The Addictions Newsletter

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President's Column

Thank You and Goodnight!

Marsha E. Bates

Over the past year, many Division 50 members have dedicated their time and expertise to promote the psychology of addictions at a national level. In this third, and final, column of my presidential term, I would like to share with you some of the special Division 50 accomplishments and activities that were made possible by our members. This is the perfect opportunity to highlight the contributions that the Division 50 members make to the field of psychology, many of which you might not be aware. It was an active year for the division, and listed below are many—but not all—of the participants who promoted Division 50's goals. There are, of course, other members, who, while not mentioned below by name, contributed substantial time and effort to the many ongoing committees and related activities.

Marsha E. Bates

Active liaisons and representatives from Division 50 are critical to the presence of addictions in scientific research and practice-oriented activities of APA at large. **Fred Rotgers** was an especially active liaison to the Committee for the Advancement of Professional Practice (CAPP) for the Division. He brought funding parity for substance abuse treatment to CAPP's attention as a priority agenda item for the Division, with other agenda items including enhancing general practitioner skills in working with people with addictive behaviors and encouraging practitioners to become more involved with working with people with addictive behaviors. Thanks also go to **Ray Hanbury** for helping with this effort.

Sandy Brown is completing her term as the Division's Representative to APA Council. In addition to attending biannual council meetings to represent Division 50's interests and to bring back news on APA's activities and initiatives, Sandy also represented us at the caucus meetings that occur in tandem with council and was active in these more informal yet highly influential meetings of, for example, the Coalition for Women's Caucus, Child and Adolescent Caucus, and the Assembly of Scientist/Practitioner Psychologists.

Amee Patel and **Alicia Wendler**, graduate student representatives to the Division 50 Board of Directors, are in the final stages of producing a Division 50 Electronic Pamphlet to introduce Division 50 to graduate students and other early career psychologists by highlighting our goals and the benefits of membership.

Special notes of appreciation go to **Keith Humphreys**, who accepted the position of Division 50 liaison to the Committee on International Relations in Psychology (CIRP); **Sharon Wilsack**, who accepted the position of Division 50 Representative to the Women in Psychology Network; and **Ty W. Lostutter**, clinical graduate student at the University of Washington, who is serving as Division 50's contact for

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President's Column

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the APA Task Force on Gender Identity, Gender Variance, and Intersex concerns. We also owe a special debt of gratitude to **Brad Olson**, who was very active this year in promoting your interests through Division 50. He accepted the role of Division 50 Public Policy Liaison to the APA's Public Policy Office, in addition to his role as the Division 50 Member-at-Large and liaison to the Public Interest Directorate of APA. Brad, along with **Rebecca Kayo**, our Federal Advocacy Coordinator, is also co-chairing a Steering Committee to guide the formation of a new Division 50 committee that will focus on public interest and advocacy issues. Potential areas of focus include dual diagnosis issues in policy on local, state, or federal levels, and developing a grassroots network of advocacy, and parity issues in legislation. Brad and Rebecca present more details on this important new Division initiative in this issue of *TAN*. Brad also organized the Division 50 Executive Committee's response to Hurricane Katrina. Through his efforts and those of individual members and other concerned individuals, we provided information to members to help address disruption of addiction services and provide education about the stress, trauma, coping, substance abuse of affected populations, and the role of treatment providers in sustaining support services. Our continued support of these and other efforts are needed to continue to help people in affected regions. Katrina has passed, but much of its destruction remains in areas outside the French Quarter, which is less visible to the public. A strong presence of Division 50 members at our Annual APA Convention is one way that we can bring in resources to help regenerate the area.

The activities of Division 50 committees are also necessary to push forward the unique perspective and mission of the division. The Committee on Evidence Based Practice (EBPs) in Addiction was helpful to the division in representing our interests to APA calls for comments on items such as future priorities for NIMH epidemiology research, as well as providing input to public calls such as NREPP at SAMHSA, and to the National Quality Forum Substance Use Disorders Project (NQF-SUDP). Chair **Nancy Piotrowski** reports that committee input on NREPP was cited in the National Register. Several committee members stepped forth for nomination to the Steering Committee and Technical Advisory Panels on the NQF-SUDP and **Dan Kivlahan** was selected for the Steering Committee. Congratulations Dan! Numerous division members also submitted informational resources to NQF to insure that input from psychologists in addictions was available for the work ahead. A symposium at this year's annual convention entitled "Implementation Issues in Evidence Based Practice in Addictions Treatment" will be co-chaired by Piotrowski and **Harry Wexler.** Finally, Piotrowski and committee Co-Chair Wexler will announce a new proposal for the committee work in August at APA and are hosting discussion on EBPs at the convention.

Chris Martin and **Cynthia Glidden-Tracy** are co-chairs of the Division's Education and Training Committee (ETC). They reconstituted membership of the committee which now also encompasses Continuing Education activities through cooperation with **Reid Hester** (Thank you Reid for taking on the BIG job of renewing our CE Certification with APA!). The ETC worked with our APA program chairs and our Committee on EBP to generate programming of interest to practitioners at the convention, which you can also review in this issue of *TAN*. The ETC has interfaced with the National Association of Alcohol and Drug Abuse Counselors (NAADAC) to discuss shared activities, and Dr. Sharon Freeman, the president of NAADAC, will present at the APA practitioner session. Right now, the ETC is discussing review of the APA certified CE course that provides a certificate of proficiency in substance abuse treatment, and how to raise the profile of this certificate of proficiency and have it be more meaningful to those in practice.

Thanks also to **Barbara McCrady** who wrote the Division 50 response to a request for review and comment on the *American Psychiatric Association Practice Guideline on the Treatment of Patients with Substance Use Disorders – Second Edition*. Her suggestions regarding the need for specific training to develop competence in delivering evidence based psychosocial treatments, referral to non-psychiatrist mental health providers, and more explicit recommendations for clinicians treating clients with marijuana and cocaine use disorders, were critical to the promotion of the goals of the Division.

I'd also like to acknowledge the continuing contributions of **Ron Kadden** who chairs the Elections Committee and of **Kathy Carroll** (our past, past president) who agreed to continue to serve in the role as Chair of the Awards Committee. This committee's work to identify and recognize outstanding Division members is important in our efforts to acknowledge and reward the accomplishments of outstanding members.

Thanks to all members who voted on the Division Bylaw change; we officially separated the offices of Secretary and Treasurer, and we have strong candidates running in the Division Officers election. This move from a combined Secretary/ Treasurer Office to two separate offices decreases the effort of holding these offices substantially and should increase member enthusiasm for participating in these Division roles in the future.

As you will see in this issue of *TAN*, the Division has an outstanding program planned for the conference this year. This exciting program would not be possible without the creative and effective organizational efforts of **Tammy Chung** and her convention co-chair, **Tammy Wall**. The breadth and quality of the program speaks for itself, as well as the tremendous support from NIDA and NIAAA in providing travel awards for early career psychologists to present in New Orleans. Another noteworthy piece of information is that APA selected 11 Division 50 sessions for CE credit at the 2006 APA convention. Thus, our Division represents 10% of APA's CE credit offerings!

Finally, I'd like to thank **Nancy Haug** for the great job she's done as Editor of *TAN*. She has dealt with all the headaches involved in meeting publication deadlines and producing a quality publication with grace and skill. We all owe her our thanks and appreciation for a job so well done.

Editor's Corner

Nancy A. Haug
University of California, San Francisco

I am happy to report that we received an abundance of article submissions and abstracts in response to my solicitation in the Spring *TAN*. Heartfelt thanks to everyone who made contributions this round—*TAN* just isn't complete without input from our readers. *TAN* Summer 2006 includes invaluable information regarding the upcoming APA Convention in New Orleans. **Tammy Chung** and **Tammy Wall** present the Convention activities for Division 50 in a handy pullout, listing key events. **Amee Patel** and **Alicia Wendler** describe events for trainees as well as offer their wisdom in conference "dos and don'ts".

Other highlights include a column finale from Division 50 President **Marsha Bates.** I am grateful for the opportunity of working closely with Marsha over this past year. She is a natural leader who brought the division to new levels of national involvement in several areas by supporting committees, encouraging involvement and pursuing cross-disciplinary research collaborations. The public policy and advocacy statement from **Brad Olson** and our new column *Advocates Alcove* by **Rebecca Kayo** is an example of Marsha and the Executive Team's success.

Also in this issue, **Ron Kadden** shares "hot off the press" election results. I am thrilled to welcome our new team of Executive Officers as they continue to move Division 50 forward. Additionally, we have several original pieces on a range of topics including opioid replacement medication in pregnancy, chronic pain and addiction, internship training in substance use disorders, and the alcohol industry's influence on underage drinking. I hope you enjoy the diversity of our contributors and find the articles informative. Please remember to consider *TAN* in your dissemination activities. The deadline for submissions to the Fall/Winter *TAN* is October 31, 2006. You may send correspondence for future issues to: TAN_Editor@comcast.net.

Election Results

Ronald Kadden
Division 50 Nominations and Elections Chair

APA has announced the winners of the Division Officers election that was held this spring. Division 50 had five positions open. Nancy Piotrowski and Harry Wexler ran for President-Elect of the Division; Nancy was elected. Joel Grube and Sara Jo Nixon ran for Member-at-Large of the Executive Committee. Sara Jo was elected for a three-year term. The candidates for Division Representative to APA Council were Douglas Marlowe and Jalie Tucker. The winner was Jalie. As the result of a special poll of the membership, the Secretary-Treasurer position was split in two. Angela Bethea ran unopposed for Secretary and Jennifer Buckman was unopposed for Treasurer. Congratulations to all the winners. A total of 214 votes were cast, about 18% of the Division membership. Division 50 member participation in elections rarely exceeds 25%.

