



The Addictions Newsletter

The American Psychological Association, Division 50

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President's Column

*Each Zebra has Unique Stripes
But is also a Member of the Dazzle*

Rudy E. Vuchinich

University of Alabama at Birmingham

Metaphorical zebras. Because of their black-and-white, striped jerseys, officials in some sports are sometimes called "zebras." They make the calls that can determine who wins and who loses. Their word is typically the last one, because appeals either are not possible, probably would be futile, or are politically inadvisable. Zebras are key to the success of any sport. "Good" officiating generates a sense of fair play, good will, group cohesion, and can contribute to improved performance and to the continued viability of the sport. "Bad" officiating generates a sense of bias, ill will, group dissension, and can contribute to poor performance and to the demise of the sport. Like all sports fans, I have an ambivalent relationship with zebras. Some calls are in favor of my team (Oh, yeah!), and some are against my team (What the #&%?). Calls in favor of my team obviously are strongly preferred, but a "good" call against my team can be helpful over the long run if it facilitates correction of a repeated mistake and improves performance. "Bad" calls against either team, on the other hand, have no such redeeming value, as they generate only ill will and frustration. If "bad" calls occur often enough, they can undermine the success of the game.

Real reviewers and 3 types of reviews. In our world of the psychology of addictive behaviors, reviewers of manuscripts and grant applications are analogous to the metaphorical zebras in the sports world. Reviewers make the calls that can determine what research gets funded, conducted, and published.

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Editor's Corner

Bruce S. Liese

University of Kansas Medical Center

Welcome to the Spring, 2003 issue of *The Addictions Newsletter* (TAN). When I began working on this issue the United States was just on the brink of war. Like millions of Americans I was riveted to NPR and CNN (and I'm a person who never watches TV). While I typically enjoy editing and publishing TAN, I was especially grateful for this Spring issue because it imposed a deadline that forced me away from mass media for a brief period. While there's so much going on in the world, there are still vital issues that we need to face in our profession of psychology and our specialty of addictions.

This issue of TAN contains an impressive array of contributions from a variety of authors. In his president's column, **Rudy Vuchinich** raises important issues regarding the nature and tone of the peer-review process. By use of metaphor he shines light on the "zebras" that can make or break the career (and spirit) of an academic psychologist. I'm certain that even non-academics will find Rudy's paper interesting and entertaining. Hopefully his essay will be read and heeded by the Curmudgeons (i.e., Type 3 reviewers) who make life miserable for even the most talented scholars.

As usual, various Division 50 committee chairs have been working hard to ensure Division 50's health and vitality. **Bill Fals-Stewart** and his team of volunteers have been whipping our 2003 APA Convention program into shape. He promises a truly outstanding meeting in beautiful Toronto - see you there!

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**Join Division 50 at the
2003 APA Convention in Toronto!**

William Fals-Stewart
2003 APA Convention Program Chair

Before briefly describing the Division 50 program for the 2003 Convention in Toronto, I want to thank everyone who submitted proposals for consideration this year. This included not only Division members, but many who were not members (many of whom we have had success recruiting for the Division!). In total we had about 80 poster submissions, of which 40 were selected, and approximately 20 symposia and workshops submissions, 7 of which were accepted. Because of the volume of quality submissions, many excellent proposals weren't selected for inclusion, but the final program put together from this crop of submissions is truly outstanding!

Although there are too many excellent Division symposia and workshops to describe here, I will take a moment and highlight three offerings I would consider most interesting. Howard Liddle is conducting a workshop, "Multidimensional Family Therapy for Adolescent Substance Abuse" on Friday, August 8th, from 2:00-2:50 pm. Jon Morgenstern and Jeffrey Parsons are co-chairing a symposium, "Understanding Compulsive Sexual Behavior" on Saturday, August 9th, from 9:00-10:50 am. Charles Schuster and Laura McNichols are presenting a workshop on "New Paths to Recovery: Buprenorphine Treatment for Opiate Addiction," on Sunday, August 10th, from 8:00-9:50 am.

Division 50, along with Division 28, will be co-hosting a very special Social Hour from 6:00 to 7:50 pm on Friday, August 8th. The social hour is being sponsored by the National Institute on Drug Abuse (NIDA) and, as part of the event, 12 selected posters will be presented by several promising new investigators, all of whom are receiving travel award from NIDA as part of this honor. These posters were selected from many outstanding submissions and this is an opportunity to see high quality examples of the research being done by the next generation of investigators in our field. I strongly encourage everyone to come and support the joint effort by NIDA, Division 50, and Division 28 to support these new investigators.

Lastly, I wanted to note that our President, Rudy Vuchinich, will be delivering his Presidential Address, "Developmental Trajectory of Division 50" on Friday, August 8th, from 3:00-3:50, following by the Division 50 Business Meeting on Friday, August 8th, from 4:00 pm - 4:50 pm. The Division 50 Executive Committee Meeting will be held Saturday, August 9th, from 8:00 am to 10:50 pm. Although the date is not yet set, there will also be a plenary session, sponsored by APA, that will include the new Director of NIAAA, Dr. Ti Kai Li, and the new Director of NIDA, Dr. Nora Volkow, in which they will discuss their visions for the respective institutes.

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*It's elections time! Please review
candidates' biographies on pages 4-5 of
this issue of TAN and cast your vote when
your APA ballot arrives in the mail.
Thanks!*

APA Weighs in for Balanced Science Advice

Geoffrey Mumford
Director of Science Policy
American Psychological Association

In every Administration, questions arise over how science should or does influence policy decisions. But, last September, an article in the Washington Post significantly changed the volume of that debate here in DC and across the country. The article focused on the apparent arbitrary decision at the Department of Health and Human Services (DHHS) to dissolve advisory committees related to the protection of human subjects (National Human Research Protections Advisory Committee, NHRPAC) and, separately, genetics testing (Secretary's Advisory Committee on Genetic Testing, SACGT). The same article suggested that the rosters of other committees were undergoing dramatic turnover generating additional concerns about new appointees and the appointment process in general. The article and several others that followed in the lay and scientific press gained the immediate attention of Congress and began to create a buzz in the scientific community.

The so-called sunset provisions were built into the advisory committee process to ensure a regular review of committee activities. It was thought that those committees that had met the goals of their charters and completed their agenda should be terminated in the name of streamlined government. Although the media buzz seemed to suggest this was a novel action by a newly dominant Republican majority, attempts to radically reduce the numbers of advisory committees were actually hallmarks of both the Carter and Clinton Administrations. But while it is the prerogative of every administration to make these sorts of adjustments, the apparent dissolution of these two committees came at a time when ethical issues related to human subjects and genetic testing were hot on the front burner.

As members of both the Consortium of Social Science Associations and the Federation of Behavioral, Psychological and Cognitive Sciences APA endorsed letters praising the work of NHRPAC and SACGT and recommending that the Secretary of DHHS reconsider his decision to terminate them. In fact Secretary Thompson did and they were re-chartered with slightly different names and foci. So we now have the Secretary's Advisory Committee on Human Research Protections (SACHRP) and the Secretary's Advisory Committee on Genetics, Health and Society (SACHS). Thankfully, APA member Celia Fisher, PhD was appointed to the SACHRP and while behavioral science is not currently well represented on the SACHS, we will continue to supply nominations.

