



# The Addictions Newsletter

Fall/Winter 2007

The American Psychological Association, Division 50

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## President's Column

### Coming of Age in 2008: Happy 15th Birthday, Division 50!

*Nancy A. Piotrowski*

As we ready to wrap up 2007 and embark on a new year, I want to point out that 2008 marks the 15th birthday of Division 50 within the American Psychological Association (APA). The Division officially came into existence in 1993 after nearly two decades of organizational work by a small but committed group of psychologists. In addition, they helped to forge a 1992 position statement on substance use that was adopted by the APA Council (for history, see <http://www.apa.org/divisions/div50/history.pdf>). These efforts stand as large cooperative accomplishments. We are indebted to those who began organizing psychologists in addiction within APA and those who have tended to this organizing process over the years. These efforts help us have a public voice, both inside and outside APA, and the ability to offer opportunities that did not previously exist to individuals interested in addiction psychology.



*Nancy A. Piotrowski*

#### What Will We Be When We Grow Up?

Historically we are a practice division within APA. However, we are a diverse group doing research and clinical work, teaching and training, administration, advocacy and consulting. Our interests include substance use to pathological gambling to sexual compulsivity, eating disorders, internet use, compulsive spending, and more. We also work in diverse settings—universities, colleges, clinics,

forensic settings, the armed services, agencies, hospitals, research settings, government bodies, businesses.

So what does this mean to us—an organization smack dab in the middle of its adolescence? What do we want to be when we “grow up”—whenever that might be—and how do we make it happen? I

would be curious to know your answer. For now, I will share mine: I believe that because of our breadth of interests as a group, in part due to the complexity of the populations we serve, we have many things we want and need to be. Overall, I think we are devoted to scientific ideals and good use of clinical wisdom in our efforts to promote improvements in the prevention and treatment of problems related to substance use and other addictive behaviors. We are also keen on training and preparing our workforce. Moreover, we are committed to serving a broad diversity of individuals, families, communities, and organizations. So, if that is the case, we must invest in the developmental tasks needed to set the stage for accomplishing these things and to prioritize our goals. True, we cannot do it all at once—but as in a career, there are different things we can focus on at different times along the way. Therefore, I invite you to think about where the division needs to go and how you might, in your path, work in a little time to help make that happen—to be part of the change.

*(Continued on page 2)*

## President's Column

(Continued from page 1)

### Suggested Developmental Tasks Ahead

As adolescence is a time of relationship building, I suggest that Division 50 needs to focus on developing and enhancing relationships to prepare for what is ahead in the next five to 10 years. As such, to nudge things in this direction, this year I plan to focus on structural tasks designed to grow the division strategically in a way that will increase the visibility and connectedness of the division both within and outside of APA. The tasks I have chosen reside in five areas.

First, within the division, I have called for the formation of a Committee on Special Populations (CSP). This committee will help us strategically integrate a focus on special populations (e.g., ethnic minority, Lesbian, Gay, Bisexual, Transgender [LGBT], dual diagnosis, veterans, women, men, children, adolescents, elders, physically challenged individuals) relevant to addictions. The CSP will do this by examining who we are as a division workforce and how we can contribute to addressing the needs of special populations in division tasks and plans regularly and meaningfully.

Second, with the broader organization of APA, I want to support efforts to continue and establish firm, regularized connections so we are always at the table when decisions relevant to addictions are at hand. At present, this occurs informally through liaisons to the different APA directorates. We hope to formalize this arrangement. It will also be important for us to increase our work with the Public Interest Directorate, which is keenly interested in issues that are relevant to special populations and addictions, and do what we can to increase our presence on boards and committees in APA governance.

Third, we need to focus on relationships with organizational peers within APA. For instance, we will benefit from building and joining coalitions with peer divisions sharing similar interests. We have done this successfully in conference programming and divisional projects. For instance, last year we received an interdivisional grant


with Division 56 for a website on evidence-based practice. This year, we will participate in two organized meetings—one summit on violence and abuse in relationships, hosted by Divisions 56 and 35 in February; and a conference in March on evidence-based practice for ethnic minorities hosted by Divisions 45, 17, 42, 12, and 37. We are also working on two proficiency renewals, one involving us and Division 28, and a second involving Divisions 28, 31, 42, and 55. Such efforts are strategically valuable and need to continue to help us raise the visibility of addictions as a problem of general relevance to many different types of psychologists.

Fourth, we need to consider enhancing our relationships with our state associations. Issues such as state level parity legislation, training requirements, and licensing of psychologists and others in addiction are but a few items where we might productively work together. Further, state associations may help us attune to legislative changes occurring at the state level that are relevant to addictions. Simultaneously, liaisons to state organizations could help to raise their awareness of addictions issues and their relevance to the state organizations. Moreover, this enhanced mutual awareness may serve to raise the profile of addictions within APA as we will then have extra partners to help voice addictions concerns at the decision tables.

Finally, we need to expand our communications with addictions organizations outside of APA. To the degree that we can increase the sharing of information on areas of mutual interest or concerns, the better we all may be able to do for the field. Groups such as the Research Society on Alcoholism (RSA), Association for Behavioral and Cognitive Therapies (ABCT) and their special interest group in addictive behavior (SIG-AB), Society for Research on Nicotine and Tobacco (SRNT), and international psychology associations, among others, may be valuable allies in gathering data on contemporary addictions issues. This last year, for example, American Society of Addiction Medicine (ASAM) and National Association of Drug and Alcohol Counselors (NAADAC) offered interesting and useful perspectives on the national parity legislation debate. More recently, sharing perspectives on the

NIH peer review process with RSA was valuable. As such, we will be exploring such liaisons over this next year to see what is possible. Your ideas are welcome.

### Growing Pains at an Awkward Age?

So what is ahead? Maybe it is learning to be more assertive, a growth spurt and related clumsiness, learning to drive and steer straight, or some broken hearts. No matter, we are in great shape. We have a talented, dedicated, and motivated board and a diverse and strong membership. Therefore, I strongly believe we are prepared to make some significant strides. Join in to support any of these projects, as a runner or a cheering fan, or coach us along the way with your suggestions and ideas. Your support in any way means a lot. But most of all remember that old Margaret Mead quote: "Never doubt that a small, committed group of citizens can change the world. Indeed it's the only thing that ever has." We are such a group—and I am sure if we put our minds to it, we can do some amazing things in the next 15 years. 

## Committee on Special Population Issues

Division 50 announces an open call for Division 50 members and prospective members interested in forming a Committee on Special Population Issues. This committee will be tasked with helping the division address issues of diversity and special needs. Responsibilities will be discussed with those who notify the division secretary of their interest (see <http://www.apa.org/divisions/div50/fellows.htm> for contact information). These activities will include, but are not limited to, review of policy, educational, and scientific documents, participation in division convention-related activities, membership and student activities, and special projects.

## Editor's Corner

### Una Visione Fresca, or A Fresh Perspective

**Elizabeth J. D'Amico**

Hi. Let me introduce myself. My name is Liz D'Amico and I am the new editor of *TAN*. I follow in the footsteps of two wonderful people, Nancy Haug and Bruce Liese, who made *TAN* into a great resource for Division 50. I am excited about this opportunity to serve Division 50 and look forward to working with many of you over the next 3 years.

As the new editor, I would like to continue to highlight the central theme from 2006 *TAN*—do you remember? “Division 50 wants you to become more involved.” Yes, it’s hard. We are all busy. How do you do your “main” 40-hour-per-week job (ha ha! Only 40 hours!), spend any free time with family and friends and then become involved in additional “outside” activities?? There are no easy answers. BUT, one easy way of becoming more involved in Division 50 is to contribute to *TAN*. If you have ideas for a new column or topic you would like to see in *TAN*, let me know. Is there something that you think is important and should be discussed in *TAN*? For example, underage drinking? Pre-partying



Elizabeth J. D'Amico

among college students? Evidence based treatments for adults versus adolescents? Send me your idea or article. Let’s get the information out there.

On that note, Nancy Piotrowski and I had a discussion about the recent legislation related to addictions. We decided that it would be interesting to feature an article focused on how psychologists have participated in the legislative process related to addiction issues in our spring newsletter. We plan to send a message to the listserv in the near future asking people about their legislative experiences, so be on the look out for this e-mail. Here’s your chance to get involved!!

Another way to participate is to offer your services to one of the many committees in Division 50. Do you want to find out more about a particular committee? Take a look at the list we provide in this issue of division committees, liaisons, and their contact information. Send them an e-mail to get more information on how you can participate in Division 50 activities.

In this issue, we have several pieces that I want to highlight because they provide important information on current events. First, see the Advocates Alcove and the Federal Update columns for recent decisions on the Parity Bill and mandated 12-step attendance. Second, did you provide feedback to NIH on the peer review process? In this issue, the Science Advisory Committee provides a summary report on Division 50 members’ feedback concerning the peer review process.

We also have some features from the APA convention in San Francisco. For those of you who were able to attend, you know that it was a great conference with lots of interesting presentations addressing substance use in different populations and settings. At the Division 50 business meeting, we honored several people for their work, and those people are listed in this issue of *TAN* for those of you who were not able to make the conference.

So, the Italian in me will say “ciao” for now. If you would like to submit an idea for a new column, an article, abstract, or announcement for our next edition, send them to [taneditor@rand.org](mailto:taneditor@rand.org) by February 4, 2008. I sincerely hope to hear from you. ☺

## APA Council of Representatives Report: August 2007 Meeting

**Jalie A. Tucker**

**Division 50 Council Representative**

APA’s governing body, the Council of Representatives, met for the second of its two annual meetings, on August 16 and 19 at the annual convention in San Francisco, CA. APA President Sharon Brehm chaired the meeting, which covered an agenda of over 30 action items. Most items were unremarkable and passed with minimal discussion, but three generated much discussion on and off the floor of Council:

- *Resolution concerning psychologist participation at U.S. Detention Centers*—A summary of the resolution passed by Council as APA policy after

much debate can be viewed at <http://www.apa.org/releases/councilres0807.html>. Although the resolution does not call for the total moratorium on psychologist participation in interrogations that several groups have advocated, it sets specific limits on their involvement, including prohibiting participation in inhumane interrogation techniques that have been used against terrorism detainees at U.S. facilities like Guantanamo Bay, Cuba. The resolution establishes penalties and obligates psychologists to report unacceptable practices to superiors and to report the involvement of other psychologists in such activities to the APA.

