# The Addictions Newsletter

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## Contents



# President's Column

## Encouraging Proficiency in Times of Parity

***Nancy A. Piotrowski***

The Division board and committees have been busy. We have organized for the convention, facilitated identification of candidates for our election, and initiated review of awards/fellows nominations. We also developed special travel awards for students, launched a committee on special populations, prepared to participate in two summit meetings (one on violence, the other on evidence-based practice for ethnic minorities), and worked with Division 28 and others on an interdivisional grant proposal and a proficiency renewal in psychopharmacology. Our Science Advisory Committee responded to a request from the American Psychological Association (APA) for input on the National Institute on Drug Abuse strategic initiatives. Others provided comments to APA regarding Criteria for the Evaluation of Quality Improvement Programs and the Use of Quality Improvement Data. We continue exploring approaches to address the needs of our student, early career, and long-term members. We also asked you to describe your advocacy and policy activities for an article. Busy!

*Nancy A. Piotrowski*

Amidst all this, we also prepared renewal materials for the recognition of the proficiency in the Psychological Treatment of Alcohol and Other Psychoactive Substance Use Disorders. This infrequent but regular, important activity occurs approximately every seven years and is a mechanism for psychologists to receive recognition of their skills and training related to alcohol and drug treatment. The Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) reviews the materials and facilitates the process for proficiency recognition. There is a public comment period on the renewal. Then once approved by APA, there are opportunities for licensed psychologists to sit for a written exam process offered by the College of Professional Psychology (CPP). Division members actually assist with the construction of the exam content. Passing the exam then leads to award of a certificate in the proficiency. It is a long and thorough process—truly a collective effort—designed to support quality alcohol and drug treatment by psychologists.

**Why mention this now?**

As our Advocacy and Policy Committee has discussed, the efforts of many contributed to significant strides towards achieving parity for better coverage of mental health and substance-related treatment in health care. These efforts will continue because they address the important public health goal of ensuring treatment of the whole person, particularly when complex, co-

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## President's Column

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morbid problems including alcohol and drug problems are present. It is not just about policy—it is about practice. It is about who delivers treatment and what actually happens in treatment. When parity arrives, we want psychologists to be prepared. Thus, this is where we collectively can have additional meaningful impact through our work with promoting the proficiency.

**What makes the proficiency valuable?**

First, the proficiency sets some basic standards of knowledge and experience to bolster the capabilities of psychologists in the area of alcohol and drug treatment. This is not about limiting practice, but instead, about ensuring that folks delivering services have received experience and training to support their efforts. It helps individuals to consider scope of practice and the need for proficiency before attempting to deliver services. This is good for the practitioner, the clients, and psychology as a whole.

Second, the proficiency provides proper documentation of skills and training. In fact, Georgia, Hawaii, Indiana, New Hampshire, North Carolina, Vermont, and Wisconsin recognize the certificate for the proficiency as qualifying psychologists to provide treatment to those with alcohol and substance use disorders. To that end, it can facilitate the option to practice and serve as a means of maintaining the quality of care provided by psychologists to clients seeking services for these problems.

Third, the proficiency may serve as a training guide. The proficiency outlines domains of knowledge and skill. For students, this helps them understand what they need to seek out in their training experiences. As teachers and clinical trainers, we can use the information to help guide the content of our courses and practical training experiences. We can also use it to underscore the value of courses we teach, demonstrating value added to the work we do in defining a specific proficiency in psychology practice. And for those who may have been out of classes a long while—it's a good refresher mechanism and target for continuing education work.

Fourth, the proficiency distinguishes psychologists from other professionals offering treatment related to alcohol and drug use. It does this by highlighting varied psychological considerations and approaches to this treatment. This advances the unique contributions of our scientists, practitioners, and scientist-practitioners and bolsters our efforts toward continued treatment improvement and new clinical science knowledge.

**"Whodunnit?"**

More than 900 psychologists hold the certificate for this proficiency. This is a good start. Think about how many psychologists, however, are out there in practice. Can only 900 be talking to their clients about alcohol and drug issues— even a little bit? I find that number to be low. More seriously, if psychologists are going after parity, including attention to substance-related disorders, we need this number to increase to keep the quality of care high. Thus, I think it is time that we encourage pursuit of this proficiency among our members, students, and colleagues likely to work in this area.

**What can I do?**

Consider learning more about the proficiency and reflecting on its importance to ensuring that psychologists are ready to provide this treatment when asked to do so. CPP provides some basic information about the exam process on their web page ( http://www.apa.org/college/applicat.pdf ) and can be a good place to start. You may decide to secure the certificate for yourself if you have not done so already. If you teach more than practice, use the proficiency information as something to help with course planning, and inform students about the existence of the proficiency for their future work. Encourage other clinicians to consider seeking out the recommended training and experiences to achieve the proficiency for the work they do in their practice. And even if these activities are a bit afield, you may participate in the public comment period that will occur with this current revision and future revisions. You can also participate in future revisions of the proficiency and exam when asked. Most importantly, remember its value and consider this to be a tool in your work as a practitioner, clinical researcher, trainer, program director, administrator, etc.

**Future directions?**

In reviewing the current state of the proficiency, I wondered what it might look like in 15-20 years, how it might change, and if this proficiency will be our only one in addictions. As written now, the proficiency focuses on alcohol and other psychoactive substance use disorders. We discuss issues related to special populations and their treatment—defined in terms of ethnicity, age, comorbidity, and the like—as part of what we do. I wonder, though, if in the future these may expand into their own proficiency areas as we gain knowledge. I also wonder if our proficiency may grow to be a specialty someday—"addiction psychology" anyone?

I hope you will consider the value of the proficiency to you, your work, and the field. I think it is worthy of our reflection. In the meantime, thanks to the board for providing review. Also, special thanks to the following for their assistance along the way: Erika Litvin, Cynthia Glidden-Tracy, Chris Martin, Dan Kivlahan, Harry Wexler, Greg Brigham, Janice Tsoh, Holly Waldron, Eric Wagner, Tony Cellucci, Joan Zweben, Fred Rotgers, Ken Bachrach, Tom Horvath, Sandy Brown, Jan Cuccio, Marsha Bates, Kathleen Carroll, and Division 28 helpers Kim Kirby and Suzette Evans. Ψ

# Editor's Corner

## Spring is here! Primavera e' qui!

***Elizabeth J. D'Amico***

For many, spring is often a time of increased energy (regardless of how much coffee you drink!). Days are longer, the weather is getting warmer, and we feel a sense of renewal and new beginnings. Thus, the new look for *TAN* this issue—what do you think?

This increased energy may also be one reason that I received so many GREAT articles for this issue of *TAN*! Or perhaps many of you took to heart my column in the previous issue about getting involved and found that submitting to *TAN* is an easy way to get involved—by letting others know about your research. So, *TAN* readers, please take a look at our articles in this issue, which highlight many different exciting areas, including psychiatric symptoms and adolescent health risk, coding and analyzing the Timeline Follow-Back Calendar Data, and information on drug courts.

Many of you also got involved and responded to our call for short descriptions, narratives, and anecdotes of legislative work that you have been involved in related to addictions advocacy and policy. Check out the Advocates Alcove for some great information about how your colleagues have been educating the legislature on important issues related to addiction.

Our Strategic Advisory Committee has continued to be busy these past months and recently wrote a response to NIDA's draft strategic plan. Many members provided input and the SAC summarized these responses, which are included in this issue. Also, if you are interested in getting more information on how you can participate in Division 50 activities, I have included contact information on division officers, committees, and liaisons again in this issue. Please note the correction to Brad Olson's email address.