The background issue related to the appointment process continued to fester and actually worsened. Articles in the journal *Science* suggested that the alleged politicization of advisory council appointments had even penetrated the

sacrosanct world of peer review study sections. But perhaps the mostly widely publicized story and the one that really hit home for APA was that of Bill Miller's vetting for the NIDA Advisory Council. As reported by Mother Jones, Dr. Miller's voting record as well as his views on abortion and the death penalty all played into a negative evaluation of his nomination. Congressional Democrats seized on details of Dr. Miller's interview to raise a number of pointed questions with DHHS.

With Congress doing the heavy lifting on the issue, APA's Executive Management Group asked the Public Policy Office to continue monitoring the situation and to look for opportunities to collaborate with other organizations. We learned of two substantive activities taking place and immediately joined in an effort to support them.

The first was that Congresswoman Eddie Bernice Johnson (D-TX), who serves as the top Democrat on the Research Subcommittee of the House Science Committee, requested that the General Accounting Office (GAO) initiate an investigation. The GAO agreed to the request and while it was still making decisions about the scope of the investigation, APA advised leaders in the scientific community so that they could provide input. However, APA also began to hear from individual scientists who were concerned about possible professional repercussions for cooperating with the investigation. So APA worked with GAO staff to secure a provision that they would not include the names of individual scientists in their notes or final report. APA then sent summary information about the investigation to the Executive Committees of all APA Divisions and the administrators of all APA Division listservs for dissemination.

The second opportunity evolved through APA contacts with the National Academy of Sciences (NAS). Following a series of background discussions, Norman Anderson was invited, as APA's CEO, to appear before the NAS Committee on Science, Engineering, and Public Policy (COSEPUP), to discuss the issue of the appointments and procedures of federal advisory committees on February 19, 2002. Along with the Science Advisors to Presidents Nixon, Bush Sr. and Clinton, representatives of the American Association for the Advancement of Science (AAAS) and the American Public Health Association (APHA) were also invited to participate. A statement of task circulated in advance proposed the formation of an ad hoc Federal Science Advisory Committee under the auspices of COSEPUP and provided a framework for the discussion on the February meeting.

Statement of Task. The ad hoc committee is charged with analyzing the federal government's capacity to select highly qualified individuals for the top science and technology (S&T)-related advisory committees in the executive branch. This committee will assess the current recruiting environment, the appointments available, and provide guidelines for obtaining the most qualified candidates.

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Vote for Division 50 Officers!

Ron Kadden

Division 50 Elections Chair

Elections for officers of the various Divisions of APA will take place shortly. Ballots are scheduled to be in the mail as you read these words. This year Division 50 has three positions to be filled: President-Elect, Member-at-Large of the Executive Committee, and Division Representative to APA Council. A call for nominations was made in *The Addictions Newsletter* in December and was repeated several times on the Division 50 listserv. Although several members were nominated for each position, not all those nominated agreed to serve. Most of those who did agree to serve were nominated by a number of members, but none achieved the necessary 2.5% of the membership. In view of their willingness to serve, the Division 50 Executive Committee decided to certify those who garnered a number of nominations. As a result, there is one nominee for President-Elect (**Carlo DiClemente**) and two nominees each for Member-at-Large of the Executive Committee (**Todd Campbell**, **Martin Iguchi**) and for Division Representative to APA Council (**Sandra Brown**, **Paul Priester**).

The small number of nominations seems to be a perennial problem in our Division. Does it indicate a flaw in our nominating system or perhaps a degree of apathy among the membership? If the problem is with the nominating system, any suggestions for improvement would be greatly appreciated. One suggestion has been to circulate the names of nominees on the listserv biweekly, to stimulate greater support for them and perhaps induce others to toss their hat into the ring. If you have thoughts on this or other ways to encourage greater member participation in the elections process, please pass them on to any of the Division officers or to Ron Kadden, Elections Chair, at kadden@psychiatry.uchc.edu. If the problem is apathy, that's harder to deal with. I would simply remind the membership that Division 50 provides a home for psychologists working in the addictions field and represents our interests to APA. As such, it is of considerable value to all of us, both clinicians and researchers alike. For these reasons I would urge all Division members to vote in the upcoming election, and to consider participating in Division affairs.

The candidates for the various offices have provided personal statements, which are printed below. Please review them and cast your ballot when you receive it from APA.

Candidate Biographies

Candidate for President-Elect

Carlo C. DiClemente. I am delighted to be nominated to be president-elect of Division 50. I have been involved in Division 50 since it's beginning and would be honored to assist in helping it further mature. I am currently a professor and chair of the Department of Psychology at the University of

Maryland. Before coming to Maryland I was in Houston, Texas where I went for my clinical internship and stayed for 17 years as a psychology professor at the University of Houston and in the department of psychiatry at the University of Texas Medical School, as well as a research scientist at the Texas Research Institute of Mental Sciences. I also spent time in New York getting an MA in Psychology at the New School for Social Research and at the University of Rhode Island where I received my doctorate. That's where I began my work in addictions. My dissertation focused on smoking cessation and I teamed up with Jim Prochaska to develop the Transtheoretical Model of behavior change.

For the past 20 plus years I have been examining that process of change. My hope has been to create research that is relevant to practice and practice that is informed by research. I have worked in both areas, directing an outpatient alcoholism treatment program in Houston and publishing scientific articles and co-authoring professional books like *The Transtheoretical Model*, *Substance Abuse Treatment and the Stages of Change*, and *Group Treatment for Substance Abuse: A Stages of Change Manual*. My most recent book, *Addiction and Change: How Addictions Develop and Addicted People Recover*, uses this process of change perspective to understand prevention and treatment. Recently I received the 2002 Distinguished Contribution to Scientific Psychology award by the Maryland Psychological Association and the Innovators Combating Substance Abuse award by the Robert Wood Johnson Foundation. When I am not doing professional things I enjoy traveling, spending time with my family, helping coach soccer, and skiing.

Candidates for Member-at-Large

Todd C. Campbell is an Assistant Professor and Co-Director of Training for Counseling and Educational Psychology at Marquette University where he Co-Directs the doctoral program in Counseling Psychology and the masters program in addiction counseling. Todd is the Director of the Instrumentation/Methodology Division of the Center for Addiction and Behavioral Health Research and serves on the Executive Committee and as a Center Scientist. He earned his Ph.D. in Counseling Psychology at Texas A&M University, M.A. in Counselor Education from the University of Wisconsin-Whitewater and B.A. in Sociology from the University of Wisconsin-Madison. Todd has been involved in the addiction treatment field since 1984 practicing within various settings including community mental health and private practice. Todd's research focuses on assessment, treatment engagement, and integration of research and practice. Todd has been actively involved in professional service including serving as the Chair of the Research Division/Wisconsin Research-Practice Initiative and volunteering for the American Red Cross.

Candidate's Statement: Division 50 members have made tremendous contributions in addressing addiction issues. These contributions come from clinicians, researchers, educators,

supervisors, administrators, and policy makers in a wide array of settings. It is this diversity that strongly positions us, both within the APA and the general healthcare field, to effectively impact healthcare. It is the duty of a Member-at Large of the Division 50 Committee to represent the full constituency in all its diversity. We need to welcome diversity with the expressed reason to promote diversity of thought and worldview. I will draw upon my experience in and connections to the various constituencies within Division 50 to help ensure that all voices are heard. I will be readily accessible to the membership through such means as e-mail, the listserv, and even the old-fashioned telephone. I would be honored to serve the Division 50 membership in this position.

Martin Y. Iguchi (Ph.D., Experimental Psychology, Boston University) is a Senior Behavioral Scientist and Director of the Drug Policy Research Center at RAND, located in Santa Monica, CA. Dr. Iguchi received his A.B. in liberal arts from Vassar College, his M.A. and Ph.D. in Experimental Psychology from Boston University, and he completed 2 years of post-doctoral training in drug abuse and behavioral pharmacology at the Johns Hopkins University School of Medicine.

