



The Addictions Newsletter

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President's Column

The Changing Landscape

Carlo C. DiClemente

As anyone working in the field of addictions realizes, the landscape is changing in both the areas of research and treatment. Federal agencies, state legislatures, research discoveries, and shifts in treatment funding and approaches are altering the way most of us do business these days and clearly will affect how we operate in the future. I will discuss these issues in my presidential address at APA this summer, but thought I would share some ideas here to stimulate thoughts and conversations.

There is now a roadmap at NIH that is guiding NIAAA and NIDA research enterprises alongside the new agendas provided by the leadership of those agencies. The previous issue of TAN highlighted the key concepts of the road map. At the convention this summer, we are fortunate to have directors from various federal agencies presenting first-hand knowledge of funding directions in addiction research. We are also trying to include highlights from publications sent out by NIDA and NIAAA in TAN to keep our membership abreast of the latest developments. However, it is clear that the field's future requires addiction professionals to become involved in creating agendas and policy and not simply to be reactive recipients of others' initiatives. This means training our students to be more active in lobbying and shaping policy, as well as becoming more active ourselves.



Carlo C. DiClemente, PhD

On the clinical front, there is increasing use of medications in the treatment of addictions. Research and medication development for the treatment of alcohol and drug dependence are increasing at a phenomenal rate. At the same time, there are now several states that have passed laws allowing trained psychologists to prescribe from a limited formulary (e.g., New Mexico, Louisiana). Although controversial, I believe that as professionals in the field of addictions we have to explore how the arising technology of pharmacotherapy can

be integrated with more traditional psychosocial treatment, and whether there is a future role for prescribing and using pharmacotherapy in the training of psychologists working in the field of addictions.

There are strong feelings about medication use and prescription privileges among psychologists. I would like to make several

points about the issue. First, while it is clear that this would entail a significant change in the training and practice of psychology, the field has successfully changed and broadened the scope of its practice in the past. Today's neurological, cognitive, and health psychologists are very different from those of 40 years ago. What I was trained to do in my graduate program represents only a small part of what I do today. Moreover, we are in a position to influence how the use of pharmacotherapy affects the treatment of addictions. Change needs to be carefully considered, planned and prepared for, but it is not something to fear. Second, there are clear pros and cons to bringing medications into the treatment of addictions, as well as into the field of psychology. We need to contribute research and clinical wisdom to

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the discussion and develop projects that can examine unique and combined effects.

Third, whatever role we assume with regard to medication for drug abuse, all professionals in the field will have to develop a deepening understanding of genetics, pharmacogenetics, neurochemistry, drug effects and interactions, as well as the potential impact of newly developed drugs on compliance, relapse and recovery.

Finally, it is clear to me that with the proper preparation, psychologists as a group are smart enough, talented enough and motivated enough to competently prescribe and oversee medication management as well, if not better than, the wide range of professionals who do so currently. In fact, some psychologists have been assisting in these areas for a number of years.

Could we? Sure. Should we? Maybe. Would we want to do this, and what would it entail? These are the ultimate questions. Hopefully continued dialogue on this issue will lead our field in a unified direction. If you have ideas and comments, you can send them to me—or better yet to the Division 50 forum—so we can begin a discussion that continues at the APA business meeting in Washington, DC this August. ☞

Editor's Corner

Nancy A. Haug

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Welcome to *The Addictions Newsletter* Spring, 2005. We received favorable feedback on the Winter issue and continue to forge ahead in our efforts to revive TAN. Thank you for your contributions and suggestions. We are currently working to include more policy-related papers in the newsletter. Our division president, **Carlo DiClemente**, has set the precedent, with a provocative discussion of prescription privileges for psychologists. I would like to take this opportunity to present local drug policy issues that have piqued my interest as well.

Last week's National Steering Committee of the NIDA Clinical Trials Network occurred in San Francisco, and we (UCSF) served as hosts. The keynote address was by Kathy Jett, the Director of California's Department

of Alcohol and Drug Programs (ADP). She talked about a problem that she encountered while incorporating the use of buprenorphine into the state system. In the fall of 2002, buprenorphine became the first FDA-approved opioid-replacement treatment since LAAM was approved about 20 years ago. In California, one of the legislators began arguing that the state should transfer all its methadone patients onto buprenorphine and then taper them off buprenorphine. The legislator saw this an investment that would create huge cost savings over time by cutting publicly-supported treatment roles. The state ADP department was sideswiped by this move and has spent many months dealing with the crisis it created. In brief, there are many problems with the approach; the largest of which is that long-term maintenance patients are not going to be cured by detoxification, even using buprenorphine. Kathy Jett also discussed the controversial "Proposition 36" (Substance Abuse and Crime Prevention Act; SACPA) passed by 61% of California voters in November 2000. This initiative allows people convicted of 1st and 2nd time nonviolent, simple drug possession to receive drug treatment instead of incarceration. Although several reports have indicated program success (e.g., a majority of clients completed 90 days of treatment), some of the data has been used to draw negative conclusions as to the overall effectiveness of Proposition 36.

The lesson I gathered from these stories is that the policy implications of our work are far-reaching. We need to be prudent in how we represent our work. The challenge we face is to accurately present findings and carefully interpret conclusions in light of the potential for our data to be used for political agendas. I believe that TAN is an excellent forum for us to have equal-sided dialogue about various policy issues. I welcome "letters to the editor" or "reaction essays" to any of the pieces we present.

We have some fabulous contributions to this edition of the newsletter, including two clinical practice pieces. **Rachel Lefebvre** and **David Gastfriend** present the ASAM Patient Placement Criteria as a tool for improving services for people entering substance abuse treatment. **Al Cooper** and **Sarah Kennedy** discuss online sexual activity as an addictive behavior and recommend treatment approaches and

resources. I found both of these papers to be extremely informative. In addition, **Thomas Brandon**, **Howard J. Shaffer** and **Siri Odegaard** reveal the fascinating history of *Psychology of Addictive Behaviors*, which is now an official APA publication. We also created a column called "Federal Update," which will alternate between institutes such as NIDA and NIAAA in order to alert division members about important news, ongoing activities and emerging research priorities. This issue features a description of NIDA publications by the esteemed NIDA editor **David Anderson**.

As a positive indication of TAN readership, we had an overwhelming response to the call for abstracts. In the abstract section, I delineate the criteria we are setting for future submissions. One of our newsletter goals is to better acquaint the division with the research of our early career members. In that vein, we have established a regular column for students and trainees entitled, "Student Perspectives." Our graduate representatives, **Michael Madson** and **Angela Bethea**, present important questions and answers about training in addictions. I am requesting future TAN submissions from students, trainees, and early career investigators on any aspect of addiction. Being an early career scientist myself, I always look for inspiration from scientists at my career level with ideas about how to best navigate the field of addiction. **Tammy Wall** and **Peter Vik** offer us an APA 2005 Convention update, indicating that our division will have a strong presence this year. **Ron Kadden** introduces the candidates running for division offices followed by their personal statements, and **Gerard Connors** requests award nominations. You are strongly encouraged to participate in division activities such as attending our sessions at APA, voting, and nominating your colleagues for awards!

The deadline for Summer TAN submissions is May 15, 2005. Please send potential articles to TAN_Editor@comcast.net. I hope you enjoy reading this issue of TAN as much as I enjoyed piecing it together. I am grateful for this opportunity to be in touch with so many dedicated and enthusiastic colleagues who continue to stimulate my work. ☞

Advances in Assessment and Placement of Patients with Substance Abuse: The ASAM Patient Placement Criteria

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In recent years, treatment of addiction has suffered from significant budget cuts – resulting in a loss of access to care. Treatment shifted from being primarily dispensed in residential settings to predominantly outpatient care due to employers' concerns with costs. Random-controlled studies of different psychosocial treatments have generally failed to show outcome differences, and therefore, the least expensive type of treatment has been favored—to the detriment of the field. Treatment studies have, however, overlooked the use of treatment matching strategies.