Finally, can you believe that APA is just around the corner? Well, it will be here sooner than you think! Please see the article on the upcoming convention and some of the exciting symposia and events you can expect to see at the 2008 convention in Boston.

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 by **June 2, 2008**. I hope to hear from you. Ciao for now! Ψ

## Division 50 Member James H. Bray Wins APA's Presidential Race

Members elected APA's 2009 president: **James H. Bray**, a Baylor College of Medicine associate professor of family and community medicine and psychiatry.

Active in APA's governance for over 15 years, James Bray is perhaps best known for his clinical work and research on developmental and family factors in divorce, remarriage, adolescent substance use, and collaboration between physicians and psychologists.

James Bray ran to advance psychology as a health profession and to help psychology be recognized as a partner and an equal in all the health professions. But being on the campaign trail, he shifted his priorities because in talking with hundreds of psychologists he learned that they are hurting. Practitioners in particular are hurting very badly in their practices. Their reimbursement is going down, not up. APA needs to do something to help by refocusing our energy on this issue.

James Bray also wants to shine a light on those who are homeless. Many homeless people are there because of psychological trauma, mental illness, problems because of drug and substance abuse, physical and sexual abuse. When you give them the help they need, they can become productive citizens. Homelessness is increasing. He would like to see what we can do to turn that around.

James Bray will also continue to highlight the importance of prescription privileges for appropriately trained psychologists. His goal is to have at least three more states adopt the privilege during his tenure. He will do everything he can to make that happen.

For more information, visit www.bcm.tmc.edu/familymed/jbray.

# Candidates for Division 50 Officers

## Announcing Candidates for President-Elect and Member-at-Large

***William Zywiak***

This year we have two candidates for President-Elect and one for Member-At-Large (Public Interest). I would like to thank these three candidates for offering their expertise, enthusiasm, energy, and time to promote public awareness, research, and treatment of addictive behaviors. Thank you to the Nominations and Elections Committee, Selene Varney MacKinnon and Krista Lisdahl Medina. Thank you to Ronald Kadden for his many years of service to Division 50, and thank you to all the Division 50 Members that nominated candidates for these offices. Thanks also to Brad Olson for serving as Member-At-Large (Public Interest) these last three years. Thank you to Kim Fromme, the Past President of Division 50. The winners will be announced in the Summer 2008 edition of *The Addictions Newsletter*, with terms beginning after the Annual Division 50 Meeting at this year's APA Convention. Ballots will be mailed to Division 50 Members in April.

## Candidates for President-Elect

### Lisa M. Najavits

I would be truly honored to serve as President-Elect of Division 50.

***Background***.
My career in the addictions field began in 1992. Highlights include:
• Currently Professor of Psychiatry, Boston University School of Medicine; Lecturer, Harvard Medical School
• Clinical psychologist, VA Boston; and McLean Hospital
• Authored *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*; *A Woman's Addiction Workbook* (2002), and over 125 publications
• Various NIH and other research grants
• Advisory boards (addiction organizations; journals; federal panels)
• Interests in psychotherapy research; co-occurring disorders; trauma; underserved populations; gender-sensitive treatment
• Service on Division 50 initiatives
• PhD, Vanderbilt University; BA, Columbia University
• See also www.seekingsafety.org (c.v. and articles)

***Goals***. If elected, my priorities would be:
• *Co-occurring disorders*. Addiction co-occurs with mental health and physical disorders. I hope to enhance Division efforts to serve these complex needs.
• *Dissemination*. Evidence based practices exist for addictions yet remain underutilized. Dissemination efforts that are respectful of all practices are key.
• *Mentorship*. The Division serves as a brain trust of psychologists across the career spectrum. Creating mentorship opportunities is key.
• *Outreach*. Continued efforts to engage new members and build alliances with other divisions is essential.
• *Systems*. Division 50 can help broach gaps to remedy barriers to addiction care.

Addiction represents enormous suffering yet also great potential for change. It is a major public health issue, and we remain at an early stage in understanding and treating it. I am dedicated to helping Division 50 bring the best of addiction psychology to science, practice, policy, mentorship, and direct care.

## Division 50 Special Travel Awardees!

The recipients of the 2007–2008 Special Travel Awards were Cynthia A. Stappenbeck and Sandra E. Larios. Ms. Stappenbeck, a student of Clinical Psychology at The University of Texas at Austin, attended the *Summit on Violence and Abuse in Relationships: Connecting Agenda and Forging New Directions* in Bethesda, MD February 28-29. Ms. Larios, a student of Clinical Psychology at the SDSU/UCSD Joint Doctoral Program in Clinical Psychology who is now on internship at UC San Francisco, attended the meeting *Culturally Informed Evidence Based Practices: Translating Research and Policy for the Real World*, Bethesda, MD March 13–14. Each recipient received $500 toward participation in these meetings in which Division 50 is a participant division. They assisted Division liaisons to these meetings and will write a report on their experiences for a future issue of *TAN*. We wish them Congratulations!

### Frederick Rotgers

I am honored to be nominated for the office of President-Elect of Division 50. Thank you! I received both my Bachelor's and Doctoral degrees from Rutgers University where I had the great honor and pleasure to serve on the faculty of the Graduate School of Applied and Professional Psychology and as a Research Assistant Professor at the Center of Alcohol Studies. I have worked as a clinician in corrections and as Assistant Chief Psychologist at the Addiction Institute of New York. I am currently Associate Professor of Psychology at the Philadelphia College of Osteopathic Medicine, a cognitive-behaviorally oriented PsyD program. Despite my involvement in research, my main interest has always been in translational activities that bring the fruits of solid research to clinical practitioners. As Division 50 Observer to the APA Committee for the Advancement of Professional Practice (CAPP) I have been able to bring this bridging role to the APA Practice Organization and to represent the Division's perspective at CAPP for the past two years.

If elected, my main focus will be on building the clinical and practice aspects of the Division and on educating future generations of psychologists to not only continue the rigorous study of addictions that Division 50 members have undertaken, but also provide treatments based on that research. If elected, I will be the first PsyD to serve as President, despite the fact that more than half of our members are practitioners, often in addition to being active researchers. I look forward to working with you all!

## Candidate for Member-at-Large

### Kristen G. Anderson

Thank you for the nomination as Member-At-Large (Public Interest Directorate). As an active member of APA since 1998, I have worked to influence the direction of policy issues, first as an APAGS State Chair (Kentucky) and currently as a member of the Scientific Advisory Committee. Since my early grassroots work in health care reform and environmental issues, I have felt a commitment to the greater community. This has followed me through my work as a special educator and later as a clinical psychologist.

Teaching special needs youth early in my career fostered an interest in the interplay of normative development and psychopathology. My interests in developmental psychopathology and adolescent alcohol and drug use merged as a student in the clinical doctoral program at the University of Kentucky. After completing my clinical and research training at UC San Diego, I continued to collaborate with the extremely talented addictions researchers there as a research and clinical faculty member. I have been fortunate to be mentored by leaders in our field and have continuous grant support from NIAAA and NIDA to conduct research and publish in adolescent substance use. Currently, I am an Assistant Professor of Psychology at Reed College and an active member of the addictions community in Portland. As a researcher, educator and clinician, I strongly believe our work must translate into real change in the lives of our clients and society. I would appreciate the opportunity to represent Division 50 in shaping addictions policy, particularly for youth, and accept this nomination. Ψ

## Nordal Is New APA Executive Director for Professional Practice

Norman B. Anderson, APA Chief Executive Officer recently announced the appointment of Katherine C. Nordal as the new APA Executive Director for Professional Practice:

"Dr. Nordal brings to this important position an impressive breadth of experience in both independent and public institutional practice, in public policy, in state association and APA division leadership, and in APA governance. Dr. Nordal was selected after a national search which generated an extraordinarily talented pool of candidates. I was tremendously impressed with the level of professionalism, dedication, and talent of all of the candidates who interviewed for the position. I am thrilled to have someone of Dr. Nordal's caliber to follow the highly successful tenure of Dr. Russ Newman, former Executive Director for Professional Practice."