- *Postdoctoral education and training program in psychopharmacology and model legislation for prescriptive authority*—Two related agenda items aimed at unifying training and legislation supporting prescriptive authority were passed “in principle” because documents detailing aspects of implementation remain to be developed and reviewed by Council. Approval of the items recognized the continuing evolution of educational programs and laws governing prescriptive authority and made appropriate revisions in the original documents passed by Council in 1996.

(Continued on page 4)

## APA Council Report

(Continued from page 3)

- *Designation of APA assets to support Web Relaunch Project*—The APA website, [www.apa.org](http://www.apa.org), is unwieldy and in need of a complete overhaul. Council approved a request from the Finance Committee and the APA Board of Directors to designate \$7.6 million of the organization's restricted net assets for this purpose. A user friendly web presence is vital to serving the needs of APA members, staff, and the public.

In other action, 2008 dues were increased by \$9.00 for APA members to \$290.00. Contrary to popular belief, only 14% of APA's revenue comes from membership dues, whereas 68% comes from publications and related electronic products.

Council also authorized the establishment of four new Council seats for members of four national organizations of ethnic minority psychologists, including the American Association of Asian Psychologists, Association of Black Psychologists, Society of Indian Psychologists, and National Latino/a Psychologists Associations. Three of the four associations have accepted the APA's invitation. The Association of Black Psychologists has declined at this time, but may accept at a later date.

Finally, APA Chief Executive Officer Norman Anderson spoke about upcoming organizational changes and transitions. APA will hire its first diversity officer and will continue to formulate its first strategic plan in the organization's 115-year history. Key personnel transitions include the retirement of Chief Financial Officer Charles L. "Jack" McKay and the resignation of Executive Director of the Practice

Directorate Russ Newman. During his long stewardship of APA's finances, Jack steered the organization through several perilously lean years and developed its diverse portfolio of holdings, which now includes two valuable office buildings in Washington, DC, one of which is occupied by APA. Russ Newman leaves APA for an academic post at Alliant International University. His contributions have ranged from litigation to curtail the adverse effects of managed care to legislative efforts to achieve parity for psychological services to media campaigns to educate the public about how psychology contributes to our individual and collective well being. Russ played key roles in obtaining prescriptive authority for psychologists and in establishing the APA Practice Organization. Both men leave legacies of excellence at APA and will be hard to replace. ☺

## Evidence-Based Practice in Addictions (EBP) Committee Update

**Harry K. Wexler**

*Center for Integration of Research and Practice, NDRI, Inc., New York, NY*

**Nancy A. Piotrowski**

*Capella University, San Francisco, CA*

The Committee on Evidence-Based Practice in Addictions (EBPs) had a very successful early morning EBP symposium with more than 70 attendees on Friday of the APA convention. Thanks again to Joan Zweben, Michael Levy, Greg Brigham, Harry Wexler, Harold Perl, and Dan Kivlahan for their excellent presentations. Discussions from the symposium continued later that day at a work group meeting of the EBP Committee. Items discussed were the annual report, identifying a new co-chair, content development for the website project, planning an interactive session for next year's convention and future writing projects. Since the meeting, Greg Brigham has volunteered to serve on the committee; he and Harry Wexler will work as co-chairs. If you have an interest in the EBP committee activities, please contact the co-chairs. Also, to get involved on the website project, send communications to [ebps-in-addiction@comcast.net](mailto:ebps-in-addiction@comcast.net).

Note two other items of interest. First, Dan Kivlahan wrote in to share an abstracted version of a recent press release from the National Quality Forum (NQF): "On September 20, 2007, the NQF released the first set of endorsed national voluntary consensus standards on EBPs to treat substance use conditions. The Robert Wood Johnson Foundation provided support for this work. The NQF report also identifies areas where further research is needed to identify preferred treatment practices and provides recommendations for the development of quality measures to evaluate and improve performance. The endorsement of these practices by NQF's over 365 member organizations, which include healthcare providers, consumer groups, professional associations, purchasers, federal and state agencies, research and quality improvement organizations and suppliers, is the first time formal consensus has been achieved in the field about the treatment of substance use conditions. NQF's formal Consensus Development Process vetted the standards with multiple stakeholder input to achieve special legal standing as voluntary consensus standards." To see the standards as

finalized, please visit <http://www.quality-forum.org/publications/reports/sud-2007.asp>.

Second, Divisions 45, 17, 42, 12, and 37 made a formal announcement regarding a conference on EBPs for Ethnic Minorities. The conference takes place March 13 and 14, 2008 in Washington, DC. Division 50 is also a sponsor in this event, now involving 20 different divisions. Division 50 Fellow and conference Co-Chair Eduardo Morales is working with us to involve Division 50 members in this event in a variety of ways. This will include presentations and participation in diverse symposia. We hope you will consider attending this promising event. ☺

**B.Z. Toons**

by Brian Zaikowski



What's wrong, Lyle? You seem awfully depressed lately.

# Student and Trainee Perspectives

## Convention Recap and Applying for Internship

*Alicia Wendler and Ameer B. Patel*

We would like to begin by congratulating all our colleagues who graduated this year [including our own Alicia Wendler! – Ameer]. What an amazing achievement! We wish you the best of luck in your future endeavors.

This year's APA Convention was held in San Francisco and featured great programming, both at the APA and Division 50 levels. Division 50 student-oriented programming included three poster sessions, the NIDA/NIAAA-sponsored Early Career Professional Social Hour, and the Making Connections Student Social Hour. All of these events were well-attended. The attendance at the Making Connections Student Social Hour increased almost threefold, and with many senior members, including all three presidents and several Division 50 Board members, Making Connections provided an opportunity to do just that. We appreciate everyone's support and hope that the event was helpful for those who attended. As we begin preparations for Convention 2008, please contact us if you have any suggestions or feedback about student programming.

As many of us are currently in the middle of the internship application process, we felt that it would be appropriate and timely to address this anxiety-provoking topic. One of the hardest parts of applying for internship is the initial site selection. Although some are limited by location or specialization, many of us have seemingly unlimited options. It is important to do careful research in narrowing down your sites. You may think about questions like:

1. What are my goals for internship? Does this site have experiences that address my goals?
2. What can I offer this site that would make them interested in me?

3. Are there opportunities for my specific interest area, (e.g. testing, research)?

4. Is there a major rotation or specialization in addictions or dual diagnosis treatments?

5. Does this site offer benefits that are important to me (e.g., dissertation/research time, flexible hours, standard of living)?

It can be particularly hard to find addictions-related internships. The APPIC online directory of internship sites allows for searching specialty areas, including substance use disorders. As with all your sites of interest, you can also contact the training director with specific questions about training experiences, including substance use disorder treatment and assessment work. Most training directors can provide valuable information to your inquiries and contacting them is a great opportunity to establish pre-interview communication that can go a long way. If you have limited addiction treatment experience going into the internship year, do not worry! The internship year is the time to round out your prior clinical experiences with newly acquired skills. Remember, you are still a trainee, and you will have supervisors to guide you along the way.

Once you have made your site selections, it is important to make a checklist of all of the things you will need—transcripts, recommendations, essays, sample reports, a list of interviewing questions, etc. It can be overwhelming. A list and folder for each institution can be tremendously helpful in keeping organized. As items get completed or submitted, you can check things off your list and fill your folder. It is not just a way to feel organized, but also feel like you have accomplished something!

The internship interviewing process can be a quite daunting, but worthwhile, endeavor. It is highly recommended to interview in person if you have the financial resources to do so. This can allow you to get a “feel” for the site and the individuals with whom you will be working; often, seeing a site in person can help solidify or even change your rankings. It is also important to engage in a few practice interviews with peers prior to formal interviewing to rehearse your questions and answers. Practice can lend itself to more coherent statements when under pressure, as well as provide feedback about your interviewing style from trusted peers.

The weeks of interviewing potentially involve a number of hotel stays, flights, and late night drives. If possible, take some time off work or practicum responsibilities to allow yourself psychological rejuvenation, as this can be an exhausting period in your lives. On the bright side, there is a point in the interviewing process when you begin to gain a sense of mastery; the questions begin to sound familiar and you develop proficiency in answering and generating questions. The point of the whole process is about “fit” (you will hear this term often) as the internship site wants you to be as happy with them as they are with you. The internship year is truly a time of growth. Finding a site that affords you a great educational and professional experience is vital; making certain that your internship provides a segue from graduate school to the “real world” is key. This is your year to transition from student to professional psychologist. Best of luck to all of you applying this fall! ☺

## Get (More) Involved: Run for Division 50 Office!

*William H. Zywiak, Selene Varney MacKinnon, and Krista Lisdahl Medina; The Division 50 Nominations and Elections Committee*

Here is a once-a-year opportunity to get more involved in APA's Division 50. Division 50 is seeking nominations for two positions (President-Elect and Membership-at-Large) that will start three-year terms beginning at the close of the Annual Meeting of APA in August 2008 and ending August 2011. In these positions, you will be able to significantly affect the direction of the field. You are already devoting considerable time treating and/or conducting research with individuals with addiction problems. Here is your opportunity to affect change at the national level. Self-nominations are invited, and you only need 26 Division 50 members to nominate you to be placed on the ballot. All Division 50 Members and Fellows are qualified to run for office.

As is true for every year, we are seeking nominations for President-Elect. The term of the President-Elect will overlap with the 2008–2009 President, Tom Brandon, and the 2007–2008 President, Nancy Piotrowski. The President-Elect is recognized as and functions as the Vice President, spending the first year getting oriented to the current board, observing the activities of the division, contributing ideas to the strategic planning for the upcoming year, planning for their presidential year (such as picking a convention chair), and participating in other activities as requested by the President and Board of Directors. After completing the President-Elect year, the President presides at all meetings of the Division Membership and Board of Directors as Chair-person, and performs such other duties consistent with the Bylaws and that he/she or the Board of Directors shall deem necessary and/or appropriate to the functioning of the Division.