The Division membership should be grateful to all the candidates for their willingness to run and to serve if elected. 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.

Following our recent practice, periodic announcements were made throughout the nomination period about who was recommended for nomination and whether or not they had received enough ballots to be formally nominated. That stimulated more interest, and by the close of nominations at the end of January most candidates exceeded the nomination threshold.

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: kadden@psychiatry.uchc.edu.

Statement of the Division 50 Public Policy and Advocacy Committee

Brad Olson
Member-at-Large
Division 50 Liaison to APA and Public Interest Directorate

Our Division 50 of the American Psychological Association (APA) is at the center of policy issues related to the psychology of addictive behaviors, broadly defined. All members of this organization—practitioners, researchers, educators, and policy makers—understand that the appropriate use of psychological tools can affect and be affected by a variety of government-based policies. It is known that for some time members of Division 50 have had consequential influences on local, state, and federal policies. Often these influences have occurred through APA board positions and other roles within the association. Yet even somewhat regular posts on the Division 50 listserv put forth advocacy alerts, and members have subsequently acted by, for instance, phoning their representatives and providing them with their input on these relevant issues.

To increase the potential for more beneficial activism, the Executive Committee of Division 50 has formed a Public Policy and Advocacy Committee that will serve numerous roles within the organization. One primary aim of the committee is to strengthen the ability of the division and its members to better focus its energies toward positive policy change.

Given this overarching goal, and the wonderful opportunities for change, there are some restrictions critical to how the group will operate. It is necessary, for instance, to recognize that APA, the umbrella organization, is a 501(c)(3) designated association, having some limits on its own policy work, and thereby also delineating to a certain extent the framework within which the new Division 50 committee can work. Actions on the part of Division 50 would nonetheless require little more than reasonable checking in with APA through the division president, public policy liaison, and other representatives.

Frequent communication with APA will in fact be quite desirable for the new committee. There is a natural goal of the Public Policy and Advocacy committee to transmit as much information as possible to APA, such as the political concerns that Division 50 members find most pressing to the addictions field. First, of course, to obtain this information, the committee must survey members regarding these priorities. The goal of communicating better to APA provides a good rationale for the collection of this information, and the committee itself provides a good mechanism in which to design and collect it.

Other goals will involve expanding existing strategies that move from APA to the members of Division 50. The APA action alerts distributed on the Division 50 listserv, mentioned earlier, will be extended in certain circumstances (e.g., time sensitive, addiction-related legislation) and perhaps targeted to more specific and localized stakeholders (e.g., within a particular state). These extensions may also involve more cohesive liaison systems that reach out to other organizations within the addictions field. Information shared across practice, education, research, and advocacy networks would be highly beneficial to all organizations who unquestionably share many common interests.

The Public Policy and Advocacy Committee in conjunction with the Executive Committee will additionally help educate and mutually support us all in more effective advocacy practices, in more precisely targeting new initiatives, in monitoring the implementation of already passed legislation, and in generally increasing our awareness and thereby hopefully preventing harmful, addiction-related policy changes in the future. The goals and activities listed here are only a small sample of possibilities, and the eventual directions will ultimately depend on the guidance of the Public Policy and Advocacy committee itself and the Executive Committee. Most important is that any one of these steps could help broaden our attention to policy decisions that, one way or another, are likely to impact us all. Such knowledge and subsequent mobilization is critical to bringing together a stronger division within the APA and facilitating more effective national and international work in the field of addictive behaviors.

Note: If you have interest in helping out with the activities of the Division 50 Public Policy and Advocacy Committee, please e-mail co-chairs Brad Olson bolson@depaul.edu or Rebecca Kayo rkayo33@aol.com.

Advocates Alcove

Rebecca Kayo
Div. 50 Federal Advocacy Coordinator

Welcome to the Advocates Alcove, a proposed regular newsletter section designed to give you important policy, legislative, and advocacy information! As the Federal Advocacy Coordinator for Division 50, I am frequently asking for your assistance on issues important to the practice of psychology. For this edition, I would like to share with you a brief summary of recent successes and to provide information on how APA is working hard behind the scenes for you. I look forward to providing similar updates in the future.

The Budget Reconciliation Conference Agreement

In February of this year, success was found after psychologists around the country fought to reverse the 2006 Medicare reimbursement cuts and to support Medicaid's Early and Periodic Screening and Diagnostic Treatment (EPSDT) programs. As you may recall, during Senate consideration

of the Budget Reconciliation Conference Agreement psychologists expressed concern about language in the bill that might allow States to replace EPSDT programs for children with potentially inadequate State Children's Health Insurance Program (SCHIP) benefits. Your advocacy efforts helped to raise so many questions in the Senate that the Centers for Medicare & Medicaid Services (CMS) issued an official statement stating that "CMS has determined that [under the new law] children under 19 will still be entitled to receive EPSDT benefits." After victory in the Senate our advocacy efforts were directed at the House of Representatives. The House leadership was extremely responsive to our concerns, taking the important step of clarifying congressional intent to further protect EPSDT benefits for all children when it approved the House version of the Budget Reconciliation Conference Agreement. This bill also included a provision to replace the scheduled 4.4% cut in Medicare reimbursement for 2006 with the same reimbursement rate that psychologists and other providers enjoyed in 2005. The House passage of the Budget Reconciliation Conference Agreement on February 1st 2006 marked significant victories for psychologists and children across the nation. Over 10,000 e-mails by psychologists and concern citizens around the country let congress know exactly how to help our children.

The Health Insurance Marketplace Modernization and Affordability Act

Over the last several months we have fought to stop passage of the Health Insurance Marketplace Modernization and Affordability Act (HIMMA) in the U.S. Senate. This bill (S.1955) would allow insurers to offer health plans exempt from ALL state consumer mental health protection laws, including 39 states' mental health parity laws, 43 states' psychology "freedom of choice," and 32 states' mental health benefit mandates and mandated offering laws. Without these state requirements insurers could offer "barebones plans" as long as they also offer an alternative plan based on state employee benefits available in one of the five most populous states (which unfortunately could also be "barebones"). It would then be up to employers to choose the "best plan" for employees. We were concerned that employers upset about the purported cost of mandates would not choose plans with adequate mental health benefits. As a result, the benefits in the alternative plan would still be inadequate. HIMMA would also fail in its goal of substantially reducing the number of uninsured individuals. The Congressional Budget Office projected that HIMMA would provide coverage for just 600,000 of the 46 million uninsured. While on the other hand, employees who need mental health and other benefits and services now mandated by state law would lose coverage. Older and less healthy workers, who need more health care services, might have found their benefits reduced to inadequacy.

We asked psychologists around the country to call on their governors, state attorney generals, newspapers, and senators to oppose this bill. Psychology providers even participated in a national call-in day opposing Senate bill1955 on May 3rd. Thousands of emails and calls were made as psychologists demanded their voices be heard. We discovered that our collective influence makes a difference, as the Senate voted to block consideration of the Health Insurance Marketplace Modernization and Affordability Act with a final vote of 55-43, with 2 abstentions. Our continued persistence in opposing this bill helped to secure hard fought state mental health protections across our nation.

Testing Codes: How APA Helped to Make Important Changes

Psychologists providing testing services now have a more accurate way to bill as seven new Current Procedural Terminology (CPT®) codes became effective on January 1. Implementation of the codes reflects a change in thinking by the Centers for Medicare and Medicaid Services (CMS), which—by awarding work values to the codes—is finally acknowledging that psychologists are engaged in professional work when providing psychological and neuropsychological testing services. These changes are the result of continued advocacy by APA over the past several years due to concerns about the level of professional work involved in furnishing testing services. Previously CMS only reimbursed psychologists for the estimated costs of practice expense, essentially overhead, and a small amount for malpractice insurance. The psychologist's time and effort in providing the service went unrecognized.

Attempts in 2002 and 2003 to obtain professional work values for the testing codes failed to gain approval from the American Medical Association's reimbursement committee. APA continued its efforts by directly engaging staff from the AMA's coding and reimbursement committees with a proposal that more closely identified the psychologist's involvement in the testing service, thus making the codes more suitable for the assignment of professional work values.

APA gained the approval of the coding committee to revise the codes in 2004 and then used survey data from psychologists across the country to persuade the reimbursement committee to recommend professional work values for the codes in 2005. Later that year, CMS adopted the reimbursement committee's recommendations and assigned professional work values for the revised codes.

The professional work values assigned to the new codes will significantly improve the amount paid by Medicare for these services. The previous psychological and neuropsychological testing codes (96100, 96115 and 96117) were all reimbursed at an average hourly rate of $74. Under the 2006 Medicare fee schedule, average payments for outpatient testing services under the new codes will increase from 26% to 69%. For a complete list of the revised codes and their new values go to: http://www.apapractice.org/apo/payments.html#

Thank you to everyone who participated in all of these efforts. We will keep you posted on upcoming advocacy issues.

Underage Drinking: A Profitable Path to Addiction

Laurie Leiber
Marin Institute, CA

"It is reckless for our society to rely on an industry with such an enormous financial interest in alcohol consumption by children, teens, alcoholics and alcohol abusers to curb such drinking. Self regulation by the alcohol industry is a delusion that ensnares too many children and teens."

