The Addictions Newsletter

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President's Column

Getting a Grip and Enhancing our Well-Being

Kim Fromme

With the constant barrage of e-mail, voice mail, real mail, e-files, paper files, teleconferences, individual meetings, group meetings, and airline travel, do you ever feel like you're losing your grip? It can be quite the balancing act to manage our many professional roles and personal responsibilities. As psychologists we also have a vast array of opportunities and choices. This wealth of opportunities forces us to make frequent decisions, some of which will be based on faulty forecasting (which I'll come back to later).

Kim Fromme

Taking a lesson from the emerging literature on well-being and positive psychology, I wondered what we in the addictions field might learn from research on happiness. Like most psychologists, we tend to focus on suffering and illness, but it seems possible that our work and lives might be enhanced by learning about happiness. Perhaps surprisingly, happiness does not depend significantly on external circumstances, and we also tend to be very poor judges of what will make us happy. Wealth, for example, is not a good predictor of happiness. The 100 wealthiest Americans are only slightly happier than the average American (Myers & Diener, 1996). In addition, we are not very good at predicting what will make us happy; that is we are bad affective forecasters (Wilson & Gilbert, 2005). We are inaccurate in predicting both the happiness we will experience when a positive event occurs (e.g., winning the lottery) and the devastation we will experience when a negative event occurs (e.g., becoming paralyzed).

It turns out that the number one source of well-being and happiness is close relationships with other people—friends, romantic partners, family, colleagues, and members of the community. By encouraging these relationships in our clients and trainees, and having these close relationships in our own lives, we might promote well-being and achieve better balance in our lives so that we can more effectively perform our work. Division 50 also offers a place for us to come together with colleagues and members of the community of psychologists who study, treat, or advocate for addictive behaviors. The second most significant source of happiness is meaningful and satisfying work. As psychologists in the addictions field, we address one of the most prevalent social and personal problems people experience and, consequently, we fill an important niche in psychology and deserve to feel gratified by the rewards of our work.

Challenges to happiness include having too many choices and holding the expectation that we *must* make the right choices. Our first decision was choosing among the many possible disciplines from which to study the addictions (e.g., biology, psychology, counseling, social work) and among the hundreds of potential training institutions. Then, there was the question of whether "to postdoc or not to postdoc?" and whether to

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President's Column

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devote the majority of one's time to clinical practice, research, teaching and/or public service. Within our profession, there are the additional choices of what organizations to join, what conferences to attend, and how to allocate time for our service responsibilities. Because you are reading this column, you have decided to join the ranks of psychology, to devote your work to the field of addictions, and to be involved in Division 50. I applaud your choices and suggest that they can be exceptionally satisfying. Moreover, the Division 50 community is one that can foster happiness among active and involved members.

It has been my privilege to serve as your President over the past year, and I look forward to following the continued growth of Division 50 under the new leadership of Nancy Piotrowski, our current President Elect. Michael Madson will be taking over as Chair of the Membership Committee and Elizabeth D'Amico will be our new Editor of *The Addictions Newsletter (TAN)*. I want to extend a very special thanks to Nancy Haug who has done a terrific job as the current editor of *TAN*. After six years of dedicated service, Ron Kadden will also be stepping down as Chair of the Nominations and Elections Committee. We are exceedingly grateful for all of Ron's hard work and we welcome Bill Zywiak as the new Chair of this committee. I also look forward to the contributions of our new student representatives to Division 50 Committees: Liz Dipaola (Membership), Matt Drymalski (Advocacy), Erika Litvin (Education and Training), Danielle Ramo (Science Advisory), and Amee Patel (Finance).

Most importantly, I want to acknowledge the tremendous contributions that Marsha Bates, current Past President, has made to the health and well-being of Division 50. Not only was Marsha an outstanding leader during her presidency, but she has continued to provide sound judgment and a wealth of advice to me as I have attempted to negotiate the jungle of APA bureaucracy and the many tasks that face the President of Division 50.

Lastly, I would exceed the allotted space for my column if I were to thank all members of the Division 50 Board, committees, and task forces by name—but you know who you are! The Division could not operate without you, and you have greatly enhanced my happiness.

I hope that one of your many decisions this year will be to attend the APA convention in San Francisco. Clayton Neighbors, Division 50 Program Chair, has put together an outstanding program (see insert this issue). I hope to see you in August!

References

Myers, D. G., & Diener, E. (1996). The pursuit of happiness. *Scientific American*, *274*, 70–72.

Wilson, T. D., & Gilbert, D. T. (2005). Affective forecasting: Knowing what to want. *Current Directions in Psychological Science*, *14*, 131–134.

Editor's Corner

A Farewell Note

Nancy A. Haug

Summer *TAN* 2007 is my last issue as Editor. During my tenure, I am proud to report that *TAN* has re-established itself as a news source and information forum for Division 50 members. I am thankful to our prior Editor, Bruce Liese, for creating a firm foundation for *TAN*. The *TAN* that I took charge of in 2004 looked simpler and was edited, produced, and managed by Bruce alone. The Division 50 Executive Board, under Carlo DiClemente's leadership, allowed me to hire an editorial assistant as well as contract APA Division Services to handle the layout, copy, and mailing. Today, *TAN* production runs quite smoothly and readership has increased. We have several regular columns and contributors who help make it happen. Thanks to the internet and e-mail, I am able to communicate with division members, students, and colleagues all over the world to solicit and receive original articles, abstracts and announcements. The number of original article submissions has increased and the quality of these submissions has improved. Interestingly, according to our most recent survey (albeit the low response rate), people like receiving a hard copy of *TAN* and prefer it over the electronic version. I am thrilled that the Board selected Elizabeth D'Amico as my successor. I know that she will bring a fresh voice, new personality and transformation to *TAN*. I am grateful for the editorial opportunity and experience working with such high caliber and dedicated people. It is with great respect that I relinquish my role and move on in my personal and professional life.

Nancy A. Haug

With all of that said, I welcome you to San Francisco for the 2007 APA Convention. Summer *TAN* is typically our "convention issue" where content focuses on Division 50's contribution to the annual meeting. We have a handy perforated page, which lists relevant convention activities. Since I lived in San Francisco for many years, I will offer a local's perspective to those of you interested in exploring. First, if possible, leave the area where the convention is being held. Steep hills aside, San Francisco is a great walking city with many cute neighborhoods. You can also rent a bicycle, take a cab, or jump on a trolley, BART or MUNI. Stay away from tourist traps such as Fisherman's Wharf, Union Square and Ghiradelli Square. Head northwest into Chinatown and the Marina for beautiful views. Other neighborhoods worth checking out include North Beach, Golden Gate Park, Presidio/Fort Mason, and Japantown. The eastern side of the city tends to be sunnier and less foggy. The Mission district is eclectic and colorful with fabulous restaurants, fun night life and culture. My favorite place to eat in the Mission is a French crepery, Ti-Couz, where they serve "buttery bundles of bliss." If you want the real San Francisco experience, try Café Gratitude, a vegan, organic, live food inspiration. Be adventurous and have fun! And don't forget to attend Division 50 symposiums and sessions….

The due date for the Fall/Winter 2007 *TAN* is October 5, 2007. We have a new e-mail address for submissions: taneditor@rand.org. Please make a note of it and send your correspondence to this address. Thanks for your support of *TAN*!

Election Results

Ron Kadden
Division 50 Nominations and Elections Chair

APA has announced the winners of the Division Officers election held in the spring. Division 50 had two positions open this year. Thomas Brandon and Harry Wexler ran for *President-Elect* of the Division; **Tom Brandon** was elected. Todd Campbell and John Kelly ran for Member-at-Large of the Executive Committee, to be the *Practice Directorate liaison*. **John Kelly** was elected for a three-year term. Congratulations to the winners. A total of 202 votes were cast, about 19% of the Division membership. The participation of Division 50 members rarely exceeds 25% in elections.

Division members should be grateful to all the candidates for their willingness to participate in the election and to offer their services to the Division. 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 contributed some of their energy and creativity to the organization.

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

The election 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

On a personal note, I will be stepping down this fall from the position of Nominations and Elections Chair. It has been my pleasure to serve in this position for the past six years, and to have had the opportunity to work with many wonderful Division officers. Bill Zywiak will ably replace me. I wish him and his committee all the best; I am certain that they will do an excellent job. Their biggest challenge will be to stimulate greater participation by the membership in the elections process.

Announcements from the Committee on Evidence-Based Practice in Addictions

Nancy A. Piotrowski
Chair, Division 50 Committee on Evidence Based Practice in Addictions

The Committee on Evidence-Based Practices (EBPs) in Addictions will meet at the APA Annual Convention from 2:00–3:50 p.m. on Friday, August 17th in the division hospitality suite of the San Francisco Marriott. We plan to follow up on discussions emerging from the symposium committee members present from 8:00–9:50 a.m. on Friday, focusing on “Practical Challenges Integrating Evidence-Based Practices into Addiction Treatment Programs.” This symposium features work by Greg Brigham, Michael Levy, Harry Wexler, and Joan Zweben, with Dan Kivlahan and Harold Perl serving as discussants. The Friday morning symposium is in consideration for CE credit, and we hope you will attend.

At the afternoon committee meeting, we also plan to discuss the Division 50 EBP website. We are happy to report receiving an interdivisional grant from the Committee on Division and APA Relations (CODAPAR) for this work. In collaboration with Division 56, we will develop a web-based resource related to EBPs in addiction and the combination of addiction and trauma. As the project progresses, we will circulate more information and requests for your help. Please watch your e-mail and future issues of *TAN* for more information on this effort.

We continue to monitor and report on a variety of projects related to EBPs relevant to addiction (see 2006 Fall/Winter *TAN* for examples). In another article in this issue, Dan Kivlahan provides an update on the National Quality Forum (NQF). In personal communications, Harry Wexler reported that the National Registry of Evidence-based Programs and Practices (NREPP; see http://nrepp.samhsa.gov/) was updated as of March, so we encourage you to also review that resource for current and upcoming changes. Consistent with these efforts and in line with what our website will be designed to accomplish, we ask you to let us know of any pressing issues or additional projects related to EBPs in addiction. Information may be sent to the committee at ebps-in-addiction@comcast.net. Additionally, if you have an interest in EBPs that you would like to develop with the committee, please send an e-mail, and you will be connected to the appropriate parties.