The second position is a Membership-at-Large (MAL). Based on the Board's agreement, this MAL serves as a Division 50 liaison to the APA Public Interest Directorate and works closely with the Division 50 Advocacy and Policy Committee (APC). The overarching goal of this MAL position is to focus on policy-related matters. This is accomplished through frequent communication with APA and through efforts to educate and support members in effective advocacy practices. In particular, this MAL position targets new initiatives, monitors policies already in place, and increases members' awareness of addiction-related policy issues.

Please see the Call for Nominations Form on page 7 of this issue of *TAN*. [↗](#)

### Division 50 Needs Your Votes!



In early November you will receive an apportionment ballot from APA. The vote this ballot represents will determine division and state representation on the APA Council of Representatives. You have 10 votes to allocate and you may be a member of several divisions and state associations. Because we are relatively small, Division 50 needs your votes to maintain a seat on Council and address your professional and scientific interests. This seat on Council is the main mechanism for us to speak to APA about issues that concern our membership. Please allocate ALL of your votes to Division 50 and then be sure to mail in your ballot so that it is received by the deadline. This will ensure that we can represent your interests at APA Council!

#### Annual Division 50 Call for Fellows Nominations

The Division 50 Fellows and Awards Committee invites nominations of Division members for potential election to Fellow status in the American Psychological Association.

The deadline for receipt of nominations is December 20, 2007. The deadline for receipt of application materials (i.e., nominee's materials and endorsers' letters) is January 14, 2008.

Late applications will not be considered in the current review cycle. Nominations may be made by any member or Fellow of the Division; self-nominations are acceptable. For more information, contact [kathleen.carroll@yale.edu](mailto:kathleen.carroll@yale.edu).

#### Annual Division 50 Call for Awards Nominations

Division 50 (Addictions) seeks nominations for its 2008 awards, which will be announced at APA's 2008 Annual Convention. Awards for 2008 include (a) Distinguished Scientific Early Career Contributions, (b) Distinguished Scientific Contributions to the Application of Psychology, (c) Distinguished Scientific Contributions to Public Interest, and (d) Outstanding Contributions to Advancing the Understanding of Addictions. Information on award qualifications and nominations can be found on Division 50's web site at <http://www.apa.org/about/division/div50.html>. The deadline for receipt of all award nominations and relevant materials is May 1, 2008. For more information, contact [kathleen.carroll@yale.edu](mailto:kathleen.carroll@yale.edu).

# *Call for Nominations*

## **Division 50 Officers**

Division 50 is soliciting nominations for two offices:

### **President-Elect**

### **Member-at-Large of the Executive Committee (Public Interest)**

The President-Elect serves for 3 years, as President-Elect, President, and Past-President.

The Member-at-Large also serves for 3 years. The individual in this position will serve as the liaison to the APA Public Interest Directorate.

The duties for each position are as described in the Division by-laws. Officers are expected to attend the annual APA convention and the mid-winter Board of Directors Meeting (some funding is available for travel to the mid-winter meeting).

Division by-laws state that a nomination “must be supported by the signatures of at least two and one-half percent” of the members. Thus, each nomination should be supported by at least 26 members of the Division. Nominations of women and ethnic minority members are especially encouraged.

Candidate biographies will appear in the spring issue of *The Addictions Newsletter*. The ballot for officers will be mailed from the APA Central Office in early April.

Make nominations by indicating nominee and office below. Nominations may be sent by e-mail. Please provide nominator’s address, and phone number to permit verification.

#### **THE DEADLINE FOR NOMINATIONS IS JANUARY 31, 2008.**

I nominate \_\_\_\_\_ for \_\_\_\_\_ of Division 50.

I nominate \_\_\_\_\_ for \_\_\_\_\_ of Division 50.

Nominating member’s name, address, and phone number (for verification):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nominator’s signature \_\_\_\_\_

Send nominations to: William Zywiak, PhD, Division 50 Nominations and Elections Chair  
Decision Sciences Inst. of P.I.R.E  
120 Wayland Ave., Suite 7  
Providence, RI 02906

e-mail: zywiak@pire.org  
Fax: (401) 751-1592  
Phone: (401) 751-1314 ext 2102

#### **THE DEADLINE FOR NOMINATIONS IS JANUARY 31, 2008**

# Advocates Alcove

## A Brief Update on Federal Mental Health Parity

*Rebecca Kayo, Division 50 Federal Advocacy Coordinator, Co-Chair Policy and Advocacy Committee*

*Brad Olson, Co-Chair Policy and Advocacy Committee, Member-at-Large*

On September 18, the U.S. Senate passed S. 558, the Mental Health Parity Act, by unanimous consent. Many of you have been following, and even advocating for this bill and can now sigh in relief that the long hard battle was won. In this article we wish to provide you with information regarding the “battle” and the final bill status.

After many months, S. 558 was able to finally pass the Senate. The bill’s sponsors had previously attempted to “hotline” the bill shortly before the August recess, giving Senators an opportunity to raise objections prior to floor consideration. The bill’s sponsors were successful at removing all objections to consideration, with the exception of Senator DeMint, who placed a “hold” on the bill that precluded passage. After the hold was finally removed, the bill was allowed to proceed. This bill had the full support of the APA Practice Organization (APAPO), which played a critical role in the bill’s drafting and negotiation.

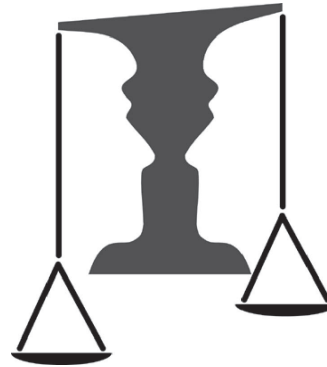
The version of S. 558 that emerged shortly before the August recess was the result of employer and insurance industry organizations making major concessions to

overcome significant objections raised by some state officials regarding the bill’s special preemption rule. More specifically, the previous version of the bill had special provisions for preempting existing state laws regarding mental health insurance. Many state officials were

concerned regarding the ability of S. 558 to preempt their already existing state laws. As a result, the special preemption rule was deleted by the sponsors. The perfecting language that had previously been sought by some state officials who desired to more clearly protect their laws from preemption appeared to have caused more problems than it solved. By deleting Section 4 of the bill, preemption thus defers to the HIPAA model, wherein state laws that offer more protection of consumer rights are allowed to prevail. This change further ensures that S. 558 acts more like a floor of security as it pertains to state-regulated health plans and makes the Senate bill more like the House bill (H.R. 1424).

In addition to the changes made regarding state preemption, two more provisions were added to the final bill. These provided state insurance officials a clearer ability to have a copy of the cost exemption notice and authorized the appropriate state and federal

agencies to audit cost exemptions. S. 558 requires full parity between mental health and medical benefits for all aspects of plan coverage, including day/visit limits, dollar limits, coinsurance, copayments, deductibles and out-of-pocket maximums.



Only a few differences remain between S. 558 and H.R. 1424. H.R. 1424 has an out-of-network mandate, includes a minimum benefit package referencing the DSM in the most popular Federal Employees Health Benefits Program Plans, lacks language specifically permitting management of the benefit, and has an effective date earlier

than S. 558’s. Currently, H.R. 1424 has been marked up (i.e., changes or amendments have been made prior to recommendation) by 2 of the 3 House committees of jurisdiction. While the APAPO has not endorsed any parity bills on the House side, it does support efforts by Congressmen Patrick Kennedy (D-RI) and Jim Ramstad (R-MN) to pass parity in the House.

We would like to thank each and every person who contacted their Senators regarding S. 558. Without you we would not have had the same loud voice! ☺

## First Friends of NIAAA Focused on Underage Drinking

The Science Government Relations Office (GRO) staff, working in conjunction with the Addiction, Treatment and Recovery Caucus in the House of Representatives organized the first Friends of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) educational briefing on November 15, 2007, which focused on underage drinking. The briefing complemented NIAAA’s collaboration with the U.S. Surgeon General’s Office, which recently released “A Call to Action to Prevent and Reduce Underage Drinking” and followed a model GRO staff have used successfully for Friends of the National Institute on Drug Abuse (NIDA) educational briefings. If you are interested in reviewing past Friends of NIDA briefings, see <http://www.thefriendsofnida.org/events.asp>.



# Report on the 2007 APA Education Leadership Conference

*Cynthia Glidden-Tracey, Co-Chair  
APA Div. 50 Education & Training  
Committee*

From September 8-11, I attended the APA Education Leadership Conference (ELC) in Washington DC representing Division 50 for my second year as a participant. For its sixth annual meeting, the ELC continued efforts toward participant's long-term goals: 1) to share a forum to address educational issues of mutual concern in psychology, 2) to promote shared disciplinary identity, and 3) to influence public policy regarding education in psychology and psychology in education. ELC participants represented 18 Psychology Education and Training Organizations, 25 APA Divisions, 9 other psychology organizations, and 14 APA Governance Groups. Division 50 representation also included Amanda Hardy, a doctoral Counseling Psychology student from Arizona State University.


The conference opened Sunday with a keynote address by Carol Geary Schneider, President of the Association of American Colleges and Universities (AAC&U), who spoke on "Liberal Education and the Disciplines We Need Now." Following an excellent panel discussion of the keynote address, ELC participants broke into discussion groups to further consider ways to restructure undergraduate coursework and psychology majors to advance the goals of a liberal education. Several distinguished presenters explored the implications of sharing psychology in the education for other professions from an

extensive list, including: Communications, Gerontology, Education, Business, Foreign Service, National Leadership, Criminal Justice, Law, Architecture, Engineering, Fine Arts, Medicine, Pharmacy, and Public Health. We engaged in spirited exchanges about opportunities and challenges regarding psychology's role in the academy, our desired focus and emphases of educational efforts in our and other disciplines, and our recommendations of activity for APA to foster public understanding of the broad relevance of psychology's knowledge base. Several members of my discussion group indicated support of my suggestion that psychological contributions to addressing social problems with addiction remain a huge opportunity for greater and powerful impact.

Monday afternoon of the ELC concentrated on SAMHSA (Substance Abuse and Mental Health Services Administration) programs and the pending reauthorization of SAMHSA. In particular we reviewed program recommendations to enhance SAMHSA's capacities to 1) promote prevention of suicide and related risks on college campuses; and 2) develop the mental health and substance abuse work forces. We learned interactive strategies for talking to congressional members and their staff about psychology's interests in SAMHSA reauthorization. "Role-plays" with some of us practicing advocacy with others playing Congresspersons prepared us well for the coming day's visits to Capitol Hill.

