



The Addictions Newsletter

The American Psychological Association, Division 50

Summer, 2003

Vol. 10, No. 3

President's Column

**Congratulations to us on the success of the
*Psychology of Addictive Behaviors***

Rudy E. Vuchinich

University of Alabama at Birmingham

On June 19, 2003 the Division 50 Board of Directors had a conference call. During that call the Board voted to accept APA's offer regarding the future publication of the *Psychology of Addictive Behaviors* (PAB). Accordingly, ownership of PAB will transfer from Division 50 to APA, and PAB will join the list of main APA journal titles (right in there along with *Journal of Consulting and Clinical Psychology*, *Journal of Abnormal Psychology*, etc.). This is a significant event for Division 50, for PAB, and for the psychology of addictive behaviors. Much more about this will appear in future issues of *The Addictions Newsletter*. In this column, I just want to summarize the recent sequence of events and thank certain key individuals who were instrumental in making this happen.

For several years, the possibility of PAB becoming an "all APA" journal has been the topic of formal and informal discussions within the Division. During this time, Tom Brandon, current Editor of PAB, had several conversations about this possibility with representatives of APA's Publication & Communications Board. Tom also had several conversations during this time with other publishers about taking over the operations of PAB. All these conversations came to fruition over the last several months and Division 50 received formal offers to take over operations of PAB from Taylor and Francis publishers, Blackwell publishers, and APA. The Board then decided on the following decision-making process:

(continued on page 3)

Editor's Corner

My Mother was right:

It is better to give than to receive

Bruce S. Liese

University of Kansas Medical Center

About two months ago I received an e-mail from Linda Sobell, Chair of Division 50's Fellows and Awards Committee. Linda informed me that I had been selected to receive the *Presidential Citation for Distinguished Service to Division 50*. Needless to say I was delighted. This was the first tangible award I had received from the Division (or from APA for that matter), but it certainly was not the first reward.

Over the past ten years I have been the fortunate recipient of numerous rewards from my involvement in our Division. At the top of the list, no doubt, has been the fact that I have developed friendships with a great group of people. Through these relationships I have participated in some of the most meaningful, gratifying experiences. I have shared good times and bad times. I have come to feel at home in APA, an organization that I previously found overwhelming. These rewards came merely from *getting involved* in our Division.

In addition to the social benefits, my editorial responsibilities have been personally and intellectually stimulating. They have enhanced my knowledge about a wide range of issues – like the role of spirituality in recovery, innovative approaches to treatment, credentialing, addicted adolescents, and more. I have also learned lessons about the art of diplomacy. Each time someone with a "special interest" contacted me "a great new idea" for TAN, I was compelled to reexamine the goals, purposes, and policies of our newsletter.

(continued on page 8)

Come to the Convention in Toronto

Updates and Choices

William Fals-Stewart

2003 APA Convention Program Chair

As I am sure you can imagine, putting together the program for the APA Convention in Toronto has been an enormous challenge and the type of which I daresay that no previous program chair has ever encountered. Certainly, as is standard practice for our Division, the program committee was provided many excellent submissions from which to choose and, as a result, the program we have put together is one that the committee can be truly proud. For those of you who submitted, you should be proud as well; from my vantage point the program highlights much of the best and brightest our Division has to offer.

However, no balanced or responsible discussion of the convention can avoid mention of the SARS scare that has gripped Toronto and has rippled through all discussions of the upcoming convention. On June 6th, the APA Board of Directors voted to uphold its earlier decision to hold the convention in Toronto as planned, based on input from the CDC, WHO, other public health experts, and APA members. In addition, the Board reiterated its earlier position that “each member, presenter, exhibitor, or APA staff member should be allowed to make their own decision regarding attending the convention based upon their personal circumstances and health status.” As noted on the APA website, if between now and the start of the meeting, the WHO or the CDC issues a directive advising against travel to Toronto, the Board will cancel the meeting.

Several of you who are scheduled to present have expressed serious concerns. While some presenters have decided to come, others remain undecided. We have also had some cancellations. I very much understand and respect all of these choices. From my discussions with many of the presenters, this decision is clearly a difficult one. For those of you who decide to come to the convention, I very much believe you will be satisfied with the program and the Convention in general and I look forward to seeing you there. Please make a point of supporting the program this year by attending the symposia, workshops, and posters. Those who have decided to come very much deserve all of our support. While that is perhaps always true, I believe it is somehow more important than ever before.