Dr. Iguchi is an APA Fellow, a member of CSAT's National Advisory Council, a member of NIDA's Center Grant Research Review Committee, a member of the Board of Directors of the College on Problems of Drug Dependence, a member of the Editorial Board for Drug and Alcohol Dependence, an Associate Editor for the Journal of Drug Issues, and an Assistant Editor for Addiction. Dr. Iguchi is a Principal Investigator on three treatment research grants awarded by the National Institute on Drug Abuse, a Principal Investigator on a Robert Wood Johnson Foundation grant to examine the impact of Proposition 36 (treatment before prison for drug offenders) in Orange County, CA., an investigator on a contract awarded by the Center for Substance Abuse Treatment to determine the cost and effectiveness of methamphetamine treatment, and he serves as Principal Investigator for the Ford Foundation grant that supports RAND's Drug Policy Research Center. Dr. Iguchi currently serves on the National Research Council Committee on Vaccines Against Drugs of Addiction. He is also a consultant to the APA Practice Directorate in their development of PracticeNet, a real time survey of practitioners sponsored by CSAT.

Candidates for APA Council Representative

Sandra A. Brown is a Professor of Psychology and Psychiatry at the University of California, San Diego, and Associate Chief of the Psychology at the Veterans Affairs San Diego Healthcare System. She is currently Associate Director of an NIMH Child and Adolescent Services Research Center, and Co-Director of the NIAAA Alcohol Research Training Program at SDSU/UCSD. Dr. Brown is also a member of the National Advisory Council for NIAAA, on the Board of

Directors of RSA, and a Fellow of Divisions 12 and 50 of APA. She has over 170 publications, clinically focused grants from several agencies and is a Merit Awardee of NIAAA.

Dr. Brown has served Division 50 in numerous ways since its inception. She was the first Chair of the Education and Training Committee, Member-at-Large of the Executive Committee, Member of Fellows and Awards Committee, and President of the Division (1998-1999). She coordinated Division efforts for the APA College of Professional Psychology proficiency in addictive disorders and received the Division 50 Presidential Service Award in 1996.

Dr. Brown has been involved in the National Leadership to Keep Children Alcohol Free. Working within APA and with governor spouses from 35 states, she has facilitated educational efforts producing legislation designed to deter early alcohol and drug involvement and prevent alcohol problems experienced by youth. She represented Division 50 in APA's planning for training of doctoral level psychologists and has appeared in national media highlighting practical implications of research on addiction.

Given her experience, Dr. Brown is well poised to represent and advance Divisional agendas on APA's Council of Representatives. Her leadership in integrating addictive disorders as core to doctoral training, history of disseminating knowledge about addictive disorders to the public and policy makers, and promotion of psychological services in health care systems can help maintain strong Division representation.

Paul E. Priester. I followed the old fashioned path to a career in addictions-related clinical practice and research. Some 14 years ago, I attended a paraprofessional substance abuse counseling training program at Marycrest University in Davenport, Iowa. I then worked as a clinician for a number of years before pursuing a Master's degree in Rehabilitation Counseling at the University of Iowa. Following my Master's, I received a Ph.D. in Counseling Psychology from Loyola University, Chicago. I am in my third year as an Assistant Professor at the University of Wisconsin-Milwaukee's Department of Educational Psychology. My broad research interests include integration of spiritual/religious issues in counseling; 12-step recovery process; substance abuse counselor training; culturally sensitive AODA services; and the use of meta-analysis as a research tool. One of my current major professional concerns is the uncritical acceptance of harm reduction approaches. In my opinion, this is an issue of appropriate assessment. Harm reduction techniques may be appropriate for an individual who is assessed to be in the substance abuse versus dependence domain. It appears to me that many clinicians have embraced this approach and are implementing it universally rather than with this select subpopulation. I believe that this practice is ethically dubious. If elected I would be honored to serve the Division.

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Their word may not always be the last one, but it certainly is a crucial one. Appeals are possible, but they are time consuming, have a limited chance of success, and may be politically inadvisable. Reviews are generally of 3 types. Sometimes you get a “thumbs up” (Type 1). Sometimes you get a “thumbs down.” “Thumbs up” reviews obviously are strongly preferred, but a well-done “thumbs down” review (Type 2) can be educational, clarifying, and helpful, if not pleasant, and can greatly facilitate an improved manuscript or application the next time around. Sort of like a bitter medicine that is an appropriate treatment for your condition; it tastes bad now but will make you feel better in the long run. Sometimes, however, “thumbs down” reviews are excessively negative (Type 3), are not educational, clarifying, or helpful, are more than a little unpleasant, and do not help in constructing a better product the next time around. Sort of like a foul-tasting medicine for a condition that you do not have; it both tastes bad now and makes you feel worse in the long run.

Without setting out to do so, since becoming Division 50 President I've found myself in casual conversations about these types of reviews with several colleagues around the country who have made significant scientific and clinical contributions to our discipline and who are more experienced than I in these matters. Although, to my knowledge, nobody has actually collected any sort of data, my seasoned colleagues sense that excessive negativity in the review process is increasing. They feel that Type 1 and Type 2 reviews are decreasing and that Type 3 reviews are on the rise. The success of our discipline to date implies that, overall, our scientific review process has worked quite well. However, if my colleagues are correct, then the rise of Type 3 reviews presents a serious problem for individual psychologists and for the psychology of addictive behaviors as a whole.

Paradigmatic prejudice. There are many possible reasons for excessive negativity in our scientific review process. I will comment on only two possibilities, which are not entirely independent. First, in one conversation, a colleague with plenty of study section experience commented that those meetings can degenerate into “bloody battles,” with the trenches dug along the lines of different perspectives on a particular phenomenon. Scientific Psychology arguably is pre-paradigmatic, in the Kuhnian sense of a paradigm. If Psychology is pre-paradigmatic, then surely so is the psychology of addictive behaviors, and we have many possible conceptual boxes within which to think about our field. The number and variety of available boxes has added a degree of complexity to the scientific review process, because substantive and methodological research quality criteria that are crucial in one box may be less important or even irrelevant in another box. Research conceived within Box A should be evaluated by criteria relevant to Box A, which may not be as important or relevant to evaluating research conceived within Box B, etc., all the while keeping our eyes on the prize of moving forward to a

more effective understanding of addictive behaviors. Ideally, all reviewers could think clearly within their own box as well as within all the other boxes. Unfortunately, that is not the nature of (pre-) paradigms, “ideally” is not reality, and some reviewers are better than others at shifting perspectives. Variability in the ability or willingness to shift paradigms therefore is inherent in the process and should be expected. However, excessive negativity creeps in when some reviewers not only are apparently unwilling or unable to think within any box other than their own, but they also seem to be offended and to get angry when others attempt to do so. It's almost as if there's a sort of extreme paradigmatic prejudice in play. Prejudiced, angry reviews are Type 3 reviews. My guess is that less paradigmatic prejudice and more understanding of and tolerance for paradigmatic diversity would result in fewer Type 3 reviews and more Type 1 and Type 2 reviews.

