I would continue as Editor of *TAN*. Some readers' responses were very interesting. For example, I received this:

Dear Editor: I am contacting you to express my disappointment after reading your Editor's Corner. Of all the places I did not expect to see addiction described as something 'stimulating, fun, and joyful' it was in Division 50. I think your use of the phrase 'terribly, dreadfully, hopelessly addicted to being the Newsletter editor,' something you enjoy, cheapens the pain of those who truly are addicted. If you have a need for markedly increased amounts, have unsuccessfully attempted to control your use because it affects your important social, occupational or recreational activities, and you continue despite these problems, then indeed I would agree you are addicted, and ought to consider getting help for your condition. Otherwise you have misused the term and owe an apology in the next newsletter to those who truly suffer from the effects of addiction. I await your response.

(continued on page 2)

(Liese - continued from page 1)

In contrast, I also received the following "playful" letters:

Dear Editor: I just finished reading your Spring, 1997 Editor's Corner. Having been Editor of a Psychological Association newsletter, I sympathize. However, I don't believe you are really committed to recovery since you didn't fight the Executive Committee when it voted to continue your appointment. Does your Editors' Anonymous (EA) sponsor know about this?

Dear Editor: Loved your confession of addiction to *The Addictions Newsletter*. I for one am glad that you are not even in the contemplation stage of changing.

These three letters are actually quite revealing. They remind me of my reasons for studying and working in the addictions field: it's so stimulating! We have so many dedicated, passionate colleagues working towards such similar goals with such contrasting philosophies. I feel particularly fortunate to be Editor of this newsletter because it is a major hub of activity for psychologists in addictive behaviors.

Immediately after receiving the first letter, I sent an apology to the writer. As I stated in that letter, I never intended to "cheapen the pain of those who truly are addicted." In fact, quite the opposite is true: I have profound respect for anyone who confronts an addiction. In addition to these letters, I received others about various topics. These letters led me to think we

need a new "Letters to the Editor" section. So, please feel free to send letters on any addiction-related topic!

In closing, I hope you are having a wonderful summer. Perhaps I will see you in Chicago. And finally, congratulations to our new officers: Sandra, Jalie, and Ken. We wish you our best!

New "Letters to the Editor" Section

Dear Editor: I am a Division 50 member and have a question. In a recent issue of USA TODAY (May 15, 1997), there was a full page ad by the Campaign for Tobacco-Free Kids about the settlement with the tobacco industry. The letter/ad listed several important principles regarding this issue. It was signed by 33 national organizations, including the AMA, ACS, AHA, NEA, PTA, YWCA, ASAM, The HMO Group, National Women's Law Center, Women's Legal Defense Fund, and others. It seemed that the only organization missing was our own APA. What's the deal? Is APA not taking a stand on tobacco and kids? Is APA not sufficiently connected to these organizations to know when a joint effort like this is going to take place? Does the APA disagree with these principles? I would like our Division to discuss these questions with APA and prompt them to join other leaders in this national discussion. On behalf of our nation's children, thanks for considering this suggestion. - Ted Jones, UT Medical Center Knoxville, twjones@utkux.utk.edu

The American Academy of Addiction Psychiatry is pleased to announce: *A Review Course on Addiction Psychiatry*

You are invited to attend a *Review Course on Addiction Psychiatry*. This course will be held February 7-8, 1998 at the Ritz Carlton in Kansas City, MO. An excellent overview of the addictions field will be presented by prominent researchers and practitioners. Attendance is open to all health care professionals and continuing education credits are available.