# Advocates Alcove

## Division 50 Policy Narratives

***Rebecca Kayo, Div. 50 Federal Advocacy Coordinator & Co-Chair Policy and Advocacy Committee; Brad Olson, Co-Chair Policy and Advocacy Committee & Member-at-Large***

Our Division 50 president Nancy Piotrowski and our *TAN* editor Elizabeth D'Amico recently suggested the potentially exciting possibility of obtaining first-hand accounts of advocacy and policy work being done by our division members. As part of your division Advocacy and Policy committee, we eagerly took up this task and in a recent Division 50 listserv post we asked some of you to send in a short narrative describing past or current involvement with substance abuse related legislative or advocacy work. Our hope was that these anecdotes of advocacy and policy work would give all of us a greater sense of the wide political activities, the range of issues, and levels of involvement that we are engaged in within the division.

After the call was sent out, we received an e-mail of encouragement from Dennis McCarty on this effort. He thought this would be a good platform for brief reports on policy and policy related research. Dennis, as some of you know, has been a senior program advisor for The Substance Abuse Policy Research Program (SAPRP), funded by the Robert Wood Johnson Foundation. The SAPRP initiative has supported a number of policy relevant research studies. If one goes to the website www.saprp.org, and clicks on "view grants" by "investigator," there is a list of funded awards. Also, under "policy resources," one can click "knowledge assets" and obtain summaries of the literature written to be accessible to policy makers. Several Division 50 members have received these awards.

We received a number of descriptions about local, state, and federal meetings with policy makers that we have included below. We would love to make this a frequent report in the Advocates Alcove as we believe that as you read the reports below you will be as energized and excited as we are about the possibilities that are all around us to make a difference in substance abuse policy and advocacy work!

*From left to right: Cindi Glidden-Tracey (ASU Counseling Psychology faculty), Rep. Raul Grijalva (D-Arizona 7th District), Jessica Summers (U of Arizona Educational Psychology faculty), and Amanda Hardy (ASU Counseling Psychology doctoral student).*

If you have any descriptions to submit, please continue to send them to: Brad Olson at b-olson@northwestern.edu.

In September of 2006 and 2007, I advocated for psychology's education agenda by visiting with the staff of Congresspersons in conjunction with the APA Educational Leadership Conference. In one instance, my team of Arizona delegates was fortunate to also meet with one of our Arizona Congressmen, Rep. Raul Grijalva. *—Cindi Glidden-Tracey; Arizona State* University

In June 27, 23 scientific and professional organizations within the Friends of the National Institute on Drug Abuse (NIDA) sponsored the eighth in a series of educational briefings on Capitol Hill. The event received tremendous support from the mental health community on Capitol Hill, evident by the endorsement and co-sponsorship of three relevant congressional caucuses: the Addiction, Treatment and Recovery Caucus, the Mental Health Caucus, and the newly-formed Drug Policy Caucus. Congresswoman Grace Napolitano (D-CA), co-chair of the Mental Health Caucus, delighted us with an appearance and spoke to the audience with conviction about her strong commitment to improving the lives of those struggling with mental disorders. Patrick Flynn shared information regarding the two distinct treatment systems for co-occurring substance use and mental disorders. *—Patrick Flynn; Institute of Behavioral Research at Texas Christian University*

Information taken from Friends of NIDA information sheet. http://www.thefriendsofnida.org/062707_event.asp.

On May 4, 2007 I participated as a panelist in a Legislative Breakfast sponsored by the National Council on Alcoholism and Drug Dependence (NCADD) of Middlesex County entitled "Helping to Prevent Prescription Drug Abuse." My presentation focused on the challenges faced by clinicians in treating prescription drug abuse in outpatient settings, and a clinical perspective on some of the factors that may be contributing to the recent rise in prescription drug abuse among young people. Congressman Frank Pallone, Jr. and State Senator Barbara Buono also participated. *—Jonathan Krejci, Princeton House Behavioral Health*

On October 5, 2007, I presented at the National Conference of State Legislatures at the Critical Health Areas Project (CHAP) meeting. I was asked to speak at the session on the prevention of underage drinking. My presentation focused on the development, implementation, and evaluation of innovative interventions to reach youth; for example developing

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# Federal Update

## APA Hosts First Friends of NIAAA Meeting

***Geoff Mumford***
***APA Science Directorate—Government Relations Office***

On January 31, the Science Government Relations staff hosted the inaugural meeting of the Friends of NIAAA (National Institute on Alcohol Abuse and Alcoholism) at APA Headquarters. This meeting was well-attended and followed an "if you build it, they will come approach." Specifically, this important meeting took place after the first public Friends of NIAAA event, which was a Capitol Hill briefing on underage drinking research. In addition to local representatives from various scientific and professional societies, APA was delighted that Dr. Ray Anton took the time to fly in for the meeting in his role as President of the Research Society on Alcoholism (RSA). Before the official start of the meeting, Dr. Ting-Kai Li, Director of NIAAA, provided a one-hour briefing on NIAAA research priorities. After Dr. Li left, Geoff Mumford then discussed models that other coalitions are using to enhance the visibility of individual NIH Institutes and engaged the group in a strategic planning exercise to help move this new Friends group forward. Some of the ideas that came out of the meeting were (a) how to expand and continue the educational briefing series that started with the briefing on underage drinking, (b) how to stimulate interest in adding an Addiction Treatment and Recovery Caucus in the Senate similar to the one in House, and (c) submitting written testimony and report language in support of NIAAA appropriations. One challenge that is part of building a coalition such as the Friends of NIAAA is ensuring that you have a focused agenda and committed volunteers to work towards attainable goals. The next steps are therefore to continue to build the structure of this coalition, determine who will lead the coalition, decide on the activities of the coalition, and to determine the specific goals of the coalition. For more information, or to get involved, please contact Anne Bettesworth at abettesworth@apa.org. Ψ

# Student and Trainee Perspectives

## What We Can Do to Offer More

***Amee B. Patel***

The APAGS Division Student Representative Network (DSRN) is an organization consisting of student representatives from the majority of APA divisions and APAGS representatives. Its purpose is to promote student leadership within the APA division by providing a forum for student representatives to share ideas and collaborate with APAGS. At the 2007 Convention, the DSRN voted to create the *Outstanding Division Award* to recognize a division that has been exceptional in supporting their students. In working on the creation of this award, I was exposed to the different programs and resources that other divisions offer and realized that Division 50 provides a great deal of support for its student members.

Division 50 currently offers a reduced membership fee for students ($20 for membership and subscription to *Psychology of Addictive Behaviors*, $5 for membership alone), opportunities for student leadership throughout the division, awards for students to attend APA forums and summits, and student poster awards for posters presented at Convention. We also host a student social hour, focused on helping students make connections with senior members, and on early career programming. Plans are currently in progress for uploading online resources to the Division 50 website that may be useful for students. Additionally, the 2008 Convention will have more student- and early career-oriented programming than previous years. There is, of course, always room for improvement. To this end, I would like to share some of the novel ideas from other divisions.