The Language of Parity and Division 50 Efforts

The term "parity" means to be "equal" or "equivalent." Of course to us in the psychology world, particularly in Division 50, parity in relation to policy has special meaning and can be interpreted on multiple levels. To us the term is most associated with "mental health parity" and particularly "equality" as it relates to addictions. Parity refers to how government regulations determine the ways in which federal and state resources are distributed to addiction related problems compared to other mental health and more general "physical" health problems (as if any of these problems were non-physical). The fact that we in Division 50 are not always comfortable with the distinction between "physical" and "non-physical" language and the history of how such language has been used is at the heart of why we like to see effective efforts toward parity legislation. Unfortunately, in the political world the term "parity bill," as happy as we might be to see it, does not always clearly translate into "equal or equivalent." The result of legislation is of course not always directly related to the title of the bill itself. Therefore "parity" is an ideal. Political efforts may work toward "parity" authentically or they may simply be worded in a way that does not change the actual resources and how they get distributed to the provider organization, the provider, the consumer, or any other relevant stakeholders.

This discussion tells us that language, particularly surrounding "parity," is important. Some of us are happy to see any legislation that refers to "parity", particularly when it specifies "addiction" along with other mental health problems. Nevertheless, the word "parity" alone is meaningless if not authentic or if the actual language of a bill falls far short of what "parity" should mean. In other words, there are cases where "parity", as good as the word sounds, should be opposed. These are some of the challenges the Executive Committee (EC) and the Advocacy and Policy Committee (APC) of Division 50 faced with the advent of two recent parity bills. One of these bills originated in the Senate (S.B. 558) (see http://thomas.loc.gov/cgi-bin/bdquery/z?d110:s.00558:); the other originated in House (H.R. 1424) (see http://thomas.loc.gov/cgi-bin/bdquery/z?d110:h.r.01424:). The EC and APC had to make some tough choices about what advice we would provide to the APA about these two bills. Should we support one over the other? Support one alone? Reject both? Suggest something different? Among the difficult choices was that one bill had been described as relatively supported by insurance companies and therefore having better potential to pass, even though the other seemed generally preferable in terms of ideal parity.

As a result, the EC and APC formulated a strategy of not favoring one or another, but instead focusing on what we could realistically achieve by providing our input. We focused on the fact that, indeed, when legislation involved the term "parity," the specific operational definitions and the language (such as that referring to the conditions to be covered) were critical. Such language can either make policies well delineated—or provide loopholes. And in fact, parity legislation has a history of needing loopholes closed. So, as psychologists with an interest in addictions, we turned our attention to the language relevant to addiction and its treatment. The end result of this work was the creation of a brief to articulate what we thought were the most pressing issues in the bill that we could reasonable address with our expertise. Following discussions among the APC, EC, and several APA Practice Organization leaders, the brief was written to identify the following three items as critical:

1. Any parity bill language must refer to all substance use disorders and/or use specific diagnostic language from the DSM about specific diagnoses to clarify what is and is not covered. Failure to use diagnostic terms strategically could inevitably leave opportunities for stake-holders more concerned about costs than true parity to potentially exercise service limitation in a haphazard manner. For instance, if only the term "substance abuse" was to be used in a bill, problems less or more pressing than abuse could potentially be omitted. As such, we advised that any mental health parity bill be diagnostically clear and recommended use of the term Substance-Use Disorders (SUDs) throughout the legislation. It should be noted, however, that there was some discussion given to advocating for the use of the term substance related disorders (to add coverage for substance-induced disorders). And while there was not opposition to such language being in the bills, the majority of participants decided to limit the recommendation in the brief to SUDs, in favor of letting our more medically oriented colleagues advocate for language to cover those other issues at this point in time.

2. It is important for any parity bill to require out of network outpatient treatment provisions. Such provisions help preserve access to much-needed substance use disorder treatment that could otherwise by wholly inaccessible or accessible only with lengthy delays.

3. It is crucial to utilize language that makes it clear that federal parity legislation will not worsen conditions in any state. Federal parity legislation should set a floor, not a ceiling to what is provided. And so the recommendation was made that federal parity legislation language needs to explicitly address its scope of influence on state parity law so as to uphold and improve conditions rather than interfere with effective parity laws that exist in some states.

Overall, these parity bills were not flawless, but the efforts have recognizable strengths. Our work on these bills and the issue of parity in general is not close to being completed, and we certainly welcome your thoughts and efforts on this issue. There is much to be done in the addiction world if we ever hope to reach the "equality" that the term "parity" represents. We need to be concerned about the insurance sector, the policies and regulations that guide it, and the language it uses. We must also be concerned about language in general and how the stigma associated with mental health problems, and particularly problems related to addiction, affect our perceptions of what is considered a real health problem. Both policy change and stigma reduction are necessary for us to achieve the real and critical position of full "parity" in every sense of the term. ☙

National Quality Forum Endorses New National Voluntary Consensus Standards on Evidence-Based Practices to Treat Substance Use Conditions

Daniel R. Kivlahan, VA Puget Sound & University of Washington, Seattle

Nancy A. Piotrowski, Capella University, San Francisco

On May 11, the National Quality Forum (NQF) announced endorsement of the revised National Voluntary Consensus Standards on Evidence-Based Practices to Treat Substance Use Conditions. The NQF is a federally chartered, private, not-for-profit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting through voluntary consensus standards of care involving over 350 healthcare provider organizations, consumer groups, professional associations, purchasers, federal agencies and research and quality improvement organizations.[1]

In the previous issue of TAN, we reported that Division 50 participated in an extended consensus development process as one of over two dozen stakeholder groups to provide comments on the draft Consensus Standards. Comments made by Division 50 and others non-NQF members are available online.[2] In addition, comments by the NQF Health Professional, Provider, and Health Plan Council[3] and comments from the NQF Research and Quality Improvement Council are available online.[4] Following deliberations by the Steering Committee about these comments, the revised standards with a summary of the major concerns and responses/actions taken were posted on the NQF website.[5] The highlighted text in the revised standards makes it readily noticeable where comments led to revisions.

The criteria used for selecting practices included the strength of the evidence base, applicability to broad populations, readiness for widespread adoption and potential to serve as the basis for future quality improvement measures that can be used for public accountability. Instructions for requesting reconsideration of any of the recommendations are posted on the NQF website.

As a summary, 11 evidence-based practices to treat substance use conditions were endorsed. These practices cut across four domains: 1) identification of substance use conditions (including screening and case finding, diagnosis and assessment), 2) initiation and engagement in treatment (including brief interventions, promoting engagement in treatment and withdrawal management), 3) therapeutic interventions (including psychosocial interventions and pharmacotherapy) and 4) continuing care management (including management of coexisting conditions and monitoring of treatment response). These practices are presented in pages 8–13 of the revised statement. Further specifications are detailed in an 11 page table that addresses target outcomes for the practice, what the practice involves, for whom it is indicated, by whom it is to be delivered, and the settings in which it applies. In addition to the 11 practices, seven recommendations were endorsed regarding research related to implementation of the practices, additional gaps in the evidence base, measure development, considerations in adopting the standards, implications for financing, relevant legal and regulatory policies, and improved recognition and management of substance use conditions in the primary care setting. A 29-page Appendix provides a Commentary on the basis for Steering Committee decisions and presents a table of research recommendations related to each practice.

During the consensus process, the most extensively deliberated of the practices involved screening for use or misuse of drugs other than alcohol and tobacco. This topic elicited 13 comments from stakeholder organizations (including Division 50) and led to the addition of the following practice statement: "Healthcare providers should employ a systematic method to identify patients who use drugs, which is based on epidemiologic and community factors and potential health consequences of drug use for their specific population." This practice statement acknowledges the importance of identifying misuse of drugs other than alcohol and tobacco. and the commentary notes the lack of evidence that would support systematic population-based screening for drug use or drug use disorders. Population-based screening is in contrast to more targeted efforts in diverse settings with higher prevalence (e.g., trauma centers, infectious disease clinics). The validity and utility of screening for use or misuse of drugs other than alcohol or tobacco were also identified as topics in particular need of further research. An additional research gap involves evidence for the effectiveness of brief intervention for other drug use. Rather than brief intervention, the Steering Committee determined further assessment and treatment for other drug use disorders should be provided if indicated.

Division 50 and other comment providers also questioned the examples used in the specifications for the practice statement that, "Empirically validated psychosocial interventions should be initiated for all patients with substance use illnesses." Some comments advocated removing all examples and others suggested additional examples. The Steering Committee concluded that the state of the science did not support detailed recommendations for choosing psychosocial interventions and emphasized that there are "numerous and varied" validated approaches from which some examples were selected. This is another area that warrants research attention from Division 50 members. Of note, a future project from NQF is anticipated to apply the consensus development process to quality improvement measures that would reflect appropriate implementation of the practice standards.

Thank you again to members of the Committee on Evidence-Based Practice in Addictions who read and commented on the document and also to the Board for their thoughtful review. Your contributions to this effort were very important. We hope all Division members will now review the endorsed standards on the NQF website and consider the implications for clinical implementation as well as ways to address the many important gaps that remain in the evidence base.

Footnotes

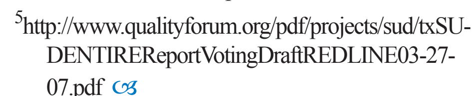
[1] http://www.qualityforum.org/

[2] http://www.qualityforum.org/pdf/projects/sud/NonmemberComments02-28-07.pdf

[3] http://www.qualityforum.org/pdf/projects/sud/HPPHPComments02-28-07.pdf

[4] http://www.qualityforum.org/pdf/projects/sud/RQIComments02-28-07.pdf

[5] http://www.qualityforum.org/pdf/projects/sud/txSUDENTIREReportVotingDraftREDLINE03-27-07.pdf



2007 San Francisco Convention Update

Clayton Neighbors and Tammy Chung
2007 Convention Program Co-Chairs

San Francisco, California will host the 2007 APA annual convention from Friday, August 17 to Monday, August 20. The Moscone Center South and West will serve as APA convention programming headquarters, with the Hilton San Francisco Hotel and the San Francisco Marriott Hotel each hosting some divisional events. Both hotels are within walking distance of the convention center (1–4 blocks). If you haven't registered or made hotel reservations yet, there is still time to join us in San Francisco. Further information on the convention is available at the APA website (http://www.apa.org/convention07/).