Topics and Presenters

Nicotine: Michael Goldstein, MD, Miriam Hospital

Alcohol: Bryon Adinoff, MD, University of Texas Southwestern Medical Center at Dallas

Opioids - Pharmacology and Treatment Issues: Jane Kennedy, DO, U. Colorado School of Medicine

Sedative-Hypnotics: Robert J. Malcolm, Jr., MD, Medical University of South Carolina

Marijuana, PCP & Hallucinogens: presenter to be announced

Cocaine & Amphetamines: Elinore McCance-Katz, MD, Ph.D., Yale Psychiatric Institute

Dual Diagnosis: Richard N. Rosenthal, MD, Course Director, Albert Einstein College of Medicine

Epidemiology of Psychoactive Substance Use Disorders: presenter to be announced

Etiology of Substance Use Disorders: Charles O'Brien, MD, Ph.D., University of Pennsylvania

Substance Abuse and the Family: Barbara McCrady, Ph.D., Rutgers University Center for Alcohol Studies

Adolescents and Substance Abuse: Robert Milin, MD, University of Ottawa Faculty of Medicine and Kathleen Carroll, Ph.D., Yale University School of Medicine

A Guide to the Examination: Michael Sedak, MD, Albert Einstein College of Medicine

For additional information, contact us at: (913) 262-6161 or addicpsyc2@aol.com

Division 50's APA Convention Program

Arthur "Mac" Horton, Jr.
1997 APA Convention Program Chair

The APA Convention will be held in Chicago, August 15-19, 1997, with most sessions at the Palmer House Hilton Hotel. The 1997 convention theme is "Science for Practice" and the scheduled sessions focus on recent scientific findings of importance to practitioners. The APA Division 50 program will include symposia, paper sessions, poster sessions, workshops, and a round table discussion on "The Drug Abuse Treatment Outcome Study (DATOS): Update of Current Research Findings", chaired by the Division President George De Leon, Ph.D., a presidential address by Dr. De Leon and invited addresses by Carlo DiClemente, Ph.D. on "Motivation for Change: Implications for Substance Abuse Treatment" and Lawrence S. Brown, M.D., M.P.H. (Medical Director for the National Football League) on "Treating Substance Abuse Problems in Professional Athletes" as well as a social hour and Division business meeting. A list of sessions is included (as an insert) in this newsletter. Please attend as many Division 50 sessions as you are able.

All members of the 1997 Division 50 Program Committee including Kim Fromme of the University of Texas at Austin, Pat Flynn, NDRI-North Carolina and Tom Brandon, State University of New York at Binghamton and the reviewers (Vincent J. Adesso, Curtis L. Barrett, Marsha E. Bates, Clara M. Bradizza, Kate Carey, Tony Cellucci, Kevin J. Corcoran, Bill Fals-Stewart, Meyer Glantz, Robert Malow, Jerome J. Platt, Eliazebth R. Rahdert, Damaris J. Rohsenow, Fredrick Rotgers, Elsie Shore, Greg Smith, James L. Sorensen, Paul Stasiewicz, Maria Testa), and all other Division members who kindly expressed a willingness to review submissions (James H. Bray, Tim O'Farrell, Laurie Roehrich, Linda C. Sobell, Peter Vik) have my personal heart-felt thanks. All Division 50 members should appreciate the important efforts that the above mentioned individuals contributed, in order to produce this year's outstanding APA Program.

I would like to ask that all Program Committee members and reviewers please attend the Division 50 Social Hour in the Monroe Ballroom Foyer, Palmer House Hilton Hotel, at 5:00 p.m. on Monday, August 18, 1997, so Division 50 members can thank you in person. Also, please be aware that the Division is sponsoring an all day Pre-Convention Institute on August 14, 1997. Some details of the Pre-Convention Institute are available on page 6 in this issue of *TAN*.

In closing, let me again thank all of the individuals noted above and all of the officers of Division 50 for their wonderful support of the Program Committee's activities over the past year.

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CONGRATULATIONS to our Newly Elected Officers!!!

President-Elect: Sandra Brown
APA Council Rep: Jalie Tucker
Member-at-Large: Ken Leonard

The Addictions Newsletter

is the official Newsletter of Division 50
of the American Psychological Association

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Addictions Abstracts

Many Division 50 members are involved in scholarly activities. In this section, members can share their work with each other. The following are guidelines for submissions to *Addictions Abstracts*. Only one abstract may be submitted per person, per issue. The maximum length of each abstract is 150 words. Only published papers (peer-reviewed articles, books, chapters) are acceptable (versus papers "in press" or "in progress"). All work should be published within the past year. Please include the full citation (not included in 150-word limit). We will only be able to accept a limited number of abstracts on a first-come, first-served basis. Please send abstracts by mail or (preferably) by e-mail to bliese@kumc.edu. Thanks!