Even if one has specialty training in addictions, knowing whether a patient really needs detoxification, residential treatment, or outpatient care is not always easy. The use of specific patient placement criteria (PPC) to determine patients' best treatment options is a relatively new concept that needs to be better understood. Given that the type of setting and program in which a substance dependent patient is initially placed makes a measurable difference in their length of stay and their eventual outcomes, clinicians need criteria by which to make patient placement decisions. The American Society of Addiction Medicine (ASAM) PPC criteria were designed to provide guidelines for placing patients with specific combinations of problems in appropriate levels of safe and cost-efficient care. The ASAM PPC are the most widely used and comprehensive national guideline for placement, continued stay and discharge of patients with alcohol and other drug problems (Gastfriend, Johnson, & Knudsen, 2004). The most recently published version is the Second Edition - Revised of its Patient Placement Criteria (ASAM PPC-2R; available at www.asam.org).

The ASAM criteria constitute the most comprehensive framework and descriptors for matching multidimensional clinical severity to level of care. They embody the need for a broad continuum of care and for comprehensive assessment and treatment to address patients' physical, psychological and social needs. Furthermore, research has demonstrated that the ASAM PPC dimensions and levels of care predict treatment success and cost effectiveness (Annis, 1988; Alterman et al., 1994; Gastfriend & McLellan, 1997; Hayashida et al., 1989).

The ASAM PPC-2R provides separate sets of guidelines for adults and adolescents. They include six broad levels of care for each group. The levels of care are:

- Level 0.5, Early Intervention;
- Level I, Outpatient Treatment;
- Level II, Intensive Outpatient/Partial Hospitalization;
- Level III, Residential/Inpatient Treatment;
- Level IV, Medically-Managed Intensive Inpatient Treatment; and
- Level OMT, Opioid Maintenance Therapy.

Further level of care subdivisions within these broad levels of service include: detoxification, biomedically enhanced services, dual diagnosis capable services and dual diagnosis enhanced services.

For each patient, assessment must examine six dimensions in order to make a rigorous recommendation about treatment needs. These dimensions are as follows: (1) acute intoxication/withdrawal potential; (2) biomedical conditions and complications; (3) emotional, behavioral or cognitive conditions and complications; (4) readiness to change; (5) relapse, continued use or continued problem potential; and (6) recovery environment. The diagnostic terminology used in the ASAM PPC-2R is consistent with the most recent language of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

The PPC branching logic is intricate – amounting to many hundreds of decision rules that expert addiction specialists routinely consider. Given this complexity, Gastfriend and colleagues at Massachusetts General Hospital first developed a standardized approach to facilitate a comprehensive structured interview and scoring algorithm for the PPC (Gastfriend, 1999; Gastfriend & Sharon, 2000). Their PPC-2R assessment software consists of a multidimensional structured interview and scoring process. It is implemented as a computer-based instrument that prompts interviewers to ask a series of branching questions. Upon completion, the software quantitatively generates a precise level of care recommendation. The PPC-2R algorithm integrates medical and psychosocial decision rules with an interview process that employs a tree-like selective sequence of probe questions and branching techniques. The PPC-2R software assessment uses items that are either directly borrowed from or are validated by the Addiction Severity Index (ASI), motivation for treatment research (e.g., the stages of change model), the Clinical Institute Withdrawal Assessment-Alcohol/Revised (CIWA-Ar), the Clinical Institute Narcotic Assessment (CINA), and questions to assess psychiatric syndromes and medical problems. A printed computer output report provides immediate feedback on all the detailed items concerning a participant's diagnosis, withdrawal symptoms and other clinical symptoms. Reliability and validity has been well demonstrated. Baker and Gastfriend (in press) examined the reliability of the PPC-1 and found a good intra-class correlation coefficient ($r = .77, p < .01$) for the Level of Care assignment. More recently, three different studies, using different methodologies and samples, demonstrated good concurrent and predictive validity for the PPC-1 (Gastfriend & Rubin 2001; Magura et al., 2003; Sharon et al., 2003). Reliability and validity research is currently underway on the ASAM PPC-2R with early positive results.

There is mounting evidence that the ASAM PPC procedure is clinically important to the eventual outcome and costs of an episode of substance abuse treatment. In a recent survey, the National Treatment Center Study and the NIDA Clinical Trials Network found that over 70% of 450 private, substance abuse treatment programs were using the ASAM PPC. Programs that accepted and referred dually diagnosed patients were about three times more likely to be adopters than non-dual diagnosis capable ones. The use of the PPC was also associated with program survival. These results indicate that the ASAM PPC-2R can assist both the addiction treatment and mental health fields to improve services for people with co-occurring mental and substance-related disorders. It is an essential tool for working with managed care organizations as well as public and private treatment providers. The ASAM PPC assessment is gaining popularity and should be taught as a standard part of clinical training for clinicians in our field.

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FEDERAL UPDATE NIDA Publications

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NIDA NOTES (http://www.drugabuse.gov/NIDA_Notes/NNIndex.html), now in its 20th year of publication, is NIDA's award-winning flagship publication showcasing research by NIDA-funded investigators. The publication also features a column by NIDA Director Nora D. Volkow in each issue, news of NIDA-sponsored conferences and initiatives, and resources for researchers and clinicians.

Science & Practice Perspectives (<http://www.drugabuse.gov/Perspectives>), NIDA's peer-reviewed journal, aims to foster an ongoing creative exchange of ideas and insights between drug abuse researchers and service providers. Top investigators provide research reviews that focus particularly on topics and findings with direct practical relevance for providers. Expert clinicians recount experiences implementing research-based practices in community treatment and prevention settings—difficulties, stratagems, and results. To extend the dialogue another step, a roundtable discussion follows each article. Ultimately, *Science & Practice Perspectives* seeks to facilitate more research that is highly attuned to community-based realities and constraints, and greater use of science-based treatment and prevention practices in community-based programs. We welcome article proposals; please contact Associate Editor Matthew Webb at mwebb@masimax.com.

Subscriptions to both publications are free and can be ordered on their respective websites. Subscribers can choose to receive *NIDA NOTES* by traditional postal delivery, email, or both; *Science & Practice Perspectives* will add an email delivery option later in 2005.

Online Sexual Activity as Potentially (Nonchemical) Addictive Behavior

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Online sexual activity is rapidly gaining popularity as public access to Internet resources rises steadily. With over 60,000 sex sites available to Internet users, it is estimated that a quarter of the nation's regular users of the World Wide Web visit sex sites at least once a month (Egan, 2000). Up to 44% of Internet users report accessing sex-related Internet resources (Goodson, McCormick, & Evans, 2001), and 20% of young people who report regular Internet use also report unwanted sexual solicitations or approaches (Finkelhor, Mitchell, & Wolak, 2000).

Definitions. The first step in any scientific investigation is to develop a common lexicon of terms. In the first professional book on Internet sexuality, Cooper and Griffith-Shelley (2002) proposed the following terms: **Online sexual activity** (OSA) is defined as the use of the Internet for any activity (text, audio, graphics) that involves sexuality. This includes recreation, entertainment, exploration, support around sexual concerns, education, purchasing sexual materials, finding sexual partners, etc. **Cybersex**, a form of OSA, involves using internet resources for sexual gratification including viewing pornographic pictures, engaging in sexual chat, and sharing sexual fantasies while masturbating, also known as "cybering." **Online Sexual Problems** (OSP) includes the full range of difficulties that people can have due to engaging in OSA. Such difficulties include negative financial, legal, occupational, relational and/or personal repercussions from OSA. The "problem" may range from a single incident to a pattern of excessive involvement. The consequences may involve feelings of guilt, loss of a job/relationship, and sexually transmitted infections from in-person encounters.