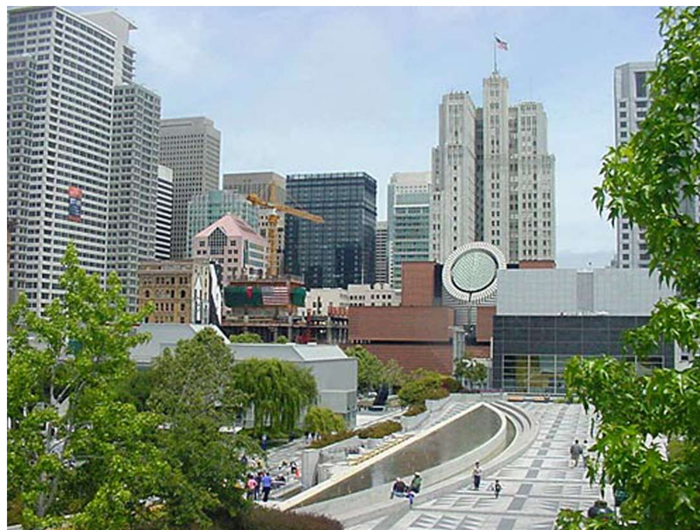
We have an outstanding program this year which is a strong reflection of our members. Our program includes panels relevant to clinicians, researchers, and students. The Division's program has greatly benefited by generous support from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA). Our program has also benefited considerably through our collaboration with Division 28 (Psychopharmacology and Substance Abuse) and other divisions. As a result, Division 50 is sponsoring or co-sponsoring 17 symposia representing a broad and diverse range of basic and applied topics in the addictions field.

Please check times and locations of Division 50's events, which are listed on the perforated pull-out page in this newsletter (pages 9–10). For your convenience we have also included selected panels from other divisions directly related to the interests of Division 50 members. Program highlights are outlined below.

Kim Fromme will deliver the Division 50 Presidential Address, "Toward a New Paradigm for Prevention With Emerging Adults."

In collaboration with Division 20 (Adult Development and Aging) and Division 8 (Social Psychology), Division 50 will participate in an APA Interdivisional Cross-Cutting Program focusing on self-regulation and its relation to development and substance use. Past-president Marsha Bates will represent Division 50 in her presentation on "Emotional Regulation, Heart Rate Variability, and Alcohol."

NIDA and NIAAA in conjunction with Division 50 and Division 28 will offer a pre-convention grant writing workshop providing in-depth discussion regarding development and preparation of successful grant applications. Registration is free and available until filled. CE credits will be available for those attending. To register, please send an email to Clayton Neighbors (claytonn@u.washington.edu) with your name and contact information



Yerba Buena Gardens atop the Moscone Center

This year's program also emphasizes support for early career investigators. Division 50 and Division 28, with generous support from NIAAA and NIDA, will co-sponsor an Early Career Poster Session and Social Hour during which early career members will have the opportunity to present their work.

NIAAA has convened a panel on "Contemporary Perspectives on Mechanisms of Behavior Change in Alcohol Treatment" (Chair: Robert B. Huebner). NIDA also has two panels sponsored by Division 28: "Neuroimaging Research: Implications for the Neuro-Feedback Treatment of Substance Abuse" (Co-Chairs: Meyer D. Glantz and Steven J. Grant) and "Treatment of Drug-Use Disorders in Dual-Diagnosis Patients" (Chair: Meyer D. Glantz).

Division 50 has collaborated with Division 47 (Exercise and Sport Psychology) in putting together a symposium on "Understanding and Preventing Steroid Use and Abuse" (Chair: Matthew P. Martens).

A number of featured Division 50 member initiated symposia examine issues related to evidence-based approaches for addiction treatment including symposia on "Practical Challenges Integrating Evidence-Based Practices Into Addiction Treatment Programs," "Harm Reduction Therapy for Substance Users—An Emerging Evidence-Based Approach," and "Women's Issues and Substance Abuse Treatment." Others examine ways to improve addiction treatment with symposia focused on "Improving Access and Retention for Addiction Treatment" and "Creating the Environmental Context for Sustained Alcohol and Drug Recovery." An additional symposium focuses on "HIV/AIDS-Related Research in the NIDA Clinical Trials Network" in samples of participants in substance abuse treatment.

Another theme in our Division 50 member initiated symposia is substance use and abuse among adolescents, young adults and college students. These symposia examine "Adolescent Substance Use Decision Making—Innovative Approaches"; "Innovations in the Prevention and Treatment of Marijuana Abuse Among Adolescents"; "Assessing, Moderating, and Modifying Implicit Cognitive Processes in Alcohol and Drug Misuse in Adolescents

and Young Adults"; and "Understanding College Student Drinking—Current Trends and Protective Strategies."

We would like to extend our sincere thanks and gratitude to Kim Fromme, Division 50 President, the Division 50 Executive Committee, and this year's Program Committee members (listed in the Spring *TAN*) for their invaluable input and assistance in developing the 2007 Division 50 program. We would also like to recognize the continuing support of NIAAA and NIDA in providing early career investigators with travel funds and helping to make possible the broad, cutting-edge coverage of addictions topics in this year's divisional program. Come enjoy the unique sites San Francisco has to offer including the Golden Gate Bridge, Alcatraz, Chinatown, cable cars, and Fisherman's Wharf. We look forward to seeing you at the convention in the "City by the Bay"!

Federal Update

SAMHSA Launches New Web Page for Veterans and Their Families*

A new section of the Substance Abuse and Mental Health Services Administration's (SAMHSA's) web site has been launched for veterans and their families. The site provides critical information on prevention, treatment and recovery support for mental and substance use disorders.

Publications, fact sheets, and links to relevant agencies are provided along with information on SAMHSA-funded programs, agency activities, and training and technical assistance opportunities. Individuals seeking substance use and mental health services can easily find information about local programs by using SAMHSA's treatment facility locator.

SAMHSA convened a meeting with the Department of Veterans Affairs, the Department of Defense and veterans service organizations to better understand the needs and to identify ways local community-based substance abuse and mental health service organizations can best be prepared to assist veterans and their families. The discussion will help inform the development of guidance materials for states, local communities, and providers to ensure a coordinated approach to providing mental health and substance use services.

For more information, please visit Resources for Returning Veterans and Their Families at http://www.samhsa.gov/vets/.

The resource page includes the following areas as well as information on suicide prevention and other veteran-related links:

- Finding Mental Health and Substance Abuse Services
- Webcasts & Conferences
- Resources for Military Families Coping with Trauma
- Mental Health Transformation Trends
- Statistics

*This information was announced on 5/10/2007 via SAMHSA News Bulletin

Convention Grant Awarded to Division 50 Officers

We are happy to announce that an R13 grant entitled, "A Legacy of Learning in Alcohol Research," submitted to NIAAA for support of addictions-related activities at the 115th, 116th, and 117th Conventions of the American Psychological Association has been awarded. This grant focuses on obtaining support for presentations and related convention activities organized by Division 50, specifically focusing on supporting early career investigators in psychology who have a principal interest in research on alcohol and its associated problems. This R13 grant will support a pre-convention grant-writing workshop during the first year, early career travel awards (45 over three years), symposium travel awards supporting more senior NIAAA-awardees to attend (9 over three years), and production and mailing of brochures to announce these activities. Jennifer F. Buckman, Division 50 Treasurer, serves as Principal Investigator, along with Co-Principal Investigators, Nancy A. Piotrowski, Division 50 President-Elect, and Marsha E. Bates, Division 50 Past President, on behalf of the Division 50 membership.

Oh yes, please!

Student and Trainee Perspectives

Making the Most of the 2007 Annual Convention

Amee B. Patel and Alicia Wendler
Graduate Student Representatives

In preparation for the APA Convention later this summer, we wanted to highlight some of the events we believe most students will find interesting or helpful. As always, we invite you to come speak to us during the Convention and tell us how you think Division 50 can better serve its student members. Division 50 is sponsoring some great symposia dealing with both treatment and empirical issues, so no matter what your interests or career goals are…there's something for you. And remember, go through the entire program (available online in June and in hard copy in July), highlight all the events that you are interested in attending, and prioritize. See you at Convention!

NIDA/NIAAA Pre-Convention Grant Writing Workshop (Thursday, August 16, 1:00–5:00 p.m.)
Particularly useful for students pursuing academic and/or research careers, this workshop is sponsored by NIDA, NIAAA, Division 50, and Division 28. Learn how to navigate those confusing grant forms, write a strong proposal, and get help from NIH. This is a great workshop for those of you planning to apply for pre-doctoral or post-doctoral fellowships!

Presidential Programs (Saturday, August 18 and Sunday, August 19; see program for exact times)
Although all of the presidential programming seems important and interesting, we are particularly intrigued by "Psychologists and Institutional Review Boards: Working Collaboratively to Protect Research Participants." As many of us know, it can sometimes be difficult to meet the demands of both a dissertation committee and an IRB. We think this talk will be useful for students and trainees.

Self-Regulation: Cutting Across Disciplines (Saturday, August 18, 12:00–1:50 p.m.)
An APA Interdivisional Cross-Cutting Symposium, sponsored by Divisions 8, 20, and 50, this symposium will discuss self-regulation in the contexts of multiple disciplines and offers valuable perspectives on how to integrate constructs from different fields.

Poster Sessions (Sunday, August 19, 10:00 a.m.–12:00 p.m.)
Support fellow students, early career professionals, and senior psychologists by attending all three poster sessions sponsored by Division 50, including a joint Divisions 50 and 28 poster session that runs concurrently during the second hour. Poster selection was extremely competitive this year, so both poster sessions represent some of the best research in the field.

NIDA/NIAAA-Sponsored Early Career Poster Session and Social Hour (Sunday, August 19, 4:00–5:50 p.m.)
Divisions 50 and 28 posters featuring research funded by federal grants will be displayed at this social hour. This is a must-attend event! In addition to refreshments, students will have the opportunity to view this year's top poster presentations and to mingle with seasoned investigators and professionals.