—Joseph A. Califano, Jr., CASA's chairman and president and former U.S. Secretary of Health, Education and Welfare, May 1, 2006

Several years ago I coined a phrase that captured my frustration about many of the current programs designed to prevent underage drinking. "Holding young people solely responsible for underage drinking is like holding fish responsible for dying in a polluted stream." Since then my quote has become a rallying cry for many community-based efforts working to reduce youth alcohol use by changing the alcohol environment in which young people grow up and make choices. The "fish quote" has even been immortalized on a beautiful poster complete with original art depicting fish swimming among discarded bottles and cans. The sentiment clearly struck a chord with many who are committed to protecting young people from the harms caused by drinking. But, while I still believe it is a mistake to blame the victims, it is long past time to point a finger at the real guilty party. Young people do not produce, promote or profit from underage drinking, but the alcohol industry *certainly* does.

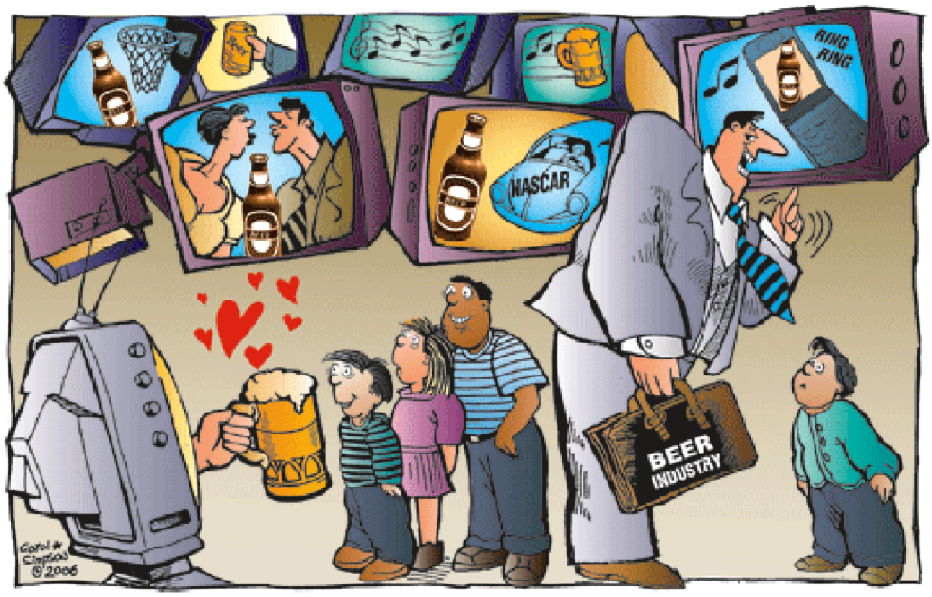
New research published in the American Medical Association's *Archives of Pediatrics & Adolescent Medicine* (May 2006) placed the short-term cash value of underage drinking at $22.5 billion in 2001. According to the study, underage consumers account for a whopping 17.5% of total expenditures for alcohol. Putting aside health and safety considerations, no industry can disregard a market that accounts for such a significant percentage of its sales. But the alcohol industry's dirty little secret has even greater implications because those who initiate drinking before age 15 years are 4 times likelier to become alcohol dependent than those who do not drink before age 21.

In other words, if you make, distribute or sell alcoholic beverages you experience long-term benefits from underage drinking because those who initiative drinking at an early age are more likely to become heavy, chronic consumers. The persistence of industry marketing efforts that target young people—despite increasing evidence that alcohol promotion increases underage drinking and condemnation from parents, public health and law enforcement—makes a lot more sense when you recognize that this is the sub-population from which the industry gets its *best* customers.

Marketing experts have long noted that attracting a young consumer to a brand is like building an annuity for the future. Until now we didn't know what an investment in youth oriented marketing might be worth for alcohol producers who establish brand loyalty with young drinkers. But the same research cited above has estimated the long-term commercial value of underage drinking at $25.8 billion for 2001. This figure represents the contribution of underage drinking to maintaining consumption among adult drinkers with alcohol abuse and dependence as defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (*DSM-IV*).

Taken together the combined value of sales of illegal underage drinking and adult pathological drinking is $48.3 billion, or 37.5% of consumer expenditures for alcohol in 2001.

In 2003, the National Research Council's Institute of Medicine published a landmark report entitled *Reducing Underage Drinking: A Collective Responsibility*. The IOM report, which estimated the national annual cost of underage drinking at $53 billion, called for changes that would reduce youth access to alcohol by increasing alcohol excise taxes (especially on beer). The IOM report also recommended that "alcohol companies, advertising companies, and commercial media should refrain from marketing practices (including product design, advertising, and promotional techniques) that have substantial underage appeal and should take reasonable precautions in the time, place, and manner of placement and promotion to reduce youthful exposure to other alcohol advertising and marketing activity."



"Now, kids, don't look until you're twenty-one."

www.GetSerious.org

Not surprisingly, given the importance of underage drinking to its bottom line, the alcohol industry has not embraced the IOM report's recommendations. Resisting efforts to raise alcohol excise taxes remains the top priority of industry lobbyists both in Washington, DC and state houses across the nation. Since publication of the IOM report, major players including Anheuser-Busch and Diageo have introduced a dizzying array of new sweet, bubbly and often caffeine-laced alcoholic beverages packaged to resemble sports drinks or sodas. Although the industry calls these new products "flavored malt beverages" or "flavored beer," young people call the new category "girlie drinks" or "cheerleader beer." Taxed in most states at the same rate as beer, these "alcopops," including Mike's Hard Lemonade, Peels, Bacardi Silver, Seagram's Peach Fuzzy Navel, Skyy Blue and Smirnoff Ice, have quickly become the preferred alcoholic beverage among female underage drinkers - girls who now drink more alcohol of all kinds than their male peers.

All but thumbing their noses at the IOM, alcohol producers continue to exploit product placement in films popular with youth including PG-13 films like *Dodgeball, Mr. And Mrs. Smith, Spiderman, Hellboy* and *Batman Begins*. Big Alcohol's Web pages remain among the most sophisticated; rich with interactive features and free downloads that are attractive to youth. Alcohol companies are also among the first to exploit innovations in electronic communications. Anheuser-Busch made the news this spring when the beer giant signed a deal with Mobi-TV, a leading provider of television content to cell phone users, to broadcast 18 beer ads per hour.

Bending to pressure from the Federal Trade Commission, the Beer Institute did announce a new review panel for advertising complaints early this year. But the industry trade group also weakened its voluntary ad code, so the net impact on actual behavior by beer advertisers is probably close to nil.

Indeed, the only apparent tangible result of the publication of this report is a rash of programs sponsored by the alcohol industry to divert attention away from all they do to promote youth drinking. Bolstered by its own polls in which young people identify parents as the greatest influence on their decisions about drinking, the industry is plugging Mom and Dad as its preferred solution to the problem of underage consumption. Anheuser-Busch brushed the dust off its "Family Talk" materials; Coors is partnering with the Search Institute's "Most Valuable Parent" program; Miller's "Let's Keep Talking" is supposed to help parents discuss responsible choices with their children; and the Century Council's "Girl Talk: Choices and Consequences of Underage Drinking" targets mothers of teenage girls.

These programs all emphasize a common tactic—talk. If you are a parent, you are supposed to talk to your child, and possibly to other parents, about underage drinking. Talking to your kids is a good thing, just like designating a driver. But none of these industry Web sites or brochures suggests that parents get involved in community level action to reduce alcohol-related risk for young people in general. There's no information about policy changes —increased alcohol taxes or reduced availability—that can reduce underage drinking. They say nothing about working to limit young people's exposure to alcohol advertising either at home or in the community at large.

In other words, there's nothing in these programs that would require the alcohol industry to change the way it produces, distributes or sells its products, nothing that might reduce its profits from the estimated $48.3 billion in sales that are tied to underage consumption.

The Marin Institute is an alcohol industry watchdog. Laurie Leiber has been a thorn in the side of the alcohol industry for many years. Most recently, as Director of Media Advocacy at the Marin Institute, she created an online consumer complaint system for alcohol advertising and marketing. Visit www.MarinInstitute.org to learn more about TalkBack.

The MOTHER (Maternal Opioid Treatment: Human Experimental Research) Study

The MOTHER Study Collaborative Network*

Opioid dependence during pregnancy remains a significant public health problem. Data from the National Survey on Drug Use and Health indicate 27% of pregnant women reporting illicit drug use in the past 30 days reported use of heroin or the non-medical use of pain relievers (Substance Abuse and Mental Health Administration, 2005). This translates into more than 57,000 heroin- or pain reliever-exposed pregnancies each year. This prevalence rate is second only to marijuana and nearly four times greater than cocaine, the third most prevalent substance reported.

The recommended standard of care for opioid-dependent pregnant women is methadone, a full mu-opioid agonist (National Institutes of Health Consensus Development Panel, 1998). Methadone in the context of comprehensive care is associated with more prenatal care, increased fetal growth and less neonatal morbidity and mortality than continued opioid abuse (Finnegan, 1991; Finnegan & Kaltenbach, 1992). Though clearly beneficial, the use of methadone is not without consequence. Infants born to mothers maintained on methadone may exhibit neonatal abstinence syndrome (NAS). NAS is a generalized disorder that includes dysfunction of the autonomic nervous system, gastrointestinal tract and respiratory system (e.g., Finnegan & Kaltenbach, 1992) and often requires treatment with pharmacologic agents.