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In This Issue

President’s Column	1
Editor’s Corner	1
Come to the Convention in Toronto.....	2
Division 50 Officer Election Results.....	3
Getting Technology into Substance Abuse Treatment	4
APA, 2003 (Toronto) – Convention Calendar.....	6
Convention Symposia, Invited Addresses, Poster Sessions...	7
25 th Annual Running Psychologists APA 5K Race.....	9
Addictions Abstracts.....	10
Announcements.....	11
Division 50 Executive Officers.....	12

Important Notice

The staff of *The Addictions Newsletter* cannot process address changes or subscription orders. If you have changed your address please contact APA directly at (202) 336-5500. If you are **not** a member of Division 50 and you wish to receive *TAN*, contact Tamara L. Wall at: twall@ucsd.edu to become a Division 50 Member or Affiliate. Thanks!

Come to the 111th Annual APA Convention

August 7-10, 2003

Toronto, Ontario, Canada

Division 50 Election Results

Ron Kadden

Division 50 Elections Chair

APA has announced the winners of the Division Officers and Council Representatives election that was held this spring. Division 50 had three positions open. Carlo DiClemente ran unopposed for President-Elect of the Division. Todd Campbell and Martin Iguchi ran for the position of Member-at-Large of the Executive Committee. Martin was elected for a three-year term. Sandra Brown and Paul Priester ran for Division Representative to APA Council. Sandra was elected, also for a three-year term. Congratulations to Carlo, Martin, and Sandra. A total of 267 votes were cast, about 20% of the Division membership.

The Division membership should be grateful to all the candidates, including those who won and those who did not, for their willingness to run and to serve if elected. It is hoped that those who did not win at this time will find other ways to become involved in Division affairs. As is true with so many organizations, the number of people actually involved in the operation of Division 50 is very small. The Division would benefit if additional members brought their energy and creativity to the organization. The elections cycle will resume in the fall, with a call for nominations. It is hoped that more Division members will become involved by running for an office. If there are ways that you think the nominating process can be improved and made more inclusive, please contact me with your suggestions at: kadden@psychiatry.uhc.edu

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President's column (continued from page 1)

The Division 50 PAB committee would thoroughly evaluate the three offers, and then make a recommendation to the Board regarding which offer, if any, the Division should accept. The Board would then make the final decision. The members of the PAB committee were Tom Brandon, Kate Carey, Keith Humphreys, Ken Leonard, Nancy Piotrowski, and me as an ex officio member. Although Tom Brandon had been Chair of the PAB committee, he did not want to remain in that position during the final decision-making process. I therefore asked Keith Humphreys to take over as Chair of the committee, and he generously agreed to do so.

In mid-April I sent an e-mail on the Division 50 listserve informing everyone of these developments and inviting input from members. That e-mail resulted in several comments divided between preference for APA and preference for one of the private publishers. This same difference in preference also was expressed on the PAB committee. However, after a thorough evaluation of the offers, and after re-negotiating several points with APA (thanks to Keith), the PAB committee recommended that the Division accept the APA offer. The Board then did so during yesterday's conference call.

Everyone involved in this process, especially Tom Brandon and Keith Humphreys, deserves the thanks and gratitude of the Division 50 membership. We have been a Division for 10 years, and already our journal has joined the list of mainstream journals for psychological science. I believe this is a significant achievement that attests to the importance of addictive behaviors in psychology and to the quality of the scientific and clinical activity of individuals in the field of addictive behaviors. So, *congratulations to us!*

**Please join us in welcoming our new
Division 50 officers:**

Carlo DiClemente, *President-Elect*

Martin Iguchi, *Member-at-Large*

Sandra Brown, *Council Representative*

Getting Technology into Substance Abuse Treatment

Change at many levels

Simon H. Budman & Albert J. Villapiano

Inflexxion, Inc.

Newton, Massachusetts

Since 1997 we at Inflexxion have been conducting research and working on the integration of technology into substance abuse treatment. It has been a difficult road but we are beginning to see some substantial changes. Inflexxion is a science and healthcare multimedia technology company based in Newton, Massachusetts. Of the approximately 50 staff at the company, eight are doctoral psychologists. We work in a variety of areas including college health, cancer prevention, pain management, COPD, but a major area of core expertise is substance abuse assessment, treatment and clinician education. Several of our psychologists with clinical backgrounds worked for many years in the substance abuse area and remain very interested in improving the quality and effectiveness of healthcare delivery.