Finally, **Online Sexual Compulsivity** (OSC) is a subtype of OSP and refers to excessive OSA behaviors that interfere with vocational, social, and/or recreational dimensions of one's life. OSC also involves a "loss of control" in regulating the activity and/or the minimization of adverse consequences (Cooper, 1998;

Griffiths, 2001; Delmonico, Griffin, & Carnes, 2002).

Internet Sexuality

Characterized by computer-mediated communication, OSA is distinguished from face-to-face communication about sex in terms of the factors that enhance its appeal, as well as the risk factors associated with this behavior. Cooper (1998) introduced the "Triple A" model for describing the appeal of OSA, namely *Anonymity*, *Accessibility* and *Affordability*. Individuals who engage in OSA may do so in the comfort of their own space and are able to access and house vast sums of information at a fairly low cost. This level of convenience and anonymity may be a particularly strong draw for members of sexually disenfranchised groups. OSA requires little effort or inconvenience when compared to other forms of sexual communication (Griffiths, 2000). In fact, 40% of those reporting OSA report engaging in activity that they would not otherwise participate in (Cooper et al., 2002).

Risk Factors. Cooper, Putnam, Planchon, and Boies (1999) describe three profiles of Internet users who engage in online sexual pursuits: Recreational users, sexually compulsive users, and at-risk users. Risk factors for online sexual compulsivity (OSC) include: (1) secrecy and covering up behaviors; (2) decreased sexuality in one's relationships; (3) using OSA for coping with stress and/or anger; (4) involvement in activities online that the person would not associate with offline; (5) intimacy/attachment disorder; (6) amount of time spent engaging in OSA; and (7) history of affective disorder or ADHD.

Gender differences. Men and women report different reasons for engaging in OSA. Men report using OSA for recreation/entertainment or to distract themselves from uncomfortable emotions (e.g., stress, anger), while women are more likely to use the Internet as a resource for sexual information and education. Women also prefer more interactive types of OSA, (e.g., going online in search of support for sexual concerns; Cooper et al., 2002).

Treatment for OSP and OSC

Assessment. In treating individuals referred for treatment of OSA, it is important to learn about the reason for the referral, including who

initiated the referral and what they would like to see changed (and why). A clinician must also learn about the individual's goals for treatment and his/her motivation to change the behaviors in question (e.g., feelings around being caught, fears the partner will end the relationship). Early on, both client and therapist agree on treatment goals. In addition, the therapist explains the rules for treatment and defines the structure and container for future sessions. It is important for the therapist to assess the client's view of OSA and whether he or she is aware of the associated dangers, both short- and long-term. For example, preliminary research suggests an association between risky OSA and high-risk IRL behaviors (Benetsch, Kalichman, & Cage, 2001; Bull, McFarlane, & Reitmeyer, 2001; Elford, Bolding, & Sherr, 2001; Ross & Kauth, 2002).

Assessment of the behavior involves both assessment of the behavior itself (e.g., severity, associated behaviors, dangers, consequences), as well as the interpersonal context surrounding the behavior, (e.g., family history, cultural norms, meaning of sexuality for the individual). Cooper et al. (1999) emphasize that "Internet sexuality...is best viewed as falling along a continuum ranging from normal and life-enhancing forms of sexual expression and explorations, to problematic and pathological expressions" (p. 81). Assessment of the contextual factors and consequences associated with the behavior help the clinician to determine where on this continuum the individual falls. Finally, the clinician assesses for co-occurring problems and diagnoses such as substance use and/or depression.

First-Order Changes. Practical steps towards reducing OSA include challenging denial, making logistical changes in patterns and places of computer usage, and making technical changes to computer software. Clinicians might also require that clients print their site history and/or programmed warnings and bring them to therapy. Other changes include breaking the silence (e.g., telling one person, joining a 12-step program) and garnering support for changing one's behavior. Clients must also learn basic skills/strategies for dealing with thoughts about sex such as cognitive restructuring or substitution of other healthier activities. Finally, the client and therapist discuss relapse prevention and ways to increase

support for abstinence. This might include commitment to therapy or a 12-step program and/or cognitive-behavioral techniques for identifying and avoiding triggers and identifying clear changes in behavior, including the dates at which they were achieved. For a more comprehensive look at first-order changes with OSP, see Delmonico, Griffin, and Carnes, (2002).

Second-Order Changes. Like other non-chemical process disorders, long-term, deeper changes in behavior require continued treatment such as individual, group, or couples therapy. Approaches to long-term treatment are characterized by the “three R’s”: Relationship, Resistance, and Reality. Those who participate in individual therapy are encouraged to work on deeper issues with their partner in order to foster intimacy (note, sexual compulsivity has been called “a disorder of intimacy”). Individuals are also encouraged to be aware of other sexually compulsive behaviors that may replace OSA and warrant further treatment.

Treating the system/couple is also critical. Couples therapy often involves planning when and how to disclose to one’s partner, freeing the partner from the role of the “detective,” restoring trust on the part of the “offending” partner, clarifying and restructuring other boundary issues, setting healthy limits for behavior (versus ultimatums), and dealing with the frequent sexual (and associated) problems in the relationship (Cooper & Marcus, 2003). Couples are encouraged to strive for true intimacy and to strengthen their relationship through improved communication, increased honesty and commitment to addressing ongoing problems (Schneider, 2000, 2002).

Finally, Cooper and Griffin-Shelley (2002) suggest “group therapy is an integral part of treatment for issues of sexual compulsivity” (p. 15). Therapy groups offer their members 24-hour support for changing their behavior as well as opportunities for practicing new behaviors. Some therapy groups also involve partners in their approach to therapy. For a more comprehensive look at second-order changes with OSP, see Cooper and Marcus (2003). For a more comprehensive look at group therapy for people with these issues, see Line and Cooper (2002).

Conclusion. The future of Internet sexuality rests at a curious intersection of age-old sexual desires and curiosities meeting with newly

introduced and rapidly accelerating technological advancements. Mental health professionals need to be involved in educating the public about the ways in which technology can enhance their lives and relations, while at the same time warning them about associated risks for abuses and compulsions. Professionals who are aware of the complexity of online interactions will be able to guide others in effectively gaining from the conveniences of the web without “getting caught” in it. Looking forward, we need an increase in the breadth and sophistication of relevant empirical research and development of professional training programs as well as funding for these endeavors.

Resources

12-step groups:

- Sex and Love Addicts Anonymous (SLAA): www.slaafws.org
- Sex Addicts Anonymous (SAA): www.sexaa.org
- Sexaholics Anonymous (SA): www.sa.org
- Sexual Compulsives Anonymous (SCA): www.sca-recovery.org
- Sexual Recovery Anonymous (SRA): 212-340-4650
- Recovering Couples Anonymous (RCA): 314-830-2600
- Co-Dependents Anonymous (CODA): www.codependents.org

Cooper, A. (2002). *Sex and the Internet: A guidebook for clinicians*. New York: Brunner-Routledge.

San Jose Marital and Sexuality Centre: www.sex-centre.com

National Council on Sex Addiction and Compulsivity: www.ncsac.org

Sexual Addiction & Compulsivity (Journal of the NCSAC)

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Psychology of Addictive Behaviors Graduates from Divisional to All-APA Status

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There's something different about *Psychology of Addictive Behaviors (PAB)* in 2005. *PAB* has joined the ranks of *Journal of Consulting and Clinical Psychology*, *Journal of Abnormal Psychology*, *Psychological Assessment*, and *Experimental and Clinical Psychology* as a full-fledged APA journal. It is no longer just a journal of Division 50. How did this happen?