More recently, the potential utility of buprenorphine as a treatment for opioid-

dependent pregnant women has been investigated. In non-pregnant opioid-dependent adults, abrupt discontinuation of buprenorphine, a partial mu-opioid agonist, is associated with a mild to moderate withdrawal syndrome (e.g., Jasinski, Pevnick, & Griffith, 1978; Fudala, Jaffe, Dax, & Johnson, 1990) that appears to be less intense than withdrawal from full mu-opioid agonists (see Walsh & Eissenberg, 2003). Relative to pregnancy, the scientific literature to date includes 30 published reports on approximately 450 infants prenatally exposed to buprenorphine. Results generally suggest that treatment with buprenorphine provides the same benefits to the mother as methadone, but because buprenorphine may be associated with a less severe NAS than that of methadone, it may be more advantageous for infants.

Interpretation of data from studies of both of these medications during pregnancy is complicated by a number of issues. The lack of rigorous designs has left results of many studies subject to potential bias. Concomitant drug use is prevalent in many study samples, confounding results. Small sample sizes limit statistical power. Attempts to combine results across studies are difficult due to substantial differences in methodology. Overall, these issues have made it difficult to discern the prevalence and severity of NAS after prenatal exposure to methadone or buprenorphine.

Seeking to address many of these limitations, Jones and colleagues at Johns Hopkins University designed and conducted the PROMISE study (Jones et al., 2005). This small scale (n = 21) randomized double-blind, double-dummy study was designed to compare NAS in neonates of methadone and buprenorphine maintained pregnant opioid-dependent women in the most rigorous fashion to date. The procedures utilized in the PROMISE study were largely adopted for the larger MOTHER trial and will be described in more detail below. Briefly, however, the Jones et al. (2005) report provided additional safety and efficacy data on both medications during pregnancy, but more importantly, it provided the best evidence thus far that buprenorphine may be more beneficial for the neonate than methadone. The results indicate a trend for buprenorphine-exposed infants to weigh more at birth, have larger head circumferences, and be longer compared to methadone-exposed infants. In terms of NAS, there were trends toward fewer buprenorphine-exposed infants requiring treatment for NAS and among those treated, less medication being required to treat the NAS of buprenorphine-exposed infants. Lastly, buprenorphine-exposed infants were hospitalized for significantly shorter periods of time compared to methadone-exposed infants. These promising results provided additional data on the utility, safety, and efficacy of both medications during pregnancy. Further, they supported the need for a larger multi-site controlled trial powered sufficiently to detect potential differences between the medications.

As the lead site, Johns Hopkins University brought together seven independently NIDA-RO1 funded sites to conduct the MOTHER study. The design of the MOTHER study, much like the PROMISE study before it, is a double blind, double-dummy, randomized, stratified, parallel group design. All sites share a core set of common protocols and procedures. Compliance with the protocol is monitored by the coordinating site at the Center for Substance Abuse Research at the University of Maryland, which also manages participant randomization, training on standardized assessments and data collection and analysis. A six-member Data Safety Monitoring Board has also been established to oversee the study. A number of the study's core procedures are described briefly below. More details will be forthcoming (Jones et al., in preparation).

Potential participants are admitted to an inpatient setting for study screening. During screening, potential participants are switched from methadone, buprenorphine, or "street opioid" to rapid-release morphine sulfate, which serves as a "washout." The dose of morphine is adjusted according to clinical observation over the course of 3–5 days. Washout with a short-acting agonist such as morphine sulfate makes the transition to double-blind study medication easier (Jones, Johnson, Jasinski, & Milio, 2005; Jones et al., 2005). Those who qualify for study participation are randomized and remain inpatient to make the transition to double-blind, double-dummy study drug administration. A dose conversion equivalent to the dose of rapid-release morphine is calculated for the first day. The dose is increased by 5–10 mg of methadone or 2–4 mg buprenorphine to a target dose of 70 mg of methadone or 12 mg buprenorphine with adjustments made based on clinical observation.

During maintenance, study drug dose increases or decreases are made through clinical decisions based on compliance in taking medication, participant request, urine toxicology and participant self-reports of opioid withdrawal symptoms and craving. Unit dose increases or decreases are 5–10 mg of methadone or 2 mg of buprenorphine. Dose ranges are 20– 140 mg methadone and 2–32 mg of buprenorphine. A contingency management intervention, wherein vouchers are earned for drug-negative urine and breath samples, is also in place during this time to minimize concomitant drug use. Combined with additional incentives for compliance with other parts of the study protocol (paperwork, prenatal visits, counseling sessions, etc.), participants have the potential to earn as much as $5,500 over the course of the study.

Following delivery, NAS is evaluated using a 19-item modified Finnegan Scale every 4–12 hours for the first 10 days postpartum or until NAS treatment ends, whichever is longer. Pharmacotherapy for NAS is provided via a morphine solution (equivalent to morphine 0.04 mg/ml) whose administration is guided by a protocol that defines the NAS score above which pharmacotherapy is initiated, maintained, and weaned.

Guided by the results of the PROMISE study, the MOTHER study is designed and powered to test the following five hypotheses: (1) buprenorphine-exposed infants will exhibit less NAS and/or a different profile of signs than methadone-exposed infants; (2) buprenorphine-exposed infants will require NAS treatment less frequently than will methadone-exposed infants; (3) buprenorphine-exposed infants treated for NAS will require less medication than methadone-exposed infants treated for NAS; (4) buprenorphine-exposed infants will have larger head circumferences compared to methadone-exposed infants;

and (5) buprenorphine-exposed infants will have a shorter length of hospital stay compared to methadone-exposed infants. In addition, numerous other secondary neonatal and maternal outcomes will be collected and analyzed. In summary, the results of the MOTHER study are expected to provide the international community with important new information concerning the treatment of opioid dependence during pregnancy.

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*The MOTHER Study Collaborative Network includes: Sarah H. Heil, University of Vermont; Mara G. Coyle, Brown University; Gabriele Fischer, Medical University of Vienna; Hendree E. Jones, Johns Hopkins University School of Medicine; Karol Kaltenbach, Thomas Jefferson University Medical College; Peter R. Martin, Vanderbilt University Medical Center; Peter Selby, University of Toronto; & Susan M. Stine, Wayne State University School of Medicine.

Survey Results on Substance Use Disorder Training in APA-Accredited Internship Programs

Cynthia Glidden-Tracey, Mark J. Groberski, & Sharon Zygowicz
Arizona State University

Our subcommittee of the Division 50 Education and Training Committee (ETC) surveyed Training Directors (TDs) at a broad sample of APA-accredited internships to assess current practices in training interns to address clients' substance use concerns. We also asked TDs' views of the importance of such training. This survey appears to be the first study of substance abuse training on psychology internships since 1989.

Prior surveys regarding available training in substance use disorders have focused on academic programs (Chiert, Gold, & Taylor, 1994; Einstein & Wolfson, 1970; Lubin, et al., 1986; Scheidt, et al., 2004; Schlesinger, 1984; Selin & Svanum, 1981), generally concluding that most programs do not provide sufficient emphasis on substance use disorders. Less research has focused on substance abuse training at predoctoral internships. In the first of only two studies we found, Schlesinger (1984) investigated the contributions of both internships and academic programs to research and treatment of substance use disorders. He found that internships were less likely than academic programs to stress theory, research, and moderated use as a viable treatment goal. Internships were more likely to stress treatment skills alone with abstinence as the goal. Over half of the internships did not evaluate interns' competencies in working with substance use disorders, compared to three quarters of academic programs. Less than ten percent of the internships required substance abuse training.

In the other study, Bacorn and Connors (1989) surveyed APA-accredited internships that offered a rotation in substance abuse treatment. Supervisors at these rotations rated 24 content areas on their relevance to training in alcohol treatment, indicating eight content areas considered most relevant: Group psychotherapy, relapse prevention, aftercare, Alcoholic Anonymous, marital/family therapy, cognitive therapy, stress management, and social skills training. While the majority of supervisors indicated they were familiar with 13 of the 24 offered content areas, interns were only exposed to the first six of the areas listed above. The supervisors also recommended training in four additional areas: Treatment of dual diagnosis clients, assessment and differential diagnosis, psychopathology among alcohol clients, and adult children of alcoholics.

In the survey reported here, we attempted to replicate and extend these much earlier explorations of internship training with the

goal of more fully describing and understanding current issues and practices with respect to preparing soon-to-be psychologists to work with client substance abuse.

Participants and Procedures

A 20-item survey was electronically to TDs at 426 internship sites, identified using the APPIC online directory during April 2004. A two week reminder mailing and book lottery incentive were utilized. Completed surveys were received from 153 respondents (37.1%; 14 of the surveys were undeliverable). Compared to the listing of all APA-approved internship as reported on the APPIC website, our sample was similar in types of institutions represented, treatments offered and clinical populations served.

Instrument

The survey instrument included 20 questions assessing general program description (3 questions), program training in substance use disorders (3 questions), TD's views of substance abuse disorder training (3 questions), relevance of specific content areas (1 multi-part item), relevance of prior substance use disorder training as a selection criteria for interns (2 questions), extent of intern exposure to substance use disorder issues (4 items), and perceived need for program modification to increase emphasis on substance abuse disorders training (3 items).