1. Graduate Student Committee—having an organized student membership to facilitate programming, implementation of new resources and projects, etc.Student involvement in division projects (e.g., recruitment, Convention planning)

2. Having a student editor on the division journal or an allotted number of reviews sent to student members

3. Workshops—Not just workshops at Convention, but regional workshops for specific student issues, such as mentorship, applying for jobs, etc.

4. Clearinghouse for employment, research, and clinical opportunities

5. Award for best dissertation and/or most significant student contribution to the field

These are just some of the ways that other divisions have supported their students, and that Division 50 may consider implementing in the future. Without your input, it is hard to gauge which new programs are most relevant and pressing. My hope is that you, as student members, will share your thoughts about the ideas that you would like implemented in the near future. I look forward to hearing from you. My email address is amee@mail.utexas.edu. Ψ

# APA Council Report: February 2008

***Jalie A. Tucker, Division 50 Council Representative***

The Council of Representatives, APA's governing body, met on February 22–24 for the first of its two meetings per year in Washington, DC. APA President Alan Kazdin chaired the meeting, which covered an agenda of over 30 action items plus educational and break-out sessions on different topics. Three items generated much discussion on and off Council floor:

- ***Revised resolution concerning psychologist participation at U.S. Detention Centers***—Council had passed a controversial resolution concerning this issue at the August 2007 meeting in San Francisco, CA. Although the resolution was generally viewed as a positive step, it contained language about prohibited techniques that was ambiguous and could potentially provide loopholes for unethical behavior. Key text was revised collaboratively by Divisions 19 (Military Psychology), 39 (Psychoanalysis), 41 (Psychology and Law), and 48 (Peace Psychology). The revised resolution prohibits specific techniques, but is written so as not to interfere with usual, accepted, and lawful practices in correctional and detention facilities. The revised resolution passed easily.

- ***Re-introduction of APA Bylaws change to establish Council seats for ethnic minority psychological associations***—At the August 2007 meeting, Council voted to establish new Council seats for 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 Association. This bylaw change required a vote of the APA membership, and the vote fell short of approval. Council voted to re-introduce the change for another vote by the APA membership, which is seen as important to APA's commitment to promote diversity.

- ***Proposal to establish a new Division for Qualitative Inquiry fails***—A petition to establish a new division on qualitative inquiry fell short of the votes needed for approval. Concerns were expressed about organizing a new division around a methodology that could be part of existing divisions concerned with research methods and measurement, broadly defined.

APA President **Alan Kazdin** described his presidential initiatives, including a summit on violence in interpersonal relationships. President Kazdin also announced that **Malcolm Gladwell**, staff writer for *The New Yorker* magazine and author of *Blink* and *The Tipping Point*, will be a keynote speaker at the August 2008 APA convention in Boston, MA.

APA Chief Executive Officer **Norman Anderson** updated Council about developing APA's first strategic plan in the organization's history. A consulting firm (McKinley Marketing) has been hired, the process is underway, and CEO Anderson expects to present the plan to Council next February. McKinley Marketing led Council through an exercise aimed at developing a better mission statement for APA with a 10–30 year "BHAG" (as in Big Hairy Audacious Goal). Work on redesigning the APA website continues with a budget allocation of about $7 million.

Key personnel transitions are underway at APA Central Office. **Katharine Nordal**, recently replaced **Russ Newman**. as the Executive Director for Professional Practice. Nordal has a long history of service to APA and her home state Mississippi Psychological Association. APA's next Chief Financial Officer (CFO) will be Mr. **Archie Turner**, currently Chief Financial Officer of The National Academies, which includes the National Academy of Science, the Institute of Medicine, the National Academy of Engineering, and the National Research Council. He replaces retiring CFO **Charles L. "Jack" McKay**. McKay has been with APA since the 1960s and developed APA's diverse portfolio of holdings, which includes two revenue-generating office buildings in Washington, DC, one of which APA occupies. Another key search during the coming year will be for APA's first Chief Diversity Officer, who will serve as the point person to implement best practices for organizational diversity. Ψ

## 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 website at http://www.apa.org/about/division/div50.html. The deadline for receipt of all award nominations and relevant materials is May 1, 2008.

Nominations and related materials (applicant CV plus a letter summarizing why the nominee should be considered for the award) should be sent to the Fellows and Awards Committee at the following address:

Fellows and Awards Committee, c/o Kathleen M. Carroll, Chair, Yale University School of Medicine, Division of Substance Abuse, 950 Campbell Avenue (151D), West Haven, CT 06516. For further information, please contact kathleen.carroll@yale.edu.

# Join us in "America's Walking City" this Summer: 2008 APA Convention in Boston!

***Clara M. Bradizza and Clayton Neighbors, 2008 APA Convention Program Co-Chairs***

The 2008 APA Convention will be held in historic Boston, Massachusetts, August 14–17. Boston boasts terrific summer weather with an average high of 80° F in August; perfect for touring historic sites such as the Freedom Trail and the Old North Church, enjoying cultural attractions such as the Museum of Fine Arts and the Gardner Museum, or taking in a Boston Red Sox game at Fenway Park. No visit to Boston is complete without a stroll through Faneuil Hall Marketplace and a relaxing dinner at one of the city's many great restaurants.

This year's program features events of broad interest to Division 50 members: clinicians, researchers, students, and early career investigators. Division-sponsored symposia and poster presentations cover a broad range of addictive behaviors including alcohol, marijuana, nicotine and other drugs, as well as disorders involving gambling, eating, and sexual behavior.

Division 50 is sponsoring or co-sponsoring 14 symposia representing both basic and applied research in the addictions. This year's program features presentations by established and widely-known senior addictions researchers and outstanding early career investigators. Division 50 is proud to support student and early career investigators. This year's program includes a symposium on establishing your career as an addiction researcher. As in previous years, Divisions 50 and 28, with generous support from NIAAA and NIDA, will co-sponsor an Early Career Social Hour and Poster Session, during which early career members will have the opportunity to present their work and meet other Division members. Our Divisions are fortunate to receive substantial federal funding for invited speakers and travel awards from NIAAA and NIDA.

Division 50's collaboration with NIAAA and NIDA includes several symposia on current topics including health disparities research and treatment of alcohol problems among adolescents, and the nature of addiction. Divisions 50 and 28 (Pyschopharmacology and Substance Abuse) have collaborated with NIDA and NIAAA to co-sponsor two symposia: *Recent advances in medications development* for drug abuse and the *Biological basis of sex differences in drug abuse*. There will also be two pre-conference workshops that we anticipate will be of significant interest to Division members. The first workshop, led by Mark Willenbring, focuses on the NIAAA Clinician's Guide. The second is our popular NIDA Grant Writing workshop led by Harold Perl. Pre-registration is required for these workshops on a first-come first-served basis—please e-mail Clara Bradizza [bradizza@ria.buffalo.edu] to register.

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*Newbury Street in Boston.*

Several symposia highlight important work involving adolescents and young adults, including substance-related treatment services for justice-involved youth, extreme alcohol use and negative consequences among college drinkers, and the aforementioned symposium on health disparities. Symposia offered in this year's program include cutting edge issues in evidence-based practice, ethical and legal issues in the treatment of addicted health care professionals, smoking and substance use treatment, safe sex among patients in substance use treatment, and a focus on current assessment and diagnostic issues. In addition, Divisions 28 and 50 have collaborated on a symposium examining contingency management interventions for smokers, pregnant women, and adolescents. Finally, our Division 50 President, Nancy Piotrowski will give an invited address, "Thinking Outside the Box: Addiction and Behaviors with Addictive Features."