Slavish adherence to the rules of method. Second, I had conversations with two colleagues who have extensive editorial and study section experience. One observed that some reviewers seem to approach a manuscript or grant application as if it were an assignment in “Methods 101,” and the other commented that some reviewers seem to be more interested in identifying methodological “faults” than in making solid judgments about what research will best move the field forward. While in graduate school, in order to learn about methods, my classmates and I were reinforced for writing captious methodological critiques of published articles. The more thorough the hammering, the more reinforcement we received, all in service of our methodological education. Many of you probably had similar experiences. While doing these critiques, we had the luxury of ignoring the scientific context within which these studies were conducted and could indulge in slavish adherence to the rules of method. This exercise effectively teaches the details of those rules, which is invaluable knowledge, but there are two important meta-lessons that it does not teach: (1) No single study is perfect. Virtually every conceivable study that is also doable has one or more methodological imperfections. (2) The forgivability of methodological imperfections in a particular study depends somewhat on its broader theoretical, empirical, and methodological context. The value of these meta-lessons is realizing that if only methodologically perfect studies were conducted, then no studies would be conducted, and that slavish adherence to the rules of method cannot by itself produce a good judgment regarding a study's overall scientific quality. So, virtually all studies are imperfect, some imperfections are more forgivable than others, and some imperfect studies are worth funding, conducting, and publishing, despite the imperfections. Some reviewers apparently have not learned these lessons, or they have learned them but do not apply them as often as they could or should. Please don't misunderstand this point. I am not arguing against methodological rigor and for methodological sloppiness. Quality science obviously entails methodological rigor, but the standards of that rigor are not absolute.

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Imperfection forgivability judgments. Of course, ambiguity exists regarding the bases on which to judge the forgivability of methodological imperfections. Methodological imperfection forgivability judgments probably are affected by paradigm diversity. Imperfections in a study conceived within one's own paradigm probably are judged as more forgivable than imperfections in a study conceived in another paradigm. This would be a mild form of paradigmatic prejudice, which is a good reason why reviewers should strive to increase their ability and willingness to shift paradigms. Forgivability judgments probably also are related to the history, current status, and priority future directions in the particular research area, and to the breadth of one's perspective on these issues. Some studies attempt to launch new directions in developing areas fraught with methodological ambiguities and unpredictable outcomes. Other studies attempt to add a bit of nuanced knowledge to an area with conventional methods and more predictable results. Both types of studies are crucial for advancing the field. All things considered, imperfections in a study that could launch a new direction in knowledge, with a reasonable chance of success, probably are more forgivable than imperfections in a study in a heavily researched area that has worked out its methodological conventions. But a Type 1 or Type 2 review of the former kind of study depends on an appreciation of where the new direction might lead. Without that appreciation, and with a focus only on the methods, a Type 3 review may occur. Slavish adherence to the rules of method, detailed attention to methodological imperfections, but no appreciation for the broader context of the research or how it may move the field forward could result in a Type 3 review.

Real zebras. Real zebras in the wild compete on at least two levels. (1) Individual zebras compete with each other for reproductive success. (2) Dazzles of zebras compete with groups of other species (e.g., horses, gazelles) for continued access to a niche. The unique characteristics of each zebra (e.g., stripes) make a positive or negative contribution to that individual's probability of reproductive success. Such conspecific competition and resultant natural selection can invigorate the species and are essential for the continued viability of zebras. But conspecific competitive strategies among individual zebras can backfire, if they somehow undermine the dazzle's success in relation to other species competing for the same niche. It is possible that some characteristic or competitive strategy of individual zebras could improve their own reproductive success in the short run but that could also undermine their dazzle's success vis-à-vis horses or gazelles over the long run. If practiced by enough zebras, the zebras create a characteristic or competitive strategy that works well in the present but contributes to their own future demise.

Real psychologists. Real psychologists in the wild also compete on at least two levels. (1) Individual psychologists compete with each other for journal pages and grant dollars. (2) Groups of psychologists compete with other disciplines for continued access to a niche in the science of addictive

behaviors. The rigorous competition of our scientific review process in the psychology of addictive behaviors has invigorated our discipline and is partly responsible for the overall level of success we have enjoyed. As with zebras, the stakes are high for individual psychologists and for the discipline as a whole in this competition. Particular manuscripts and grant applications, individuals' research programs, jobs, and careers, the quality of the research within our discipline, and continued access to a niche for the discipline as a whole are all on the line.

I had another conversation with a different colleague who has experience on study sections that are populated by both psychological-behavioral scientists and brain-biological scientists. My colleague observed that the psychological-behavioral scientists produced more Type 3 reviews than the brain-biological scientists. That is, the brain-biological scientists were more positive, appropriately forgiving of imperfections, and constructive, while the psychological-behavioral scientists were more negative, captious, and destructive. When asked, my colleague told me that paradigmatic prejudice and slavish adherence to the rules of method were part of this dynamic, among other things. One general consequence of this disciplinary difference was that, on average, the brain-biological grant applications received better priority scores than the psychological-behavioral applications. This, of course, led to more of the former than the latter applications being funded. It is quite possible that the overall quality of the two types of research actually is about the same. If so, then the psychological-behavioral scientists on those study sections may employ a competitive strategy that somehow benefits themselves in the short run but may undermine psychological-behavioral science in the long run. There already are plenty of biases in the addiction field towards biological orientations and away from psychological orientations. We would not be wise to create and perpetuate a review strategy that contributes to our own demise.

Individual and group benefit. Each zebra is unique and needs to attend to his or her own interests. When deploying conspecific competitive strategies, however, each zebra also would do well to recall that he or she is a member of the dazzle. Each reviewer has unique opinions and has every right to express them in any way he or she wishes. But in forming and expressing opinions about another psychologist's work, each reviewer also would do well to be mindful of the disciplinary interests of the psychology of addictive behaviors. Paradigmatic prejudice, slavish adherence to the rules of method, and other sources of review negativity apparently somehow benefit individual reviewers; otherwise, they would not occur. But a competitive strategy that somehow produces short term, individual benefit may be counterproductive to the long term benefit of our discipline. Let's relish our unique attributes, but keep in mind that we are members of a group.

(Author's note: I thank my daughter, Rachel, for searching the internet and learning that the preferred term for a group of zebras is a "dazzle," not a "herd.")

Report on the Winter 2003 Meeting of the APA Council of Representatives

Jalie A. Tucker

Division 50 Council Representative

Editor's Note: This report was submitted collaboratively by Maxine Stitzer, Division 28's Council Representative, and Jalie Tucker, Division 50's Representative. Maxine and Jalie are Fellows in both Divisions and interact frequently on Council issues that are important to both Divisions. They have elected to share reporting responsibilities for this meeting, as follows.

APA's governing body, the Council of Representatives, convened on February 14 and 15, 2003 in Washington, D.C. for its annual Winter meeting. The meeting normally lasts for three days, but was adjourned early because of the incoming blizzard that blanketed the Northeast in mid-February. Not all Council members "escaped" in time, and many had to remain for several days in the Capital Hilton where the meeting was held. A few others got caught in hotels near D.C. metro airports. We were not among them, but the humorous e-mail communications and pictures from this lively band of sequestered Council members made us almost wish we were there. As Council representatives often do when faced with a challenge, a new "Caucus of Snow Stuck Psychologists" (COSSP) was formed and awarded a prize to the member who got home last. Juan Rapadas, who traveled over 10,000 miles to attend his first Council meeting as Guam's first seated Council representative, was so distinguished.

On a more serious note, a highlight of the meeting was a brief address to Council by Daniel Kahneman, an Israeli psychologist who recently received the Nobel Prize in Economics for his work on decision-making, much of which was conducted in collaboration with Amos Tversky (now deceased). Dr. Kahneman spoke about the field of behavioral economics, an approach that has been successfully applied in the field of substance abuse. Economists have defined principles by which people behave in an economic environment and have developed creative ways to utilize these principles to encourage prudent behavior. For example, a plan to promote monetary savings has been devised and marketed by taking advantage of delay discounting principles; i.e., the common human tendency to value present rewards more than future rewards, even when they are of the same tangible value, is exploited in service of promoting savings.