The History

PAB dates to the early 1980's, when Miles Cox founded the *Bulletin of the Society of Psychologists in Addictive Behaviors*. Established in 1975, this society was the precursor to Division 50. The *Bulletin* published brief empirical articles, book reviews, and membership announcements. Copies of these early issues are now collector items. Over time, the printing and formatting of the *Bulletin* became more professional and journal-like, until it received its current name in 1987. Division 50 was created in 1993, and *PAB* became the Division's official journal. Miles Cox remained with *PAB* and served as its founding editor. The Educational Publishing Foundation, which is the subsidiary of APA that publishes divisional journals, published *PAB*.

When Miles Cox moved from Chicago to the University of Wales in 1995, Sue Curry was appointed the journal's second editor. Tom Brandon became *PAB*'s third editor in 2000; he served through 2004. During the past two decades, the journal has changed color and size several times. More important, however, was the continual steady improvement in the overall quality of its contents. Each year led to an increasing number of higher quality submissions, which in turn led to a higher rejection rate. *PAB* articles had a growing impact on the field; its reputation grew steadily, attracting even more submissions. In 2000, the Institute for Scientific Information (ISI) reported that *PAB* had the highest impact rating (3.0) of all the Addiction/Substance Abuse journals that it tracked. This meant that articles published in *PAB* were cited more often than articles in similar journals. By 2003, new

manuscript submissions to *PAB* approached 200 per year.

It is generally acknowledged that APA publishes the most influential psychology journals. From the inception of *PAB*, both its editors and Division 50 leaders hoped it would eventually become a full-fledged APA journal. Not only would this signify the success of the journal, but it would also greatly enhance the visibility and credibility of research and practice in the area of addictive behaviors. Annual discussions between Division 50 and the publishing arm of APA were encouraging, and, though progress was slow, the reputation of *PAB* continued to grow. Other publishers began to take notice of this growth and the future potential of *PAB*. During 2002 and 2003, a few scientific publishing houses approached Tom Brandon and the leadership of Division 50 with inquiries about publishing of *PAB*. The division opened negotiations with two of these publishers before accepting an offer from APA in 2004. This is noteworthy since few journals successfully convert from divisional to an all-APA publication.

The final responsibility of the Division 50 board was to identify the next editor, and Howard Shaffer was appointed as the fourth editor of *PAB* after a formal search. As the incoming editor, Dr. Shaffer began receiving new manuscripts in 2004, and he formally assumed the editorship in January of 2005. APA now publishes *PAB* as an all-APA journal. Profits from the sale of the journal will support Division 50 activities for many years, and for the first time, there will be an APA journal dedicated solely to the field of addictive behaviors. The division retains a say in the appointment of editors, and division members will continue to receive the journal as part of their membership.


Looking Ahead

PAB experienced an important technological transition during the past year as well. Last January, *PAB* began using APA's *Journal Back Office*, a web-based software system, which tracks all manuscripts, reviews, and editorial correspondence. Now all manuscripts and revisions are submitted through APA's website; all of *PAB*'s correspondence with authors and reviewers is conducted via email. With one email, *PAB* can request a manuscript review and provide links that allow reviewers to agree

or decline to review a manuscript and submit their reviews to the action editor. This new electronic system has advanced the efficiency of the *PAB* editorial review process.

During 2004 *PAB* received a total of 150 original manuscript submissions and 53 revised manuscripts. To date, of these original manuscripts, 128 have completed the review process and 22 remain under review. Of those that completed the review process, 30 manuscripts (approximately 23%) have been accepted for publication. Authors received an action letter, notifying them about the outcome of the review of their manuscript, an average of 46 days after they submitted their manuscript. The review process for first submissions required about 50 days; on average, authors that submitted revisions were sent action letters within 12 days.

There are many people to thank for the successful development of *PAB*. The leadership of Division 50 successfully shepherded the journal through a variety of growth stages and organizational transitions. The early editors provided superb leadership for the *Bulletin* and then *PAB*. Standing on their shoulders, Howard Shaffer and his Associate Editors, Nancy Petry, William Shadel, and Ken Winters greeted a new season for *PAB*. Along with the Consulting Editors and Ad Hoc reviewers, they reviewed manuscripts during 2004 and will attempt to carry-on this editorial work in the tradition of the truly outstanding psychologists who have held these positions previously.

From its early days as a *Bulletin*, *PAB* kept pace with the evolution of addiction studies, and in many ways it has set this pace. Its content reflects a youthful and vibrant field, and its acceptance by the APA into the publication fold signifies a coming of age for the journal and for the field of addiction studies and treatment. The pioneers of the Society of Psychologists in the Addictions and later Division 50 provided an enduring blueprint with which to build and guide *PAB*. The journal now rests on a strong foundation and is positioned to lead the field. On behalf of the many scientists, clinicians and patients who are struggling to understand, treat, and recover from addiction, we should extend our special appreciation to those whose work has taken us to this day. 

STUDENT PERSPECTIVES

Questions to Ask Yourself about Training in Addictions

*Michael B. Madson
Marquette University*

*Angela Bethea
Lehigh University*

Student Representatives to the Division 50 Board

Graduate training often places emphasis on training students as generalists, leaving students to take the initiative in developing competence and skills in specific areas relating to their professions. Training in addictions is no exception, as most programs lack specific training tracks for addiction. As students at the end of our graduate training, we reflected back on our experiences and developed a list of questions to help students focus their training in addictions.

Why is training in addictions important for students to consider?

Addictions impact all aspects of society, crossing racial, ethnic, class and gender boundaries. Addictions often occur in conjunction with psychiatric disorders, impairing social, physical, economical, occupational and psychological functioning. SAMHSA reports that in 2002, adults with a substance abuse disorder were almost three times as likely to have serious mental illness (20.4 percent) as those who did not have a substance abuse disorder (7.0 percent) (SAMHSA, 2004). Psychological factors also contribute to eating disorders (National Eating Disorders Association, 2002) and gambling (National Council on Problem Gambling, 2004) as well as other compulsive behaviors. Addictions are frequently linked with social problems, such as domestic violence, loss of work productivity, crime and delinquency, and homelessness. Given the pervasive nature of addictions, it is important for future generations of psychologists to consider pursuing some form of training in this area.

With what type(s) of addiction do I want to work?

When someone talks about addictions, we tend to think about substances such as alcohol and other drugs. Today, however, we recognize a variety of different behaviors as addictions. These include gambling, eating (e.g., overeating, restricting), sex and internet use. Thus, it is very important to consider what type(s) of addictions, as this decision will impact the training choices you make, resources you seek and energy you expend preparing for your career. It is helpful to consult with a faculty member or advisor to help explore this question.

What balance in training between clinical practice and research should I seek?

Training in psychology can have various emphases. Some programs train students to be solely practitioners, others train students to be solely researchers. However, the majority of programs train students to be scientist-practitioners. Within these various training models, especially the scientist-practitioner model, students must decide how much emphasis they want to place on training in practice and research. Often, programs have specific requirements regarding the minimum amount of training required in each area such as practicum, internship and research involvement. However, it is important to recognize that these minimum requirements may not provide the amount of training in research or practice necessary to develop competence in addictions. Pre-doctoral psychology internship programs and post-doctoral psychology fellowships may offer more intensive training in addictions.

Similarly, it is important to consider what direction you want to follow in your career. Ask yourself, do I want to place emphasis on a career in practice, or do I want to be a researcher? While research

and practice are not mutually exclusive, answering this question can help you direct your training in a fashion that prepares you for a rewarding and satisfying career.

When thinking about training in clinical practice, consider what types of experiences you are seeking. Specifically, do you want assessment, individual or group treatment, or family therapy experience? Also consider where you can obtain clinical training in addiction. For example, if you are interested in substance abuse, is there a treatment facility where you could train? Find out which models of treatment will give you the most exposure. Do these models fit within your own approach to working with addictions, and will this experience expand your thinking about treating the addiction?