We would like to thank members of the program committee whose thoughtful reviews provided important guidance in making difficult decisions as we developed this outstanding program. **Committee Members:** Chris Barrick, Tom Brandon, Kate Carey, Scott Coffey, Suzanne Colby, Lorraine Collins, Gerard Connors, Jennifer Cox, Ronda Dearing, Timothy Durazzo, Ellen Edwards, Rina Eiden, Kerry Grohman, Suzy Gulliver, Larry Hawk, David Hodgins, Greg Homish, Rebecca Houston, Mary Larimer, Steve Maisto, Christopher Martin, Sherry McKee, Nora Noel, Jen Read, Damaris Rohsenow, Tilman Schulte, Julie Schumacher, Paul Stasiewicz, and Eric Wagner. **Assistant to the Program Chair:** Nicole D. Mercer.

We hope to see you at the convention. Please look for additional information on upcoming events in the summer issue of *TAN*. Ψ

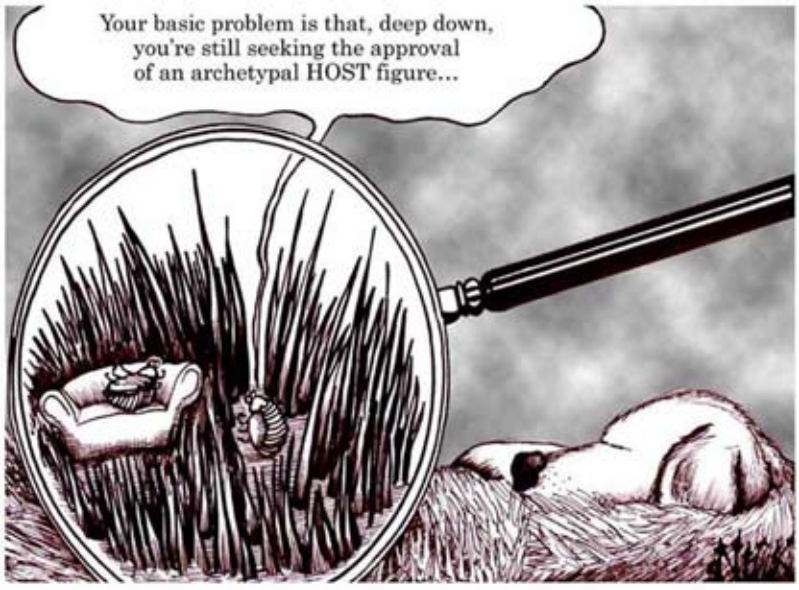
# Division 50 Input on National Institute on Drug Abuse (NIDA) Draft Strategic Plan

***Division 50 Scientific Advisory Committee***

Response to our January 15, 2008, solicitation for input was modest, but some consistent themes emerged from the feedback we received. Generally, there was consistent support for the aim of integrating emerging genetic and neurobiological research into NIDA's prevention and intervention efforts, but concerns were voiced that over emphasis on the application of these emerging approaches will cause under funding of other types of preventive interventions as well as continuing research on psychosocial risk and protective factors. Specific comments in these and other areas are detailed next.

- Concerns were expressed that an over emphasis on "brain research" would result in a neglect of funding in prevention science, especially in areas such as the mechanisms of effect within evidence-based or empirically validated interventions.
- A need for more translational or dissemination research in the prevention area was cited, as was research on the qualities of prevention staff that lead to effective outcomes.
  - ◊ It was suggested that the dissemination strategies detailed for treatment research could serve as a model for better developing prevention dissemination strategies.
- Concerns that model prevention programs cited in the Strategic Plan are not those noted as most effective at long-term follow-up (see Foxcroft, Ireland, Lister-Sharp, Low, & Breen, 2003).
- In the prevention area, the "fidelity versus adaptation" debate needs more research as well as additional investigation of how to get practitioners to adopt the best matched empirically based prevention and effectively implement it in their local populations.
- While support for the research-to-practice-focus was noted, there were concerns that the plan overstates the current benefits of extant knowledge (e.g., imaging) to understand the processes underlying drug use and treatment.
- Behavioral research is given short shrift in the prevention section of the proposal.
- It was noted that the definition of addiction as a "chronic-relapsing brain disease" is not a definition that has full acceptance in the field and may serve to minimize the role of other important processes in the development and maintenance of addictive behaviors and disorders.
- One respondent suggested that the HIV/AIDS portion of the Strategic Plan was over-emphasized.
- A need for a stronger emphasis on understanding risk and protective factors for drug abuse in the context of "normal brain development" and behavior patterns was cited. In addition, it was suggested that there should be explicit acknowledgment that we do not currently have a complete understanding of what normal brain development looks like, and in order to have a more refined developmental emphasis on substance abuse, we must compare addictive processes to current and future knowledge about normal processes.
- There was a call for increased emphasis on understanding ethnic differences in substance use/abuse patterns in addition to examination of gender differences.
- In addition to treatment efforts aimed at co-occurring disorders, it was suggested that NIDA consider special emphasis on developing and refining treatment approaches for addiction to multiple substances.

In closing, it is important to note that Division 50 members clearly recognize that we are rapidly moving toward an exciting integration of biological, psychological, and social factors in furthering our understanding of the complex etiology of drug abuse and dependence and that emerging genetic and neurobiological research holds viable promise for our efforts to prevent, intervene, and treat addictions. However, the need to balance these efforts with continued support and expanded dissemination of empirically supported prevention, early intervention, and treatment was an equally consistent theme expressed by our membership. Ψ




*Cartoon by Nick D Kim, nearingzero.net. Used by permission.*

Parasite psychology.

# Ten Things to Love about Drug Courts

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Drug courts combine the supervision and authority of the criminal justice system with the life-changing opportunity of treatment. In a traditional drug court, drug or alcohol dependent individuals who have committed one or more criminal offenses participate in outpatient counseling and rehabilitation programs while appearing regularly (usually weekly) before a judge. Judges provide praise and encouragement for treatment progress and success, and immediate sanctions for treatment failures or violation of program requirements. Drug courts provide an opportunity for individuals who have committed a drug- or alcohol-related criminal offense to avoid incarceration while simultaneously providing needed treatment services. The first drug court in the United States was founded in Miami/Dade County in 1989. Since that initial court, more than 2,000 drug and problem-solving courts have been established across the United States (National Association of Drug Court Professionals [NADCP], 2008). Drug courts now exist in all 50 states in the United States.

Drug courts appear to be here to stay, and there is little sign of slowing growth (see Fig. 1). In our opinion, there is much to admire about the drug court model, and addiction psychologists would benefit from understanding the model. Some aspects of the model challenge preexisting assumptions of the treatment setting (e.g., confidentiality and information exchange). The purpose of this article is to introduce the reader to fundamental and admirable concepts of the drug court approach.

**1. Multidisciplinary Collaboration**
Alcohol and drug use contributes overwhelmingly to criminal behavior (Pastore & Maguire, 2008). The combination of addictive and criminal behaviors typically brings such individuals into contact with a myriad of different professionals including police, attorneys, judges, probation and parole officers, social workers and addiction treatment, child welfare and mental health professionals. Drug courts enhance collaboration among the various professionals by addressing the problem of substance-using offenders. Drug courts are multidisciplinary as there is a great deal of collaboration between court officers (judges, lawyers, probation officers), criminal justice professionals (police), and treatment providers (counselors, social workers).