Dr. Kahneman strongly urged the APA to consider setting up joint programs in business and psychology, in order to keep such creative and socially important thinking within the scope of the discipline of psychology. He further observed that psychology's best avenue for influencing public policy was through having an influence on the discipline of economics, which has long enjoyed a central role in policy-making in areas of interest to psychology and other social and behavioral sciences.

APA President Robert Sternberg, a Yale psychologist well known for his research on intelligence testing, also gave an

address to Council. As part of his presidential initiatives, Dr. Sternberg plans to write several books addressing pressing issues within each Directorate of the APA (Science, Practice, Public Interest, and Education). For example, his book as part of the Science initiative will be on principles of scientific reviewing. He also has already convened a presidential task force to review APA governance structures and processes and, as appropriate, to propose sensible steps aimed at streamlining operations and reducing costs while enhancing communication and productivity across APA's many governance groups.

Another highlight of the meeting was the presentation to Council of a video on animal research in psychopharmacology, which was produced with oversight by the Board of Scientific Affairs (BSA) and the Committee on Animal Research and Ethics (CARE). The 15-minute video is aimed at a high school audience and is intended to promote positive attitudes about science and the role of animal research, with drug abuse and psychopharmacology as the illustrative topic area. Featured in the video were Drs. Nancy Ator, Marilyn Carroll, Dorothy Hatsukami, Robert Balster, and Roy Pickens, along with several laboratory rats, mice and baboons. Among the topics covered were abuse liability testing, commonality between animal and human drug self-administration, research on alternative reinforcers in drug self-administration, research on inhalants and the humane treatment of animals in research. Kudos to Dr. Ator and all the members of BSA and CARE who worked on this important educational video project.

On a somber note, the APA budget was discussed. APA has lost about one third of its net worth due in large part to losses in its stock portfolio in the aftermath of September 11, 2001. To help remedy the shortfall, the two APA buildings were recently re-financed with 30-year mortgages at low interest rates with an overdraft that gives the organization a new influx of working capital. Both buildings are fully leased, which also is good news. Dr. Norman Anderson, the new APA Chief Executive Office (replacing Ray Fowler who retired in December, 2002), is working with the APA Finance Committee to develop a balanced budget for the coming years. This will necessarily entail a reduction in central office staff, much of which has already taken place as part of the voluntary staff "buy-out" program that was implemented in 2002. The enduring downside of the staff reductions is that remaining staff members cannot cover all of the responsibilities of departing members. Governance and other APA activities therefore must be prioritized, downscaled, and/or shifted more toward the volunteer sector of the organization (e.g., APA boards and committees will be doing more of their own work, with reduced central staff support). And, yes Martha, there will almost certainly be increases in the cost of convention registration, CE workshops, and dues.

(continued on next page)

Council meeting (continued from previous page)

The weather-abbreviated meeting ended with a diversity and cultural sensitivity training session led by an external expert. This was a fitting event to be held at the first Council meeting to implement the "modified wildcard plan," which expanded the number of Council seats to include representatives from all APA divisions, U.S. states and territories, and Canadian provinces. Also for the first time, a representative of APAGS (American Psychological Association of Graduate Students) was seated on Council and on the APA Board of Directors. The APA Council (as well as other governance groups) is now diverse on many dimensions, now more so the APA membership at large. This positive development in governance will serve the organization well and reflects the efforts of many APA leaders, divisions, and other groups within APA.

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APA weighs in (continued from page 3)

Some specific questions to be explored by the committee include: What roles do federal scientific and technical advisory committees play in advising the federal government? How many exist and to whom do they give advice? What relationships do they have with those to whom they give advice? What processes are currently used for the appointment of scientists and engineers to these committees? What mechanisms have existed in the past? Are the Federal Advisory Committee Act (FACA) and related federal agency policies adequate to safeguard the independence of and maintain an appropriate balance of viewpoints in scientific and technical federal advisory committees? What principles should guide the selection of appointees to the advisory committees? What actions, if any, should be taken by Congress and the executive branch to strengthen the committees?

As meeting participants we were encouraged to address the following four sets of questions and then engaged in a free-flowing open-ended discussion: (1) What are your general thoughts regarding the issue of science, engineering, and health professional appointments to federal advisory committees? (2) Do you believe that COSEPUP should undertake a study to identify the principles that should guide such appointments? (3) What are your thoughts on the proposed statement of task? (4) If a study is undertaken, what type of individuals should be on the committee? Who should chair it? What should be the time frame?

Dr. Anderson's statement can be found at: www.apa.org/ppo/issues/snbacosepup.html. It is likely that results from the GAO investigation will be ready in December 2003. It may be that COSEPUP will wait for the results of that investigation before developing its broader guidance document.

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Important Opportunity for Psychologists Who Treat Substance Abuse

Norman Anderson
Chief Executive Officer
American Psychological Association

I am writing you to tell you about an important opportunity for psychologists who are interested in the treatment of substance abuse.

As you know, addiction to heroin and other opioids (e.g., prescription pain relievers) are major public health problems in our nation. For example, data from the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2001 National Household Survey on Drug Abuse indicate that 8.4 million people reported in 2001 that they had used prescription pain relievers for non-medical purposes in the past year. Such abuse contributes to an estimated \$97.7 billion in total economic loss for our society when other non-medical substance abuse is considered.

Furthermore, only an estimated one in four addicted individuals receive treatment for opioid addiction and the number of available treatment slots in traditional methadone maintenance clinics is woefully inadequate. But a new medication, buprenorphine, a new law, and a new way of thinking may provide the means to meet that challenge. And, psychologists have a critical role to play in the provision of relevant treatment services.

Buprenorphine has been under development for over a decade, and many APA members have contributed to an understanding of its psychopharmacologic properties via animal and human laboratory research. Equally important has been research demonstrating the importance of combining behavioral and psychosocial interventions with medications in the treatment of opiate dependence. Last December, APA's Public Policy Office and Practice Directorate staff, with assistance from APA Division 50, organized a review of the Substance Abuse and Mental Health Services Administration (SAMHSA) "Buprenorphine Clinical Treatment Guidelines", setting the stage for a critical science/practice translation activity.

Buprenorphine was approved by the Food and Drug Administration (FDA) for the treatment of opiate dependence last October. It represents an important new treatment option beyond traditional methadone clinics. The combination of Buprenorphine and the Drug Abuse Treatment Act of 2000 will allow outpatient treatment of opioid addicts in physician's offices. The act also requires physicians who provide buprenorphine treatment to have the ability to refer patients to full-spectrum care for their social and psychological needs. That's where you come in.

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A Four-Tier Approach to AOD Interventions at a College Counseling Center

Timothy J. Silvestri, Danielle Pollaci, and Andrew Genco
Lafayette College

This is an exciting time to be involved in alcohol and other drug (AOD) education and intervention. In this article we briefly outline some challenges we have faced in AOD education and intervention, explore the notion of students' ambivalence about their own alcohol problems, and propose a four-tier intervention strategy for implementation in a college counseling center. As students ourselves (DP & AG) we have found this four-tier strategy to be useful, engaging, and worthwhile. As a psychologist (TJS), I look forward to going to work everyday and embrace my job as an AOD specialist because of the wonderful theoretical and practical applications that have been advanced in the last 20 years.