Making Connections Social Hour (Sunday, August 19, 6:00–7:50 p.m.)
Open to all current student members and any students interested in joining Division 50, the Making Connections Social Hour is a great way to end your day. With light refreshments and a relaxed atmosphere, this event is designed to facilitate connections between students and senior members. The social hour provides a convenient forum for you to network, get advice about furthering your careers, and discuss how Division 50 can enhance efforts to meet student needs. We want to hear from you and, even better, to meet you in person!

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

Kristen G. Anderson
Megan E. Call
Barbara D. Calvert
Bradley T. Conner
Natascha N. Crandall
Sarah E. Dauber
Sarah L. Dewane
Hannah L. Dietrich
Rob D. Dvorak
Joel R. Grossbard
Mason G. Haber
Alex H.S. Harris
Sara Hegerty
Elizabeth V. Horin
Justin F. Hummer
Rebecca E. Isaacs
Debra L. Kaysen
Taleb S. Khairallah
Betty S. Lai
Melissa A. Lewis
Eric Pedersen
Amanda J. Platter
Danielle E. Ramo
Stephanie L. Tonin
Sara Walker
Jazmin I. Warren
Yun Zhang

2007 APA Convention, San Francisco, CA
Division 50 Program Summary

Thursday, August 16th

NIDA Grant Writing Workshop (pre-registrant's only) (DIV50, DIV28)
*1:00–5:00 p.m., San Francisco Marriott Hotel—Nob Hill Room B
CE credit available. For free registration, please contact Clayton Neighbors (claytonn@u.washington.edu) or Ryan Vandrey (rvandrey@jhmi.edu).

Friday, August 17th

Practical Challenges Integrating Evidence-Based Practices Into Addiction Treatment Programs (DIV 50)
*8:00–9:50 a.m., Moscone Center Room 2005
Chair: Nancy A. Piotrowski, PhD

Contemporary Perspectives on Mechanisms of Behavior Change in Alcohol Treatment (DIV 50, NIAAA)
10:00–11:50 a.m., Moscone Center Room 3002
Chair: Robert B. Huebner, PhD, National Institute on Alcohol Abuse and Alcoholism

Harm Reduction Therapy for Substance Users—An Emerging Evidence-Based Approach (DIV 50)
12:00–1:50 p.m., Moscone Center Room 2002
Chair: Frederick Rotgers, PsyD

Neuroimaging Research: Implications for the Neuro-Feedback Treatment of Substance Abuse (DIV 28, NIDA)
12:00–1:50 p.m., Moscone Center Room 3001
Co-Chairs: Meyer D. Glantz, PhD, National Institutes of Health, and Steven J. Grant, PhD, National Institute on Drug Abuse

Adolescent Substance Use Decision Making—Innovative Approaches (DIV 50)
2:00–3:50 p.m., Moscone Center Room 2005
Co-Chairs: Sandra A. Brown, PhD, and Kristen G. Anderson, PhD

Psilocybin and Experimental Mysticism (DIV28)
2:00–3:50 p.m., Moscone Center Room 3006
Co-Chairs: Roland R. Griffiths and Ralph W. Hood

Saturday, August 18th

Women's Issues and Substance Abuse Treatment (DIV 50)
*8:00–9:50 a.m., Moscone Center Room 2004
Co-Chairs: Susan M. Gordon, PhD, and Carmen L. Rosa, MS

Self-Regulation: Cutting across Disciplines (DIV 20, DIV 8, DIV 50)
12:00–1:50 p.m., Moscone Center Room 2006
APA Interdivisional Cross-Cutting Program
Marsha Bates will represent Division 50 in her presentation entitled "Emotional Regulation, Heart Rate Variability, and Alcohol."
Chair: Brent W. Roberts, PhD

Treatment of Drug-Use Disorders in Dual-Diagnosis Patients (DIV 28, NIDA)
*2:00–3:50 p.m., Moscone Center Room 2007
Chair: Meyer D. Glantz, PhD, National Institute on Drug Abuse

Division 50 Presidential Address: Kim Fromme, PhD
"Toward a New Paradigm for Prevention With Emerging Adults" (DIV 50)
4:00–4:50 p.m., Moscone Center Room 310

Sunday, August 19th

Understanding and Preventing Steroid Use and Abuse (DIV 50, DIV 47—Exercise and Sport Psychology)
8:00–9:50 a.m., Moscone Center Room 302
Chair: Matthew P. Martens, PhD

Extinction Learning: Application to Drug Addiction (DIV 28)
*8:00–9:50 a.m., Moscone Center Room 270
Co-Chairs: David Shurtleff, PhD, National Institute on Drug Abuse, and Paul Schnur, PhD, National Institute on Drug Abuse

Poster Sessions for Divisions 50 & 28
11:00–11:50 a.m., Moscone Center Halls ABC (Session A: 10:00–10:50; Session B: 11:00–11:50)

Innovations in the Prevention and Treatment of Marijuana Abuse Among Adolescents (DIV 50)
12:00–1:50 p.m., Moscone Center Room 2007
Co-Chairs: Denise D. Walker, PhD, and Alan J. Budney, PhD

Improving Access and Retention for Addiction Treatment (DIV 50)
2:00–2:50 p.m., Hilton San Francisco Hotel Continental Parlor 2
Co-Chairs: Dennis McCarty, PhD, and Elaine Cassidy, PhD

Understanding College Student Drinking—Current Trends and Protective Strategies (DIV 50)
3:00–3:50 p.m., Hilton San Francisco Hotel Continental Parlor 2
Co-Chairs: Joseph LaBrie, PhD, and Eric Pedersen

NIDA and NIAAA-Sponsored Early Career Social Hour and Poster Session (DIV 50, DIV 28)
4:00–5:50 p.m., Hilton San Francisco Hotel Continental Ballroom 4

Division 50 Student Sponsored Social Hour "Making Connections" (Alicia Wendler & Amee Patel)
6:00–7:50 p.m., Hilton San Francisco Hotel Continental Ballroom 1

Monday, August 20th

Creating the Environmental Context for Sustained Alcohol and Drug Recovery (DIV 50)
8:00–9:50 a.m., Moscone Center Room 2009
Chair: Douglas L. Polcin, EdD, MS

HIV and HCV Transmission Risks in Noninjecting Drug Users (DIV 28)
*8:00–9:50 a.m., Moscone Center Room 2010
Co-Chairs: Randall E. Rogers, PhD, and Stacey C. Sigmon

HIV/AIDS-Related Research in the NIDA Clinical Trials Network (DIV 50)
*10:00–11:50 a.m., Moscone Center Room 2003
Chair: Donald A. Calsyn, PhD

Assessing, Moderating, and Modifying Implicit Cognitive Processes in Alcohol and Drug Misuse in Adolescents and Young Adults (DIV 50)
12:00–1:50 p.m., Moscone Center Rooms 252/254/256
Co-Chairs: Reinout W. Wiers, PhD, and Susan Ames, PhD

*** CE credit offered.**

Making Connections Social Hour

Designed specifically for Division 50 student members, the "Making Connections Social Hour" provides a forum for interaction among students and senior Division 50 members. It will be held on Sunday, August 19 from 6:00 to 7:50 p.m. in the Hilton San Francisco Hotel, Continental Ballroom #1. Invited senior members will be available to offer advice, facilitate networking, and help determine how Division 50 can better serve students. Hosted by Amee Patel and Alicia Wendler, the "Making Connections Social Hour" is open to all current student members, as well as students who are interested in joining Division 50.

Division 47: Exercise and Sport Psychology
Presents
The 29th Annual Running Psychologists'
APA 5k Ray's Race and Walk
Sunday, August 19, 2007
Sponsors: American Psychological Association; APA Insurance Trust; Psi Chi; Blackwell Publishing; Worth Books; Divisions 47, 2, 19, 38, 39 & 50

The 29th Annual APA "Ray's Race and Walk" (Chrissy Field, San Francisco, 7AM)

Check here if first time participant or address has changed._____

APA Member_____ Student_____ Sponsor_____ Exhibitor_____ Psi Chi?_____

NAME: ____

ADDRESS: ____

CITY: _________________________________ STATE: _____ ZIP: __________

EMAIL: ____________________________ TELEPHONE: ___________________ AGE ON 8/19/07_____

DOB:_______________ GENDER: _____ Walker?_____ SHIRT SIZE: S M L XL XXL

Registration fee includes race entry, bus transportation to race site, t-shirt, refreshments, awards and raffle entry:

Pre-registration:* Regular entry: $25; Students or Div. 47 members: $20.
Convention site registration: $30 **(Note: No registration on race day)**.

If you are an APA member and wish to apply for Division 47 membership with this entry form, check below and remit the discounted entry fee ($20) plus the dues ($24 members, $14 associates, $10 student affiliates). We will forward your application to processing.

JOIN DIV. 47: Status: Member_____ Fellow_____ Assoc_____ Stud. Affiliate_____ Member #_____

I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Running Psychologists, Division 47 and the American Psychological Association, the City of San Francisco, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures and recording or any other record of this event for any legitimate purpose.

I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Signature: _______________________________________ Date: _______________

• Pre-registration is strongly recommended. T-shirts guaranteed only to those who have pre-registered. Check, payable to: Running Psychologists, must be received by August 11th and sent to: Ethan Gologor, Ph.D., RP Treasurer, 353 E. 78th St. Apt. 15A, NY, NY, 10021.

Questions? Email: puereternis@hotmail.com or sshocket@earthlink.net.

All further race information including maps, bus pickups from hotels, optional pasta party and award categories will be available at the Division Services Booth at the convention.

We will need 7 volunteers to help with the race. No experience is necessary. Volunteers receive a race t-shirt and refreshments. If you are not running/walking or are bringing a family member who isn't in the race, please consider volunteering. To sign up to volunteer, contact sshocket@earthlink.net.

Alcohol Use and Treatment in Ethnic Minority Immigrant Populations in the United States

Ayorkor Gaba and Brenna H. Bry
Graduate School of Applied and Professional Psychology, Rutgers University

Introduction

The United States is experiencing its "Fourth Wave" of immigration (Schmidley, 2003). Census Bureau data show that the immigrant population reached a new record of more than 35 million in March of 2005. The majority of immigrants come from Central America, Latin America and the Caribbean, followed by immigrants from East and South Asian countries. Immigrants and their children account for almost one in four persons living in poverty (Camarota, 2005). Due to the high levels of poverty, many immigrants settle in disadvantaged communities with high levels of crime and drug activity, impoverished school systems, and poor employment opportunities.