**2. Culture Change**
A related aspect of drug courts is a culture change that challenges traditional assumptions and practices of both criminal justice and treatment professionals. Traditionally, the various professions operated in "silos," with information flowing, at best, vertically within the professional domain (e.g., court or treatment center), but not horizontally between disciplines. In contrast, all members of the drug court team—including the judge, coordinators, police, attorneys, and treatment providers—meet on a regular basis to review all program participants and exchange information. Limitations on information exchange related to professional standards and ethical obligations are overcome with informed consent procedures prior to program entry.

**3. Evidence-Based**
As a relatively new innovation emerging during an age of accountability and a culture shift toward evidence-based practices across professional disciplines, it probably is not surprising that the drug court model is committed to evidence-based practices. Sound science-based application of learning principles is a central component of the drug court model (Marlowe & Kirby, 1999), including the timely and consistent use of contingent reinforcement and punishment.

**4. Effectiveness**
As an innovation struggling to prove its worth to skeptics, the drug court model has been subject to rigorous scientific scrutiny since the very beginning. The ten principles of effective drug courts integrates outcomes-based program evaluation as a central component of each and every drug court (NADCP, 1997). Arguably, more data exist regarding the efficacy of drug courts relative to the young age of the model than for any other treatment approach in history (Belenko, 2001). After reviewing the available literature, Marlowe, DeMatteo, & Festinger (2003) boldly concluded that "drug courts are without question the most effective known treatment approach for substance abusing criminal offenders" (p. 153).

**5. Cost Effectiveness**
Drug courts have also proven to be highly cost-effective, especially when compared to incarceration. Evaluations from two drug courts have concluded that as much as $10 of public funds is saved for every dollar spent on drug courts (NADCP, 2008).

**6. Diverse Populations Served**
Two of the strongest contributors to criminal behavior—poverty and drug use—are overly represented among minority groups, and certainly contribute to the ethnic disparities in incarceration rates (Pastore & Maguire, 2008). By providing drug- and alcohol dependent offenders an opportunity to avoid incarceration and achieve sobriety, drug courts promise to offer some answers to the problem of disparate incarceration.

**7. Humanitarian Solution**
In contrast to incarceration alone, drug courts balance the need to protect the public with compassion for the addicted offender. Drug court participants continue living in their communities,

*(Continued on page 12)*

## Ten Things...

*(Continued from page 11)*

often with their families. Many drug court participants are able to maintain or acquire employment during their participation in the program.

**8. Innovative New Technology**

Drug courts require highly reliable, valid, and tamper-resistant data. This set of circumstances has driven innovation to develop new drug and alcohol monitoring technologies. One example of such an innovation, transdermal alcohol monitoring, includes a tamper-resistant bracelet worn by offenders 24 hours per day that records continuous readings of transdermal alcohol content (TAC; Sakai, Mikulich-Gilbertson, Long & Crowley, 2006). Technologies like these may prove to be highly useful to alcohol researchers as well, who frequently rely upon retrospective self-reports of consumption behavior.

**9. Problem-Solving Court Spinoffs**

The dramatic success of the drug court model has led to a recent expansion of the model to a variety of other problems in what have become known as problem-solving courts (Huddleston, Freeman-Wilson, Marlowe, & Roussell, 2005). These problem-solving courts utilize the general model of combining behavior change opportunities, professional treatment, and regular monitoring and accountability by the court to find alternative solutions to incarceration (Huddleston et al., 2005).

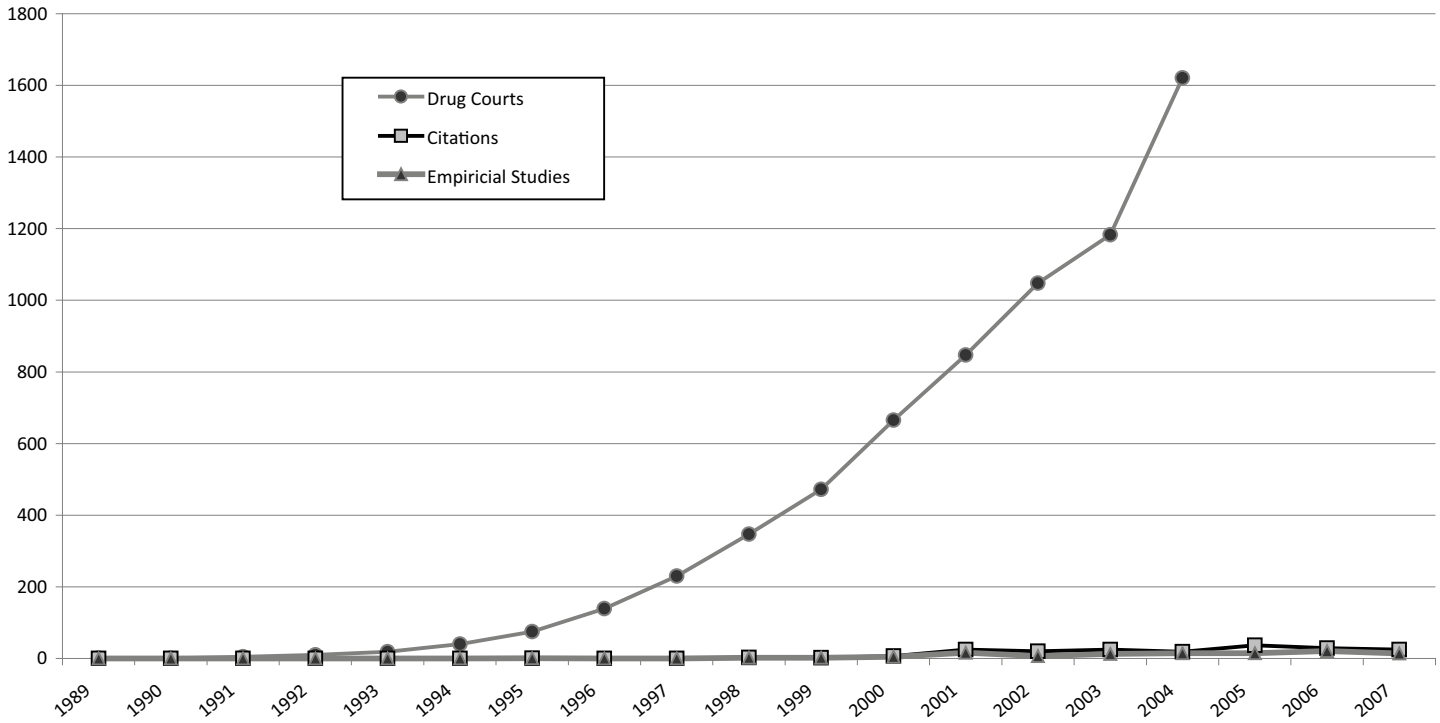
**10. Professional Satisfaction**

Finally, one of the best things to love about drug courts is the enhanced professional satisfaction reported by the multidisciplinary staff affiliated with drug courts. Although we are aware of no research data to support this claim, we have many anecdotal experiences with professionals from several disciplines who expressed their increased satisfaction with their work within a drug court model. This satisfaction is surely at least partly due to the success of the model in eliciting behavior change and reducing recidivism. All professionals seem to appreciate the multidisciplinary interaction and communication inherent in the model that generates appreciation for multiple professional roles and a sense of working together toward a common goal.