As we prepared this article we thought it important to discuss some challenges that AOD specialists face on a college campus. We focus on *mandated* student AOD intervention groups that have the potential to engender non-collaborative student-psychologist interactions. Students required to attend mandated groups might feel forced into counseling for behaviors they perceive as normal, they might view *getting caught* as the real problem, and they may become expert at tuning out "irrelevant" alcohol messages. Sounds bad from the student's perspective, right? It's not much better from the psychologist's perspective. Few students mandated by the Dean's Office wish to be there, few wish to change behaviors that resulted in their being in the group (i.e., consuming alcohol), and there will likely be students who sit with their eyes glued to the floor, sufficiently disengaged to diminish any enthusiasm felt by other group members. One might characterize such circumstances as having the potential for an uncomfortable or unrewarding group process. We propose, nonetheless, that the necessary ingredients exist for an effective, educational, and rewarding AOD intervention experience.

One of the most significant changes in the care of AOD clients (we use this term loosely to include outreach, group, and individual therapy participants) has been the movement away from emphasis on *denial* and towards the treatment of *ambivalence*. Ambivalence takes center stage in *Motivational Interviewing* (Miller & Rollnick, 1991) and stages of change theory (Prochaska, Norcross, & DiClemente, 1994). We believe that the concept of ambivalence is essential because of the significant opportunity for change it presents. Structurally our Lafayette College program may be among the many examples of effective AOD interventions. But without sufficient preparation for student ambivalence, therapist frustration and burnout might sabotage an otherwise successful program. Student ambivalence is also a focal point in the present article because the student co-authors personally believe it to be an important phenomenon.

Student ambivalence comes in many forms. Although the following list is not intended to be exhaustive, we highlight some examples of ambivalence. First, students often desire to excel across multiple endeavors even if such endeavors contradict one another (e.g., making the Dean's List and being able to "hold your liquor"). Most Lafayette students report that student consumption of alcohol is acceptable if it does not interfere with their academics (CORE survey conducted in 2001 by the Lafayette College Counseling Center). Yet, given the deleterious effects of alcohol on rapid eye movement sleep (and subsequent loss of memory storage and human growth hormones; see McKim, 1986) high-risk drinking poses a serious restriction on a student's ability to reach peak performance. We propose that when this type of information is presented in a manner that students can relate to, it can increase the likelihood that the student will weigh the benefits, risks, and costs when they are deciding "if" and "how much" to drink. Second, students desire to experiment with extremes, but wish to do so in a safe manner. A successful intervention may help to provide information on helping a friend in need (an idea that resonates with students) rather than to focus exclusively on the dangers of alcohol (a message students often tune out). We have found that this subtle shift presents the same information, but in a manner that is readily received by students. Third, students may view college as a time to "break-out, experiment, or rebel." This can create acceptance for out of control behaviors with a simultaneous awareness of the greater potential to falter. These examples of ambivalence as well as dozens of other possible examples, often have a realistic and healthy developmental task at their foundation (Arnett, 2000).

We suggest that the ages of 17-22 can often feel like a "psychosocial in-between" where there is an affinity to being a "kid" as well as a desire to become an adult. This developmental dichotomy can sometimes be manifested in dramatic fashion as, for example, when a student makes a shift from being studious and conscientious in the early evening to an out-of-control partier in the late evening. During our preparations for this article, we also explored the sometimes significant differences in the manner in which men and women appear to face ambivalence and although there is not space available for an in-depth exploration of this topic in the present article, we feel that this is an important area of focus for future work.

It is our contention that significant success can be achieved when an intervention strategy maximizes the momentum for

(continued on page 12)

Addictions Abstracts

One abstract may be submitted per person, per issue. Maximum length is 150 words. Only papers published within the past year are acceptable. Please include the full citation. Please send abstracts by e-mail to bliese@kumc.edu. Thanks!

Expectancies Specific to Condom Use Mediate the Alcohol and Sexual Risk Relationship

LaBrie, J. W., Schiffman, J. E., & Earleywine, M. E. (2002). Expectancies specific to condom use mediate the alcohol and sexual risk relationship. *The Journal of Sex Research*, 39, 117-125.

The present study tested the role of alcohol expectancies for condom use in mediating the alcohol and risky sex relationship. Expectancies for condom use are specific anticipations for alcohol's effect on one's ability to use a condom. College students (N = 563) reported on beliefs, intentions and actual sexual and drinking behavior. Among the sexually active alcohol was directly related to future intention to use a condom in drinking situations for men, but not for women. In the men, alcohol expectancies for condom use mediated the relationship between drinking and condom intention. Beliefs that alcohol negatively impacts one's ability to use condoms were associated with more drinking and lower intentions to use a condom. These expectancies may help explain how alcohol affects risky sex in men. Gender differences and implications are discussed.

Addiction Denial and Cognitive Dysfunction: A Preliminary Investigation

Rinn, W., Desai, N., Rosenblatt, H., & Gastfriend, D.R. (2002). Addiction denial and cognitive dysfunction: A preliminary investigation. *Journal of Neuropsychiatry and Clinical Neuroscience*, 14, 52-57.

This study explored the proposition that denial of addiction is often more a product of cognitive failure due to cerebral dysfunction than an emotion driven rejection of truth. Forty-four subjects were studied in an inpatient alcohol rehabilitation program. Denial was defined as the proportion of standardized denial-related treatment goals established at admission that remained unachieved at discharge. Cognitive deficiencies were identified through neuropsychological assessments. Persistent denial was significantly correlated with greater impairment of executive function, verbal memory, visual inference, and mental speed.

Do Adult Offspring of Alcoholics Suffer from Poor Medical Health? A Three-Group Comparison Controlling for Self-Report Bias

Hart, K.E., & Fiissel, D.L. (2003). Do Adult Offspring of Alcoholics Suffer from Poor Medical Health? A Three-Group Comparison Controlling for Self-Report Bias. *Canadian Journal of Nursing Research*, 35, 52-72.

This study examined whether adult offspring of alcoholics (AOAs) have relatively poor medical health. A clinical sample of AOAs and 2 comparison groups completed measures that assessed health problems and participant perceptions of minor medical symptomatology. The personality trait of neuroticism-stability served as a statistical covariate with selected demographic variables found to correlate with AOA status. Results showed that AOAs reported a greater number of serious health problems than both treatment and non-treatment controls. The 3 groups did not differ in minor symptom reports when neuroticism-stability was controlled. However, when neuroticism was not, the groups differed in minor symptoms, suggesting poorer health among AOAs. The results suggested that living in an alcoholic environment during childhood plays a role in the manifestation of serious medical problems in adulthood. Future studies of AOAs that utilize self-report measures of minor physical symptoms should control for the self-report bias associated with neuroticism.

Is Recreational Drug Use Normal?

Nicholson, T., Duncan, D. F., and White, J. B. (2002). Is recreational drug use normal? *Journal of Substance Use*, 7, 116-123.

The purpose of this paper is to define drug use and differentiate this behavior from drug abuse. We argue that one fundamental principle of the War on Drugs, namely that all use of illicit drugs is harmful and must be prohibited, is invalid. Statistically, clinically, and socioculturally, drug use is normal behavior. Current drug policy is based on the flawed premise that any use of illicit drugs is unhealthy. A public health model emphasizing demand reduction (as opposed to supply reduction), individual freedom, reason, and tolerance is recommended.

positive change that exists within ambivalent students. The Lafayette College Counseling Center's four-tier approach will be utilized as an example. This multi-tier approach was created in an effort to maximize the return on our Counseling Center's limited resources. Even if a Counseling Center is fortunate enough to have an AOD staff position within the center, such positions often hold a primary responsibility to counseling center clinical work and secondarily to AOD interventions. Hence, the competing demands on time may limit the staff member's ability to address the entire AOD needs of an institution (Glassman, 2002). We have found that a multi-tier system is an effective approach, especially given a lack of resource availability and a desire to reduce high-risk alcohol consumption at an institution.