Resettling in a new country, on its own, brings a unique set of challenges (e.g., language/cultural barriers, social isolation, etc.) that may put immigrants at high risk for physical and mental health difficulties. The literature has shown that immigrants report lower prevalence rates of some forms of mental illness, particularly substance abuse disorders. Recent research indicates; however, that as immigrants are in the United States for longer periods of time they begin to use substances at rates comparable to that of the native-born population (Johnson, VanGeest, & Ik Cho, 2002).

Substance Use Rates

A recent report based on the National Survey on Drug Use and Health found that immigrants use alcohol at much lower rates than those born in the U.S. (Brown, Council, Penne, & Gfroerer, 2005). Fifty-four percent of immigrants reported alcohol use in the past year compared to 68% of U.S. born adults. Additionally, immigrants who did drink, drank fewer number of drinks per week (6.3 vs. 8.3) than U.S. born adults. Lower rates of alcohol use were associated with shorter lengths of time in the United States. Immigrants who had been in the United States for 5 or more years were more likely than immigrants who had been in the United States for fewer than 5 years to use alcohol and to drink heavily (Brown, Council, Penne, & Gfroerer, 2005).

Correlates to Immigrant Substance Use

Many immigrants come from countries with long histories of civil unrest and conflict. Thus this new population may have experienced a large degree of trauma, loss, and suffering. The experience of trauma can put these individuals at increased risk for depression, posttraumatic stress disorder and substance use disorders (Nassar-McMillan & Hakim-Larson, 2003; NIMH, 2004). During the transit phase of migration, for example, individuals and families may experience a range of traumatic experiences, such as a perilous journey across the desert. Additionally, once "resettled" in this country, these individuals may experience varying levels of cumulative stress due to the discrepancy between expectations and actual quality of life in the United States, the reception offered by the receiving country (e.g., discriminatory practices), and the extent of services and/or job opportunities available (Beiser & Hou, 2006) . This experience can be extremely stressful and many immigrants may experience some PTSD related to the violence they have witnessed and/or inflicted (e.g., child soldiers in Sudan) or the traumas they have endured. Research has found significant rates of PTSD symptoms and/or clinical diagnosable PTSD in various immigrant populations (Kinzie, 2006; Oakes, & Lucas, 2001). Thus, immigrants may use alcohol to self-medicate and provide temporary relief from symptoms and memories of traumatic experiences.

Treatment Issues

Of the many health issues faced by immigrants, access and utilization of health care are the most challenging. Low-income immigrants are twice as likely to be uninsured as low-income US citizens (Kaiser Commission, 2000). Even immigrants who are eligible for public insurance may be reluctant to enroll because they fear that enrollment will affect their ability to stay in the country.

In many cultures, discussing mental health issues or receiving such services is taboo, and some individuals are unwilling to admit what they experience because they fear the related stigma. Even when immigrants do seek mental health care, they face significant obstacles. In many communities, few services are provided in languages other than English. This is especially true in new gateway states witnessing a tremendous increase in immigrants, such as North Carolina, Georgia, Arkansas, Nevada, Utah and Colorado (Yin, 2004).

Immigrants may also be less likely to use mental health services. Several studies have identified low utilization rates amongst several immigrant and refugee subgroups, such as Indochinese (Lam & Kavanagh, 1996), Russian refugees (Chow, Jaffee, & Choi, 1999), Mexicans (Peifer, Hu, & Vega, 2000), undocumented Chinese and Asian immigrants (Law, Hutton, & Chan, 2003) and Asian Americans (Lin & Cheung, 1999). For example, a recent study found that foreign-born (vs. US-born) Latinos and those who spoke primarily Spanish (vs. English) reported significantly less use of specialty services but not general medical services for their mental health problems (Alegria, Mulvaney-Day, Woo, Torres, Gao, Oddo, 2007). Additionally, a study examining health service utilization patterns of Ethiopian immigrants and refugees in a random sample of 342 adults in Toronto, found that 85% of the immigrants used one or more type of health services, most often from a family physician. Yet, only 12.5% with a mental disorder received services from formal healthcare providers, mainly family physicians. (Fenta, Hyman, & Noh 2006). Thus, a viable, cost effectiveness option may be to train these professionals and paraprofessionals in brief interventions that have been found to be efficacious in assessing alcohol problems and motivating clients to change.

Cultural Barriers

Because language is a barrier to utilization of treatment services, interpreters are used despite their potential impact on the relational aspects of treatment. One concern is the differences between patient-physician/clinician communication (a dyadic dialogue) and patient-interpreter-physician/clinician communication (a triadic dialogue). Additional debate is related to confidentiality and interpretation issues that arise when using a mental health interpreter.

Good evaluation of language proficiency is key. This can be done informally by asking clients directly about their language skills and comfort in speaking English and by making marked observations about language abilities during the first contact. In other instances, however, when language difficulties are subtle (e.g., the client seems to have difficulty expressing him- or herself or frequently misunderstands points made by the therapist), a more formal evaluation may be necessary. The Hazuda Scale is a well-validated and reliable measure of the client's ability to understand, speak, and read English (Royall et al., 2003). If lack of English fluency appears to be a hindrance, incorporating a professional mental health translator into the therapy or transferring clients to a psychologist proficient in their native language may be necessary.

For many immigrants, mental health treatment is an unfamiliar concept that is incongruent with cultural expectations (Garcia-Preto, 1996; Sue & Sue, 2003). Those immigrants who do come in for treatment may experience a disconnect between cultural norms, which place a high value on long-term relational aspects of interactions, and the values of many medical centers, which are driven by managed care and a push for highly structured and time-limited treatments. This approach may be perceived as brusque, cold, and impersonal and could affect treatment compliance (Sue & Sue, 2003). Immigrants also may be concerned that practitioners will not respect traditional beliefs and practices (Sue & Sue, 2003).

Conclusion

Little is known about treatment outcomes for immigrant populations. As stated before, Hispanics are the largest immigrant group in this country. Much of the research in this area has been conducted with Hispanic populations. A recent Drug and Alcohol Dependence supplemental issue from 2006 examined drug abuse treatment in Hispanic populations and much of the research in this issue suggested that the field lacks substantial research to truly understand the treatment impact and outcomes for Hispanics (including Hispanic immigrants) in this country. Additionally, there is much debate in the field about how best to integrate cultural issues into treatment that would be most salient for immigrant populations and questions have emerged about the complexity of "integration of cultural competence with the therapeutic processes that are at the core of specific substance abuse treatments (e.g., motivation enhancement, cognitive restructuring, restructuring of family–ecology interactions)" (p. S96; Santisteban, Vega, Suarez-Morales, 2006). Additional work is needed to further understand treatment outcomes for immigrant populations.

References

Alegria, M., Mulvaney-Day, N., Woo, M., Torres, M., Gao, S., & Oddo, V. (2007).Correlates of past-year mental health service use among Latinos: Results from the National Latino and Asian American Study. *American Journal of Public Health, 97*, 76–83.

Beiser, M., & Hou, F. (2006). Ethnic identity, resettlement stress and depressive affect among Southeast Asian refugees in Canada. *Social Science & Medicine, 63*, 137–150.

Brown, J. M., Council, C. L., Penne, M. A., & Gfroerer, J. C. (2005). *Immigrants and substance use: Findings from the 1999–2001 National Surveys on Drug Use and Health* (DHHS Publication No. SMA 04–3909, Analytic Series A-23). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Camarota, S. (2005). *Immigrants at mid-decade: A snapshot of America's foreign-born population in 2005*. Washington, DC: Center for Immigration Studies.

Chow, J., Jaffee, K., & Choi, D. (1999). Use of public mental health services by Russian refugees. *Psychiatric Services, 50*, 936–940.

Fenta, H., Hyman, I., & Noh, S. (2006). Mental health service utilization by Ethiopian immigrants and refugees in Toronto. *Journal of Nervous & Mental Disease, 194*, 925–934.

Garcia-Preto, N. (1996). Latino families: An overview. In M. McGoldrick, J. Giordano, & J. K. Pearce (Eds.), *Ethnicity and family therapy* (2nd ed., pp. 141–168). New York: Guilford Press.

Johnson, T., VanGeest, J., & Cho, Y. (2002). Migration and substance use: Evidence from the
U.S. National Health Interview Survey. *Substance Use & Misuse, 37*, 941–972.

Kaiser Commission. (2000). *Immigrants' health care: Coverage and access*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured.

Kinzie, J. (2006). Immigrants and refugees: The psychiatric perspective. *Transcultural Psychiatry, 43*, 577–591.

Lam, A., & Kavanagh, D. (1996). Help seeking by immigrant Indochinese psychiatric patients in Sydney, Australia. *Psychiatric Services, 47*, 993–995.

Law, S., Hutton, M., & Chan, D. (2003). Clinical, social, and service use characteristics of Fuzhounese undocumented immigrant patients. *Psychiatric Services, 54*, 1034–1037.

Lin, K. M., & Cheung, F. (1999). Mental health issues for Asian Americans. *Psychiatric Services, 50*, 774–780.

Nassar-McMillan, S., & Hakim-Larson, J. (2003). Counseling considerations among Arab Americans. *Journal of Counseling and Development, 81*(2), 150–151.

National Institute of Mental Health. (2004). *Post-traumatic Stress Disorder*. Retrieved November 20, 2000, from http://www.nimh.nih.gov/publicat/reliving.cfm.

Oakes, M., & Lucas, F. (2001). How war affects daily life: Adjustments in Salvadoran social networks. *Journal of Social Work Research, 2*, 143–155.

Peifer, K., Hu, T., & Vega, W. (2000). Help seeking by persons of Mexican origin with functional impairments. *Psychiatric Services, 51*, 1293–1298.

Royall, D., Espino, D., Polk, M., Verdeja, R., Vale, S., Gonzales, H., et al. (2003). Validation of a Spanish translation of the CLOX for use in Hispanic samples: The Hispanic EPESE study. *International Journal of Geriatric Psychiatry, 18*, 135–141.

Santisteban, D., Vega, R. R., & Suarez-Morales, L. (2006). Utilizing dissemination findings to help understand and bridge the research and practice gap in the treatment of substance abuse disorders in Hispanic populations. *Drug & Alcohol Dependence, 84*, S94–S101.