Results

What percentage of TDs report that all interns receive training in addressing substance use disorders and are evaluated on these skills? Only 41.8% (n = 64) of the sample reported that all interns are provided with formal training in the treatment of substance use disorders. Many sites (n = 98, 64%) offer some rotation in substance use disorders, with 35 (23%) required, and 90 (58%) elective. Nearly 63% (n = 96) reported that they do not conduct evaluations of interns' competence to work with substance use disorders.

What percentage of TDs report that all interns work with substance disordered clients? A majority (n = 92, which is 77% of 120 respondents to this item) reported that all their interns have clinical contact with substance use disordered clients. A similar number (n = 93) indicated that all interns have clinical contact with dual diagnosis populations.

How important do TDs believe it is for interns to be trained to work with substance disordered clients? On a five point Likert scale ranging from 1= not at all to 5 = critically important, the average TD perceived importance rating was 2.64 (SD = .85). No one said such training is not at all important, but ANOVAs of individual importance ratings varied with several factors. These included whether the TD had training or clinical experience working with substance use disorders (Training > No Training; Experience > No Experience), and judgments of point(s) in graduate training at which TDs believe it is most appropriate to emphasize work with substance use disorders (Time to train during Internship > Train at other points beside Internship).

What types of training do TDs consider most important in preparing interns to work with substance use disordered populations? On a scale of 1 = not at all to 5 = highly relevant, TDs were asked to rate the extent to which each of 36 content areas is relevant for training interns to treat substance use disorders. The top ten content areas were Relapse Prevention (Mean = 4.48), Dual diagnosis clients (4.47), Differential diagnosis (4.30), Psychopathology among substance users (4.19), Cognitive therapy (4.06), Stress management (4.04), Treatment outcome research (4.03), Motivational enhancement (4.01), Group therapy (3.95), and Harm reduction (3.94)

What types of Substance Use Disorder training do TDs report offering at their internship sites? The top ten content areas looked somewhat different when TDs were asked whether their internship offers training in each of the same content areas. The 100 TDs who responded to this question indicated the most frequently offered training was in Cognitive therapy (88%), Differential diagnosis (87%), Dual diagnosis (86%), Relapse prevention (83%), Stress management (80%), Group therapy (79%), Alcoholics Anonymous (76%), Behavioral assessment (75%), Psychopathology among substance users (74%), and Individual skill-based approaches (73%). It is important to note also that many TDs reported that only interns on a substance abuse rotation are exposed to these content areas.

Conclusions

Based on our limited sample, it appears that many internship TDs view substance abuse treatment skills as important in training interns, and furthermore report that some relevant training is offered at their own sites. It is also notable that while 77% TDs reported that all interns have contact with substance use disordered clients, only about 42% say that all interns at their site receive formal training to treat substance use disorders, and 63% report that interns are not evaluated for these skills. These results merit attention in the light of increasing calls to include substance abuse treatment skills as part of generalist rather than specialty training in psychology (Cellucci & Vik, 2001; Glidden-Tracey, 2005; Miller and Brown, 1997).

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A full report of findings is available from the first author. These and related findings will be among the topics for discussion at the August 2006 meeting of the ETC in New Orleans. This survey was commissioned by the Division 50 Education and Training Committee (ETC) and is based on a report presented at the annual meeting of the American Psychological Association, Honolulu, July 2004

Chronic Pain and Addiction: Preparing for the Inevitable Patient/Research Participant

Danny H. Hall
University of California, San Francisco

Chronic pain and addiction are two disorders with a long history of stigma, underdiagnosis, and undertreatment. There are many myths about pain and addiction alike. It is no surprise, therefore, that individuals with both disorders have difficulty accessing and obtaining the appropriate treatment, just as individuals with co-occurring addiction and mental illness disorders (O'Brien et al, 2004). There are at least two ways people can develop both chronic pain and addiction problems: (1) in the course of treatment for chronic pain someone can become addicted to opioids, (2) in the course of someone's addiction, one can develop chronic pain as a result of an addiction (as with peripheral neuropathy in alcoholism) or due to accident, injury or violence, all of which are more prevalent in the lives of people with substance use disorders.

The idea of treating someone with active substance dependence, or even a history of dependence, with opioids can be intimidating for service providers, policy makers, the lay public and researchers alike. However, this treatment is poised to become an important part of future research and practice. Even though we are uncertain about the prevalence of people with both addiction and chronic pain, research suggests that the prevalence of people with addiction problems receiving treatment in pain clinics is at least as high as the prevalence of people with an addiction in the national population, about 15% (Kirsh, et al., 2002). Other research suggests as many as 27% of those treated in pain clinics with opioids may develop an addiction (Chabal et al., 1997). However, the problem may affect more than that—not all patients with an addiction and chronic pain problems have access to treatment at a pain clinic. This may be due to a wide variety of reasons such as inadequate health insurance, being screened out by a pain clinic for fears of medication diversion, or the possibility that the chaos of chronic substance use prevents this population from seeking or following up with medical appointments. Given these circumstances, it's possible that very few people with active substance dependence and chronic pain concerns are currently treated at pain clinics—the sites of most of the research that done in this area thus far. Considering how many individuals could have co-occurring chronic pain and substance disorders yet not be in treatment for their pain, it seems inevitable that those in the addiction field will encounter individuals needing treatment for both disorders. How do we prepare ourselves to help these individuals?

Clinical Aspects: The Importance of a Common Language

Clear terminology is important to good clinical work. Indeed, it is of vital significance when combating the misunderstandings within the chronic pain and addiction fields. In an attempt at clarification, the American Society of Addiction Medicine (ASAM) and other agencies formalized their definitions of important terms in the use of opioid in the treatment of pain (www.asam.org/pain/definitions2.pdf). Becoming familiar with this 3-page document is one of the best preparedness-strategies for clinicians who may encounter this population. It presents a different way of thinking about addiction and pain management that does not make them mutually exclusive. I will briefly summarize some of its main points.

ASAM defines addiction and contrasts with "pseudoaddiction", the latter describes a situation where a patient's pain is undertreated. With pseudoaddiction, the patient's behavior may seem like they are "drug seeking" when in fact they are "relief from pain seeking". Pseudoaddiction is distinguished from addiction by an increase in the patient's functional status and a resolution of "drug seeking behaviors" once pain is effectively treated. This document illustrates behaviors suggestive of addiction, e.g. taking multiple doses together, frequent reports of lost or stolen prescriptions, doctor shopping, and isolation.

Physical dependence is emphasized less as diagnostic of addiction. This makes sense because anyone receiving treatment for pain with opioids will

likely have dependence and withdrawal symptoms, however, most will not display addictive behaviors that limit the ability to function in important areas of life. Adverse consequences of addiction are conceptualized as directly related to one's ability to function, however, common side effects are not seen as addiction. Indeed, no single event is indicative of an addictive disorder, the "diagnosis of addiction is made in response to behaviors that usually become obvious over time" (p. 3).

Research Aspects: More Questions Than Answers

Myths and misunderstandings are propagated due to a lack of research. It is common for researchers to screen out individuals who do not fit cleanly into one category or another—patients with chronic pain and addiction are often screened out of studies. As mentioned before, the research from chronic pain clinics, although a very important first step, may represent only a small piece of the total population effected. Another area to study is chronic pain symptomatology in a heterogeneous group of individuals with addiction disorders. We know something about the prevalence of addiction in pain clinics, how about the prevalence of chronic pain in the total population of those with an addiction? Do the behavioral recommendations given by ASAM correctly distinguish pseudoaddiction from addiction? How do we best treat the patient who is ambivalent regarding their addiction and/or their chronic pain treatment? Does stimulant use (including cocaine and nicotine) speed up metabolism to the point that it compromises the effectiveness of pain management medications? Although there are many unanswered questions, National Institute on Drug Abuse has dedicated to study prescription pain medications and pain management in their Clinical Trails Network (CTN-0030). Although it will be years until we have the results from this investigation, hopefully this research and other studies will help move the field forward toward more effective treatment.

Conclusion

Addiction and chronic pain are both chronic, neurobiological diseases related to genetic, psychosocial and environmental factors, and are misunderstood by the public and "experts" alike. More training and research is needed for proper understanding and treatment of patients suffering from both disorders simultaneously. Some may say that the addiction treatment field is not ready to treat patients who also have chronic pain. However, a study of a methadone maintenance clinic suggests that perhaps we are already, unknowingly treating pain and addiction at the same time (see Peles et al., 2005). It is imperative that research and practice continue to expand the knowledge base regarding the risks and benefits of treating these patients in order to provide quality care that is proactive rather than reactive in nature.

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2006 New Orleans Convention Update

Tammy Chung and Tammy Wall
2006 Convention Program Co-Chairs

New Orleans, Louisiana will proudly host the 2006 APA annual convention on August 10-13. This historic port city has shown remarkable resilience after Hurricane Katrina, successfully celebrating its 150th Mardi Gras this spring. The Ernest N. Morial Convention Center in downtown New Orleans will serve as APA convention programming headquarters, with the Hilton New Orleans Riverside Hotel and New Orleans Marriott Hotel hosting some divisional events, each within walking distance of the convention center. The convention sites have been newly refurbished and are well prepared to host the full range of convention activities. If you haven't registered or made hotel reservations yet, there is still time to join us in New Orleans. Further information on the convention is available at the APA website (www.apa.org/convention06).