First tier. The first tier contains strategies that are self-contained and do not require extensive introduction, explanation, or supervision. While these strategies may require some initial staff investment for creation and distribution, they require no further staff involvement once distributed. The use of BAC Zone™ personalized blood alcohol concentration (BAC) cards, for example, is a self-contained harm-reduction strategy that enables people to estimate their own BACs given their gender and weight (see <http://www.baczone.biz> for more information). They also provide factual information about alcohol's influence on physiology. The cards have been enormously popular (many students on our campus keep cards in their wallets). One of the key concepts of the cards, "Stay in your Green Zone™" (i.e., avoid high-risk drinking), has become a familiar slogan on campus. Another first tier intervention has been a campus-wide social norms campaign focused on a variety of message delivery mechanisms (e.g., posters, free candy, and factoid screen savers) demonstrated to reduce high-risk alcohol consumption (see Perkins, 2003 for an exhaustive review of the Social Norms approach).

Second tier. A second tier intervention has been a successful outreach campaign that includes a focus on social norms messages, harm reduction strategies (e.g., how to help a friend who appears intoxicated), biphasic response to alcohol consumption (i.e., although alcohol is a depressant, the initial effects can *feel* stimulating; see Dimeff, Baer, Kivlahan, & Marlatt, 1999), self-protective behaviors (e.g., alternating alcohol and non-alcohol beverages), the positive and negative consequences of building alcohol tolerance, and alcohol's influence on performance (e.g., alcohol's negative influence on R.E.M. sleep). Outreach groups are typically 45 minutes in length. We believe that one of the most pivotal aspects of the group may be the style or manner in which the information is presented. Presentations that are engaging, integrate humor, and are balanced (e.g., acknowledging the benefits and drawbacks of tolerance) stimulate student openness to reconsider choices they typically make by making explicit some of the shared student ambivalence that might exist among participants. In particular, changes in established drinking patterns might increase in likelihood as the potential benefits to

performance are realized. Such a cost-benefit analysis is a critical piece of student ambivalence and the resolution of which can stimulate sometimes dramatic reduction in high-risk drinking.

Third tier. A third tier intervention was the creation of a two-session group for first offense alcohol policy violators. This group builds and expands upon the foci of the outreach program, but provides personalized feedback for each student according to a questionnaire they complete in the first session. The group also incorporates the BASICS protocol (Brief Alcohol Screening for College Students; Dimeff et al., 1999). Students are provided information about the specific BACs they have reported and comparisons are drawn to existing social norms. Much of the outreach information is presented, but personalized and expanded where necessary. In order to deal effectively with students' ambivalence in mandated groups, significant efforts are made in the first session to distance the current intervention from "Just say no" and "Don't drink" messages that participants may have been overloaded with in the past. The goal of the group is emphasized: to provide accurate information so as to bolster their existing experiential knowledge about alcohol consumption. In doing so, the group seeks to help students make effective decisions and to maximize their potential for success as they define it. According to Miller and Rollnick (1991), change occurs within an interpersonal context. Hence, the emphasis on creating a meaningful and engaging interaction within the group session may enhance student willingness to examine their own points of ambivalence towards high-risk drinking and make subsequent reductions in their alcohol use.

Fourth tier. A fourth tier intervention is a two-session individual counseling approach based on BASICS (Dimeff et al., 1999). The individual sessions were created for repeat alcohol policy violators, individuals who received medical attention for their consumption, and other high-risk offenders. The client in this scenario has typically received the information from another format (e.g., outreach program or group sessions), hence the intervention can focus more exclusively on motivational interviewing strategies to explore student ambivalence about drinking. Strategies to implement protective behaviors (e.g., alternative alcohol and non-alcohol beverages) are often a major focus in the second individual session. Similar to the group process, motivational interviewing techniques are critical to move students from ambivalence to a committed emphasis on reaching their goals (and therefore reduce high-risk alcohol consumption).

The four-tier intervention described above has proven to be a rewarding experience and has been well received by students. We believe that its success may be accounted for by: (1) the combination of recent advances in AOD intervention such as Motivational Interviewing, BAC Zone cards, and BASICS; (2) the student-centered manner in which the information is presented; and (3) the effectiveness of the intervention at

(continued on next page)

Four-tier approach (continued from previous page)

prompting critical student self-reflection on their existing ambivalence about high-risk drinking. This four-tier system's efficacy at reducing high-risk drinking at a small, liberal arts college is currently under review. The two-session group intervention will be evaluated more rigorously in the fall semester of 2003 to determine whether it is effective at reducing high-risk alcohol consumption. (To obtain further information about being included in this project, please contact the first author at silvestt@mail.lafayette.edu). We hope that this approach serves as a good example of the many existing approaches to reducing high-risk drinking within higher education.

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Editor's Corner (continued from page 1)

Ron Kadden has also been hard at work searching for a slate of candidates to run for the positions of President-Elect, Member-at-Large, and APA Council Representative. As he notes in his report, we have the perennial problem of getting too few nominees for these positions. Nonetheless, five excellent candidates have emerged. **Carlo DiClemente** runs uncontested for the office of President-Elect. For those that only know Carlo as one of the *stages of change* gurus, I'm here to tell you that you won't meet a nicer guy. **Todd Campbell** and **Martin Iguchi** are running for the office of Member-at-Large, while **Sandra Brown** and **Paul Priester** are running for APA Council Representative. While I have lots of nice things to say about these candidates, I'll restrain myself until elections are over. When you receive your ballot from APA in the next few days, *please vote!*

Several other Division 50 chairs and officers have been hard at work this winter, reflected in their reports in this issue of TAN. **Jalie Tucker** has attended another APA Council meeting and provided an informative report (with **Maxine Stitzer**). **Linda Sobell** has been busy heading our Awards Committee which has chosen two new fellows (**Fred Rotgers** and **Howard Shaffer** – congratulations to you both!). Linda's committee is also calling for nominations for Division awards (see page 15). Please consider nominating someone for at least one of these awards. Also, Linda is running for the office of President of the Society of Clinical Psychology (Division 12). As a major contributor to addiction psychology (see Letter to the Editor, page 14), Linda has earned our support many times over!

Elsewhere in this issue of TAN we have excellent articles by two APA leaders, **Norman Anderson** (Chief Executive Officer) and **Geoffrey Mumford** (Director of Science Policy). We are very fortunate to have Norman Anderson as our new CEO. Many did not believe that we could fill the big shoes of Ray Fowler who retired in December 2002, but Norman Anderson certainly does. In his article Dr. Anderson describes a great opportunity for Psychologists who treat substance abuse (see page 9). Geoffrey Mumford's article was submitted by my invitation. After reading that Bill Miller was *not* appointed to a NIDA panel (ostensibly related to his political views), I wanted to hear APA's reaction. After reading Geoff's article you'll appreciate APA's stand on this controversial matter.

Also in this issue of TAN we have a contribution from **Tim Sylvestri** and his two students, **Danielle Pollaci** and **Andrew Genco**. Their article describes a "four-tier approach" to alcohol and other drug interventions. A real strength of this paper is that it comes right from "the trenches." Tim, Danielle, and Andrew graphically describe the thoughts and attitudes of college students mandated to treatment in a small liberal arts college – very interesting!