Research training in addictions can come in a variety of different forms. If there is a faculty member who does research in an area of interest to you, you can become a member of her or his research team. Becoming involved in a faculty member's lab will provide excellent apprenticeship training in designing and conducting sound research. Further, working with a faculty member may expose you to other local and national research centers and resources. If you do not have a faculty member available, you will need to do some research and outreach to determine if there are any local centers that conduct research in your selected area of addiction. Ask them if they are willing to accept a student on their research team; you may need to be willing to volunteer your time. Learn about the current and future studies being conducted at the site and how you will be able to become involved. For example, will you be involved in design meetings or will you simply enter data? Will you be able to contribute to publications and presentations? You may eventually want to explore if there are funding opportunities available for your own research through the center.

How much should I become involved professionally?

Professional involvement provides a unique opportunity for students to develop a professional identity, gain exposure to the pressing issues of the field and network with current leaders. Active involvement in professional organizations is an excellent method for career development. For addictions-specific training, students can join APA Division 50: Addictions. Specific benefits of Division 50 include a subscription to the journal *Psychology of Addictive Behaviors*, *The Addiction Newsletter* (with student-specific articles), listserv access, networking opportunities and student poster awards. In addition, Division 50 is active in engaging undergraduate and graduate students to help organize student-focused programming. As students become more actively involved in the division, we plan to develop more student-oriented benefits and programming. Other professional societies in addiction with opportunities for students include the College on Problems of Drug Dependence (CPDD), Research Society on Alcoholism (RSA), and Society for Research on Nicotine and Tobacco (SRNT).

Obtaining specific training in addictions can significantly enhance your development as a psychologist and prepare you for a successful career. The questions identified above can assist you in planning your education to meet your practice and research goals.

References

- National Council on Problem Gambling (2004). About problem gambling: Fact sheets. http://www.ncpgambling.org/media/pdf/g2e_flyer.pdf. Retrieved on January 30, 2005
- National Eating Disorders Association (2002). Causes of eating disorders. http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=286&Profile_ID=41144. Retrieved on January 30, 2005
- Substance Abuse and Mental Health Services Administration (SAMHSA) (September/October, 2004). *Four million have co-occurring serious mental illness, substance abuse*. *SAMHSA News*, 12, p. 16. ☞

Come to Washington, D.C. for the 2005 APA Convention!

Tamara Wall and Peter Vik
2005 APA Convention Program Co-Chairs

The 2005 APA convention will be held in Washington DC, August 18–21. Our program this year will be strong and multifaceted. It focuses on cutting edge research, professional training, and clinical practice within the broad range of addictive behaviors including problematic use of alcohol, nicotine, and other drugs and disorders involving gambling, eating, and sexual behavior.

Division 50 invited addresses will be provided by our President, **Carlo DiClemente**, “Ready or Not: Changing Perspectives on Addiction Programs, Providers, Policies, and People,” **Mark Goldman**, “Addressing Alcohol Problems in Adolescents: Using Developmental Psychology as a Roadmap,” **Carrie Randall**, “Key Issues in Staging Treatment for Persons with Co-Occurring Alcohol and Mental Health Disorders,” and **A. Thomas McLellan**, “Improving Management of Common Chronic Illnesses: Integrating Alcohol Use Issues.”

Fifteen symposia will feature basic and applied research in the addictions. Treatment symposia will present innovations in evidence-based practice, co-occurring disorders, organizational effectiveness, and translational research on smoking cessation. Special populations will be featured including adolescents, college students, rural populations,

African Americans, girls and women, and legal offenders. Of particular interest to students and post-docs, one symposium will focus on establishing an addictions-focused career. A detailed listing of presentations, days, times, and locations will be included in the *TAN* Summer issue.

Division 50 has collaborated closely with Division 28 (Psychopharmacology and Substance Abuse) and we will have joint poster sessions including an early career investigators poster session and social hour. This forum will provide an excellent opportunity to re-establish contact with distant colleagues and friends as well as meet new members of our Divisions. Division 28 also is sponsoring a number of exciting speakers, symposia, and poster sessions on basic and applied topics in the addictions. Our Divisions have been fortunate to receive substantial federal funding for invited speakers and travel awards from the NIAAA and the NIDA.

Finally, we would like to extend our sincere thanks this year’s reviewers: **Ana Abrantes, Marsha Bates, Tom Brandon, Tammy Chung, Tony Celluci, Mac Horton, John Kelly, Dan Kivlahan, Chris Martin, Denis McCarthy, Nancy Piotrowski, Laurie Roehrich, Ken Sher, Jim Sorensen, and Eric Wagner**. We very much appreciate their hard work to help create an outstanding 2005 program. We hope to see you in Washington, DC. ☞



Candidates for Division 50 Officers

Personal Statements

APA elections will take place shortly. Ballots will be mailed in mid-April. This year, Division 50 has two positions to be filled:

- President-Elect
- Member-at-Large of the Executive Committee

The candidates who were nominated (and ratified by the Executive Committee) are:

- President-Elect:
Kim Fromme
- Member-at-Large of the Executive Committee:
John Deikis and Bradley Olson

I would like to 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 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 have provided personal statements. Please review them and cast your ballot when you receive it from APA.

Ron Kadden

Kim Fromme, PhD
Associate Professor
The University of Texas at Austin

It is an honor to accept the nomination for President of Division 50 as I recognize the many other highly qualified members who



Kim Fromme, PhD

could expertly assume this leadership. Let me tell you about my background and involvement in Division 50, and then my reasons for seeking the Presidency. I received my PhD from The

University of Washington in 1988, under the expert mentorship of Dr. G. Alan Marlatt. After an assistant professorship at the University of Delaware, I moved to The University of Texas at Austin in 1993, where I was recently promoted to Full Professor. Although my primary hat is one of scientist, my clinical ties are realized through teaching (assessment; psychopathology; addictive behaviors) and membership on community task forces for addiction services. I have been a member of APA and Division 50 since 1991 and was Program Chair for the 1998 convention. I was also privileged to serve as Member-at-Large for the Division from 1998 to 2001.

The primary reason I accepted this nomination is the opportunity to work collaboratively with scientists, clinicians, and policy makers in promoting the research, treatment, and prevention of addictive behaviors. The strengths I bring to the Presidency include a deep respect for the scientist/practitioner model, a strong commitment to bridging our diverse constituency, and a desire to reach out to other like-minded organizations. I welcome the opportunity to extend my commitment to the field of addiction research and treatment beyond the academic walls and into the public sector.

John Deikis, PhD
Senior Psychologist
Mental Health Clinic, VA Medical Center
Battle Creek, MI

I would like to represent you as Member-at-Large. I bring 33 years of experience working in human services, most of it in the field of health psychology and addictions. Entering the field as a youth outreach worker, I spent the last 22 years as a professional psychologist. I have been a member of APA since 1978 and of Division 50 since its inception. I do not consider myself an academic, although like most of us I have taught. Nor do I consider myself a researcher, although at one time I was the principal investigator of a NIDA-funded prevention project. Rather, I see myself as a perennial student of both an art and a science, and an avid consumer of research, which informs my practice. My career focus has been direct clinical service, program development, and management.



John Deikis, PhD

Division 50 exists to represent the interests of psychologists working to change complex human behavior. We work alongside physicians, social workers, counselors and peer helpers, but we are not the same. As psychologists we need to encourage applied research, disseminate findings, and promote the use of evidence-based psychological interventions in a field that is multidisciplinary, stratified, and often misinformed. I do not think this agenda prevents us from studying yet-unproven methods or non-scientific approaches that appear to promote positive behavior change. At the core, I am an eclectic who believes people change in their way rather than in ours.