Inflexxion has been quite successful obtaining funding for product development through the National Institutes of Health (NIH) Small Business Innovative Research (SBIR) program. Although we have received funding from many different institutes at NIH, the majority of our support has come through the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The SBIR program is very competitive, but it allows for-profit, small businesses like ours to develop and test creative, scientifically evaluated products. These products then become the property of the small business. As a part of the SBIR program, it is then incumbent upon us to bring these products to market and actively commercialize them.

Addiction Severity Index (ASI). Thomas McLellan and his colleagues (1980) developed the Addiction Severity Index (ASI). As originally designed, the ASI is a structured 60-minute, face-to-face interview for substance abusers that enables a trained interviewer to obtain a clear and consistent picture of the difficulties and levels of functioning of a client in seven important domains. These include: medical, employment, alcohol, drug, legal, family/social, and psychiatric.

Currently the ASI is probably the most widely used tool in substance abuse treatment. The ASI is required in a majority of states, used in mental health and substance abuse facilities, “welfare to work” programs, correctional systems and a variety of different treatment venues. The widespread use of the ASI allows for a common metric for assessing the severity of client problems and treatment response or outcome. Hypothetically, data could be compared within states at different treatment centers, across states, across different studies and so on.

Having a common metric is tremendously important. Without such a method of comparison there is no basis for

understanding how to allocate resources across treatment sites, how different sites, counties and states compare with one another and so on. Indeed, Treatment Research Institute (TRI), at the University of Pennsylvania and The National Center on Addiction and Substance Abuse (CASA), at Columbia University collaborated to develop the Drug Evaluation Network System (DENS) database online, which houses data on more than 35,000 ASIs done around the country. The goal of DENS is to provide important clinical and administrative information and a common metric on clients entering treatment throughout the country. Over the next several years the DENS database will expand even further. (Prior to moving into the area of developing technology in the substance abuse area, Inflexxion—then named Innovative Training System—provided clinical consultation to behavioral healthcare programs around the country. There was rarely a system to which we consulted that did not say that they had the “most difficult” clients in the country. With a common metric such as the ASI, such claims can easily put to the test.)

Having ASI data is also important because it can make a difference in planning treatment. McLellan and his colleagues (McLellan, et al. 1997) have clearly demonstrated that when such data is used in treatment planning, and interventions are initiated that address deficits identified on the ASI, it can positively and substantially alter a variety of outcome measures, lead to longer lengths of stay and improved client satisfaction. So what’s the problem? There are numerous difficulties associated with the interview version of the Addiction Severity Index. First, ASI scores coming out of the interview version are notoriously unreliable. Clinicians doing the interviews tend to “drift” in their scoring techniques and become inconsistent. Training a clinician to skillfully administer the ASI interview is a costly and frustrating proposition that remains expensive over time. One ASI interview and scoring done by even an inexpensive staff member can cost over \$20. When you consider the cost of interviewer training and periodic training “boosters” with an ASI expert, it could add another \$5 per interview. Another problem is that turnover of staff at substance abuse centers is generally very high. Fifty percent leaving in a given year is not unusual. Thus, intensive training of ASI interviewers is no assurance that those people will be available for any extended length of time. Further, interviewers who administer many ASIs over an extended period, often report the work can be repetitious and boring. We have been told on several occasions, “After you have administered 100 ASIs, you never want to do an ASI again....ever!”

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Addiction Severity Multimedia Version (ASI-MV).

Several of us at Inflexxion had extensive familiarity with the ASI from our prior research or clinical work. We admired its potential, but shared with many of our colleagues the frustration about its expense, unreliability and the susceptibility of ASI severity ratings to manipulation. (For example, in some areas, clients can only be admitted to higher levels of care if they have severity ratings at a high, pre-determined level. Since severity ratings are based upon clinician judgment, “score inflation” may become an acute and expensive problem for payers.)

In 1995, when we first submitted a grant to develop a multimedia, client self-report, computerized version of the ASI, we were turned down. One NIH reviewer argued that since many substance abuse treatment centers lacked fax machines, it was unrealistic to think they would have computers available for clients to use presently or in the distant future. We were fortunate to get the ASI-MV grant funded the next time around, when some enlightened reviewers understood that the situation, as it stood in the mid-1990s, might change. We were able to convince the review group that there was a technology revolution under way and “even” substance abuse treatment centers would eventually have computers onsite for client use.