**Summary**

Since their inception nearly two decades ago, the number of drug courts in America has climbed sharply. While the psychology literature hasn't remained completely silent, research is lagging relative to the accelerating growth of drug court programs. A search for citations related to drug courts in the electronic databases PsycInfo and Medline revealed modest growth in drug court related citations from 2001 to 2007. During this period, 180 articles were identified, with an average of 26 articles posted a year (See Fig. 1). Approximately 60% of these articles contained empirical research related to drug court evaluation, while the remaining articles consisted mostly of reviews of public policy or drug court literature, conceptual framework of drug courts, etc. It is evident that the establishment of drug courts has spurred some research interest, but much more is

**Figure 1.** Growth of operational drug courts in the United States and citations and empirical studies on drug courts in the literature.




Note: Data on growth of operational drug courts in the United States are based on information from Huddleston et al. 2005 and data on citations and empirical studies regarding drug courts were gathered from PsycInfo and Medline searches.

warranted (Marlowe, Heck, Huddleston, & Casebolt, 2006).

Overall, there is much to appreciate about the drug court model and the promise of drug courts for addressing a long-standing public problem, substance-related criminal behavior. Many opportunities exist within this movement for research and program enhancement. Psychologists have much to contribute to the ongoing evolution of the drug court model, and we encourage them to do so.

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# Recommendations for Coding and Analyzing Timeline Follow-Back Calendar Data


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Timeline Follow-Back (TLFB) is a widely-used methodology in substance abuse research. TLFB asks respondents to remember days on which specific events occurred, for every day within a specified timeframe (usually 30 to 360 days). It uses a calendar format and temporal cues (e.g., holidays, birthdays) to aid with recall for when events occurred. This methodology was originally developed to collect past estimates of daily alcohol use (Sobell & Sobell, 1992) and has since been modified to collect information about smoking (Lewis-Esquerre et al., 2005), gambling (Hodgins & Makarchuk, 2003), panic attacks (Nelson & Clum, 2002), and other behaviors. The TLFB is a valid and reliable measure of alcohol and drug (AOD) use across multiple populations (e.g., Donohue et al., 2004). AOD use reported in TLFB interviews is similar to use reported in daily telephone interviews (Searles, Helzer, & Walter, 2000) and use reported daily via hand-held computers (Carney, Tennen, Affleck, Del Boca, & Kranzler, 1998), suggesting that retrospective recall of AOD use obtained via TLFB is a practical alternative to prospective investigations of AOD use over time. The purpose of this report is to highlight the utility of Timeline Follow-Back data in analysis of trends, changes, and co-occurrences in behaviors in AOD use research.

Although the TLFB is widely used in many fields of research, little information is available about TLFB coding and analysis of TLFB variables. Sobell and Sobell (2004) point out that TLFB calendars can illuminate the "pattern, variability, and level of drinking" (p. 81), but offer no guidelines for how researchers might empirically investigate such patterns and variability. In fact, many researchers use the Timeline Follow-Back to generate summary variables as indices of AOD use. Variables summarized from TLFB calendars typically include the number of days of AOD use for a certain time period, and, for alcohol use, the average number of drinks per drinking day, the total number of days of binge/heavy drinking, and the heaviest drinking day. Although TLFB is a valid and reliable measure of these global indices, a standard quantity-frequency index (QFI; Room, 1990) may be better suited for this purpose. QFI solicits information about average AOD use in a given time frame, but is less time-consuming to administer compared to TLFB.

A significant advantage of the TLFB compared to other substance use measures is that it provides valuable daily-level information about AOD use over time, which is lost when only summary variables of AOD use are calculated. In order to analyze patterns and variability in AOD use over time, TLFB data must be entered on a daily level, such that each day of the TLFB calendar is represented as a single variable. Events on each day should be entered as a dummy variable, using 1 to indicate that an event (e.g., alcohol use) occurred and 0 to indicate that the event did not occur. This type of dummy coding scheme facilitates simple analysis of co-occurring events. When additional information about AOD use is available, each day within the timeframe should also be entered as a discrete variable. For example, information about the number of drinks

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## Recommendations...

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consumed on a given day would be coded as a continuous variable for each day. Moreover, when TLFB methodology is used to collect information about multiple behaviors within a single study (e.g., an investigation of alcohol use, drug use, sexual risk behaviors, and aggression), this coding scheme should be employed for each individual behavior in order to retain the daily-level information. The development of a coding framework that classifies all behaviors on a daily basis as both dummy variables and discrete variables allows for the most flexibility in data analysis, and global/summary variables, which may be of interest to the researcher and can easily be computed from the daily-level variables.

Once TLFB data are entered on a daily level, numerous research questions may be addressed. First, substance use researchers are often interested in identifying risks (e.g., accidents, injuries) associated with AOD use. One approach to this type of inquiry is to determine the probability of an event, given that another event or behavior has occurred (i.e., the conditional probability; CP), which can easily be accomplished by analyzing daily-level TLFB variables within a logistic regression model. Dummy coding of the TLFB variables is necessary for conducting this type of analysis with programs such as Hierarchical Linear and Nonlinear Modeling (HLM; Raudenbush, Bryk, & Congdon, 2004) and MIXOR (Hedeker & Gibbons, 1996). A weakness of this analytic technique is that a degree of association between the two dichotomous variables is given as an odds ratio (i.e., the odds of a consequence on days of AOD use, compared to days of no AOD use). Odds ratios can be difficult to interpret (Cohen, 2000) and may be inflated depending upon the base-rate of the event/behaviors under analysis (McNutt, Holcomb, & Carlson, 2000). An alternative analytic strategy for identifying risks associated with substance use is examination of chronological events using sequential analysis (SA; Gottman & Roy, 1990). SA is similar to CPs in that both analyses assume that the probability of a given event or behavior is based on the occurrence of some other event or behavior; however, SA can be used to determine the probability of an event, given that another event has occurred at some point in the past. Unlike CPs, sequential analysis of TLFB variables can detect an increase in the probability that some event or behavior will occur on the same day, on the next day, or sometime in the next *x* days, following AOD use. Thus, researchers can determine what the consequences of AOD use are, within a given period of time.

Finally, the TLFB yields event-level data which can be used to examine trends or changes in a behavior at daily, weekly, or monthly intervals. Trajectories of AOD use over time can be analyzed using growth curve modeling, which fits data to a single trajectory representing the average change in scores over time. Because there is often great variability in patterns of alcohol and drug use within a sample, latent growth mixture modeling (LGMM; Muthén & Shedden, 1999) may be a more appropriate analysis in AOD research. LGMM allows for analysis of heterogeneity in longitudinal data by identifying homogenous subgroups of individuals (i.e., mixtures or latent classes) within a sample, based on their scores on variables measured at two or more different points in time, such that individuals within subgroups have similar growth curve patterns. LGMM using daily-level TLFB data can detect subtle differences between different types of drinkers or drug users. This is especially pertinent to intervention research where there is often significant heterogeneity in the patterns of AOD use, both pre- and post-intervention. Application of TLFB methodology in intervention trials which include only pre/post time points can facilitate analysis of change in AOD use among distinct subgroups of drinkers and drug users. Once subgroups are identified, the researcher can probe further to detect differences between the groups on scores for demographic, clinical, or other variables. Identification of such group differences can inform the development of selected intervention programs designed to suit the needs of subgroups of AOD users who present with particular drinking patterns or other AOD-related problems.