Drinking Motives Predict Alcohol Problems Among College Students

Carey, K.B., & Correia, C.J (1997). Drinking motives predict alcohol problems among college students. *Journal of Studies on Alcohol*, 58, 100-105.

This study evaluated the relationship between drinking motives and alcohol-related problems, after first accounting for high risk alcohol consumption and gender. Subjects were 139 male and female college undergraduates, who completed a battery of self-report questionnaires. The combination of maximum daily quantity and negative reinforcement reasons for drinking accounted for 61% of the variance on a measure of lifetime alcohol-related problems. Contrary to earlier research, neither gender nor positive reinforcement motives were significant predictors in the complete model. Follow-up analyses, conducted separately for negative and positive reinforcement motives, indicated that maximum daily quantity partially mediated the relationships between both types of motives and drinking problems; however, both positive and negative reinforcement motives retained unique predictive power. Motives operate both indirectly through heavy drinking and directly to account for drinking problems. Results support the utility of motivational models of alcohol use in understanding alcohol-related problems in college students.

Articulating Subtype Differences in Self and Relational Experience Among Alcoholic Men Using Structural Analysis of Social Behavior

Ichiyama, M.A., Zucker, R.A., Fitzgerald, H.E., & Bingham, C.R. (1996). Articulating subtype differences in self and relational experience among alcoholic men using structural analysis of social behavior. *Journal of Consulting and Clinical Psychology*, 64, 1245-1254.

Benjamin's structural analysis of social behavior (SASB) system was used as the organizing framework to characterize the phenomenology of self and other relationship experience among subtypes of alcoholic men. Within the context of a community-based study of psychopathology, groups of antisocial alcoholic (AAL), nonantisocial alcoholic (NAAL), and nonalcoholic (control) men completed ratings of their introject (self-concept) and spousal experience. Group differences in demography psychopathology provided strong support for alcoholic subtype variations that could not be attributed to differences in adaptive functioning. SASB data showed consistency in circumplex ordering across the groups in ratings of self-experience and in ratings of the spousal relationship. AAL men were the most self-neglecting, blaming, and least trusting, and control men were the most relationally connected, with NAAL men falling in between. Despite the importance of the subtyping distinction, in some areas, alcoholism, regardless of subtype, was the core differentiating factor.

Psychiatric Problems Among Alcohol and Drug Using Women

Zweben, J.E. (1996). Psychiatric problems among alcohol and drug using women. *Journal of Psychoactive Drugs*, 28 (4), 345-366.

This article focuses on assessment and treatment of psychiatric disorders within the alcohol and drug treatment and recovery system. Inasmuch as women are represented in all categories of psychiatric disorders, the article begins with a discussion of basic principles of assessment and treatment, examines some of the barriers to good practice, and offers recommendations for reducing them. The article then reviews in greater detail the psychiatric disorders most frequently found in women seeking help in alcohol and drug treatment settings, adding considerations relevant to those particular disorders. A brief review of key elements to facilitate planning, ongoing monitoring, and evaluation is provided.

Alcohol and Drug Abuse: HIV Infection and Risky Sexual Behaviors Among Women in Treatment

Malow, R.M., Jager, K.B., Ireland, S.J., & Penedo, F. (1996). Alcohol and Drug Abuse: HIV Infection and Risky Sexual Behaviors Among Women in Treatment for Non-injection Drug Dependence. *Psychiatric Services* 47, 1197-1199.