The strength and diversity of this year's divisional programming is a direct reflection of its members, who convened panels of high interest to clinicians, researchers, and students. The Division's program also benefited greatly from the generous support and contributions of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and National Institute on Drug Abuse (NIDA). Based on the high quality of the Division's 18 symposia, APA selected more than half of the division's events (11 sessions offered over all four days of the convention) as Continuing Education credit activities. Be sure to check the times and locations of Division 50's events, which are listed on the pull-out pages in this newsletter. Program highlights are outlined below.

- Marsha Bates will deliver the Division 50 Presidential Address, "Individualizing Addiction Treatment: Why Study How Comorbidity Affects Change Mechanisms?" In addition, Marsha organized an innovative cross-cutting symposium in collaboration with Divisions 22 (Rehabilitation Psychology), 28 (Psychopharmacology and Substance Abuse), and 40 (Clinical Neuropsychology) on "Promoting integrated treatment: The intersection of addiction, neuropsychology, and rehabilita-

tion." The panel will discuss integrated neurocognitive and addictions treatment for persons with acquired brain injury and substance use disorders.

- New Division 50 Fellow Sara Jo Nixon and Fellow Ralph Tarter will co-chair the symposium, "Role of neurocognition and substance abuse in risk and outcome." Other member initiated symposia include presentations on basic and applied topics in addictive behaviors such as "Motivational Counseling for Addictive Behaviors—Concepts, Approaches, and Idiothetic Assessment," and "Alcohol Interventions Tailored for Student Athletes."
- The Division's committee on Evidence-Based Treatment organized a panel on "Implementation issues in Evidence Based Addictions Treatment" to discuss challenges and options for successfully translating research findings to clinical practice. The Education and Training Committee developed a symposium of particular interest to clinicians on "Practitioner Training Issues and Certification Opportunities in Substance Abuse Treatment."
- NIAAA convened a panel on the "COMBINE Study of Behavioral and Pharmacological Treatments for Alcoholism," which is among the first presentations of this landmark study. In addition, the symposium "Understanding and Addressing Underage Drinking in the Context of Development," highlights research from the institute's Underage Drinking Initiative.
- NIDA will present a symposium on "Hurricane Katrina—Effects on Drug Abuse, Risk Behaviors, and Coping" to discuss community responses to changes in drug markets and provision of addictions treatment following the hurricane. Panels on "Epidemiology of HIV/AIDS Risks—Trends in Noninjecting Drug Users" and "Commonalities between Addiction and Obesity" showcase important findings from cross-disciplinary research in addictive behaviors.
- Divisions 28 and 50 are co-sponsors of the invited symposium, organized by Division 28 President Alan Budney, "Integration of Behavioral and Brain Sciences: Research on the Nature of Addiction." This impressive panel includes presentations by leading investigators in the field NIDA Director Nora Volkow, Robert Schuster, Antoine Bechara, and Warren Bickel.
- Division 50 will host two poster sessions, including a combined poster session with Division 28. In addition, NIAAA and NIDA collaborated with Divisions 28 and 50 again this year to sponsor a special Early Career Investigators Poster Session and Social Hour on Friday, August 11, 4:00pm – 6:50pm. This special session will feature the cutting-edge research of early career and Louisiana-based researchers who were selected for participation in this special event by NIAAA and NIDA. This Early Career Poster session also will include the presentation of Division 50's award for best student poster. In recognition of these talented investigators and to foster networking within and across divisions, Divisions 28 and 50 will provide refreshments.
- Other events of interest to students and early career investigators include the social hour "Career Pathways in the Addictions Field," hosted by Keith Morgen and Angela Bethea. This social hour provides an opportunity to meet with Division members in a relaxed social setting. Another event, the "Meet the NIH" symposium, co-sponsored by Divisions 38 (Health Psychology) and 50, was designed specifically for the new investigator, and provides basic knowledge about the multiple sources of funding for research and training at the National Institutes of Health. The panel will cover types of grants and fellowships, how to prepare a strong application, and how funding decisions are made. As part of the event, participants will be able to meet with representatives from the NIH institutes to discuss funding opportunities.
- APA has a number of programs in place to allow its members to help with the recovery effort in New Orleans, including an APA/Habitat for Humanity Building project, a school supplies drive, and two evening events: a performance by Bill Cosby and by the Preservation Hall Jazz Band. Proceeds of these events will go to Habitat for Humanity and the New Orleans Public Schools.

We would like to extend our sincere thanks to Marsha Bates, Division 50 President, the Division 50 Executive Committee, and this year's reviewers (listed in the Spring TAN) for their invaluable assistance in developing the 2006 program. We also would like to acknowledge the continuing cooperation and support of NIAAA and NIDA in providing travel funds for early career investigators and helping to make possible the broad, cutting-edge coverage of addictions topics in this year's divisional program.

Come enjoy gracious Southern hospitality in New Orleans's French Quarter, stroll the tree-lined Garden District, relax to jazz, or hop a ride on a streetcar between convention events. We look forward to seeing you at the convention in the Big Easy!

Congrats to the Division 50 early career investigators sponsored by NIAAA and NIDA:

Michael Ainette
Josefina Alvarez
Jason Burrow-Sanchez
Michelle Carroll
Joanna Cole
Kristen Dams-O'Connor
Telsie Davis
Marcel de Dios
Stephanie Diamond
Amanda Ferrier
Peter Forkner
Raluca Gaher
Robert Hansen
Gregory Kavanaugh
Heather Keefe
Lisa Kugler
Christine Lee
Michelle Lopez
Michael Madson
Kimberly Miller
Amee Patel
Tracey Rocha
Valarie Schroeder
Carmella Walker

Student Perspectives

Making the Most of your Convention Experience

Amee B. Patel and Alicia Wendler
Div. 50 Student Representatives

As yet another school year draws to a close, we would like to congratulate those of you who are graduating. It is an amazing accomplishment, and we salute you! We wish you the best in your chosen career path and hope that you continue to be involved with Division 50.

Amee B. Patel

The 2006 APA Convention is fast approaching, and we would like to highlight some "must-attend" Division 50 events. In addition to the events listed below, we also want to encourage you to check out the great workshops and symposia sponsored by APAGS. They have put together some very useful programs on internship preparation, mentorship, dissertations and career building.

Career Pathways in the Addictions Field Social Hour *(Thursday, August 10, 4:00–4:50 p.m.)*: Sponsored by the Division 50 Membership Committee, the social hour is a great way to meet senior psychologists and early career professionals. The goal of this event is to provide an informal setting for graduate students to mingle and discuss their professional interests. Junior students can use this event to gather information about the variety of possible careers in addictions, prospective mentors and shaping their graduate training to best fit their long-term goals. Senior students, this is a rare opportunity for you to meet potential internship supervisors, postdoctoral mentors and employers. We invite all graduate students interested in pursuing a career in addictions to participate in this open exchange among students, researchers, academics and practitioners.

Alicia Wendler

Early Career Investigator Poster Session and Social Hour *(Friday, August 11, 4:00– 6:50 p.m.)*: This combined Division 28 (Psychopharmacology and Substance Abuse) and Division 50 event is co-sponsored by NIAAA and NIDA. As with the Career Pathways Social Hour, this is great place for networking. Early-career and seasoned investigators will present findings from NIAAA and/or NIDA-funded studies; thus, there will be great opportunities to learn about pre- and post-doctoral federal grants!

Poster sessions *(Friday, August 11, 12:00 p.m–2:00 p.m.)*: Support your colleagues and see the results of their hard work! The joint Division 28/50 poster session will feature research involving substance abuse and dependence. Immediately following, the Division 50 poster session will highlight research in all areas of addictive behaviors.

"Meet the NIH" *(Friday, August 11, 2:00 p.m.–3:50 p.m.)*: For Division 50 members only, this is an amazing chance to meet with officials from NIAAA, NIDA, and NIMH to learn about federal funding opportunities.

And finally…Conferences can be fun and educational, but they can also be intimidating and overwhelming. For this reason, we have also compiled a brief list of "dos and don'ts" that we hope will be helpful for everyone from first-time Convention-goers to seasoned Convention veterans.

DO introduce yourself to everyone. Conferences are not a place to be shy, so stick out your hand and say hello. Even if you think someone knows you, remind them who you are, where you are from, and what your specific interests are. Remember, you are there to network, so venture out from the comfort of your own peer group!

DON'T wear out your welcome. Everyone, even the most famous psychologists, have others that they want to see. Making a timely exit is just as important as your initial entrance!

DO spend some time with the program. There is nothing worse than spending a lot of money and feeling like you missed the most relevant talks! Choose the events in which you are interested beforehand, prioritize (even posters within a poster session!), and make sure you leave enough time for getting from place to place.

DON'T over-schedule your time either. It is important to maintain some flexibility to get the most out of networking. Make a list of people you would especially like to meet. If you don't schmooze, you lose!

DO collect business cards, handouts, and papers. Read through them when you get home and try to connect with people of interest to you. A brief follow-up note or a quick "Thank you" message is always appreciated and makes a lasting impression.

DON'T forget your own business cards, CVs, or work samples! It is a good idea to keep some form of self-promotion handy! If you have agreed to share samples of your work post-Convention, send them out in a timely fashion. Keep the communications going during the weeks after Convention!

DO introduce yourselves to us at any point during Convention! As Division 50 Student Representatives, we would greatly enjoy meeting other members or those students interested in learning more about Division 50. Please approach us with your questions, comments, and ideas!