On Tuesday the conference broke into delegations by State, and each State's psychologist participants visited the offices of their State's Senators and our individual District Representatives. The three ELC participants from Arizona met with legislative assistants or correspondents of five members of Congress, and in one case our delegation was fortunate to also speak with the Arizona 7th District Representative Raul Grijalva. He expressed support for psychology's education objectives and added his thanks to APA for "doing the right thing" in APA's recent stance against torture.

At each Congressional office, we requested support for the reauthorization of SAMHSA, particularly increased appropriations and expanded use of funds for the SAMHSA Campus Suicide Prevention Program. In addition, we requested four workforce development programs through SAMHSA. Aimed at increasing the numbers of mental health and substance abuse professionals available to address the complex needs of underserved populations, these proposals include specific authorization of the Minority Fellowship Program, adding training opportunities through institutional grant and loan repayment programs, and expansion of data collection and analysis capacities within SAMHSA.

More information about these ELC presentations and activities is available by contacting Cindi Glidden-Tracey, [cglidden@asu.edu](mailto:cglidden@asu.edu). 

## Summary of Member Feedback on the NIH Peer Review Process

### *Division 50 Science Advisory Committee*

The Division 50 Science Advisory Committee (SAC) includes Mark Wood, University of Rhode Island (Chair), Sara Jo Nixon, University of Florida, (Division 50 Member-At-Large), Kristen Anderson, Reed College (Early Career Professional), and Danielle Ramo, San Diego State University and University of California San Diego (Graduate Student Representative). The mission of SAC is to enhance the visibility, quality and relevance of scientific

activities within Division 50 and to ensure that the Division is part of the on-going dialogue regarding psychological science and its application.

In September 2007, SAC summarized Division 50 membership responses to NIH's request for input regarding revisions to the NIH Peer Review process. Division 50 members were eager to share their comments and had specific suggestions about how to improve the process on both macro and micro levels. Specific

challenges identified by members included leadership (NIH and functioning of review panels), efficiency/fairness of the funding process, the design of applications, specific mechanisms (mainly training and exploratory/developmental applications), length of time of the review process, and compensation for reviewers. Suggestions addressed each of these areas and ranged from broad scope to very specific recommendations. Recommendations included the following:

*(Continued on page 10)*

## Summary of Member Feedback

(Continued from page 9)

1) Leadership—Stronger advocacy by NIH and APA to increase research funding; higher proportion of seasoned reviewers on panels to help ensure review quality.

2) Efficiency/fairness of funding process—Efforts should be made to ensure that deserving investigators receive due consideration and that funds are not directed to established investigator solely based on their reputation; full consideration of promising behavioral interventions rather than emphasizing pharmacological interventions. Other specific suggestions were that the number of grants for which an investigator can be a PI be limited, and that NIH use empirical data to determine whether the current peer review process should be changed (e.g., randomized assignment to multiple forms of review).

3) Applications—General consensus that the page length of applications should remain 25 pages.

4) Specific mechanisms—Increase the R21 limits to 3 years and \$500,000; increased effort to ensure that reviewers apply appropriate standards for RO1, R21, and F31 proposals.

5) Length of time of review process—Mixed opinions were expressed about video, phone, and in-person reviews, but in general Division 50 members believe that the value of face to face meetings exceeds the costs.

6) Travel/compensation—Reviewers should be paid reasonable consulting rates for both the time spent in reviewing proposals and attending the panel meetings; the practice of having review meetings in different locations should be expanded.

7) Review Panels/Meetings—Formal orientation sessions should be required of new reviewers and chairs; applications should be given sufficient time for review, as opposed to the current practice of triaging many applications in an effort to shorten the review meeting.

8) Scoring system—Reviewers should give two separate scores, one for significance/innovation, the other for approach/investigators/feasibility; reviewers who change their scores should be required to revise their critique accordingly; explicit pressures to “unscore” a large number of applications should be eliminated; reviews of amended applications deserve comment on responsiveness to previous critiques.

9) Career Pathways—Increase the programmatic emphasis on K awards and related mechanisms to better support career development; include some funding for mentors (e.g., 2.5-5%) in funding for new investigators and transitioning investigators; provide greater attention to prompt funding of meritorious F31 applications.

The final document sent to APA and NIH reflected the heterogeneity among Division 50 members. For a copy of the full report, please contact the Chair of the Science Advisory Committee, Mark Wood, at mark\_wood@uri.edu. [CS](#)

## 2007 APA Division 50 Award Winners

**Kathleen Carroll, Chair; Art Blume; Laurie Chassin; Tami Sullivan**

### Fellows

#### APA Fellows, but new to Division 50:

- Doug Johnson-Greene
- Kimberly C. Kirby
- Christopher S. Martin
- Eduardo S. Morales

#### New APA Fellows, Division 50:

- Richard J. Cohen
- Steven Y. Sussman

### Award Winners

**Distinguished Scientific Contributions:** Kenneth J. Sher, University of Missouri

**Distinguished Scientific Early Career Contributions:** Clayton Neighbors, University of Washington

**Distinguished Career Contributions to Education and Training:** Barbara S. McCrady, Rutgers University

### 2007 Student Poster Awards

**First Place:** Barbara D. Calvert, Smith College, Northampton, MA, “The Audit Binge Drinking Item and Hazardous Use among Women” (Award: \$250, 1-year student membership in Division 50 and a 1-year subscription to *Psychology of Addictive Behaviors*)

**Second Place:** Sara Walker, Gevirtz Graduate School of Education, University of California/Santa Barbara, Santa Barbara, CA, “Reliability of Self-Reported Drinking Behavior Before and During Mandated Treatment” (Award: \$100, 1-year student membership in Division 50 and a 1-year subscription to *Psychology of Addictive Behaviors*)

**Third Place:** Amanda J. Platter, Old Dominion University, Norfolk, VA, “Internalizing Symptoms of Children Living with Alcohol-abusing Mothers versus Fathers” (Award: \$100, 1-year student membership in Division 50 and a 1-year subscription to *Psychology of Addictive Behaviors*)



*Clayton Neighbors receives an award for Distinguished Scientific Early Career Contributions from Past President, Kim Fromme.*

# The Need to Examine Relational Factors Among Treatment Samples of Adolescents

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Bowling Green State University

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Community-Based Intervention Research Group  
Florida International University

Previous research has indicated that adolescents undergoing substance abuse treatment are vulnerable to adverse health outcomes such as exposure to HIV and other sexually transmitted infections (STIs), and unwanted pregnancy via unprotected intercourse (Brown, Danovsky, Lorie, DiClemente, & Ponton, 1997). Few studies have documented relational influences on condom use among adolescents seeking psychiatric services (e.g., Donenberg & Pao, 2005); however, some research has shown that condom negotiation may interfere with feelings of warmth between sex partners (Misovich, Fisher, & Fisher, 1997). The lack of studies investigating relational influences on sexual behavior among adolescents in treatment is congruent with a general failure to incorporate the psychosocial contexts of sexual behavior into HIV/STI prevention efforts (Canin, Dolcini, & Adler, 1999). Considering relationship contexts could benefit current HIV/STI prevention efforts for youth receiving substance abuse treatment, thus, additional research is warranted (Donenberg et al., 2005).

The goal of this report is to highlight the salience of relational factors to condom use among adolescents in substance abuse treatment. First, we suggest that relational factors may exacerbate risk for HIV/STI exposure among adolescents in substance abuse treatment. Second, we provide a structural model of relational factors as predictors of the proportion of protected intercourse among an ethnically diverse sample of adolescents receiving outpatient treatment for substance use problems. Third, we argue that feelings of rejection and intimacy should be targeted in future HIV/STI prevention efforts with adolescents in substance abuse treatment. We conclude that relational research conducted among non-clinical samples of adolescents should be extended to research focused on samples of adolescents with substance use problems.

## Relational Factors as Risk Factors for Decreased Condom Use

Research among adolescents suggests that self-protective health behaviors may be significantly anxiety-provoking. For example, actions instrumental to safer sex (e.g., buying condoms, refusing unwanted sex with a boyfriend/girlfriend) are associated with increased anxiety for some adolescents (Venier, Ross, & Akande, 1998). Empirical evidence collected from clinical samples of adolescents also suggests that adolescents who engage in risk and problem behaviors often do so for relationship maintenance reasons (Cooper, Wood, Orcutt, & Albino, 2003). Thus, potential rejection by a sex partner may be one reason that adolescents who engage in unprotected sex avoid negotiation about condom use.

Another line of research indicates that adolescents' goals for social dating intimacy are linked to unprotected intercourse (Sanderson & Cantor, 1995; Gebhardt, Kuyper, & Greunsven, 2003). For example, adolescents who seek intimacy in their dating relationships are more likely to engage in unprotected intercourse with a steady partner (Gebhardt et al., 2003; Misovich et al., 1997). Few studies have examined the need for intimacy as an influence on sexual risk behaviors among adolescents in substance abuse treatment (Donenberg et al., 2005).

## The Current Study

The current study used data collected as part of ongoing NIAAA-funded research. Adolescents who agreed to participate in the larger study took part in five assessment interviews (e.g., pre-intervention, post-intervention, three-, six-, and nine-month). Trained interviewers using the computer-assisted personal interview technology administered a comprehensive assessment of substance use, sexual risk behavior, demographics, and mediator and moderators of intervention impact. The current study used the baseline data to examine the influence of three key relational factors, rejection sensitivity, intimacy dating goals, intercourse-related anxiety, on adolescents' use of condoms during intercourse (last 90 days). The sample included participants recruited from substance abuse outpatient treatment programs in Broward and Miami-Dade Counties, Florida. The sample ( $N = 247$ )

consisted of 64% males and 36% females, ranging in age from 13 to 18 years ( $M = 16.17$ ,  $SD = 1.14$ ), who were ethnically diverse (34% Hispanic White, 28% White Non-Hispanic, 20% African American, 9% Hispanic Black, 9% mixed/other).

At the baseline assessment, the majority of participants reported using alcohol (33.6%) or drugs (50.2%) before or during sex at least some of the time. The majority of participants (93.5%) reported ever having tried marijuana. Just under half of the sample (44.5%) reported five or more vaginal intercourse events (both protected and unprotected) over the past 90 days, while 35.7% reported between one and four vaginal intercourse events over the past 90 days. One-fifth of the sample (19.8%) did not report vaginal sexual activity (either protected or unprotected) in the past three months prior to entering treatment.