Women who live in poverty and abuse drugs are disproportionately affected by HIV. To better understand sexual behaviors of seropositive women in this group, 33 HIV-seropositive and 155 seronegative women entering treatment who met DSM-IV criteria for noninjection drug dependence were interviewed. High levels of HIV risk in the 30 days before treatment were reported by subjects regardless of serostatus. Seropositive and seronegative women reported using condoms during episodes of vaginal intercourse at approximately the same rate, 29 percent and 33 percent of episodes, respectively. Putative predictors of HIV infection, such as duration and severity of drug use and a history of drug abuse, were generally unrelated to serostatus. Subjects also did not differ significantly in age at first intercourse, current problems of daily living, attitudes toward condoms, perceptions of the primary partner's attitudes toward condoms, response efficacy, HIV-related knowledge, frequency of communication about sex with the primary partner, intentions to practice safer sex in the next 30 days, and level of depression. However, HIV-seropositive subjects reported significantly lower levels of sexual self-efficacy--the belief that one is able to adopt safer-sex practices.

Reliability of Adolescent Self-Reported Pretreatment Alcohol and Other Drug Use

Stinchfield, R. (1997). Reliability of Adolescent Self-reported Pretreatment Alcohol and Other Drug Use. *Substance Use and Misuse*, 32, 425-434.

This study is a preliminary examination of the reliability of adolescent self-reported pretreatment alcohol and other drug (AOD) use frequency. Assessments of self-reported pretreatment AOD use were conducted at admission and discharge (approximately a one-month time period) at an adolescent drug misuse treatment program. The sample consisted of 197 male and female adolescents. There were statistically significant increases between admission and discharge assessments of pretreatment AOD use frequency. The greatest discrepancy was found for alcohol use, in which three-fourths (76%) of the sample reported a higher level of pretreatment alcohol use frequency at discharge assessment as compared to their admission assessment. Over one-third (35%) of the sample was found to have a significantly higher level of pretreatment alcohol use frequency at discharge assessment. The cause of this response discrepancy is unknown, but if it represents under-reporting at admission, it may cause diagnostic and referral errors, as well as attenuate effect sizes in treatment outcome studies.

The Role of Women's Alcohol Consumption in Sexual Victimization

Testa, M., & Parks, K.A. (1996). The role of women's alcohol consumption in sexual victimization. *Aggression and Violent Behavior*, 1, 217-234.

This review examines whether women's alcohol consumption increases her likelihood of sexual victimization. Three types of studies are reviewed: (a) global association studies, that examine the correlation between typical alcohol consumption and sexual victimization, (b) event-based studies, that examine alcohol consumption at the time of victimization, and (c) studies that focus on specific mechanisms by which women's alcohol consumption contributes to sexual assault. The literature suggests that alcohol and sexual victimization are linked; however, the mechanism by which they are associated and the strength of the relationship remain unclear. Good quality survey and laboratory research employing prospective and within-subject designs would increase understanding of alcohol's role in sexual assault. Such methodologically sound studies will be important for informing development of prevention and education programs.

(De Leon - continued from page 1)

reflecting substantial differences in the recovery process. Relapses have been described as slips, binges, relapses, and regression (De Leon, 1991), as well as lapses, relapses and collapses (Marlatt & Gordon, 1985). There are behavioral, attitudinal, cognitive, and emotional signs that appear *before* actual relapse. And conditions associated with relapse have been well-described as circumstances (e.g., domestic, employment), social settings, psychological stresses, and cross addictions that may precipitate relapse episodes.

There is no single unified theory of recovery that has been exhaustively researched. However, different perspectives converge, resulting in a developmental view of change or recovery that depicts the addicted person as moving from active use and denial to stabilized abstinence and longer term maintenance of drug-free status. Progress in recovery is commonly directional but erratic, marked by backward and forward steps. Various substages of recovery are characterized in cognitive and behavioral terms. Specific treatment interventions may be employed to move people to the next stage of treatment or recovery, though the change process may occur in the absence of interventions (e.g., Prochaska, DiClemente, & Norcross, 1992); motivational enhancement initiatives (e.g., Miller & Hester, 1986); the motivational studies of substance abusers in therapeutic community admissions (e.g., De Leon et al., 1994, 1997), and treatment process studies by Simpson and colleagues (e.g., Simpson et al., 1993; Broom et al., in press; Simpson et al., 1995).

Addiction research has operationalized the multidimensional concept of motivation and resulted in reliable constructs and motivation scales that effectively predict outcome. Motivational theories have successfully resulted in causal models of the treatment process. Current recovery stage theories reflect reciprocal contributions from addictive and other psychological disorders. However, the motivational research in chemical dependency promises to significantly advance and refine both stage theory and treatment process research in general.