And of course we have our usual features: *Addictions Abstracts* and *Announcements*. Please read these sections to discover recent publications and important announcements.

TAN has officially entered the digital age! Some of you are reading this issue on paper while others are gazing at a computer screen. In a poll I conducted last year (n=65) approximately one-quarter of respondents said they would prefer to have TAN sent electronically (PDF via e-mail), while at least half said they would still prefer hard copies via the U.S. Postal Service. But my sample size is too small! Please drop me a line again at bliese@kumc.edu and let me know your preference. The more members willing to receive TAN by e-mail, the more money we'll save in printing costs and postage.

On a final note, I'd like to wish all of you a happy, healthy springtime. But even more, I wish us all peace.

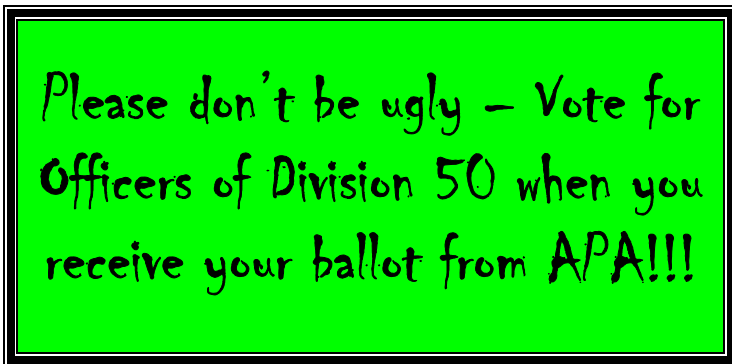
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Now APA is working with SAMHSA by reaching out to APA members and other psychologists interested in learning about buprenorphine and possible opportunities for patient referrals. SAMHSA has initiated a 14-stop nationwide public education tour entitled, "New Paths to Recovery". The tour will cross the country and return to the east coast concluding in the New York area at the end of May. The full schedule and additional information about buprenorphine are available at www.samhsa.gov/news/click_bupe.html.

With increasing recognition of the toll substance abuse is taking on our society, buprenorphine offers yet another opportunity to demonstrate the important contribution that psychologists can make in partnership with our physician colleagues. Collaboration is critical because without effective psychological services, the potential benefit of this new medication cannot be realized. In a recent survey conducted by the APA Practice Directorate and funded by the Center for Substance Abuse Treatment at SAMHSA, 24% of provider psychologists indicated that a client selected from their practice at random had a known or suspected problem related to substance abuse. (For complete details, see www.apapracticenet.net/results.asp)

If you currently provide substance abuse services I hope you will consider becoming part of the buprenorphine treatment network. Whether or not you provide substance abuse services, I encourage you to take advantage of some of the many excellent continuing education offerings to enhance your knowledge and skills in providing new and effective psychological treatments in this important area. For those of you questioning your role in the treatment of substance abuse, I'd refer you to a helpful article "Why Psychologists Should Know How to Treat Substance Use Disorders" by Arnold M. Washton, PhD, which has been published in several state psychological association newsletters. You can find the article at www.apa.org/ppo/issues/washton303.html

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Letter to the Editor

Dear Friends and Colleagues:

An issue that faces all of psychology, but no area more than clinical psychology, is the continuing and ever critical need to integrate the science and practice of psychology. Division 50 has been very fortunate in this regard as many of its current leaders and early pioneers have successfully advocated for the dissemination of science into clinical practice. In fact, this has never been more evident than as reflected in a recent report of an APA PracticeNet Survey published in the *Monitor on Psychology* (2003, 34, 34). The survey showed that 42% of psychologists reported using motivational interviewing strategies in helping their substance abuse clients.

When I broke into the field three decades ago, the addictions field was not attractive to psychologists. Today, this has changed. Substance abuse has not only become a respected area for psychologists, but the APA has recognized it as a specialty area, and we have Division 50. While the addictions field has made substantial gains in the science-practice interface over the past several decades, this has been less true for the general field of clinical psychology.

This last statement relates to the reason why I am writing this letter. I feel the most serious issue confronting clinical psychology is developing a new agenda for furthering and strengthening clinical psychology. Two reasons are of particular consequence. First, there has been a proliferation of specialties within clinical psychology. The result, while increasing knowledge, has distracted us from unifying themes that bind us together as clinical psychologists. A second reason to develop a new agenda relates to surviving in a competitive marketplace—we need to enunciate why clinical psychology is unique among the health professions. The bottom line is that regardless of the specialty, what makes us unique is the science-practice intersection that ties what we do to the growth of knowledge in the study of behavior. The addiction field exemplifies how such dissemination can occur.

While my professional home is in the addictions field, I am a fellow in several Divisions (12, 25, 28, and 50 of APA), and I was approached a few months ago about running for office in Division 12, the Society of Clinical Psychology. Now that I am on the ballot as a Presidential candidate, I would like to ask those of you who are also members of Division 12 to vote for me in the upcoming April 2003 election. If successful, I would be the first Division 12 President whose career has focused on substance abuse research. One of my goals will be to support the dissemination of empirically validated treatments and to work strongly to enhance linkages between research and practice.

Thank you for your consideration,

Linda Carter Sobell, Ph.D., ABPP

Announcements



Congratulations to our new Division 50 Fellows:

Frederick Rotgers
and
Howard J. Shaffer

Nominate our Colleagues for Division 50 Awards

Division 50 (Addictions) seeks nominations for its 2003 awards, to be announced at APA's 2003 Annual Convention in Toronto. Awards for 2003 include (a) Distinguished Scientific Early Career Contributions, (b) Distinguished Scientific Contributions, (c) Distinguished Career Contributions to Education and Training, and (d) Outstanding Contributions to Advancing the Understanding of Addictions. Information on award qualifications and nominations can be found on Division 50's web site at <http://www.apa.org/about/division/div50.html>. **The deadline for receipt of all award nominations and relevant materials is May 1, 2003.** Nominations and related materials should be sent to Div 50's Fellows and Awards Committee Chair: **Linda C. Sobell, Ph.D.**, Center for Psychological Studies, Nova Southeastern University, 3301 College Avenue, Ft. Lauderdale, FL 33314. Call or e-mail for further information (954-262-5811; e-mail: sobelll@nova.edu).

Post-Doctoral Fellowship in Substance Abuse and Co-Occurring Disorders Research

The Department of Mental Health Law & Policy, Louis de la Parte Florida Mental Health Institute (FMHI), University of South Florida (USF) invites applications for a post-doctoral research fellowship that has previously been supported by the NASMHPD/NASADAD Public-Academic Fellows Program in Substance Abuse Services Research, with funding by NIDA. Applicants for the 2-year fellowship, which provides research and academic training in a rich intellectual environment, must have a terminal degree (e.g., PhD, JD, DPH). Applicants should have experience and demonstrated research skills in the area of addictions, substance abuse, and/or co-occurring disorders, and an interest in public policy and services research. The fellowships will start in the fall of 2003; the stipend is competitive. Applicants should submit a CV, 3 letters of recommendation and a letter detailing their research interests and career goals to: Roger Peters, PhD, Department of Mental Health Law & Policy, Florida Mental Health Institute, 13301 Bruce B. Downs Blvd., Tampa, FL 33612. Application materials may also be e-mailed to Dr. Peters (peters@fmhi.usf.edu). Original copies of letters of recommendation letters should be mailed.

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