The structural model presented in Figure 1 depicts associations between relational factors and condom use among adolescents receiving AOD treatment services. Structural relations were analyzed in this study by utilizing the SPSS Windows Version 14.0/AMOS 6.0 statistical packages (SPSS, Inc., 2005). The model was estimated using both bootstrapping with 2000 bootstrap replicates, and using traditional maximum likelihood (ML) criteria. The results of the bootstrap and ML criteria yielded comparable conclusions. The Bollen-Stine bootstrapped  $\chi^2$  test yielded a  $p$  value  $> .40$ . Overall, results indicated that rejection sensitivity was related indirectly to the percentage of protected intercourse, while intimacy dating goals were related directly to percentage of protected intercourse. Higher levels of rejection sensitivity were found to predict higher levels of anxiety regarding both condom interactions and sexual risk refusal, even after controlling for the effects of age, ethnicity, treatment facility site, *DSM-IV* psychiatric diagnoses, and alcohol and other drug use (past 90 days at intake and lifetime use). Higher scores for condom interaction anxiety were related to lower percentages of protected intercourse and intimacy dating goals were related directly to a lower percentage of protected intercourse. In sum, this study demonstrated that relational factors were strongly associated

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## Need to Examine Relational...

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with safer sex behaviors among adolescents undergoing substance abuse treatment. Results are consistent with previous research on psychosocial (i.e., relational) barriers associated with HIV/STI risk behavior change (Canin et al., 1999) and the salience of rejection sensitivity and need for intimacy among adolescents (Donenberg et al., 2005).

### Implications for Prevention and Intervention

We propose that prevention programs incorporating the tenets of motivational interviewing (MI) would be particularly suited for the exploration of relational influences such as rejection concerns related to condom anxiety and/or need for intimacy. As case studies from a brief phone-based MI intervention targeting HIV/STI reduction for men who have sex with men have suggested (e.g., Rutledge, Roffman, Mahoney, Picciano, Berghuis et al., 2001), relational influences (1) are salient for populations at elevated risk for HIV/STI exposure and as such, (2) should be considered as putative mediators of health behavior change within a treatment population. Furthermore, MI strategies have been indicated as an excellent conceptual match for adolescents with substance use problems (Zucker, 2000), psychotic disorders (e.g., Martino, Carroll, Kostas, Perkins, & Rounsaville, 2002; Van Horn & Bux, 2001), and those involved in the juvenile justice system (Feldstein & Ginsburg, 2006). In addition, approaches based on MI

principles, such as Guided Self Change, have been documented as appropriate for multicultural adolescent populations (Gil, Tubman, & Wagner, 2004).

While altering perceptions of rejection may be particularly challenging among adolescents in substance abuse treatment, exploring the pros and cons of unprotected intercourse within relationship contexts is an important goal. On a broad level, intervention messages should focus on increasing the salience of potential HIV/STI exposure and, at the same time, explore decreasing the threat of perceived social rejection. Given the opportunity to examine the meaning of intimate relationships and sexual behavior, many adolescents are likely to benefit from counseling with a relationally-based focus. Future prevention and intervention programs tailored for adolescents with substance use problems that target relational factors are needed to achieve this goal.

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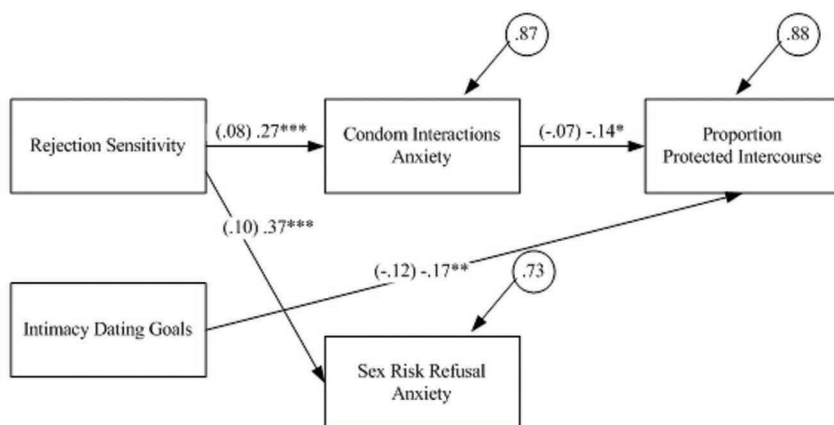


Figure 1. Final SEM Model for Relational Factors and Condom Use Among Adolescents in Substance Abuse Treatment. Notes: Rectangles represent observed (measured) variables. The straight lines with arrows from observed variables represent presumed causal pathways. The values along the pathways are path coefficients. The unstandardized values are inside parentheses and the standardized values are not in parentheses. The values in the circles represent standardized error variances. The residual error terms associated with Condom Interactions Anxiety and Sex Risk Refusal Anxiety are correlated and the exogenous variables are assumed to be correlated, but are not shown for presentation purposes. \* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$ .

# Alcohol and Religion

*Jon R. Haber*

*VA Palo Alto Health Care System*

Because of the importance of gene-environment (GE) interplay in the study of the etiology and treatment of addiction, a novel study was conducted to consider the interplay between genetic factors underlying alcohol dependence (AD) and environmental influences exerted by religion-spirituality (R/S). A growing body of evidence indicates that genes play a substantial role in risk of addiction, especially substance abuse and dependence. At the same time, the history of research in this area has focused on contributing psychosocial factors. Although the relevance of both genes and environments is well established, questions remain regarding the interplay between these domains. Clearly, if an ostensibly environmental variable such as R/S can be shown to mediate or moderate a disorder that is substantially genetic in its etiology as is alcoholism, the finding will have important implications to both empirical and clinical research. This paper further explains our rationale for approaching this line of research and describes the initial steps taken toward these research goals.

A current need in the empirical literature on substance abuse is the identification of variables that mediate or moderate genetic risk. In their recent summary, Heath et al. (Heath, Madden, Bucholz, Nelson, Todorov, et al., 2003) concluded that “the question of...genetic effects on risk of substance use disorders has been answered convincingly” (p. 325), an opinion informed by the number of high quality studies that have estimated heritability for alcohol dependence between 40%–65% (Heath, Slutske, & Madden, 1997).

However, most important is that almost all genetic influence is environmentally mediated, and thus far, “behavioral geneticists have been less successful in addressing the mediating-variable questions...” (Heath et al., 2003, p. 325). In our view, an important area of investigation in this regard is examination of R/S as a key mediator and moderator of alcohol dependence risk.

The current study focused on the AD-R/S relationship for a number of reasons. First,

a substantial literature has demonstrated an inverse association between R/S variables and a number of medical conditions and mental disorders (see Koenig, McCullough, & Larson, 2001 for review) and empirical support has also been found in both population surveys and clinical studies indicating that R/S is significantly and inversely related to alcohol and drug use (Kendler, Gardner, & Prescott, 1997). Second, this pattern is generally replicable across diverse measures of R/S and across types of substance abuse and dependence (Gorsuch & Butler, 1976). Third, in the past decade, psychometric characterization of R/S has advanced considerably to permit reliable and valid measurement and clarification of the multidimensionality of the R/S domain. Fourth, the extant empirical evidence has strong parallels within the applied domain. For example, current clinical work with addiction has a long history of employing spiritual ideas and motivations within the treatment model (e.g., AA’s 12-step program). Fifth, both alcohol use and religious activity have been present throughout recorded history and across all major world cultures, thus suggesting some fundamental (perhaps genetic) influence underlying these behaviors. For these reasons, alcoholism and R/S appear to be optimal domains in which to examine GE interplay.

Important to any behavioral genetic study is strong phenotypic characterization of the effects of interest. Reported here are the initial steps taken in building this foundation. The first study examined the dimensionality of the R/S domain; the second study examined the phenotypic association between R/S and alcoholism.

Since the most serious concern regarding empirical evaluation of R/S has been lack of psychometric and conceptual clarity, we conducted a large, item-level factor analysis of R/S measures drawing widely from existing literature. The sample included 846 college students from a multi-ethnic, multi-religious state college and 425 adult church members from white, Protestant community churches (which permitted subgroup comparisons for tests of stability and validity). Seven R/S dimensions emerged: R/S Motivation-Devotion (27%

of total variance); Spiritual Transcendence (10%); Existential Well-being (7%); Self-transcendence (5%); R/S Social Support (4%); Religious Prohibition (4%); and Extrinsic R/S (4%). These emerging dimensions strongly paralleled key scales of the original measures in the literature, and thereby validated the scales’ internal consistency, convergent and discriminate validity, and construct validity (Haber, Jacob, & Spangler, in press). These dimensions (together with affiliation; see below) are the focus of this examination.

To replicate the frequently reported inverse association between alcoholism and R/S, and to examine religious affiliation as an additional R/S dimension of interest, analyses were conducted examining alcohol dependence (AD) symptoms of adolescents who were at high risk by virtue of parental alcoholism. The sample was obtained from an existing data set including 3,582 adolescent female twins and their families in Missouri. Results indicated that children of alcoholics (COAs) had elevated AD symptom counts (compared to children of non-alcoholics), and COAs raised with a religious affiliation had significantly lower AD symptom counts compared to those raised without a religious affiliation. Following Bainbridge and Stark (1980), planned analyses also examined affiliation subtypes: differentiating affiliations (those with values that contrasted with general cultural norms on such behaviors as gambling, dancing, and censorship, and beliefs such as evolution, the return of Jesus Christ, and healing through prayer); accommodating affiliations (those with greater cultural accord); and a “no religious affiliation” group. The hypothesis was that, if religious affiliations differentiated themselves from culturally normative beliefs, then members would also differentiate themselves from culturally normative alcohol use. Results (after controlling for age and SES) indicated that high-risk adolescents reared with differentiating religious affiliations during childhood exhibited lower levels of AD symptoms compared to high-risk adolescents reared in a culturally accommodating religious affiliation or without a religious affiliation. Results were further

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confirmed in a subsample of African American adolescents. Black churches have historical bases for increased differentiation from white cultural norms (Cook & Wiley, 2000), and our results indicated that African American adolescents raised within black (differentiating) churches had the lowest mean rates of AD symptoms of all groups. Thus, across the entire sample and this subsample: (a) religious affiliation was inversely associated with adolescent AD symptoms; (b) adolescent risk associated with having an alcoholic parent was moderated by religious affiliation; and (c) these effects were, in large part, accounted for by the differentiating vs. accommodating quality of the religious affiliation (Haber & Jacob, in press).