Bradley D. Olson, PhD
Research Scientist
DePaul University, Chicago, IL


My background is as a social-community psychologist who received his PhD from the University of Iowa. I am a researcher at DePaul working on policy, social climate, and individual factors related to addiction. I have provided congressional testimony, received several honorariums, and have chaired Division 50 symposiums at APA for the last three years. I also helped place a treatment-on-demand referendum on the Cook County ballot, which was supported by 1.2 million residents.



Brad D. Olson, PhD

My primary focus as Member-at-Large will be to help facilitate existing connections across the heterogeneous elements of the Division. We are biologists, practitioners, prevention specialists, policy experts, and have varied but compatible perspectives on addiction. Our collective work can make the best progress against addiction by strengthening interdisciplinary connections.

My representative publications listed below further describe my research interests and contribution to the field of addiction:

- Olson, B. D. et al. (in press). An economic comparison of Oxford House program costs with treatment and incarceration alternatives: A preliminary report. *Journal of Prevention and Intervention in the Community*.
- Olson, B. D., et al. (in press). Bridging professional- and mutual-help through a unifying theory of change: An application of the transtheoretical model to the mutual-help organization. *Journal of Applied and Preventative Psychology*.
- Alvarez, J., Olson, B.D., et al. (2004). Heterogeneity among Latinas and Latinos in substance abuse treatment: Findings from a national database. *Journal of Substance Abuse Treatment*, 26, 277–284.
- Olson et al. (2003). Physical and sexual trauma, psychiatric symptoms, and sense of community among women in recovery. *Journal of Prevention and Intervention in the Community*, 26, 67–80. 

Annual Division 50 Call for Awards Nominations

We are seeking nominations for 2005 awards, which will be announced at APA's 2005 Annual Convention in Washington, DC. Awards for 2005 include: (1) Distinguished Scientific Early Career Contributions; (2) Distinguished Scientific Contributions; (3) Distinguished Career Contributions to Education and Training; and (4) 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, 2005. For further information, please contact Gerard Connors at: connors@ria.buffalo.edu

Nominations and related materials should be sent to the Fellows and Awards Committee at the following address:

Fellows and Awards Committee
c/o Gerard J. Connors, Chair
Research Institute on Addictions
1021 Main Street
Buffalo, NY 14203



NAADAC Annual Awards

NAADAC, The Association for Addiction Professionals, sponsors several annual and regular awards that honor the work of addiction professionals and the organizations and public figures that support them and addiction treatment. The awards are presented at NAADAC's annual and public policy conferences. Below is a listing and description of the awards (also see: naadac.org/home.php).

- **Mel Schulstad Professional of the Year:** Presented for outstanding and sustained contributions to the advancement of the addiction counseling profession.
- **William F. "Bill" Callahan Award:** Presented for sustained and meritorious service at the national level to the profession of addiction counseling.
- **Lora Roe Memorial Alcoholism and Drug Abuse Counselor of the Year:** Presented to a counselor who has made an outstanding contribution to the profession of addiction counseling.
- **NAADAC Organizational Achievement Award:** Presented to organizations that have demonstrated a strong commitment to the addiction profession and particularly strong support for the individual addiction professional.

Nominations for the 2005 awards must be received by the NAADAC Awards Committee no later than July 1, 2005. For additional information, contact Justin Cohen, NAADAC Director of Public Relations, at 800-548-0497, ext. 116, or via e-mail at jcohen@naadac.org.

ABSTRACTS

NOTE from TAN Editor: A call for ABSTRACT submissions to TAN was posted to all Division 50 members on the Listserv. Because of space constraints, we are unable to publish all of the abstracts we received. You will find selected abstracts below. The original purpose of publishing abstracts in TAN was to highlight and share the research of our members. After much discussion, the Executive Board and TAN Editor decided to set guidelines for abstract publication in the next TAN issue. Our goals are for the abstracts to serve as a pathway for ideas to be communicated and to better acquaint the division with the research programs and interests of our early career members. We propose to limit abstract submissions to: (1) early career division members (less than 7 years post-doctoral) and graduate students; (2) peer-reviewed articles in press or published in the past year; (3) highly innovative research in areas of addiction where research is lacking; (4) research published in journals other than *Psychology of Addictive Behavior* (since members already receive this journal); and (5) one submission per author. Furthermore, we plan to focus future issues on specific topics. For Summer 2005 TAN abstracts, our focus will be on adolescent alcohol and substance use. Please send abstract submissions to: TAN_Editor@comcast.net.

Festinger, D. S., Marlowe, D. B., Croft, J. R., Dugosh, K. L., Mastro, N. K., Lee, P.A., DeMatteo, D. S., & Patapis, N. S. (in press). Do research payments precipitate drug use or coerce participation? *Drug and Alcohol Dependence*.

Providing high-magnitude cash incentives to substance abuse clients to participate in research is frequently viewed as unethical

based on the concerns that this might precipitate new drug use or be perceived as coercive. We randomly assigned consenting drug abuse outpatients to receive payments of \$10, \$40, or \$70 in either cash or gift certificate for attending a 6-month research follow-up assessment. At the 6-month follow-up, participants received their randomly determined incentive and were then scheduled for a second follow-up appointment 3 days later to detect new instances of drug use. Findings indicated that neither the magnitude nor mode of the incentives had a significant effect on rates of new drug use or perceptions of coercion. Consistent with the contingency management literature, higher payments and cash payments were associated with increased follow-up rates. Finally, the results suggest that higher magnitude payments may be more cost-effective by reducing the need for more intensive follow-up efforts.

Kelly, J. F., Finney, J.W., & Moos, R. H. (in press). Substance use disorder patients who are mandated to treatment. Characteristics, treatment process, and 1- and 5-year outcomes. *Journal of Substance Abuse Treatment*.

A substantial number of patients with substance use disorders (SUD) are mandated to treatment by the justice system. However, little is known about their characteristics and how they fare during treatment and in the longer-term compared to non-mandated, justice-system-involved patients and patients not involved in the justice system. This prospective study (N = 2,095) examined differences in pre-treatment characteristics, treatment perceptions and satisfaction, during-treatment changes, and 1- and 5-year outcomes, among these three types of patients and tested whether differences in pre-treatment characteristics or during-treatment changes could help explain post-treatment outcome similarities or differences. Mandated patients had a less severe clinical profile at treatment intake, yet this did not account for their observed similar/better outcomes, which appeared due to the similar therapeutic gains made during

treatment. Treatment perceptions and satisfaction were also comparable across groups. These findings appear to support the idea that judicial mandates can provide an opportunity for offenders with SUDs to access and benefit from needed treatment.

Drapkin, M. L., McCrady, B. S., Swingle, J. M., & Epstein, E. E. (in press). Exploring bidirectional couple violence in a clinical sample of female alcoholics. *Journal of Alcohol Studies*.

Objective: Research suggests that the relationships of alcoholics are characterized by high levels of dissatisfaction, conflict, and aggression. The present study addressed aspects of bidirectional violence that occur in the relationships of female alcoholics.

Method: Participants were 109 women (and their partners) in a randomized clinical trial comparing individual and couple treatment for female alcoholics. Participants completed the Modified Conflicts Tactics Scale (CTS); four CTS subscales were calculated: Verbal Aggression, Psychological Coercion, Minor Violence, and Severe Violence.

Results: Sixty-one percent of the couples reported at least some violence (27% severe) between them in the prior year. In 23% of the couples the woman was more severely violent than the man; in 11% of the couples the man was more severely violent. *Discussion:* Overall, results suggest that verbal aggression, psychological coercion, and physical violence occur in the context of a distressed relationship.