APA 2006 Convention, New Orleans, LA
Division 50 Program Summary

CE = Offered for Continuing Education Credit by APA

Thursday, August 10

Symposium: The Bar Has Been Raised for Louisiana Addictions Professionals (CE)
8/10 Thu: 8:00 AM–8:50 AM
Morial Convention Center, Meeting Room 281
Co-chairs: Joseph D. Biscoe III, MS and Susan C. Barnett, PhD

Symposium: Clinical Supervision—Louisiana's Statewide Model for Addictions Professionals
8/10 Thu: 9:00 AM–9:50 AM
Morial Convention Center, Meeting Room 283
Co-chair: Susan C. Barnett, PhD and Joseph D. Biscoe III, MS

Symposium: Hurricane Katrina—Effects on Drug Abuse, Risk Behaviors, and Coping
8/10 Thu: 10:00 AM–11:50 AM
Morial Convention Center, Meeting Room 243
Co-chairs: Stephanie Tortu, PhD and Yonette Thomas, PhD

Symposium: Meeting Treatment Needs of Individuals in the Criminal Justice System
8/10 Thu: 11:00 AM–12:50 PM
Morial Convention Center, Meeting Room 261
Chair: Kevin Knight, PhD

Symposium: Motivational Counseling for Addictive Behaviors—Concepts, Approaches, and Idiothetic Assessment (CE)
8/10 Thu: 12:00 PM–1:50 PM
Morial Convention Center, Meeting Room 272
Co-chairs: W. Miles Cox, PhD and Eric Klinger, PhD

Symposium: COMBINE Study of Behavioral and Pharmacological Treatments for Alcoholism (CE)
8/10 Thu: 2:00 PM–3:50 PM
Morial Convention Center, Meeting Room 345
Co-chairs: Stephanie O'Malley, PhD and Margaret E. Mattson, PhD

Social Hour: Career Pathways in the Addictions Field
8/10 Thu: 4:00 PM–4:50 PM
New Orleans Marriott Hotel, Balcony J and K
Chairs: Keith J. Morgen, PhD and Angela Bethea, PhD

Friday, August 11

Symposium: Epidemiology of HIV/AIDS Risks—Trends in Noninjecting Drug Users (CE)
8/11 Fri: 8:00 AM–9:50 AM
Morial Convention Center, Meeting Room 275
Co-chairs: Martin Iguchi, PhD and Wilson Compton, MD

Symposium: Implementation Issues in Evidence-Based Practice in Addictions Treatment (CE)
8/11 Fri: 8:00 AM–9:50 AM
Morial Convention Center, Meeting Rooms 238 and 239
Co-chairs: Nancy A. Piotrowski, PhD and Harry K. Wexler, PhD

Poster Session: Divisions 28 and 50 Combined Session
8/11 Fri: 12:00 PM–12:50 PM
Morial Convention Center, Halls E & F

Poster Session: Psychology of Addictive Behaviors
8/11 Fri: 1:00 PM–1:50 PM
Morial Convention Center, Halls E & F

Symposium: Meet the National Institutes of Health—Workshop for New Investigators
8/11 Fri: 2:00 PM–3:50 PM
Hilton New Orleans Riverside Hotel, Grand Ballroom C
Chair: Ronald P. Abeles, PhD

Symposium: Practitioner Training Issues and Certification Opportunities in Substance Abuse Treatment (CE)
8/11 Fri: 2:00 PM–3:50 PM
Morial Convention Center, Meeting Room 272
Co-chairs: Frederick Rotgers, PsyD and Cynthia E. Glidden-Tracey, PhD

Social Hour: NIDA and NIAAA Early Career Poster Session and Social Hour
8/11 Fri: 4:00 PM–6:50 PM
New Orleans Marriott, Acadia Room

Saturday, August 12

Symposium: Women-Focused Addiction Treatment—Process Improvement for Gender-Targeted Services (CE)
8/12 Sat: 8:00 AM–8:50 AM
Morial Convention Center, Meeting Rooms 235 and 236
Chair: Jennifer P. Wisdom, PhD, MPH

Divisions 28 and 50 Invited Symposium: Integration of Behavioral and Brain Sciences—Research on the Nature of Addiction
8/12 Sat: 9:00 AM–10:50 AM
Morial Convention Center, Meeting Rooms 235 and 236
Chair: Alan J Budney, PhD

Symposium: Understanding and Addressing Underage Drinking in the Context of Development
8/12 Sat: 10:00 AM–11:50 AM
Morial Convention Center, Meeting Room 356
Chair: Vivian B. Faden, PhD

Symposium: Commonalities Between Addiction and Obesity (CE)
8/12 Sat: 12:00 PM–1:50 PM
Morial Convention Center, Meeting Room 354
Co-chairs: Joseph Frascella, PhD and Melissa W. Racioppo, PhD

Presidential Address: Marsha Bates, PhD
8/12 Sat: 4:00 PM–4:50 PM
New Orleans Marriott Hotel, Mardi Gras Ballroom D
Chair: Kim Fromme, PhD

Division 50 Business Meeting
8/12 Sat: 5:00 PM–5:50 PM
New Orleans Marriott Hotel, Mardi Gras Ballroom D

Sunday, August 13

Symposium: Adolescent Smoking—Gender Specific Biological, Social, and Psychological Risk Factors (CE)
8/13 Sun: 9:00 AM–10:50 AM
Morial Convention Center, Meeting Room 351
Co-chairs: Tammy Chung, PhD and Cora Lee Wetherington, PhD

Symposium: Role of Neurocognition and Substance Abuse in Risk and Outcome (CE)
8/13 Sun: 10:00 AM–11:50 AM
Morial Convention Center, Meeting Room 273
Co-chairs: Sara Jo Nixon, PhD and Ralph E. Tarter, PhD

Symposium: Alcohol Interventions Tailored for Student Athletes (CE)
8/13 Sun: 12:00 PM–1:50 PM
Morial Convention Center, Meeting Room 273
Chair: Luis G. Manzo, PhD

Career Pathways in the Addiction Field: Social Hour at APA

Keith Morgen
Division 50 Membership Committee Co-Chair

Graduate students interested in the addictions field commonly report the challenge of obtaining mentoring and career feedback from diverse sources. Unless the student is obtaining a degree in a department with an addictions focus, they may not know who to approach or what questions to ask when it comes to graduate and postgraduate training for an addictions career.

To help fill this gap, for the second straight year, the Division 50 Membership Committee has organized an event to help students answer key questions regarding the development of an addictions career. The Division will be sponsoring an informal social hour where students, junior and senior faculty can mingle. However, this event goes beyond the normal social hour format: During the social hour faculty will be wearing name tags identifying which career development issues they have expertise. For instance, a student interested in postdoctoral training in the addictions can seek out individuals identified as experts in the postdoctoral training process. This exciting event combines the informative nature of a symposium with the informal and relaxed feel of a social hour.

Many junior and senior faculty have already volunteered to participate, but if you have not yet done so and would like to be one of our "expert minglers" please contact Division 50 Membership Committee Co-Chair Dr. Keith Morgen at kjmorgen@yahoo.com. This also includes graduate students in the latter stages of their training as students early in their academic careers would benefit from the experiences of their immediate peers.

The event will be held on Thursday, August 10th from 4:00 to 4:50pm in the New Orleans Marriott Hotel, 4th floor, balcony J and K. Membership committee co-chairs Angela Bethea and Keith Morgen and Division 50 Graduate Student Representatives Amee Patel and Alicia Wendler are the organizers. Please look for notices on the listserv very soon.

Abstracts

Anderson, K. G., Schweinsburg, A., Paulus, M. P., Brown, S. A., & Tapert, S. (2005). Examining personality and alcohol expectancies using fMRI with adolescents. *Journal of Studies on Alcohol, 66***(3), 323–331.**

Objective: Personality and alcohol expectancies have been examined as risk factors for the initiation and maintenance of alcohol use in adolescents and young adults. Differences in processing appetitive stimuli are seen as a mechanism for personality's influence on behavior, and that mechanism predisposes individuals to form more positive expectancies for alcohol. The go/no-go task has been used to show how personality differences influence responding to appetitive stimuli in adolescents and adults, and functional magnetic resonance imaging (fMRI) has been used to examine the relation of go/no-go responding to personality in adult males. However, no study to date has examined the relation between fMRI responding, personality and alcohol expectancies in adolescents. Method: Forty-six adolescents (ages 12-14 years; 61% male) with minimal substance use histories completed measures of neuroticism, extraversion, and alcohol expectancies, and performed a go/no-go task during fMRI acquisition. Results: Greater blood oxygen level-dependent (BOLD) response to inhibition predicted fewer expectancies of cognitive and motor improvements but more expectancies of cognitive and motor impairment from alcohol. In addition, extraverted youths reported more positive alcohol expectancies. However, BOLD response did not predict neuroticism or extraversion. Conclusions: These preliminary results suggest that decreased inhibitory neural processing may contribute to more positive and less negative expectancies, which can eventually lead to problem drinking. Further, extraversion may also yield more positive expectancies and could underlie a vulnerability to disordered alcohol use.