Schmidley, D. (2003). The foreign-born population in the United States: March 2002. *Current Population Reports*, P20-539, U.S. Census Bureau, Washington, DC.

Sue, D. W., & Sue, D. (2003). *Counseling the culturally diverse: Theory and practice* (4th ed.). New York: Wiley.

Yin, S. (2004). Home and away. *American Demographics, 1*, 2.

Effects of Increased Alcohol Accessibility on College Student Drinking: A Study of Iowa City from 1983–2005

Dana Figlock, Jerry Suls, and
Peter E. Nathan
University of Iowa

Introduction

Drinking remains a major problem for college students. Although heavy and frequent consumption of alcohol can have negative interpersonal, legal, and educational ramifications for the drinker (Wechsler, Dowdall, Maenner, Gledhill-Hoyt, & Lee, 1998), it can also adversely affect those in the drinker's surroundings (Wechsler, Lee, Nelson & Lee, 2001). Consequently, college and public health officials, students, faculty, and community members have a vested interest in reducing heavy drinking on and around campus. The purpose of the present study is to report data confirming the relationship between access and alcohol consumption by young adults and, in so doing, test alcohol-related violations as proxies for rates of alcohol consumption in a heavy-drinking college community.

Drinking at the University of Iowa

Henry Wechsler's College Alcohol Study (CAS; Wechsler et al., 1994; Wechsler, Lee, Kuo, & Lee, 2000) found that approximately 44% of college students engaged in heavy drinking (i.e., 4 or more drinks on an occasion for women and 5 or more for men) in the past month; 19% of the students in the study reported frequent heavy drinking, which meant that they drank that heavily three or more times during a two-week period. Overall, students who reported high levels of alcohol consumption were also likely to report more frequent adverse consequences of drinking.

In contrast to the drinking data from the CAS, 68–70% of undergraduates at the University of Iowa (UI) reported heavy drinking in the past month (Nathan, 2003; Wechsler, 2005, unpublished), while 47% engaged in frequent heavy drinking (Nathan, 2003). Although these consumption rates are causes for concern by parents as well as University administrators, they also suggest that Iowa City, home of the University of Iowa, is an ideal venue in which to study factors involved in heavy drinking by undergraduates. Specifically, over the past 20 years, Iowa City has witnessed a dramatic increase in the number of alcohol establishments likely impacting college student access to alcohol. Accordingly, an analysis of this relationship may provide insight into the role of like factors on other campuses that have experienced similar surges in heavy drinking and alcohol-related consequences. Based on prior research relating access to consumption rates, we hypothesized that increases in the number of alcohol establishments in Iowa City would be associated with an increase in alcohol-related violations.

Method

Liquor Licenses

All bars, taverns, and restaurants that serve alcohol in Iowa City must apply for a Class C liquor license and be approved by the City Council. We were most interested in licenses given to establishments located in the area immediately surrounding the University of Iowa campus, which is zoned as CB-10. Accordingly, we tabulated the frequencies of liquor license holders in CB-10 for each year between 1983 and 2005, which were available through archived City Council meeting minutes.

Alcohol-Related Violations

Alcohol-related violations by students that are a clear function of alcohol consumption include operating a vehicle while intoxicated (OWI), public intoxication, and liquor law violations. Records of these violations were provided by the University of Iowa campus police. The campus police have recorded these data from 1983 to the present in the form of frequencies per month for each violation.

Results

The number of establishments serving alcohol in CB-10 (the downtown area) in Iowa City increased from 18 in 1983 to 43 in 2005. Public intoxication, liquor law, and OWI violations also showed very substantial increases between 1982 and 2005 (Figure 1). The increase in alcohol-related violations took an especially sharp spike in 1998 that has persisted to the present.

To determine degree of association between the number of alcohol establishments in Iowa City and alcohol consumption, the number of liquor license holders in CB-10 was correlated with several indices of alcohol use, including public intoxication, liquor law, and OWI violations. Because liquor license information was only available on a yearly basis, monthly totals of alcohol related violations were aggregated by year for all correlational analyses. Number of liquor licenses was significantly and positively correlated with number of public intoxication ($r = .79$, $p < .001$), liquor law ($r = .87$, $p < .001$) and OWI ($r = .81$, $p < .001$) violations for the years 1983-2005. To examine the possibility that number of violations simply reflected an increase in the number of undergraduates at the University of Iowa, partial correlational analyses were computed, using total undergraduate population obtained from the Office of the Registrar as a covariate. The observed relationships remained significant, indicating that increases in violations cannot be attributed to a greater number of students at the University.

Discussion

Increases in access to alcoholic beverages, reflected by a proliferation of liquor licensees, was associated positively and significantly with escalation in number of alcohol-related violations, a proxy for consumption, in a sample of university undergraduates. These findings are consistent with prior reports of a significant relationship between alcohol outlet density and alcohol consumption. However, whereas other studies of college student drinking used retrospective self-reports of the quantity and frequency of drinking behavior to reflect drinking behavior

(e.g., Chaloupka & Wechsler, 1996), this study utilized indirect indices of alcohol consumption, including a range of alcohol-related violations, as proxies for consumption levels. It is notable that the two measures of consumption, violations and self-reports, pointed to the same relationship, linking bar density and consumption level. This may represent one of the study's most important findings; it might also encourage others to use this index of drinking, especially if self-reports of drinking cannot be reliably accessed.

Several events converge around 1997 and suggest that the college made a concerted effort to target campus drinking. These events might help to explain the dramatic increase in the number of alcohol-related violations in 1997 (see Figure 1) that persisted until 2005. First, in 1996, the interim president of the university called for a university focus on heavy drinking that was associated with the subsequent increase in alcohol-related violations that began in the fall of 1997. Next, in compliance with stipulations in a grant from the Governor's Traffic Safety Bureau (GTSB), the UI campus police department established a joint collaboration with local law enforcement agencies in 1998 to patrol bars around campus. Finally, the Robert Wood Johnson Foundation awarded the University of Iowa a five-year grant (beginning in 1997) to implement the "Stepping Up Project," which aimed to reduce heavy drinking on campus.

This study had several limitations. We relied on archived measures and, consequently, were not able to directly assess alcohol consumption or sales data for Iowa City between 1983 and 2005. We decided to use the entire undergraduate population at the University of Iowa as a covariate in our correlational analyses even though a small percentage of alcohol-related violations were not incurred by University of Iowa undergraduates. Our use of aggregated data prevented us from being able to attribute causality. Despite these limitations, we believe our results have important implications for prevention efforts, in that they support the validity of alcohol-related violations as a proxy for alcohol consumption. Use of this methodology permitted us to confirm a significant relationship between student access to alcoholic beverages and consumption level.

References

Chaloupka, F. J., & Wechsler, H. (1996). Binge drinking in college: The impact of price, availability, and alcohol control policies. *Contemporary Economic Policy, 14,* 112–123.

Nathan, P. E. (2003). *Binge drinking at Iowa: Past, present, and future*. Distinguished Faculty Lecture, College of Public Health, University of Iowa, August, 2003.

Wechsler, H. (2005). *Unpublished manuscript of the college alcohol survey 2005 questionnaire*. Harvard University, College of Public Health.

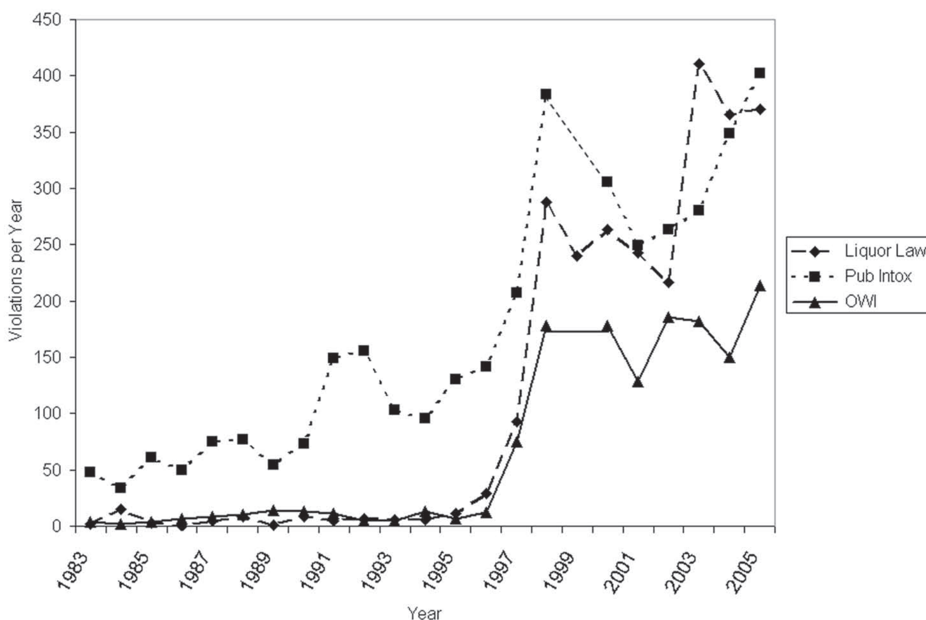
Wechsler, H., Dowdall, G. W., Maenner, G., Gledhill-Hoyt, J., & Lee, H. (1998). Changes in binge drinking and related problems among American college students between 1993 and 1997. *Journal of American College Health, 47,* 57–68.

Wechsler, H., Lee, J. E., Kuo, M., & Lee, H. (2000). College binge drinking in the 1990s: A continuing problem. *Journal of American College Health, 48,* 199–210.

Wechsler, H., Lee, J. E., Nelson, T. F., & Lee, H. (2001). Drinking levels, alcohol problems and secondhand effects in substance-free college residences: Results of a national study. *Journal of Studies on Alcohol,* 23–31.

Figure 1

Liquor law violations, public intoxication violations, and operating a vehicle while intoxicated (OWI) violations per year from 1983–2005 according to data obtained from the University of Iowa Police Department (UIPD).