The contributions of psychology and psychologists to the study of addictive behaviors is well-documented. Indeed, these provide the *raison d'être* for establishing Division 50 in APA. However, the past 30 years of research, treatment and theory in the chemical addictions have developed quite separately from the mental health and human services efforts. There is a considerable knowledge base consisting of research findings and treatment experience, methodology, and technology which contains broad implications for psychological science, practice, and theory. Psychology has much to teach, but also to *learn* from, the science and treatment of chemical dependency.

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Attend the First Division 50 Annual Pre-Convention Institute!

The Addictions in Psychology: Commonalties Across Substance Abuse, Gambling, Sexual Addiction, and Eating Disorders

Experts in each major addictive disorder will review current treatment practices and supporting research. Experts, discussants, and attendees will collectively explore the validity of identifying similarities and differences across various addictions. This institute is co-sponsored by the Addiction Technology and Training Center (ATTC) of the Governor's State University of Illinois. The ATTC is one of the 12 regional training centers funded by CSAT. The National Institute on Drug Abuse (NIDA) is also providing support.

Date and Location: Thursday, August 14, 1997 (9 a.m. to 5:00 p.m.) at the Palmer House Hilton Hotel.

Reservations: Open to all APA attendees. Fees cover attendance, continental breakfast, and the Division 50 Awards Luncheon.

Fees: Non-Division 50 members: \$50.00; Members: \$40.00; APA Student members \$30.00

Reservation Requests: Please contact Sally Howard, Center for Therapeutic Community Research, (212) 845-4421.



Announcements

Brown School of Medicine Post-Doc in Depression and Substance Use Disorders

The Dept. of Psychiatry and Human Behavior has a Post-Doc Research Fellowship opening involving collaboration on one or two research trials: (a) an alcohol treatment study of alcoholics with elevated levels of depressive symptoms, on the efficacy of adding cognitive-behavioral treatment for depression to standard alcohol treatment. (b) a smoking cessation trial on the efficacy of adding antidepressant medication (Welbutrin) to a smoking cessation treatment which incorporates cognitive-behavioral treatment (CBT) for depression. Responsibilities include manuscript collaboration, data analysis, grant application preparation, and clinical research. Required qualifications include a Ph.D. in Clinical Psychology (ABD considered). Expertise in substance abuse and/or depression, CBT, and research productivity desirable. For more info: Richard Brown, Ph.D., Dept. of Psychiatry and Human Behavior, Brown University School of Medicine, Butler Hospital, 345 Blackstone Blvd. Providence, RI 02906; Ph: 401-455-6254; Fax: 401-455-6293.

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 users and cigarette smokers. Sites include methadone, outpatient, and smoking cessation 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 phone numbers of 3 references to: George E. Bigelow, Ph.D., Roland R. Griffiths, 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) 550-0035.

Study Coordinator

Recent Ph.D. or advanced graduate student with clinical experience needed to serve as full-time coordinator for nicotine dependence/depression comorbidity study. Must have experience in cognitive behavioral therapy, preferably in the area of smoking cessation. Should be willing to prepare fluid samples for biological assay. Coordinator will join psychology researchers at Finch U. of Health Sciences/Chicago Medical School in N. Chicago, Hines VAMC, and the U. of Illinois (Chicago). Academic appointment available at Chicago Medical School. For more information contact: Bonnie Spring, Ph.D., Dept. of Psychology, Finch U. of Health Sciences, 3333 Green Bay Road, N. Chicago, IL 60064. Ph: 847-578-3305

Project Director for Alcohol Treatment Outcome Study

Qualifications: A Ph.D., record of publications, and study management or coordination experience. Competitive Salary and benefits. Excellent scientific opportunity. Position in NYC. Send or fax cover letter and resume to: E. McCoy, Administrative Assistant, National Development and Research Institutes, Two World Trade Center, 16th floor New York, NY 10048 Fax: 212-845-4698

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The Addictions Newsletter

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