Our goal with the ASI-MV was to develop a tool that could be easily used by clients in substance abuse treatment. Many clients coming to public drug or alcohol facilities have poor literacy, little computer experience and are difficult to engage. In order for our program to be accepted by this population it had to be simple to use, highly interactive, interesting and attractive. We also used video, on screen characters (actors), engaging graphics and sound. We have found that the visual and audio prompts have made it possible for those with reading difficulties to successfully self-administer the program. We decided to develop the program with a “virtual city” as its format. In this virtual city the client is introduced to two “guides” and brought to interviews in onscreen offices. These offices represent the seven sections or domains of the ASI. In each of these offices clients meet an interviewer who focuses on a particular domain of the ASI (e.g., in the medical section, the client is brought to a doctor’s office to be interviewed by an onscreen physician regarding his or her health issues).

Throughout the ASI-MV the client is reinforced for continuing (“You are doing really well. Now let’s go to the employment office, where Mr. Rivera will ask you a few questions.”) In our original version of the ASI-MV the program was run on a computer with a touchscreen monitor, but we found these monitors costly and prone to breakdown, and we moved to the use of a mouse. To our surprise, we found that even those clients with no prior computer experience, easily learned to use a mouse in under three minutes.

The ASI-MV was tested in an extensive scientific trial (Butler, et al. 2001) where we found that the reliability and validity of this multimedia version is as good or better than the

interviewer version. It is also clear that it is much cheaper to use the multimedia version than the clinician interview. More reliable and consistent data can be obtained at a fraction of the cost of the human interview.

We were even able to deal with the severity rating problem (the interviewer’s subjective rating) by developing a scientifically derived algorithm (Butler, et al. 1998) that consistently generates a severity rating, which highly correlates with such scores from expert ASI interviewers.

Recently, we completed and tested a Spanish language version of the ASI-MV and are in the process of developing and testing a Chinese version in Mandarin and Cantonese. We are also developing a multimedia, adolescent ASI that fixes many of the problems that have been found in substance abuse evaluation tools for teens.

We are building it. Are they coming? Our ASI-MV products and a group of related products, called the Substance Abuse Treatment Tomorrow (SATT) Suite are beginning to be used around the country. (The Suite currently includes multimedia, client self-administered tools such as an HIV/AIDS prevention program, a relapse prevention program and a tobacco cessation program. All of these tools are client self-directed and provide tailored feedback to the user.)

The Veterans Administration, the State of Louisiana, recently the State of New Mexico and hundreds of facilities and systems throughout the country are now using our multimedia substance abuse products. McLellan and TRI recently decided to begin using a customized version of the ASI-MV in the expansion of the DENS project to improve data collection. Well over 150,000 substance abuse clients have used the ASI-MV since May 2000, but we are nowhere near the goals we set with our products. In diffusion of innovation terms (Rogers, 1995) we are just getting started and getting Early Adopters on board at this time. At our ASI-MV website, www.asimv.com, we receive at least 2 requests for more information and a demo ASI-MV every day! A substantial percentage of these people and their healthcare systems ultimately become customers.

Our vision of the future. For the most part, substance abuse treatment settings have been and remain “technologically challenged.” Aside from computerized billing and record systems at most locations, it has been rare that computers have been used to enhance treatment. (It is not that our NIH reviewer from long ago was correct and there are no computers available for client use, it is that these computers are not allocated for use by clients. Why should there be? Until now computers available for client use, were not needed. What we are currently finding, with computers becoming more affordable every day, is that many customers are purchasing computers specifically for clients to use with the ASI-MV, as well as with a number of other Inflexxion products.)