Our findings provide strong preliminary support for the larger undertaking we envision: examination of gene-environment interplay in the alcoholism-R/S relationship. Planned analyses are all the more interesting given that recent evidence indicates that a number of R/S variables are also significantly genetic in etiology; heritability estimates across R/S variables range

from 0% to 57% (Koenig & Bouchard, 2006). Therefore, it is uncertain whether the effects observed for R/S dimensions (historically viewed as environmental influence) arise through psychosocial mechanisms or through genetic mechanisms. For this reason, the upcoming genetic modeling of these effects will be very informative.

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## Alcoholism Trajectories Across the Lifespan

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Historically, clinical perspectives on alcoholism have emphasized a chronic progressive disease model, where for most individuals, the disorder's unfolding over time was thought to result in an inevitable worsening of the condition (Jellinek, 1960). Throughout the past half century, however, an increasing number of researchers and clinicians have come to believe that the course of alcoholism involves a process of on-going change in which symptom expression and associated features may vary over time (Zucker, 1994). If true, this perspective suggests that alcohol use and alcohol use disorders may be best viewed within a developmental, lifespan framework, which in turn, directs attention to (1) differences in the developmental course of alcoholism over

the lifespan; (2) differences in the nature of alcohol use and abuse at various stages of development; and (3) differences in how best to intervene in treating the disorder as a function of developmental stage.

Our own work in this area focuses on the course of alcohol use disorders from adolescence to midlife with a special interest in learning more about the 40–60 year age range. Little is known about the nature of the several, often reported alcoholism trajectories (based on data/observations from adolescence through young adulthood) as individuals negotiate the fourth and fifth decades of life; in particular, the stability/variability in drinking behavior of individuals within each trajectory. It is obvious that one's drinking life does not end at thirty, yet there are practically no longitudinal data regarding the course of use, abuse and dependence after the third decade of life. Our current research is aimed at closing this gap in knowledge.

### Trajectories Up to Age 41

Jacob, Bucholz, Sartor, Howell, and Wood (2005) examined 330 adult males drawn from the Vietnam Era Twin Registry (Eisen, True, Goldberg, Henderson & Robinette, 1987; Henderson, Eisen, Goldberg, True, Barnes et al., 1990) with a lifetime diagnosis of Alcohol Dependence (AD). Retrospective data, making use of the Lifetime Drinking History (Jacob, 1998), were used to describe the course of drinking and AD diagnoses, beginning with the start of regular drinking and ending at age 41. Evidence was found for four different trajectories of AD using Latent Growth Mixture Modeling: severe chronic alcoholism, severe non-chronic alcoholism, young adult alcoholism, and late onset alcoholism. Though individuals in the severe chronic and severe non-chronic trajectories started out with a high probability of being diagnosed with AD, in the former case this probability stayed high

and in the latter, the probability gradually decreased starting around age 30. Young adult alcoholics had moderate probabilities of being AD in young adulthood, with the rate of AD diagnoses decreasing into mid-life. Finally, individuals in the late onset pattern had low probabilities of having an AD diagnosis until around age 30 and then became increasingly likely to exhibit AD later in life.

Several variables were found to differentiate individuals in each of these trajectories. For example, those characterized by the severe chronic trajectory were more likely to have a comorbid diagnosis of Antisocial Personality Disorder, to have sought treatment for their excessive drinking, and to have drunk alone. Binge drinking was more common among those in the severe non-chronic group. These differences produced a pattern of behavior that was indexed by severity as well as AD episodes. Other variables that distinguished the four trajectories included self-reported reason(s) for first engaging in AD drinking. Men classified as severe non-chronic were more likely to say that school events (e.g., starting a new school, having academic problems) were an antecedent to their first AD diagnosis, while work events (e.g., starting or quitting a job) were more prevalent in men classified as late onset alcoholics. Military events (e.g., combat experience) were highly prevalent in all groups except for late life alcoholics.

### Trajectories Up to Age 56

Currently, our lab is working on replicating these findings with a larger sample of individuals and examining a longer age range. Data are available for many of these men up to age 56 so that we can now determine if the same trajectory patterns can accurately describe the data and if individuals stay in the same trajectory when behavior up to age 56 is considered. Our results show that the same four trajectories fit the data well, though differences exist in individuals' class memberships. First, individuals in the young adult and late onset trajectories seem to stay in those trajectories after age 41. Second, about half of the individuals in the severe chronic group stay in this trajectory and half are better exemplified by the severe non-chronic trajectory when behavior

after age 41 is considered. Finally, though some individuals in the severe non-chronic group continue in this trajectory, the majority have more periods where AD is not exhibited after age 41, and, as a result, are better classified as young adult alcoholics. These changes are not unexpected, given that with time some individuals begin to remit their AD status while other individuals continue to be diagnosed with AD (Zucker, 1994).


Preliminary analyses have also revealed that many of the variables that differentiated the four trajectories in the earlier analyses hold up with the new trajectory designations. A diagnosis of Antisocial Personality Disorder was more likely in both the severe chronic and severe non-chronic groups. Having ever sought treatment continued to predict trajectory membership, and drinking alone was still most prevalent in the severe chronic trajectory and least prevalent in the young adult group. In contrast, binge drinking was no longer a statistically significant predictor of class membership. The differences in antecedents of first AD diagnosis also held when using the new class designations with data up to age 56; specifically, late onset alcoholics were more likely than those in the other classes to report that work and relationship (e.g., romantic relationship, illness/death of individuals outside the childhood family) events preceded their first AD diagnosis whereas severe chronic, severe non-chronic, and young adult alcoholics were more likely than late onset alcoholics to report that military events preceded their first AD diagnoses. In subsequent analyses, we will be examining various religiousness and personality variables as possible predictors of trajectory class membership.

### Future Directions

This work has provided important evidence for the developmental course of AD beyond the young adult years. The identified trajectories, and their distinguishing characteristics, paint a picture of alcoholism as a heterogeneous "set" of disorders, each characterized by a different developmental trajectory. Individuals who exhibit AD only in early adulthood are less severe in certain use symptoms than are individuals associated with the other trajectories.

Those with more chronic trajectories of alcoholism tend to have earlier onset of AD, and exhibit more severe drinking symptoms, aggression, and antisocial behavior problems than do individuals in other trajectories. These patterns of alcohol use deserve further study. Our current work includes examining lifetime drinking trajectories based on prospective methods (instead of the retrospective data used above) and examining the effect that these trajectories may have on the outcomes of these men's children. Knowing more about the development of alcohol use disorders over time should lead to greater understanding of how to treat these problems and our findings thus far suggest that treatment should vary depending on which trajectory individuals are likely to follow through their life.

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# Federal Update

## 9th Circuit Rules Government Officials Personally Liable for Mandated 12-Step Attendance

**Tom Horvath**  
*President, Practical Recovery Services*  
*President, SMART Recovery*

In September the 9th Circuit ruled 3-0 that the unconstitutionality of government mandated 12-step attendance is clearly established and therefore a government official who mandates 12-step attendance to any person is personally liable for damages. The ruling extends rulings beginning in 1996, by the 2nd, 3rd, 7th and 8th circuit courts, as well as by several state supreme courts. These rulings were all based on findings that AA and other 12-step groups are religious enough that mandated attendance violates the establishment clause of the constitution's first amendment ("Congress shall pass no law respecting an establishment of religion, or prohibit the free expression thereof"), popularly referred to as the "separation of church and state."

The 9th circuit ruling is the first to set aside a government official's qualified immunity from liability in this area. The case involved Inouye, a Buddhist and parolee, who refused to attend AA/NA meetings. Because of this refusal, his parole officer, Nanamori, ordered Inouye back to prison, where he died. The case has been remanded back to the district court to determine damages.

The ruling is divided into Background, Analysis and Conclusion. From the

Analysis: "This case comes to us on a grant of summary judgment...and we must make all inferences of fact in favor of the nonmoving party, Inouye... we assume that Inouye's participation [in] the AA/NA program was a compulsory condition of parole. Inouye had objected in advance of parole to such a program but was assigned to participate in one anyway, and was also "ordered" to continue in the program after threatening to sue program officials. There is no evidence that Inouye was ever told that he had a choice of programs. Under these circumstances, a jury could infer that participation was coerced rather than voluntary....Nanamori does not argue that ordering Inouye to participate in a religion-based drug treatment program was constitutional. Instead, his defense, accepted by the district court, is that the law on the matter was not clearly established at the time he supervised Inouye's parole and that he, therefore, is immune from suit. We hold, on the contrary, that the law was and is very clear, precluding qualified immunity, and on that ground reverse the district court."

In a footnote to the Conclusion (#16) the court also raises the question of whether allowing 12-step attendance to fulfill a support group attendance mandate is unconstitutional: "We do not decide when, if at all, non-coercive endorsement or encouragement of participation in AA/NA or other

religion-based programs is unconstitutional or when, if ever, a parole officer simply allowing or encouraging, but not requiring, such participation would lose qualified immunity."

Full text of the case, *Inouye v. Nanamori*, #06-15474, filed September 7, 2007, is at <http://www.ca9.uscourts.gov/ca9/newopinions.nsf/>.

Commentary: There is a large potential impact of this ruling. In many areas non-12-step treatment and/or support groups may not be available. Will these alternative programs become available quickly enough? Who will staff them, and how well? Would "equal protection under the law" (the 14th Amendment) require the government to provide alternative programs if requested, just as it provides a public defender for those who cannot afford an attorney? Would courts decide to stop mandating treatment and/or support groups rather than face the current or potential requirements of this decision, particularly if 12-step based treatment or group attendance were ruled to be not allowable for complying with this mandate? Given that criminal justice referrals to the US addiction treatment system are a major source of clients, this ruling and possible subsequent rulings have the potential to dramatically alter the size (up or down) and orientation of the system. ☞

### Division 50 Listserv

The Division 50 listserv is now web-based and members of the listserv can manage their own subscription by going to: <http://listserv.uwm.edu/mailman/listinfo/apadiv50-forum>.