Hester, R. K., Squires, D. D., & Delaney, H. D. (in press). The Computer-based Drinker's Check-up: 12-month outcomes of a controlled clinical trial with problem drinkers. *Journal of Substance Abuse Treatment*.

Sixty-one problem drinkers were randomly assigned to either immediate treatment or a 4-week wait-list control group. Treatment consisted of a computer-based brief motivational intervention, the Drinker's Check-up

(DCU). Outcomes strongly support the experimental hypotheses and long-term effectiveness of the program. Overall, participants reduced the quantity and frequency of drinking by 50%, and had similar reductions in alcohol-related problems that were sustained through 12-month follow-up. The DCU seems to be effective in enhancing problem drinkers' motivation for change.

Steinberg, M. L., Ziedonis, D. M., Krejci, J. A., & Brandon, T. H. (2004). **Motivational Interviewing with personalized feedback: A brief intervention for motivating smokers with schizophrenia to seek treatment for tobacco dependence.** *Journal of Consulting & Clinical Psychology, 72*, 723-728.

Individuals with schizophrenia have a much higher prevalence of tobacco smoking, a lower cessation rate, and a higher incidence of tobacco-related diseases than the general population. The initial challenge has been to motivate these individuals to quit smoking. This study tested whether motivational interviewing is effective in motivating smokers with schizophrenia or schizoaffective disorder to seek tobacco dependence treatment. Participants (N = 78) were randomly assigned to receive a 1-session motivational interviewing (MI) intervention, standard psychoeducational counseling, or advice only. As hypothesized, a greater proportion of participants receiving the MI intervention contacted a tobacco dependence treatment provider (32%, 11%, and 0%, respectively) and attended the 1st session of counseling (28%, 9%, and 0%) by the 1-month follow-up as compared with those receiving comparison interventions.

Fromme, K., & Corbin, W. (2004). **Prevention of heavy drinking and associated Negative consequences among mandated and voluntary college students.** *Journal of Consulting and Clinical Psychology, 72*, 1038-1049.

The Lifestyle Management Class (LMC) was evaluated as a universal and targeted alcohol prevention program among voluntary and mandated college students. The relative efficacy of peer and professional-led group interventions was also tested in this randomized, controlled design. LMC participants showed

decreases in driving after drinking relative to controls. Changes in heavy drinking varied as a function of treatment condition, readiness to change, and gender with a trend toward larger decreases among voluntary LMC participants high in readiness to change and a comparable though non-significant advantage for male LMC participants in the mandated sample. The LMC was comparably effective for mandated and voluntary students, with no clear advantage for peer or professionally-led groups.

Carey, K. B., Carey, M.P., Maisto, S.A., & Henson, J. M. (2004). **Temporal stability of the timeline followback interview for alcohol and drug use with psychiatric outpatients.** *Journal of Studies on Alcohol, 65*, 774-781.

Objective: The purpose of this study was to evaluate the test-retest reliability of the Timeline Followback (TLFB) interview for assessing daily alcohol and drug use with adults living with a severe mental illness. *Method:* Participants were 132 psychiatric outpatients (64% male) with a confirmed schizophrenia-spectrum (52%) or major mood disorder (48%) and a lifetime history of substance use disorder. This sample completed a 90-day TLFB twice, separated by a mean of 5 days, and represents 55% of the participants who originally consented to be in the study. *Results:* Test-retest reliability coefficients ranged from .73 to 1.00 (rounded) for 30-day TLFB, and from .77 to 1.00 (rounded) for the 90-day TLFB. Within-subject comparisons of means across the three 30-day windows revealed no significant differences, and no degradation of the magnitude of the reliability coefficients was observed with increasingly distal assessment periods. *Conclusion:* The TLFB is a reliable method of assessing alcohol and drug use in outpatients diagnosed with severe mental illness.

Rawson, R. A., Marinelli-Casey, P., Anglin, M. D., Dickow, A., Frazier, Y., Gallagher, C., Galloway, G. P., Herrell, J., Huber, A., McCann, M., Obert, J., Pennell, S., Reiber, C., Vandersloot, D., & Zweben, J. (2004). **A multi-site comparison of psychosocial approaches for the treatment of methamphetamine dependence.** *Addiction, 99*, 708-717.

Aims: The Center for Substance Abuse Treatment (CSAT) Methamphetamine Treatment Project (MTP) is the largest randomized clinical trial of treatments for methamphetamine (MA) dependence to date. The objective of the study was to compare the Matrix Model, a manualized treatment method, with treatment-as-usual (TAU) in eight community out-patient settings in the Western United States. *Design:* Over an 18-month period between 1999 and 2001, 978 treatment-seeking, MA-dependent people were randomly assigned to receive either TAU at each site or a manualized 16-week treatment (Matrix Model). *Setting:* The study was conducted as an eight-site out-patient trial, with six sites located in California and one each in Montana and Hawaii. *Findings:* In the overall sample, and in the majority of sites, those who were assigned to Matrix treatment attended more clinical sessions, stayed in treatment longer, provided more MA-free urine samples during the treatment period and had longer periods of MA abstinence than those assigned to receive TAU. Measures of drug use and functioning collected at treatment discharge and 6 months post-admission indicate significant improvement by participants in all sites and conditions when compared to baseline levels, but the superiority of the Matrix approach did not persist at these two timepoints. *Conclusions:* Study results demonstrate a significant initial step in documenting the efficacy of the Matrix approach. Although the superiority of the Matrix approach over TAU was not maintained at the post-treatment timepoints, the in-treatment benefit is an important demonstration of empirical support for this psychosocial treatment approach. ☞

The TAN Editor would like to acknowledge Editorial Assistant, **Daniel Paduano**, who offered invaluable technical assistance in putting together the newsletter. We would also like to thank **Micheline Meyers**, APA Division Services Coordinator, for her role in newsletter layout and production.

Announcements

Postdoctoral Program in Drug Abuse Treatment and Services Research

Traineeships in drug abuse treatment and services research are available in the Department of Psychiatry, University of California, San Francisco (UCSF), in a large, active, multidisciplinary research environment that is supported by multiple research projects and center grants. Scholars work with a preceptor to design and implement studies. The focus is on treatment and services research in drug dependence, including tobacco dependence. Scholars also select an area of focus for independent research. Current research interests of faculty include trials of efficacy and effectiveness of psychosocial and pharmacologic treatment of drug abuse, including tobacco dependence; innovative methodology including internet based studies; treatment of complex patients in non-traditional settings; research on treatment tailored for HIV-positive drug abusers and drug abusers with psychiatric and medical disorders; research on provision of services to drug abusing populations; instrument development in drug abuse; and diagnostic techniques. Many successful applicants are psychologists with strong scientific backgrounds. The program has also included scholars with backgrounds in epidemiology, methodology, nursing, psychiatry, health policy, pharmacology, public health, and social work; and welcomes basic scientists who wish to learn the skills needed to translate their work to treatment and clinical issues. Stipends are funded by the National Institute on Drug Abuse. Preceptors are expected to supplement stipends from non-NIH sources. A priority of the department is the training of women and minorities for academic research careers. The application period is open until filled. Please see our website at www.ucsf.edu/sftrc or contact Lorel Hiramoto at lorelh@itsa.ucsf.edu or 415-476-7673 for application information. You may fax (in advance) your CV, 2 letters of recommendation, and research statement. Originals should be mailed along with your representative work. Sharon Hall, PhD, Barbara Havassy, PhD, James

Sorensen, PhD, and Connie Weisner, Dr.P.H. are Co-Directors.