(continued on page 8)

APA Annual Convention, Toronto – August 7-10, 2003

	Thursday (Aug 7)	Friday (Aug 8)	Saturday (Aug 9)	Sunday (Aug 10)
8:00 am			Executive Committee Meeting; (8:00-10:50) Fairmont Royal York Hotel, Banff Hosp. Suite	Workshop: New Paths to Recovery--Buprenorphine Treatment for Opiate Addiction; C. Schuster & L. McNicholas –(8:00-9:50) MTCC Rm 717B
9:00 am	(Note: MTTC = Metro Toronto Convention Center)	Symposium: Personality Disorders and Psychosocial Functioning in Dually Diagnosed Outpatients; W. Fals-Stewart- MTCC Rm 205D	Symposium: Understanding Compulsive Sexual Behavior; J. Morgenstern & J. Parsons- (9:00-10:50) MTCC Rm 713A	
11:00 am	Symposium: Community-Based Approaches to Postincarceration Aftercare; B. Olson & L. Jason- MTCC, Room 206E			
Noon				Symposium: The Intersection of ADHD and Adolescent Drug Abuse; K. Winters-(12:00-1:50) MTCC Rm 714A
1:00 pm	Symposium: Methamphetamine Research---The Methamphetamine Treatment Project and Longitudinal Follow-Up; R. Rawson- MTCC, Room 717A			
2:00 pm	Symposium: Substance Abuse Prevention, Treatment, and Service	Workshop: Multidimensional Family Therapy for Adolescent Substance Abuse; H. Liddle – MTCC Rm 714A		
3:00 pm	Delivery for Adolescent Girls; C. Wetherington-(2:00-3:50) MTCC Rm 104D	Presidential Address: <i>Developmental Trajectory of Division 50</i> ; R. Vuchinich - MTCC Rm 201D Symposium: Predictors of Risk for Children of Alcoholic and Drug-Abusing Parents; W. Fals-Stewart - MTCC Rm 206A and 206B		
4:00 pm		Business Meeting: MTCC Rm 201D Poster Session: Alcoholism, Drug Abuse, and Other Addictive Behaviors-Recent Advances; MTCC Rm Exhibit Hall		
6:00 pm		Social Hour (with Division 28) 6:00-7:50 Crowne Plaza Toronto Centre Hotel, Ballroom B		

Symposia, Invited Addresses, Poster Sessions

APA Convention – Toronto, 2003

Thursday, August 7, 2003

11:00-11:50 *Community-Based Approaches to Postincarceration Aftercare*, Bradley D. Olson and Leonard A. Jason, Co-Chairs.

Knight, Flynn, & Simpson, *Community-Based Aftercare for Offenders in Texas*

Farabee, Prendergast, & Burdon, *Correctional Treatment Policies and Outcomes: The California Experience*

Olson, Jason, Davis, & Alvarez, *Community Reintegration for Formerly Incarcerated Offenders: The Oxford House Model*

De Leon, Discussant.

1:00-1:50 *Methamphetamine Research---The Methamphetamine Treatment Project and Longitudinal Follow-Up*, Richard Rawson, Chair.

Rawson, *History, Effects, and Extent of Problem of Methamphetamine Use*

Herrell, *Methamphetamine Treatment Project: Findings From a Multisite Treatment Study*

Hillhouse, *Studying Methamphetamine Dependence and Treatment: A Longitudinal Follow-Up*

2:00-3:50 *Substance Abuse Prevention, Treatment, and Service Delivery for Adolescent Girls*, Cora Lee Wetherington, Chair.

Hortensia, *Substance Abuse Prevention, Treatment, and Service Delivery for Adolescent Girls*

Elliot and Goldberg, *Gender-Specific Adolescent Drug Use Prevention: ATLAS and ATHENA*

Najavitz, *Treatment and Substance Abuse and PTSD for Adolescent Girls*

Chandler, *Drug Abuse Services for Adolescent Girls: Availability, Access, and Utilization*

Pringle, Discussant.

Friday, August 8, 2003

9:00-9:50 *Personality Disorders and Psychosocial Functioning in Dually Diagnosed Outpatients*, William S. Fals-Stewart, Chair.

Thomas, *Impact of Personality Disorders on Psychosocial Functioning in the Dually Diagnosed on Treatment Outcome.*

Hoffman-Judd, *Implications for Assessment, Treatment Design, and Implementation*

2:00-2:50 *Multidimensional Family Therapy for Adolescent Substance Abuse*, Howard A. Liddle, Chair.

3:00-3:50 Presidential Address, *Developmental Trajectory of Division 50*, Rudy E. Vuchinich

3:00-3:50 *Predictors of Risk for Children of Alcoholic and Drug-Abusing Parents*, William S. Fals-Stewart, Chair.

Kelley, *Predictors of Risk for Children of Drug-Abusing Parents*

Fals-Stewart, *Children of Alcoholics and Children of Drug Users: Differential Effects of Parenting on Child Adjustment*

Stanger, *Respective Contributions of Parenting Dimensions in Adolescent Substance Use*

Colder, Discussant.