You will need to enter your email address, name, and create a password. Vince Adesso will verify new subscribers.

To send messages to the forum, subscribers just use the same address as always: [apadiv50-forum@uwm.edu](mailto:apadiv50-forum@uwm.edu).



# Abstracts

**Anderson, K. G., Ramo, D. E., Schulte, M., Cummins, K. & Brown, S. A. (in press). Impact of relapse predictors on psychosocial functioning of SUD youth one year after treatment. *Substance Abuse*.**

This investigation examined how personal, environmental and substance use factors predicted psychosocial functioning for youth with alcohol and drug problems. 424 adolescents ( $M = 15.9, SD = 1.3$ ) completed comprehensive assessments, including personal characteristics (e.g., Axis I diagnosis, motivation, self-esteem), environmental factors (e.g., family history, social supports) and substance use, at study intake and throughout the year following inpatient treatment. Treatment outcomes were assessed by measures of academic functioning, family relations, social functioning as well as health status and mental health treatment at one year. Aspects of the proposed model significantly predicted all treatment outcome domains, except family functioning, in the year following treatment. Psychosocial functioning at one year was predicted by age, gender, SES, comorbid psychopathology, family influence and nonusing social supports prior to treatment and relapse status after treatment. This study highlights the importance of considering comorbid psychopathology as well as personal and environmental characteristics to improve outcomes for youth with substance use disorders.

**Ball, S. A., Martino, S., Nich, C., Frankforter, T. L., van Horn, D., Crits-Christoph, P., Woody, G. E., Obert, J. L., Farentinos, C., & Carroll, K. M. (2007). Site matters: Multisite randomized trial of motivational enhancement therapy in community drug abuse clinics. *Journal of Consulting and Clinical Psychology, 75, 556-567*.**

The effectiveness of motivational enhancement therapy (MET) in comparison with counseling as usual (CAU) for increasing retention and reducing substance use was evaluated in a multisite randomized

clinical trial. Participants were 461 outpatients treated by 31 therapists within 1 of 5 outpatient substance abuse programs. There were no retention differences between the 2 brief intervention conditions. Although both 3-session interventions resulted in reductions in substance use during the 4-week therapy phase, MET resulted in sustained reductions during the subsequent 12 weeks whereas CAU was associated with significant increases in substance use over this follow-up period. This finding was complicated by program site main effects and higher level interactions. MET resulted in more sustained substance use reductions than CAU among primary alcohol users, but no difference was found for primary drug users. An independent evaluation of session audiotapes indicated that MET and CAU were highly and comparably discriminable across sites.

**Barry, D., & Petry, N. M. (in press). Predictors of decision-making on the Iowa Gambling Task: Independent effects of lifetime history of substance use disorders and performance on the Trail Making Test. *Brain and Cognition*.**

Poor decision-making and executive function deficits are frequently observed in individuals with substance use disorders (SUDs), and executive deficits may contribute to poor decision-making in this population. This study examined the influence of lifetime history of an alcohol, cocaine, heroin, or polysubstance use disorder on decision-making as measured by the Iowa Gambling Task (IGT) after controlling for executive ability, demographic characteristics, and current substance use. Participants (131 with lifetime history of SUD and 37 controls) completed the IGT and two neuropsychological tests: the Trail Making Test and the Controlled Oral Word Association Test. Control participants performed significantly better than those with a lifetime SUD history on the IGT, but performance on the neuropsychological tests was comparable for the two groups. A lifetime SUD diagnosis was associated with performance on the IGT after controlling

for covariates, and Trail Making Test performance was associated with IGT performance in both SUD and control participants.

**Buckner, J. D., Schmidt, N. B., Lang, A. R., Small, J., Schlauch, R. C., & Lewinsohn, P. M. (in press). Specificity of social anxiety disorder as a risk factor for alcohol and cannabis dependence. *Journal of Psychiatric Research*.**

Social anxiety disorder (SAD) is highly comorbid with alcohol use disorders (AUDs) and cannabis dependence. However, the temporal sequencing of these disorders has not been extensively studied to determine whether SAD serves as a specific risk factor for problematic substance use. The present study examined these relationships after controlling for theoretically-relevant variables (e.g., gender, other Axis I pathology) in a longitudinal cohort over approximately 14 years. The sample was drawn from participants in the Oregon Adolescent Depression Project. After excluding those with substance use disorders at baseline, SAD at study entry was associated with 6.5 greater odds of cannabis dependence (but not abuse) and 4.5 greater odds of alcohol dependence (but not abuse) at follow-up after controlling for relevant variables (e.g., gender, depression, conduct disorder). The relationship between SAD and alcohol and cannabis dependence remained even after controlling for other anxiety disorders. Other anxiety disorders and mood disorders were not associated with subsequent cannabis or alcohol use disorder after controlling for relevant variables. Among the internalizing disorders, SAD appears to serve as a unique risk factor for the subsequent onset of cannabis and alcohol dependence.

**Croisdale, A., Drerup, L., Bewsey, K., & Hoffmann, N. G. (in press). Correlates of victimization in a juvenile justice population. *Journal of Aggression, Maltreatment, and Trauma*.**

(Continued on page 18)

## Abstracts

(Continued from page 17)

The Practical Adolescent Diagnostic Interview (PADDI) is a structured diagnostic interview designed to gather basic information about mental health conditions, past emotional, physical, and sexual abuse, suicide attempts, and substance use disorders. This instrument was administered to 435 males and 61 females in juvenile justice facilities and adolescent diversion courts to assess prevalence of mental health and substance use disorders relative to maltreatment defined as physical, sexual, and/or emotional abuse. Results showed that the majority of juveniles who experienced maltreatment were more likely to have diagnostic indications of behavioral health conditions. Additionally, for both males and females, the odds of the individual having attempted suicide were more than twice as high for those acknowledging some form of maltreatment.

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**Madson, M. B., Newman, K. E., Eckhoff, J. M., & Bayne, T. G. (in press). Application of the addiction simulation exercise in training counselors. *Journal of Teaching in the Addictions*.**

The changing paradigm in the treatment of substance use disorder (SUD) emphasizes the need to include SUD assessment and intervention in general mental health treatment (McLellan, 2006). Research shows that counseling services have a positive impact on treatment retention and compliance, participation in peer support services, and retained abstinence (Moos, 2003). Yet, problematic substance use goes unnoticed and untreated, as mental health care providers have minimal training in the assessment and treatment of SUDs, and view SUD treatment outside their competency (Washton & Zweben, 2006). In addition, negative attitudes that mental health care providers hold about substance users may impact one's willingness to empathize with substance abusers thus reducing their willingness to treat these clients. This paper describes the integration of an addiction simulation exercise in training counselors. This exercise, described by Campbell (1999) aims to introduce participants to the biopsychosocial aspects,

while not to the same extent, that an individual addicted to a substance may experience. After presenting the exercise, the experiences of three counselors in training are described and themes identified. One interesting commonality among all three experiences was a deeper appreciation of how difficult it may be to have an addiction to a substance. Implications for training and future research suggestions are provided.

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**Mun, E. Y., von Eye, A., Bates, M. E., & Vaschillo, E. G. (in press). Finding groups using model-based cluster analysis: Heterogeneous emotional self-regulatory processes and heavy alcohol use risk. *Developmental Psychology*.**

Model-based cluster analysis is a new clustering procedure to investigate population heterogeneity utilizing finite mixture multivariate normal densities. It is an inferentially based, statistically principled procedure that allows comparison of non-nested models using the Bayesian Information Criterion (BIC) to compare multiple models and identify the optimum number of clusters. The current study clustered 36 young men and women based on their baseline heart rate (HR) and HR variability (HRV), chronic alcohol use, and reasons for drinking. Two cluster groups were identified and labeled High Alcohol Risk and Normative groups. Compared to the Normative group, individuals in the High Alcohol Risk group had higher levels of alcohol use and more strongly endorsed disinhibition and suppression reasons for use. The High Alcohol Risk group showed significant HRV changes in response to positive and negative emotional and appetitive picture cues, compared to neutral cues. In contrast, the Normative group showed a significant HRV change only to negative cues. Findings suggest that the individuals with autonomic self-regulatory difficulties may be more susceptible to heavy alcohol use and use alcohol for emotional regulation.

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**Walker, S., & Cosden, M. (in press). Reliability of college student self-reported drinking behavior. *Journal of Substance Abuse Treatment*.**

College students represent a unique population among substance users, with developmental needs and motivational factors different from those of other adults with substance abuse problems. As most college-based treatment programs focus on harm reduction, the reliability of self-reported substance use is critical to assessing treatment needs and outcomes. This study examined the reliability of students' self-reported alcohol consumption for the month prior to entering a treatment program at two points in time. It was hypothesized that: (a) students required to attend a drug and alcohol educational program would underreport their history of use when asked about it at intake (Time 1), relative to their self-report of use for the same historical timeframe after attending the program (Time 2); and (b) students would describe these discrepancies as a function of feeling more or less concerned about the impact of their disclosure. Findings supported both hypotheses. Implications for an evaluation of student drinking behaviors are discussed.

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**Webster, J. M., Rosen, P. J., Smiley McDonald, H., Staton-Tindall, M., Garriety, T. F., & Leukefeld, C. G. (2007). Mental health as a mediator of gender differences in employment barriers among drug abusers. *The American Journal of Drug and Alcohol Abuse*, 33(2), 259-265.**

Employment has been identified as an important drug abuse treatment outcome, but drug abusers often face a wide variety of barriers to securing stable employment. The employment barriers literature also reports that women and people with mental health problems have difficulty in obtaining employment. The current study examined gender differences in mental health and employment barriers in a sample of drug court participants. Hierarchical regression analyses were conducted to test the hypothesis that differences in employment barriers among drug-abusing males and females are mediated by differences in mental health problems. Women were found to have more mental health problems and employment barriers, and support for the mediation hypothesis was found. Implications for drug treatment providers are discussed. ☞

# Announcements

## **SAMHSA**

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces the availability of two new Russian-language booklets that address substance abuse issues. The booklets are available online at [www.kap.samhsa.gov](http://www.kap.samhsa.gov).