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Alcohol Attention-Control Training Program

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When a goal is set, a *current concern* is initiated (Klinger & Cox, 2004); it is the motivational state corresponding to the goal pursuit that acts at both conscious (i.e., explicit, voluntary) and non-conscious levels (i.e., implicit, automatic) to energize, direct, and maintain the person's cognitive and motivational resources toward pursuit of the goal, including the goal of drinking alcohol. In fact, evidence from psychopathology indicates that the uncontrollable nature of many psychological and behavioral problems is maintained, at least in part, by distortions in an individual's implicit cognitive and attentional system (De Houwer, 2002; Ostafin & Palfai, 2006; Wiers, de Jong, Havermans, & Jelicic, 2004). In many kinds of psychopathology (e.g., addictions, phobias, eating disorders), a sensitized attentional system automatically causes the individual (e.g., an alcohol abuser) to continue with or relapse to the dysfunctional behavior (Goldstein, Woicik, Lukasik, Maloney, & Volkow, 2007; Weinstein & Cox, 2006).

In the case of substance abuse, Robinson and Berridge (2001) offer an explanation for this phenomenon. They showed that when a person repeats the act of drinking alcohol, brain circuits involved in drinking alcohol become sensitized to cues associated with the behavior, so that, when the person later encounters the stimuli, he or she experiences an uncontrollable desire for alcohol. Supportive evidence comes from studies (e.g., Cox, Brown, & Rowlands, 2003; Cox, Pothos, & Hosier, 2007; Zetteler, Stollery, Weinstein, & Lingford-Hughes, 2006) showing that excessive drinkers' attentional system is highly sensitized to alcohol-related cues. When these drinkers encounter alcohol-related stimuli, automatic cognitive processes are activated which promote alcohol-seeking behaviors that go beyond the drinkers' intention to control their drinking. The act of drinking becomes increasingly automatic, so that the person is unaware of the chain of processes leading to drinking after he or she has encountered the triggering stimuli (Cox, Fadardi, & Pothos, 2006; Tiffany & Conklin, 2000). There is also evidence (e.g., Field & Eastwood, 2005) that experimentally increasing drinkers' alcohol attentional bias causes an increase in their urges to drink and the amount that they drink in an experimental taste test. Moreover, alcohol attentional bias occurs over and above alcohol abusers' general cognitive functioning, and it is positively associated with the amount of alcohol that they habitually consume (Fadardi & Cox, 2006).

Despite the importance of disorder-specific attentional bias in many types of psychopathology, still there is a large gap between research and practice. There have been some attempts to help alcohol abusers overcome their alcohol attentional bias in the hope that doing so would help them reduce their drinking (for a review see Wiers et al., 2006). However, one major problem with such attempts is the difficulty in developing a training program that can reduce drinkers' attentional bias specifically for alcohol-related stimuli (Wiers et al., 2004). Thus, the purpose of Alcohol Attention-Control Training Program (AACTP) is to help excessive drinkers gain better control specifically over their alcohol attentional bias and, consequently, their drinking.

The AACTP Training Procedure

The AACTP training aims to help drinkers overcome their distraction for alcohol stimuli by improving the inhibitory processes aimed at blocking the alcohol stimuli from attentional focus. The training (for more details see Fadardi, 2003) occurs in three steps. *First*, it assesses drinkers' uncontrollable attention to alcohol-related stimuli, and it helps them understand the meaning and consequences of their distraction and whether or not they could benefit from reducing their distractibility. *Second*, it actively involves drinkers in the program, helping them to set goals for controlling their distractions. *Third*, it evaluates drinkers' progress while taking part in the program and provides them with immediate feedback.

The computerized program is based on goal-setting techniques with immediate feedback, so as to facilitate participants' motivation to strive for their highest achievable level of performance. Stimuli are individually presented on a computer screen in one of two categories (alcohol-related or neutral) in a randomized order. The first two categories consist of alcoholic or nonalcoholic beverage containers (e.g., bottles), each of which is surrounded by either a colored background (Task 1) or a halo (Task 2) in one of four colors—red, yellow, blue, or green. There is a third category of stimuli (Task 3), in which pairs of bottles (one alcoholic, one nonalcoholic) appear simultaneously on the screen. For the third category, the participant names the halo color of each nonalcoholic stimulus as quickly and accurately as possible, while attempting to ignore the remainder of the stimulus. The training occurs in three hierarchical steps, arranged according to increasing levels of difficulty of the color naming task and the intertrial intervals. After completing each stage of the training, participants are provided with graphical feedback on the number of errors made, their alcohol attentional bias, and interpretation of the results. Currently, a version of the AACTP for administered over the Internet (Fadardi & Cox, 2007a) is under construction. It has the aforementioned specifications but it also is more user-friendly than the original version, making it capable of being delivered over the internet.

Research Results with the AACTP to Date

Fadardi (2003) originally evaluated the AACTP using a case-study design with detoxified alcohol abusers. The results showed that (a) the intervention was practically feasible for correcting drinkers' unwanted attentional bias; (b) it reduced participants' *alcohol-specific* attentional bias; and (c) participants found the intervention interesting and described it as "boosting their sense of control."

Fadardi and Cox (2007b) evaluated the AACTP with heavy and abusive drinkers. However, only abusive drinkers' post-training alcohol consumption was measured and monitored during a three-month follow-up.

The major findings were as follows:

- *First*, the excessive drinkers showed larger distractibility for alcohol stimuli than the abusive drinkers. The degree of alcohol-attentional bias was positively correlated with the amount of alcohol that participants habitually consumed.

- *Second*, both the heavy and the abusive drinkers who were trained with the AACTP showed a significant reduction in their alcohol-specific distractibility from the pre- to the post-test measurement.

- *Third,* from before to after the AACTP training, the abusive drinkers significantly reduced their alcohol attentional bias and their alcohol consumption. They also showed improvements in other areas of functioning, such as their readiness to change and confidence in their ability to control their drinking. All of the improvements observed at the post-test were maintained at the three-month follow-up.

To conclude, the results to date indicate that excessive drinkers can learn to control their alcohol attentional bias and doing so helps them reduce their alcohol consumption and improve on other drinking-related areas of functioning. These results support the premise that alcohol attentional bias is important in the initiation and maintenance of excessive drinking, and they also indicate that alcohol attentional training is effective. The AACTP training would be most appropriate as a complement to other interventions for alcohol-related problems to help improve their effectiveness.

References

Cox, W. M., Brown, M. A., & Rowlands, L. J. (2003). The effects of alcohol cue exposure on non-dependent drinkers' attentional bias for alcohol-related stimuli. *Alcohol and Alcoholism, 38*(1), 45–49.

Cox, W. M., Fadardi, J. S., & Pothos, E. M. (2006). The addiction-Stroop test: Theoretical considerations and procedural recommendations. *Psychological Bulletin, 132*(3), 443–476.

Cox, W. M., Pothos, E. M., & Hosier, S. G. (2007). Cognitive-motivational predictors of excessive drinkers' success in changing. *Psychopharmacology (Berlin)*.

De Houwer, J. (2002). The Implicit Association Test as a tool for studying dysfunctional associations in psychopathology: strengths and limitations. *Journal of Behavior Therapy and Experimental Psychiatry, 33*(2), 115–133.

Fadardi, J. S. (2003). *Cognitive-motivational determinants of attentional bias for alcohol-related stimuli: Implications for a new attentional-training intervention.* Unpublished dissertation, University of Wales, Bangor.

Fadardi, J. S., & Cox, W. M. (2006). Alcohol attentional bias: drinking salience or cognitive impairment? *Psychopharmacology (Berlin), 185*(2), 169–178.

Fadardi, J. S., & Cox, W. M. (2007a). An Internet version of the Alcohol Attention Training Program (AACTP-Internet; Version 1). University of Wales, Bangor.

Fadardi, J. S., & Cox, W. M. (2007b). *Reversing the sequence: Overcoming alcohol-attentional bias reduces drinking*. Unpublished manuscript, University of Wales, Bangor.

Goldstein, R. Z., Woicik, P. A., Lukasik, T., Maloney, T., & Volkow, N. D. (2007). Drug fluency: A potential marker for cocaine use disorders. *Drugs and Alcohol Dependence, 89*(1), 97–101.

Klinger, E., & Cox, W. M. (2004). Motivation and the theory of current concerns. In W. M. Cox & E. Klinger (Eds.), *Handbook of motivational counseling: concepts, approaches, and assessment* (pp. 3–27). Chichester, United Kingdom: Wiley.

Ostafin, B. D., & Palfai, T. P. (2006). Compelled to consume: the Implicit Association Test and automatic alcohol motivation. *Psychology of Addictive Behaviors, 20*(3), 322–327.

Robinson, T. E., & Berridge, K. C. (2001). Incentive-sensitization and addiction. *Addiction, 96*(1), 103–114.

Tiffany, S. T., & Conklin, C. A. (2000). A cognitive processing model of alcohol craving and compulsive alcohol use. *Addiction, 95*(Suppl. 2), S145–S153.

Weinstein, A., & Cox, W. M. (2006). Cognitive processing of drug-related stimuli: The role of memory and attention. *Journal of Psychopharmacology, 20*(6), 850–859.

Wiers, R. W., Cox, W. M., Field, M., Fadardi, J. S., Palfai, T. P., Schoenmakers, T., et al. (2006). The search for new ways to change implicit alcohol-related cognitions in heavy drinkers. *Alcoholism: Clinical and Experimental Research, 30*(2), 320–331.

Wiers, R. W., de Jong, P. J., Havermans, R., & Jelicic, M. (2004). How to change implicit drug use-related cognitions in prevention: a transdisciplinary integration of findings from experimental psychopathology, social cognition, memory, and experimental learning psychology. *Substance Use and Misuse, 39*(10-12), 1625–1684.

Zetteler, J. I., Stollery, B. T., Weinstein, A. M., & Lingford-Hughes, A. R. (2006). Attentional bias for alcohol-related information in adolescents with alcohol-dependent parents. *Alcohol and Alcoholism, 41*(4), 426–430.

Abstracts

Fadardi, J. S., & Cox, W. M. (2006). Alcohol attentional bias: Drinking salience or cognitive impairment? *Psychopharmacology, 185***(2), 169–178.**

This study evaluated whether alcohol attentional bias is an artifact of excessive drinkers' impaired cognitive functioning, which adversely affects their performance on the classic Stroop test (a measure of inhibitory control) and the Shipley Institute of Living Scale (SILS; a measure of verbal and abstraction ability). Both tests measure aspects of executive cognitive functioning (ECF). Social drinkers (N = 87) and alcohol-dependent drinkers (N = 47) completed a measure of alcohol consumption, classic and alcohol-related Stroop tests, and the SILS. A MANOVA showed that the dependent drinkers were poorer on the cognitive measures (SILS scores classic-Stroop interference) and had greater alcohol attentional bias than the social drinkers. An ANCOVA in which the cognitive measures were controlled showed that the dependent drinkers' greater alcohol attentional bias was not an artifact of their poorer cognitive performance. The results are discussed in terms of cognitive-motivational models, which suggest that excessive drinking sensitizes alcohol abusers' attentional responsiveness to alcohol-related stimuli to a degree that exceeds the adverse effects of alcohol on their general cognitive functioning.