4:00-4:50 Business Meeting

4:00-4:50 Poster Session: Alcoholism, Drug Abuse, and Other Addictive Behaviors---Recent Advances

6:00-7:50 Social Hour

Saturday, August 9, 2003

8:00-10:50 Executive Committee Meeting

9:00-10:50 *Understanding Compulsive Sexual Behavior*, Jon Morgenstern and Jeffrey Parsons, Co-Chairs.

Coleman, *Compulsive Sexual Behavior: What is Currently Known*

Miner, *Exploring the Psychophysiological and Neuroanatomical Basis of Compulsive Sexual Behavior*

Parsons, *Examining the Nosology, Comorbidity, and Descriptive Features of Sexual Compulsivity*

Morgenstern, *Testing the Efficacy of an SSRI for the Treatment of Sexual Compulsivity*

Sunday, August 10, 2003

8:00-9:50 *New Paths to Recovery--Buprenorphine Treatment for Opiate Addiction*, Charles R. Schuster and Laura McNicholas, Co-Chairs.

12:00-1:50 *The Intersection of ADHD and Adolescent Drug Abuse* Ken C. Winters, Chair.

Pelham, *Youth Drug Use Outcomes of ADHD Children*

Winters, *Adolescent Drug Use Behaviors among Children With ADHD*

Latimer, *ADHD Comorbidity and Treatment Outcome among Adolescent Drug Abusers*

Jainchill, *ADHD, Other Disruptive Behaviors, and Adolescent Drug Treatment Outcomes*

Smith, *ADHD as Risk for Psychosocial Problems Among College Students*

Weinberg, Discussant.

We believe that using tools like the ASI-MV and the SATT Suite, treatment centers can dramatically improve the quality and consistency of care offered. Substance abuse clinicians who are using the ASI-MV have been extremely positive about how much information the program offers them and how candid and involved clients are when self-administering the multimedia ASI. Clients have told us that they really enjoy using the ASI-MV and the rest of the SATT Suite and that they have a sense of accomplishment in being able to successfully complete the programs.

We believe the integration of multimedia programs into the ongoing practice of substance abuse treatment will enhance treatment, improve client education and allow clinical care to gain a consistency that is currently lacking. Although in the beginning some clinicians feared using computers in their practices, in many places that has changed dramatically. Some clinicians initially indicated that they believed that using computerized programs would make treatment “impersonal” and “cold.” “Robotic therapy” said one substance abuse counselor.

Instead, what clinicians have told us is that these programs represent clinically effective tools that save them time and money, provide consistent content, allow them to do treatment rather than rote tasks and provide them with information that facilitates things moving more quickly than would otherwise be the case.

We are currently completing an online (Internet) program for administrators that links with the ASI-MV. The site called addictionresources, when completed in early 2004, will allow administrators to view aggregated, anonymous ASI-MV data from as many clinical facilities (under their control) as they would like. Information from the ASI-MV can easily be “cleansed” of identifying information and uploaded to the addictionresources site. This data can, in real time, be easily analyzed, charted and compared with our existing database of tens of thousands of ASIs, including the DENS database. At the addictionresources site there will also be training for administrators on how to use data for clinical quality improvement. The interest in addictionresources has been extremely high.

We envision a future where *not* making use of multimedia technology as part of a substance abuse treatment, will be viewed as a sub-standard practice. It is a future where psychologists, social workers, physicians and counselors have as a standard part of their training course work and practicum placement experiences that help them start with the premise that technology can be a central element of quality care.

As highly seasoned clinicians with more years of experience in substance abuse treatment than we care to admit, it is not that we believe that treatment can or should be fully

automated and people pulled out of the equation. However, we do believe that just as medical doctors make use of CT scans, stethoscopes and ultrasound technologies, substance abuse clinicians can and will have more technology-based tools at their disposal. These tools will complement and enhance the treatment process by facilitating assessment, diagnosis and treatment planning. They will also offer interventions with consistent content that clients can use between clinician visits. Finally, technology-based tools will allow administrators access to administrative and clinical data in “real time,” which will promote more effective allocation of resources and decision-making.

Although in the mid-1990s our vision seemed more science fiction than reality, it looks to us that the fiction pieces are rapidly being replaced by significant alterations in the substance abuse treatment landscape. It seems to be happening and we are excited to be part of the process.