SAMHSA also announces the availability of the Technical Assistance Publication (TAP) 21-A, *Competencies for Substance Abuse Treatment Clinical Supervisors and Drugs, Alcohol and HIV/AIDS: A Consumer Guide for African Americans*. TAP 21-A is a research- and consensus-based publication that provides practical, clear lists of the competencies necessary for effective supervision in substance abuse treatment programs. The consumer Guide is a companion piece to *Drugs, Alcohol and HIV/AIDS: A Consumer Guide*, which was published in 2006. That brochure discussed the issue of substance abuse and HIV/AIDS generally; this Guide focuses on these issues as they specifically affect the African-American community.

To order your FREE copies contact SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI). Ask for publication order number (SMA) 07-4243 (TAP-21-A) and SMA07-4248 (Guide). Phone: 800-729-6686 or 240-221-4017, 800-487-4889 (TDD hearing impaired), 877-767-8432 (toll free) Hablamos Espanol. Web: [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov) These are also available online at [www.kap.samhsa.gov](http://www.kap.samhsa.gov).

## **New Book from Guilford Press**

*Helping Students Overcome Substance Abuse: Effective Practices for Prevention and Intervention* by Jason J. Burrow-Sanchez and Leanne S. Hawken. Published 2007. Seven Chapters, 210 pages. This book provides evidence-based strategies and ready-to-use tools for addressing substance abuse in middle and high school settings. Readers learn ways to identify students at risk and implement programs that meet a broad continuum of needs.

## **"Publishing Addiction Science" Tutorial**

Visit [www.parint.org](http://www.parint.org) to access the free online tutorial focused on "Publishing Ad-

diction Science." The tutorial is designed for people interested in publishing any scholarly writing on the subject of alcohol, drugs or tobacco. It is especially intended for pre-doctoral students, post-doctoral research fellows, clinical interns, senior research assistants, junior faculty investigators, and to a lesser extent, established investigators in the addiction field. The tutorial has been developed by the International Society of Addiction Journal Editors (ISAJE), with sponsorship from the US National Institute on Drug Abuse and the World Health Organization. The tutorial has five self-guided training modules, which were videotaped at a live workshop conducted by five addiction journal editors. They focus on how to choose a journal, the use and abuse of citations, preparing manuscripts and responding to referees' reports and publication ethics.

## **Alcohol Ad Study**

Thomas Babor at The University of Connecticut Health Center has received a research grant from NIAAA to conduct a study of alcohol advertisements. The study needs approximately 175 participants with expertise and professional training in alcohol research, public health, psychiatry, psychology, marketing and communications. Participants will devote about 2 ½ hours of their time and will be eligible to receive up to \$100 in retail gift cards. If you would like to learn more about the study or volunteer for participation, please connect to the project's website: [www.commed.uchc.edu/delphi/interest.htm](http://www.commed.uchc.edu/delphi/interest.htm). Alternatively, you can call Denise Smith at 860-679-5473 or email her at [dpsmith@uchc.edu](mailto:dpsmith@uchc.edu).

## **Health Disparities Conference**

The Third Annual Health Disparities Conference is being held at Teachers College, Columbia University in New York City on March 7– 8, 2008. The conference theme is "Toward Global Health Transformation: Research, Demonstration Projects, and Model Interventions to Reduce Disparities in Health." The conference features special tracts on substance abuse disparities, harm reduction, and HIV/AIDS. Please submit a 500 word abstract proposing either a 45 minute paper, 90 minute panel, or poster (graduate students and new doctorates are strongly

urged to submit) to [bcw3@columbia.edu](mailto:bcw3@columbia.edu) by December 21, 2007. For more information about submission guidelines and conference registration please go to [www.tc.columbia.edu/CEOI/healthdisparities/2008](http://www.tc.columbia.edu/CEOI/healthdisparities/2008).

## **Brown University Recruiting**

The Center for Alcohol and Addiction Studies at the Warren Alpert Medical School of Brown University is recruiting for fellows in two associated postdoctoral fellowship training programs, one funded by NIAAA in alcohol abuse and addictions and one funded by NIDA (pending renewal) in substance abuse. The training programs provide post-doctoral research training for biomedical, behavioral, and social scientists and health care professionals who wish to conduct high quality research in the early intervention and treatment of alcohol and other drug problems. Areas of expertise in the fellowship include behavioral treatments, pharmacotherapy, and the neurobiology and genetics of alcohol and substance dependence.

Brown University is an affirmative action/equal opportunity employer and actively solicits applications from women and minorities. Application review begins on January 15, 2008. For further details and an application go to <http://www.caas.brown.edu>.

## **A Climate for Change**

An International Summit for Advancing Theory, Research, Policy and Practice in Addiction will be held in Melbourne, Australia on 10–12 July 2008.

This will be an international 2-day event featuring: Peter Adams, Thomas McLellan, Steve Allsop, William Miller, Alex Blaszczyński, Ann Roche, Carlo DiClemente, Doug Sellman, Dennis Gray, Howard Shaffer, Harold Kalant, Constance Weisner, Alan Marlatt, Ted Wilkes, Barbara McCrady and others. Poster presentations and post-conference professional development workshops will feature Carlo DiClemente, David Hodgins, William Miller, Theresa Moyers, and Allan Zuckoff. Information and registration are available at [www.pacificcmc.com](http://www.pacificcmc.com). ☞

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## Division 50 Committed to Increasing Diversity

Division 50 is committed to increasing its diversity in membership and activities. We would like to encourage APA members of all ages, sexual orientations, and genders, particularly those from diverse cultural, ethnic, racial, and religious backgrounds, as well as those who are challenged or disabled, to join Division 50 and to submit poster and symposium proposals. In association with NIAAA, NIDA, and Division 28, Division 50 provides support to promote the success of early career investigators in psychology through pre-convention workshops and a poster session/social hour that encourage networking and interaction with senior investigators. In addition, Division 50 offers a variety of awards to students and early career psychologists whose research emphasizes substance use, its disorders, and associated problems. These awards include free journal subscriptions and/or travel funds.

## Join us in Boston for Division 50's 2008 Convention Program!

**Clara M. Bradizza**

**Program Co-Chair, Division 50, APA 2008**

The 116th Annual Convention of the American Psychological Association will be held in historic Boston from August 14–17 (Thursday–Sunday). The call for programs is available on the front page of the APA website (<http://www.apa.org/>) as are links for submitting individual presentation proposals (i.e., poster abstracts) and symposium proposals. Division 50 promotes advances in research, professional training, and clinical practice within the broad range of addictive behaviors including problematic use of alcohol, drugs, nicotine and disorders involving gambling, eating, sexual behavior, or spending. Program submissions related to any of those topics are encouraged. All proposals must be submitted online by **11:59 PM, EST, Monday, December 3, 2007**. No individual paper presentations will be accepted. Symposia submitters are encouraged to include early career professionals as co-chairs and to strive for diversity of presenters. Awards will be made for best student posters.

As in previous years, Division 50 will collaborate with Division 28 (Psychopharmacology and Substance Abuse) to offer a balanced program in addictive behaviors and to enhance visibility and attendance for all presentations with relevance to our membership. If you are interested and willing to serve as a reviewer of proposals in early December, please email [bradizza@ria.buffalo.edu](mailto:bradizza@ria.buffalo.edu) and let me know your area of expertise. We are looking forward to receiving your submissions and seeing you in Boston.



*Boston skyline*



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# REGISTER NOW

## Summit on Violence and Abuse in Relationships: Connecting Agendas and Forging New Directions February 28-29, 2008 Bethesda, Maryland

Alan Kazdin, PhD, President-Elect of APA, has selected this summit as part of his presidential initiative. Topics include Intimate Partner Violence, Child Maltreatment, Children Exposed to Violence and Abuse, Elder Abuse, Gender-Based Issues, Cultural Issues, Ethnic Minorities, Substance Abuse, and related themes. The focus will be on **What We Know, What We Need to Know, and Where Do We Need to Go with respect to Research, Intervention, and Prevention**. The program will consist of a number of plenary speakers and break-out groups to discuss relevant topics.

### Conference Schedule

**February 28:** Opening Plenary, Poster Session, Networking Reception

**February 29:** Summit Programming

### Preliminary Keynote Presenters

Arun Gandhi, Mary Koss, PhD, Jacquelyn Campbell, PhD, RN, and David Finkelhor, PhD

### Coordinators

Jackie White, PhD, President-Elect, Div 35  
Bob Geffner, PhD, President-Elect, Div 56

### Host Hotel

**Hyatt Regency Bethesda** (888) 591 1234: *Reservations link at [www.reisman-white.com](http://www.reisman-white.com)* (special conference rate code- **G-TPSY**)  
\$189 single/double

- In addition to the two lead divisions sponsoring the conference, Division 35, Society for the Psychology of Women and Division 56, Trauma Psychology, preliminary co-sponsors of this summit are: Robert Wood Johnson Foundation, Centers for Disease Control (CDC), International Society for Research on Aggression, and the University of Kentucky's Center for Research on Violence Against Women. The following APA divisions and organizations are serving as collaborators:
- **8** – Society for Personality and Social Psychology
- **9**- Society for the Psychological Study of Social Issues
- **17**- Society of Counseling Psychology
- **22**- Rehabilitation Psychology
- **27**- Society for Community Research, and Action: Division of Community Psychology
- **28**- Psychopharmacology and Substance Abuse
- **37**- Society for Child and Family Policy and Practice
- **39**- Psychoanalysis
- **41** – American Psychology-Law Society
- **43**- Family Psychology
- **45**- Society for the Psychological Study of Ethnic Minority Issues
- **48**- Society for the Study of Peace, Conflict, and Violence
- **50**- Addictions
- **51**- Society for the Psychological Study of Men and Masculinity
- Interdivisional Task Force on Child Maltreatment Prevention
- National Center on Domestic Violence, Trauma and Mental Health

*The Institute on Violence, Abuse and Trauma at Alliant International University is a co-sponsor of this Summit, and is responsible for the Continuing Education program. Up to 8.5 hours of CE credit is available for psychologists, social workers, marriage and family therapists, nurses, attorneys, substance abuse and other counselors.*



**For additional information and to register for this summit, go to [www.reisman-white.com](http://www.reisman-white.com) or call (512) 845-9059**

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# Division 50 Executive Officers

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