Postdoctoral Positions in Drug Abuse Research

The University of Vermont announces the availability of three post-doctoral research fellowships in an internationally recognized center of excellence for the study of drug abuse. Fellows have opportunities for training in a wide range of epidemiological, human laboratory and treatment-outcome research. Current openings are with Stephen Higgins (stephen.higgins@uvm.edu, 802-656-9614) in delineating behavioral and pharmacological processes central to understanding and effectively treating cocaine dependence as well as cigarette smoking among pregnant women, and John Hughes (john.hughes@uvm.edu, 802-656-9610) in clinical, laboratory and epidemiology research on (a) gradual reduction with NRT as a method of smoking cessation and (b) understanding why smokers do not access free treatments for smoking cessation. Applicants must have completed doctoral training in psychology or a related discipline and be U.S. citizens or permanent residents. Salary is competitive commensurate with experience (PGY 1 to PGY 7) and supported by an NIDA/NIH Institutional Training Award. For more details on the positions please contact the investigators directly at the e-mail addresses/phone #s shown above. To apply please forward a curriculum vitae, statement of research interests, and three letters of reference in c/o Ms. Diana Cain, University of Vermont, Dept. of Psychiatry, 38 Fletcher Place, Burlington, VT 05401-1419. The University of Vermont is an affirmative action and equal opportunity employer.

Faculty Opening at The University of Michigan

The University of Michigan Department of Psychiatry is seeking a nationally recognized laboratory researcher (MD or PhD) to serve as Associate Director of the Nicotine Research Program. The successful candidate will be expected to

carry out a program of research in nicotine, smoking, or tobacco use that builds on or complements biobehavioral, genetic, and/or clinical research currently in progress. He/She will share and eventually assume responsibility for the Program and its staff. Candidates should have a strong track record of scientific publication and extramural funding as well as experience in mentoring, research training, and administration. If a psychiatrist, the candidate must be board-certified and either hold or be eligible for Michigan medical licensure; if a psychologist, clinical licensure is preferred. Faculty level appointment will be commensurate with training and experience and can include appointment at the tenured, full professor level. The Nicotine Research Program is funded, staffed, and equipped to conduct biobehavioral research, clinical smoking cessation trials, and research on the genetics of smoking (see www.med.umich.edu/niclab). It occupies new space that provides research facilities and offices to support a wide range of activities. Start-up funding is available to meet specialized research needs. The Program is administratively part of the new University of Michigan Depression Center, the first such Center in the country. A \$32 million dollar facility, currently under construction in a location nearby, will provide additional shared resources. The University of Michigan offers comprehensive benefits and a competitive salary commensurate with rank and experience. Ann Arbor, Michigan, is a vibrant academic community with numerous cultural and recreational opportunities. The University of Michigan is an Equal Opportunity Employer. Qualified candidates should send a letter of interest, including a summary of research objectives, curriculum vitae, copies of representative publications, and names of three references to the Chair of the Search Committee: Dr. Ovide Pomerleau, Nicotine Research Program, 2025 Traverwood Dr., Suite B, Ann Arbor, MI 48105; e-mail: ofpom@umich.edu

Think-tank Meeting in Spain

Peter Monti and Reid Hester are planning a think-tank type of meeting on cutting-edge approaches to alcohol and drug problems. This meeting would take place in Valencia, Spain in late winter 2006 or early 2007. As the meeting would coincide with the Luis Vitton Cup that precedes the America's Cup, we would need to make plans soon to ensure adequate accommodations. If you would be interested in participating in such a think-tank style of meeting lasting several days, please email Reid Hester at reidhester@behaviortherapy.com.


Call for Nominations: Meritorious Research Service Commendation

The APA Board of Scientific Affairs (BSA) is soliciting nominations for the Meritorious Research Service Commendation. This commendation recognizes individuals who have made outstanding contributions to psychological science through their service as employees of the federal government or other organizations. Contributions are defined according to service to the field that directly or indirectly advances opportunities and resources for psychological science. This may include staff at federal or non-federal research funding, regulatory or other agencies. Nominees may be active or retired but ordinarily will have a minimum of 10 years of such service. The individual's personal scholarly achievements (i.e., research, teaching, and writing) are not considered in the selection process independent of their service contributions.

To submit a nomination, provide the following: (1) A letter of nomination that describes and supports the individual's contributions (e.g., nature of the individual's service to psychological science, positions held, program development activities). The nomination letters should be no more than two pages long. (2) A curriculum vita; (3) Three letters of support from scientists, at least two from outside the nominee's organization. Please send nominations to: Suzanne Wandersman, email: swandersman@apa.org. You can also check out the website: <http://mirror.apa.org/science/meritorious.html>

Awards

Liddle Wins Award

Howard Liddle, Fellow, Division 50 and Member at Large Division 50 received the "Best Poster" award for Multidimensional Family Therapy for adolescent drug abuse: Findings from four recent studies at the European Family Therapy Association (EFTA) Conference in Berlin, Germany, October 2, 2004. 

Other Resources

The Road to Recovery 2005 Webcast Series

The Road to Recovery includes a series of 10 webcasts supporting the 16th annual observance of National Alcohol and Drug Addiction Recovery Month. This initiative, sponsored by CSAT, SAMHSA, and U.S. DHHS, is designed to help individuals, organizations, and communities plan and host events to raise awareness about the benefits of addiction treatment. <http://www.recoverymonth.gov>


Substance Abuse Treatment Facility Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides an on-line resource for locating drug and alcohol abuse treatment programs: <http://findtreatment.samhsa.gov/about.htm>. This searchable directory of drug and alcohol treatment programs shows the location of more than 11,000 facilities around the country that treat alcoholism, alcohol abuse and drug abuse problems, including residential treatment centers, outpatient treatment programs, and hospital inpatient programs.

CESAR Fax

The Center for Substance Abuse Research (CESAR), at the University of Maryland at College Park, provides a weekly, one-page overview of timely substance abuse trends via e-mail. The mission of CESAR is to inform policymakers, practitioners, and the general public about substance abuse—its nature and extent, its prevention and treatment, and its relation to other problems. <http://www.cesar.umd.edu/cesar/cesarfax.asp>

Adolescent-Focused Journal Issue

Addiction, a peer-reviewed journal published on behalf of the Society for the Study of Addiction, has published a special focus issue (November 2004 - Volume 99, s2) on adolescent alcohol and substance abuse assessment and treatment, which includes papers by several Division 50 members. 

Upcoming Meetings

March 20–23, 2005

Society for Research on Nicotine & Tobacco (SRNT) 11th Annual Meeting & 7th European Conference. Hilton Prague, Prague, Czech Republic. Register at: www.smnt.org

April 15–17, 2005

American Society of Addiction Medicine (ASAM) 36th Annual Meeting & Medical-Scientific Conference, 50th Anniversary, Dallas, TX. www.asam.org. Contact: 301-656-3920


June 18–23, 2005

College of Problems of Drug Dependence (CPDD) Annual Scientific Meeting, Orlando, FL. Register at: www.cpdd.vcu.edu (Late-Breaking Research Abstracts Deadline: April 15, 2005)

Satellite CPDD Meetings include:

- The International Study Group Investigating Drugs as Reinforcers (ISGIDAR), June 18, 2005. Contact: mnader@wfubmc.edu
- The 10th NIDA international meeting on "Building International Research on Drug Abuse," June 18, 2005. Contact: dharris@iqsolutions.com
- The 5th annual SAMHSA and CSAT Satellite Session: "Science to Services and Services to Science: The Identification and Adoption of Effective Practices for Substance Abuse Treatment," June 18, 2005. Contact: lbennett@jbs.biz
- "Translating Basic Research from Neural, Behavioral and Social Sciences to Prevention: Challenges and Opportunities," June 18, 2005. Poster session will highlight translational opportunities and networking. Contact: Kim.reeder@uky.edu

June 25–29, 2005

Research Society on Alcoholism (RSA) 28th Annual Scientific Meeting, Santa Barbara, CA. www.rsoa.org 

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