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Editor's corner (continued from page 1)

As I sit here writing this column, ten years of memories come to mind. Please indulge me while I reminisce...

About five years ago, my then 11-year-old daughter (Justine) spontaneously asked, “Daddy, are you working on *that newsletter* again?” I responded, “No honey, why would you ask?” She answered, “Daddy, you *always* look really tired when you’re working on *that newsletter*.”

(continued on page 11)

Division 47: Sport and Exercise Psychology Presents
**The 25th Annual Running Psychologists'
APA 5K "Ray" Race and Walk**
Saturday, August 9, 2003, 7 a.m.

The annual race and walk at the 2003 Toronto Convention of APA will be held on Saturday morning, August 9th, at 7 a.m. Final information on the venue for the race will appear in the APA Monitor on Psychology, the Division 47 web site (www.psyc.unt.edu/apadiv47), and in your convention packet. If you pre-register, you will be notified via e-mail or post.

Trophies will be awarded to the overall men and women winners and to the top three in each 5-year age group, from under 25 to over 75. The top three male and female finishers who hold membership in Division 47 will receive awards. The top three finishers who are current Psi Chi members also will receive awards, as will the top three current or past Psi Chi National Council members. To honor the exhibitors at our meeting who provide excellent raffle prizes for us, a special award also will be given to the highest finishing male and female exhibitor.

Pre-registration will run until August 1st - which means that the entry form and fee must be received by that date. Please give us all the requested information including age and gender so that the race numbers can be labeled appropriately and save us time in determining your category for the results. THE ENTRY FEE FOR PRE-REGISTERED RUNNERS IS \$20.00, which includes a commemorative shirt, raffle chance, and post-race refreshments. PAST AUGUST 1ST, CONVENTION AND DAY-OF-RACE REGISTRATION FEE IS \$25.00. Pre-registration for students is \$10.00 and convention/day-of-race student registration is \$14.00. PLEASE pre-register to help us avoid too many convention and day-of-race registrations. Make your check payable to: **Running Psychologists**.

Division 47 members receive a discounted race entry of \$10 as a value-added benefit of division membership. If you are an APA member and wish to apply for division membership with this entry form, check the block on the form below and remit the discounted entry fee (\$10) plus the Division dues (\$22 for members, \$8 for student affiliates). We will forward your application to APA for processing.

The 6th Annual Pre-Race Pasta Dinner will be held on Friday evening, August 8th, 6:00 - 8:00 PM. Please mark your entry form to reserve a place at the party. You may prepay when you pick up your race materials at the convention.

You may pick up your race number, shirt, and raffle ticket at the business meeting of Running Psychologists on Friday morning at 8AM (see the program for room number) or at the APA Division Services booth in the main Convention Area, beginning Thursday afternoon.

Sponsored by: APA Insurance Trust - Psi Chi - American Psychological Association - Division 47

2003: The Maple Leaf Ramble - The 25th Annual APA "Ray" Race and Walk

Name: _____

First MI Last

Address: _____

City: _____ State: _____ Zip: _____

e-mail: _____ Telephone: _____

Pasta party? Y / N How many? _____ Shirt size: S M L XL

Age on Aug. 9th: _____ Birthdate: _____ Gender: _____

Current Division 47 member? Y / N

Sponsor or exhibitor? Y / N Organization name: _____

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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!

Development of the Cognitive Therapy Adherence and Competence Scale

Barber, J.P., Liese, B.S., Abrams, M.J. (2003). Development of the Cognitive Therapy Adherence and Competence Scale. *Psychotherapy Research*, 13, 205–221.

The authors present basic psychometric data for a new 21-item Cognitive Therapy Adherence and Competence Scale (CTACS; Liese, Barber, & Beck, 1995), which is based on the widely used Cognitive Therapy Scale (CTS; Young & Beck, 1980). The CTACS attempts to provide a wider coverage of cognitive therapists' activities than the CTS. Two expert cognitive therapists rated randomly chosen audiotaped therapy sessions from cocaine-dependent patients randomized to receive cognitive therapy, supportive-expressive dynamic therapy, or individual counseling as part of the training phase and the clinical phase ($n = 60$ and $n = 69$, respectively) of the National Institute on Drug Abuse Cocaine Collaborative Treatment Study. Results indicate that the CTACS has acceptable levels of interjudge reliability and criterion validity.