Hendricks, P. S., Ditre, J.W., Drobes, D. J., & Brandon, T. H. (in press). The early time course of smoking withdrawal effects. *Psychopharmacology***.**

Rationale. There has been little study of the very early time course of the smoking withdrawal syndrome, despite its relevance to the maintenance of both smoking and postcessation abstinence. The literature contains a range of estimates about the early appearance of withdrawal symptoms, but without

reference to empirical data. Objectives. The study aim was to conduct a comprehensive, multimodal assessment of the early time course of the symptoms associated with smoking withdrawal among cigarette smokers. Methods. Participants were 50 smokers randomly assigned to either abstain or smoke at their own pace during 4 hours in the laboratory. Dependent measures included resting heart rate; sustained attention (Rapid Visual Information Processing task; RVIP); selective attention to smoking stimuli (an emotional Stroop task); and self-report (Wisconsin Smoking Withdrawal Scale; WSWS). After baseline assessment, participants were assigned to the two conditions and the dependent measures were collected every 30 minutes. Results. Generalized Estimating Equations revealed that abstaining participants displayed greater withdrawal than smoking participants on all measures with the exception of the Stroop task. Statistically significant differences in withdrawal were found within 60 minutes on heart rate, within 30 minutes on the RVIP, and between 30 minutes and 180 minutes postcessation on the various subscales of the WSWS. Conclusions. These findings provide the first evidence of the early time course of smoking withdrawal symptoms, although further research is needed to distinguish withdrawal from drug offset effects. Implications for understanding the maintenance of daily smoking and for the treatment of tobacco dependence are discussed.

Kelly, J. F., Stout, R. Zywiak, W., & Schneider, R. (in press). A 3-year study of addiction mutual-help group participation following intensive outpatient treatment. *Alcoholism: Clinical Experimental Research.*

Background: Addiction-focused mutual-help group participation is associated with better substance use disorder (SUD) treatment outcomes. However, little has been documented regarding which types of mutual-help organizations patients attend, what levels of participation may be beneficial, and which patients, in particular, are more or less likely to participate. Furthermore, much of the evidence supporting the use of these organizations comes from studies examining participation and outcomes concurrently raising doubts about cause-effect connections, and little is known about influences that may moderate the degree of any general benefit. Method: Alcohol dependent outpatients (N = 227; 27% female; *M* age = 42) enrolled in a randomized controlled telephone case monitoring trial were assessed at treatment intake and at 1-, 2-, and 3-years post-discharge. Lagged-panel, hierarchical linear models tested whether mutual-help group participation in the first and second year following treatment predicted subsequent outcomes and whether these effects were moderated by gender, concurrent axis I diagnosis, religious preference, and prior mutual-help experience. Robust regression curve analysis was used to examine dose-response relationships between mutual-help and outcomes. Results: Mutual-help participation was associated with both greater abstinence and fewer drinks per drinking day and this relationship was not found to be influenced by gender, axis I diagnosis, religious preference or prior mutual-help participation. Mutual-help participants attended predominantly AA and tended to be Caucasian, more educated, have prior mutual-help experience, and have more severe alcohol involvement. Dose-response curve analyses suggested that even small amounts of participation may be helpful in increasing abstinence whereas higher doses may be needed to reduce relapse intensity. Conclusions: Use of mutual-help groups following intensive outpatient SUD treatment appears to be beneficial for many different types of patients and even modest levels of participation may be helpful. Future emphasis should be placed on ways to engage individuals with these cost-effective resources over time and to gather and disseminate evidence regarding additional mutual-help organizations.

Klontz, B.T., Garos, S., & Klontz, P.T. (2005). The effectiveness of brief multimodal experiential therapy in the treatment of sexual addiction. *Sexual Addiction & Compulsivity: The Journal of Treatment and Prevention, 12***(4), 275–294.**

The authors assessed treatment outcomes in 38 self-identified sex addicts who participated in a brief residential, multimodal experiential group therapy treatment program. Participants completed psychological and sexual symptom measures prior to treatment, immediately following treatment, and six months after treatment. Significant reductions in overall psychological distress, depression, obsessive-compulsive symptoms, and preoccupation with sex and sexual stimuli were reported by participants immediately following treatment and were stable at 6-month follow-up. Significant reductions in anxiety, intrapsychic conflict regarding sexual desire, and shame felt as a result of acting out on sexual desires were reported by participants from posttreatment to 6-month follow-up. The clinical implications of the present study, limitations of the study, and directions for further research in this area are discussed.

Vik, P. W., Cellucci, T., Hedt, J., & Jorgensen, M. (2006). Transition to college: A Classification and Regression Tree (CART) analysis of natural reduction of binge drinking. *International Journal of Adolescent Medicine and Health, 18***(1), 171–180.**

Approximately one in five teens that drank heavily in high school reduces or discontinues consumption while in college. Multiple paths might lead to the common outcome of natural reduction in heavy drinking. Statistical modeling of this complex process of natural reduction is a challenge with standard linear statistics. The purpose of this paper is to use a new statistical procedure, Classification and Regression Tree (CART), to model the equifinality of reduction in drinking by college students who drank heavily as adolescents. An appealing aspect of CART is that the resulting tree model that can easily be interpreted and applied by those who work with adolescents during the important transition from high school to college. Of 201 college students who first binged on alcohol while in high school, 71 (35.3%) denied heavy or binge drinking within the previous three months (Natural Reducers). The final model accurately classified 84.6% of the students as either continued heavy drinkers or natural reducers. Sensitivity was modest (accurate identification of 67.6% of the reducers); however, specificity was strong (correct classification of 93.8% of the continued heavy drinkers). The model revealed four pathways to natural reduction in drinking. Predominant in each path was the influence of social factors that maintain continued drinking (e.g., social facilitation outcome expectancies, perception of friends_ drinking) or facilitate natural reduction (e.g., regular church attendance). The results support the application of CART to model health behaviors across the transition from adolescence to young adulthood.

Announcements

SAMHSA Releases a New Training Package

SAMHSA announces the publication of the *Therapeutic Community Curriculum* (TCC) training package, produced through the Knowledge Application Program (KAP). The TCC provides detailed session-by-session instructions for trainers and exercises for participants. The training package includes a *Trainer's Manual*, a *Participant's Manual* that can be photocopied for each training participant, and a CD-ROM with the modules' PowerPoint presentations. The *Therapeutic Community Curriculum* training package is available free of charge from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI). You can order it from the NCADI Web site or by phone. Ask for Publication No. BKD533 and BKD534. Phone: 800-729-6686 or 301-468-2600. The curriculum also can be downloaded from the KAP Web site: www.kap.samhsa.gov.

Request for Proposals: Peter F. McManus Charitable Trust

Offers research grants to non-profit organizations, for research into the causes of alcoholism or substance abuse. Basic, clinical and social-environmental proposals will all be considered. Trust expects to grant approximately $200,000 this year and will consider requests for up to $50,000. Please send brief summary proposal (2–3 pages) and proposed budget along with copy of institution's (501)(c)(3) letter and investigator's bio-sketch. No more than 10% of amount granted may be used for indirect costs. Application must be postmarked on or before August 31, 2006. Additional information may be requested after initial review. Before any grant may be renewed, the grant recipient must submit a report to the Trust. Please send application materials to Katharine G. Lidz, 31 Independence Court, Wayne, PA 19087. Telephone: (610) 647-4974, Fax: (610) 647-8316.

Ray's Race and Walk

Division 47: Exercise and Sport Psychology presents the 28th Annual Running Psychologists' APA 5K Ray's Race and Walk to be held at the 2006 New Orleans Convention of APA on Saturday morning, August 12, in Audubon Park at 7AM. Receipt before July 31st: $20; Students and Div 47: $15. On-site/Convention race registration: $25 for all participants. Please send to: Ethan Gologor, 353 E. 78th St. Apt. 15A, NY, NY, 10021. Email: puereternis@hotmail.com. Make check payable to: Running Psychologists. More information and the application can be found at http://www.psyc.unt.edu/apadiv47/

Carlo DiClemente Receives ASAM Award

Congratulations to Division 50 Past-president Carlo DiClemente who recently received the John P. McGovern Award from the American Society of Addiction Medicine. The John P. McGovern Award and Lecture on Addiction and Society was established in 1997 to recognize and honor an individual who has made highly meritorious contributions to public policy, treatment, research, or prevention which has increased our understanding of the relationship of addiction and society. Award is sponsored by an endowment from the John P. McGovern Foundation.

Post-Doctoral Fellowships in Alcohol Reseach

Rutgers University has support for three new NIAAA-supported positions to train fellows for careers in clinical and applied research. Support for up to 3 years includes a stipend beginning at $36,996 depending on years since Ph.D., $1500 for conference travel, and research-related expenses. Fellows will participate actively in nosological studies, clinical trials, and health services research, complete pilot projects, have opportunities for professional publications and presentations, and prepare independent research grants. Applicants must be US citizens or permanent residents. Funding begins July or September 1, 2006. Interested applicants should send cover letter, vita and three letters of recommendation to: Barbara S. McCrady, PhD, Center of Alcohol Studies, Rutgers University, 607 Allison Road, Piscataway, NJ, 08854-8001. Rutgers is an equal opportunity employer.

Special Thanks from Division 50 Executive Committee to:

National Institute on Alcohol Abuse and Alcoholism and National Institute on Drug Abuse for sponsoring the Social Hour and Young Investigator's Poster Session on Friday evening (8-11-06) and Travel Awards to this year's APA Convention. We appreciate your continuously generous support.

Subscribe to Division 50 Listserv

Looking for a forum to join with others interested in a dialogue about Addiction issues?

To subscribe to the Division's listserv, send an e-mail to:

listserv@csd.uwm.edu

In the subject line, type **subscribe.**

In the message section, type **subscribe APADiv50-Forum (your full name).**

Division 50 Executive Officers

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