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Abstracts

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Lopez, E. N., Drobes, D. J., Thompson, J. K. & Brandon, T. H. (in press). Effects of a body image challenge on smoking motivation among college students. *Health Psychology*.

Objective: Previous correlational and quasi-experimental research has established that weight concerns and negative body image are associated with tobacco smoking, cessation, and relapse, particularly among young women. This study examined the causal influence of body image upon smoking motivation by merging methodologies from the addiction and body image literatures. Design: Using a cue-reactivity paradigm, the study tested whether an experimental manipulation designed to challenge women's body image-specifically, their weight dissatisfaction-influenced their motivation to smoke. Female college smokers ($N = 62$) were included in a 2 X 2 factorial, within-subjects design (body image cues X smoking cues). Main Outcome Measures: Self-reported urge to smoke was the primary dependent measure, with skin conductance as a secondary measure. Results: As hypothesized, the presentation of smoking images and thin model images produced greater urges to smoke than control images. Additionally, trait weight concerns moderated the effect of the body image manipulation such that those women with greater weight concerns produced greater craving to the thin model image (when smoking cues were not present). Conclusion: These findings provide initial evidence that situational challenges to body image are causally related to smoking motivation.

Saunders, S. M., Zygowicz, K. M., & D'Angelo, B. R. (2006). Person-related and treatment-related barriers to alcohol treatment. *Journal of Substance Abuse Treatment, 30*, **261–270.**

Treatment underutilization by persons with alcohol use disorder is well-documented. This study examined barriers to treatment at the latter stages of the treatment-seeking process, which was conceptualized as recognizing the problem, deciding that change is necessary, deciding that professional help is required, and seeking care. All participants identified themselves as having a drinking problem that was severe enough to warrant treatment. Differences between those who had (Treatment Seekers) and those who had not (Comparison Controls) sought treatment were evaluated, including the experience of person-related (e.g., shame) and treatment-related (e.g., cost) barriers. Person-related barriers were more commonly endorsed by both groups than treatment-related barriers. Comparison Controls were more likely to endorse both types of barriers, especially the preference for handling the problem without treatment. Treatment-related barriers were less relevant than person-related barriers at the latter stage of help seeking. The significance of barriers endured after accounting for other differences, such as drinking-related negative consequences. Treatment implications are discussed.

Squires, D. D., Gumbley, S. J., & Storti, S. A. (in press). Training substance abuse treatment organizations to adopt evidence-based practices: The Addiction Technology Transfer Center of New England Science to Service Laboratory. *Journal of Substance Abuse Treatment.*

Underutilization of evidence-based treatments for substance abuse represents a longstanding problem for the field, and the public health of our nation. Those who would most benefit from research advances (community treatment agencies and the clients they serve) have historically been the least likely to be exposed to innovative evidence-based methods for substance abuse treatment. To help address this gap, the Addiction Technology Transfer Center of New England (ATTC-NE), located at Brown University, has adapted and implemented an organizational change strategy intended to equip substance abuse treatment organizations and their employees with the skills to adopt evidence-based treatment practices. Since 2003, the ATTC-NE has worked with 54 community-based substance abuse treatment agencies from across New England using this model, which is called the Science to Service Laboratory (SSL). Twenty eight of the 54 agencies completed all of the SSL components, and 26 of these 28 completer agencies (96%) successfully adopted and implemented Contingency Management as a result. Survey data comparing completer and drop-out agency's satisfaction with the quality, organization, and utility of the SSL indicate that both groups rated the SSL favorably. However, differences emerged with respect to organizational characteristics between completer and drop-out agencies. Specifically, drop-out agencies were more likely to report turnover in staff positions vital to the training effort. Future directions for the model are discussed.

Steinberg, M. L., Krejci, J. A., Collett, K., Brandon, T. H., Ziedonis, D. M., & Chen, K. (2007). Relationship between self-reported task persistence and history of quitting smoking, plans for quitting smoking, and current smoking status in adolescents. *Addictive Behaviors, 32*, **1451–1460.**

The task persistence construct has previously been measured primarily behaviorally (e.g., with a mirror-tracing task, or breath holding), and only in adults. It has been shown to differentiate between adult smokers and nonsmokers and to predict smoking cessation in adult smokers trying to quit.This theory-based analysis is the first to examine task persistence in adolescent smokers and to examine a two-item, internally consistent, self-report measure of task persistence. Results indicate that task persistence is greater among adolescent non-smokers as compared to adolescent current smokers, and those planning to quit smoking as compared to those with no plans to quit. Contrary to hypotheses, task persistence was not found to be related to prior successful attempts to quit smoking. Our results suggest that a brief, self-report measure of task persistence may be a methodologically sound, practical clinical tool for this population.

Announcements

Postdoctoral Position

We are seeking a postdoctoral fellow in the area of psychophysiology to participate in two NIH supported studies of autonomic nervous system reactivity and modulation in response to emotional and appetitive cues. One study involves alcohol and placebo challenges in healthy individuals and the other examines a variety of special populations including drug treatment samples, mandated college students, and student athletes. This two-year position affords the opportunity work with expert physiologists and psychophysiologists to learn new approaches to the assessment and analysis of heart rate variability, as well as skin conductance and temperature, respiration, finger pulse, and pulse transit time. The studies, conducted in the Cognitive Neuroscience Laboratory at the Center of Alcohol Studies at Rutgers University, are mid stream, thus providing immediate and substantial publication opportunities. Direct inquiries to mebates@rci.rutgers.edu, Marsha E. Bates, PhD, Center of Alcohol Studies, 607 Allison Road, Rutgers University, Piscataway, NJ 08854-8001.

Expert Content Director Position

The CDM Group, Inc., seeks an analytical, self-directed clinical professional to guide the development of several consensus-based substance abuse treatment manuals. Requirements include licensed substance abuse treatment clinician with advanced degree(s) and certification, strong content knowledge of substance abuse treatment field, training experience, strong writing skills, and ability to lead a team of in-house staff and external consultants in the development of the manuals. Please go to: www.cdmgroup.com for more details on this and other positions. CDM offers a collegial environment, growth opportunities, and an exceptional benefits program including annual leave, generous 401(k), and fully paid individual health plan. CDM is an Equal Opportunity Employer. When responding to opportunities, please mail, e-mail, or fax your resume and salary history to The CDM Group, Inc., 7500 Old Georgetown Rd., 9th Floor, Bethesda, MD 20814 Attn: HR. E-mail: resumes@cdmgroup.com. Fax: (301) 656-4012.

New Treatment Advisory from SAMHSA

In April 2006, the U.S. Food and Drug Administration approved a new extended-release injectable formulation of naltrexone (Vivitrol®) for the treatment of alcohol dependence in an effort to address the issue of patient non-adherence to oral treatment. A comparative report recently released by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the Spring 2007 issue of Substance Abuse Treatment Advisory compares oral naltrexone and extended release injectable naltrexone. It also answers questions treatment providers, particularly counselors and program administrators, may have about injectable naltrexone.

"Naltrexone for Extended-Release Injectable Suspension for Treatment of Alcohol Dependence" (Substance Abuse Treatment Advisory, Spring 2007, Volume 6, Issue 1) is available on the Web at www.kap.samhsa.gov. Copies may be obtained free of charge by calling SAMHSA's Health Information Network at 1-877-SAMHSA-7 (1-877-726-4727). Request inventory number SMA 07-4267. For related publications and information, visit http://www.samhsa.gov/.

Upcoming Meetings

International Society of Addiction Medicine (ISAM) IX Annual Meeting • October 22–25 • Cairo, Egypt

American Public Health Association (APHA) 135th Annual Meeting & Exposition • November 3–7, 2007 • Washington, DC

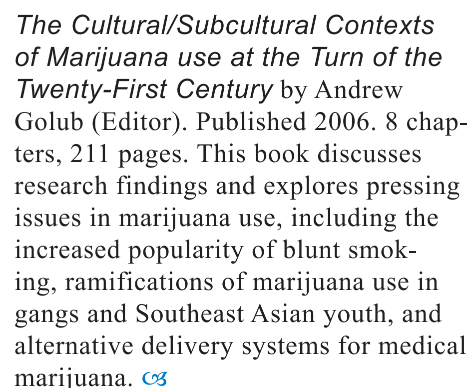
Association for Medical Education and Research (AMERSA) in Substance Abuse 31st National Conference • November 8–10, 2007 • Washington, DC

New Books from Hawthorne Press

Behind the Eight Ball: Sex for Crack Cocaine Exchange and Poor Black Women by Tanya Telfair Sharpe. Published 2005. 10 chapters, 248 pages. This book places crack addiction, crack-related prostitution and its consequences, STDs, HIV, and pregnancy into the context of larger social issues of inner-city poverty, race, gender, and class.

HIV, Substance Abuse and Communication Disorders in Children by Robert Martin Screen and Dorian Lee Wilkerson. Published 2007. 10 chapters, 110 pages. This book examines the language problems of young children from special populations, including HIV-positive and substance-abusing mothers.

Managing Your Recovery from Addiction: A Guide for Executives, Senior Managers, and Other Professionals by David F. O'Connell and Deborah L. Bevvino. Published 2007. 7 chapters, 258 pages. This self-help book applies business approaches and ideas to the process of planning, implementing, and carrying out programs for professionals in their first year of recovery from alcohol and drug addiction.



The Cultural/Subcultural Contexts of Marijuana use at the Turn of the Twenty-First Century by Andrew Golub (Editor). Published 2006. 8 chapters, 211 pages. This book discusses research findings and explores pressing issues in marijuana use, including the increased popularity of blunt smoking, ramifications of marijuana use in gangs and Southeast Asian youth, and alternative delivery systems for medical marijuana.

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