Construct Validity for Alcohol Dependence as Indicated by the SUDDS-IV

Hoffmann, N. G. & Hoffmann, T. D. (2003). Construct validity for alcohol dependence as indicated by the SUDDS-IV. *Journal of Substance Use and Misuse*, 38, 293-305.

Objective: This study considers the diagnostic construct validity of the DSM-IV (Diagnostic and Statistical Manual-IV) for alcohol dependence. Previous reports have indicated that dependence constitutes a more distinct and pronounced syndrome than alcohol abuse. Method: Data were collected on 1,340 men and women evaluated for substance use disorders using the SUDDS-IV, a detailed structured diagnostic interview, to collect data on all of the DSM-IV diagnostic criteria for abuse and dependence. Results: Dependent individuals tended to produce distinct and extensive symptom profiles that distinguished them from individuals without a diagnosis or those meeting abuse criteria. Conclusions: Alcohol dependence as defined by the DSM-IV appears to be quite distinct from abuse and can be identified unequivocally for the majority of dependent cases.

Expectancies and Evaluations of Alcohol Effects Among College Students: Self-Determination as a Moderator

Neighbors, C., Walker, D. D., & Larimer, M. E. (2003). Expectancies and evaluations of alcohol effects among college students: Self-determination as a moderator. *Journal of Studies on Alcohol*, 64, 292-300.

This research examined self-determination as a moderator of alcohol expectancies and subjective evaluations of alcohol effects in college students. Alcohol expectancies and evaluations of alcohol effects and self-determination were assessed among 560 college students along with self-reported alcohol consumption and alcohol-related negative consequences. Positive expectancies were more strongly associated with alcohol consumption and alcohol-related problems among students who were lower in autonomy and among male students who were higher in controlled orientation. Similarly, more favorable evaluations of positive alcohol effects were associated with greater consumption among students who were lower in autonomy and who were higher in controlled orientation, particularly men. Expectancy theories implicitly assume that individuals who believe that alcohol has positive effects and who evaluate alcohol effects favorably are more likely to engage in problematic drinking. This research reveals that this assumption is more appropriate among individuals who are generally less self-determined.

Announcements



Congratulations to our 2003 APA Division 50 Award Winners:

Bruce S. Liese, Ph.D., Presidential Citation for Distinguished Service to Division 50

Anne Fletcher, Outstanding Contributions to Advancing the Understanding of Addictions

William Miller, Ph.D., Distinguished Scientific Contributions

Keith Humphreys, Ph.D., Distinguished Scientific Early Career Contributions

Student Research Award

The International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University is pleased to announce the establishment of the annual *Durand Jacobs Award* for the outstanding paper by a graduate student related to the psychology of addictive behaviors. This annual award is dedicated to Dr. Durand Jacobs' lifelong efforts to help mentor students. Published and/or publishable papers will be considered. An international panel of researchers comprises the selection committee. The recipient will receive an award plaque and their work will be featured in the Youth Gambling International Newsletter. Graduate students are encouraged to submit their papers by September 1, 2003. Please submit all entries electronically, by fax or mail to: Durand Jacobs Award Committee, International Centre for Youth Gambling Problems and High-Risk Behaviors, 3724 McTavish Street, Montreal, QC, H3A 1Y2, FAX: 514-398-3401, e-mail: jeffrey.derevensky@mcgill.ca

Editor's corner (continued from page 8)

And there was the time I suggested I was "addicted to being Editor of TAN." A couple of people thought it entertaining, but at least one member found it offensive and made sure I understood his position. I apologized in the next issue.

And there was the time in 1995 that a commercial publisher wrote to warn that our title (*The Addictions Newsletter*) sounded too much like the name of their publication. I don't remember the exact name of their publication, but I believe that it folded before they could sue me. I haven't heard from them since.

There was also the time about six years ago that I put in my resignation. I emphatically stated in my Editor's column, "This is my last issue. I need volunteers to take over." No one even acknowledged my resignation – not officers, members, readers – no one! It's hard to resign when everyone ignores your resignation.

Well I'm glad my resignation was ignored. I'm proud to be the Editor of TAN and the recipient of the President's Citation – Thanks to all my friends and colleagues in the Division. The title of this column says it all: It's better to give than to receive. I plan to continue giving to the Division in the future; I'm certain that I'll keep getting back more than I give!

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