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# Heterogeneity in Psychiatric Symptom Patterns and Sexual Risk Behaviors Among Youth Receiving Substance Abuse Treatment Services

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Youth with alcohol or other drug (AOD) use problems are at increased risk for sexual risk behaviors (Bailey, Pollock, Martin, & Lynch, 1999) due to earlier age of onset of sexual activity, greater numbers of sexual partners, less consistent condom use and more frequent co-occurrence of AOD use and sexual behavior (Guo et al., 2002; Jainchill, Yagelka, Hawke, & De Leon, 1999). Psychiatric symptoms among youth with AOD use problems are associated significantly with health risk behaviors including sexual risk behaviors (Brown, Danovsky, Lourie, DiClemente, & Ponton, 1997; Kotchick, Shaffer, Forehand, & Miller, 2001). Among adolescents in AOD treatment, the co-occurrence of multiple dimensions of psychopathology is common (Donenberg, Emerson, Bryant, Wilson, & Weber-Shifrin, 2001; Houck et al., 2006). Patterns of psychiatric disorders among youth are associated significantly with (a) AOD treatment outcomes (Tomlinson, Brown, & Abrantes, 2004) and (b) sexual risk behaviors (Tubman, Gil, Wagner, & Artigues, 2003). However, previous studies have not explicitly examined the patterning and health implications of subsyndromal indicators of psychiatric problems among adolescents receiving AOD treatment services. Better documentation of distinct and clinically meaningful subgroups of adolescents and their association with health risk behaviors or AOD-related outcomes can promote progress toward more focused screening protocols and efficient assignment of resources. For example, this information could be used to better address co-occurring health risk behaviors or relapse prevention via selected prevention strategies in this heterogeneous youth population with significant health and mental health care needs.

The current study collected data using structured field interviews among adolescents ($N$ = 300) receiving outpatient treatment services for AOD use problems at two facilities in South Florida. The sample included 202 males (67.3%) and 98 females (32.7%), with ages ranging from 12 to 18 years old ($M$ = 16.22 years; $SD$ = 1.13). The sample included 79 (26.3%) non-Hispanic White, 108 (36.0%) Hispanic White, 27 (9.0%) Hispanic Black, 64 (21.3%) African-American adolescents, and 22 (7.3%) adolescents from other racial/ethnic groups. The primary aim of the study was to document relations between multivariate patterns of psychiatric symptoms and specific proximal risk and protective factors for HIV/STI exposure. These risk and protective factors included modifiable psychosocial variables, such as alcohol-sexual behavior expectancies and condom use self-efficacy with primary partner, as well as specific indices of sexual risk behaviors. All risk and protective factors were examined using between-group comparisons among client subgroups, which were defined by self-reported psychiatric symptoms.

**Implementation of a Person-Centered Analytic Strategy**

Ward's Method cluster analysis (Ward, 1963) was used to classify adolescent clients into empirically distinct and non-overlapping groups, based on multivariate configurations of self-reported psychiatric symptoms (von Eye & Bergman, 2003; von Eye & Bogat, 2006). This iterative agglomerative clustering method was selected for its application of strict variance minimization criteria for the formation of clusters based on similarity of cases (Romesburg, 2004). Selection of an optimal 5-part cluster solution was guided by changes in the fusion coefficients in the agglomeration schedule and verified via inspection of cluster sizes, between-cluster differences on component variables, and the magnitude of associated $F$ tests. Univariate $F$ statistics documented significant differences ($p$ < .001) by cluster membership for each psychiatric symptom count variable (See Fig. 1).

Cluster 1 ($n$ = 120) reported the highest symptom counts for Conduct Disorder/

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## Heterogeneity...

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Oppositional Defiant Disorder (CD/ODD), with elevated Attention Deficit Hyperactivity Disorder (ADHD) symptom counts, but below average counts for other diagnostic categories assessed and was labeled the *High CD/ADHD* Cluster. In contrast, Cluster 2 ($n$ = 27) reported the highest symptom counts for anxiety disorder diagnoses and elevated symptom counts for affective disorders, ADHD, and CD/ODD and was labeled the *High Internalizing/Externalizing* Cluster. Cluster 3 ($n$ = 80) was characterized by low average symptom counts for anxiety and affective disorders, moderate symptom counts for substance abuse and dependence diagnoses, and elevated symptom counts for CD/ODD and ADHD and was labeled the *Moderate Symptom* Cluster. Cluster 4 ($n$ = 20) reported the highest symptom counts for affective disorders, ADHD, as well as substance abuse and dependence disorders, with elevated symptom counts for CD/ODD and anxiety disorders and was labeled the *Multiple High Symptom* Cluster. Cluster 5 ($n$ = 46) reported the lowest average symptom counts for all diagnostic categories assessed and was labeled the *Low Symptom* Cluster.

**Between-Cluster Differences in Risk for HIV/STI Exposure**

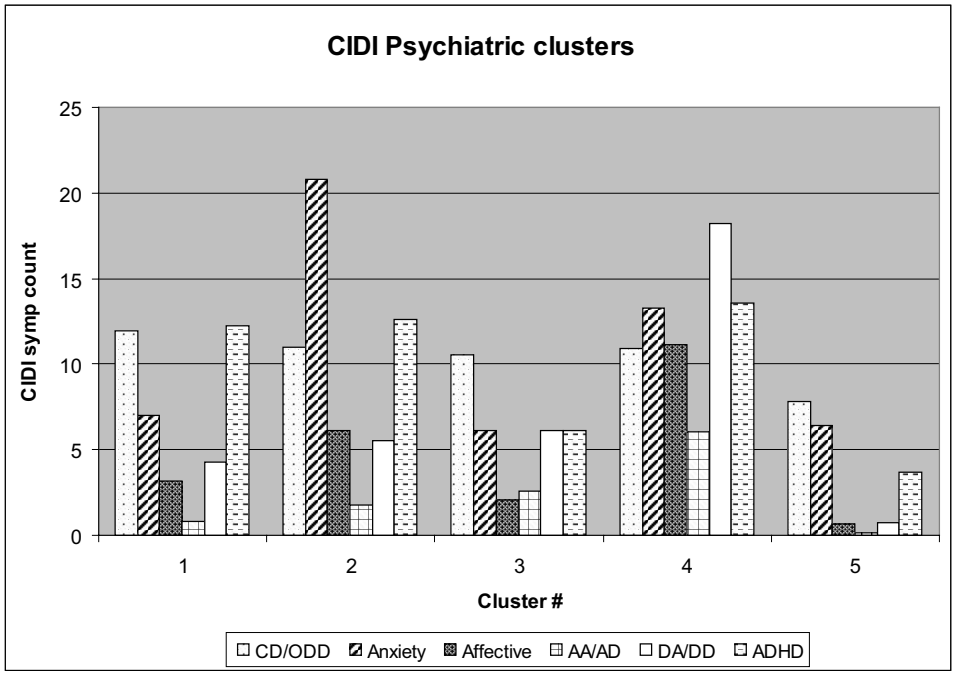
Table 1 summarizes significant between-cluster differences for proximal risk and protective factors for HIV/STI exposure, such as condom use self-efficacy and alcohol-sexual behavior outcome expectancies (i.e., putative mediators), as well as specific sexual risk behaviors, such as drug use before or during sex and proportion of unprotected intercourse. Post-hoc comparisons of significant between-cluster differences highlighted that Cluster 5 reported significantly higher scores for condom use self-efficacy than all other clusters. In contrast, Cluster 2 reported the lowest scores for condom use decisional balance (pros), with Clusters 3 and 4 reporting intermediate scores, and Clusters 1 and 5 reporting significantly higher scores. Cluster 5 reported significantly lower scores for positive alcohol-sexual behavior outcome expectancies than Clusters 1, 2, 3 and 4, with Cluster 4 reporting the highest scores on this variable. Post-hoc comparisons revealed that significant between-cluster differences in mean scores for sexual risk behavior variables were largely attributable to significantly lower scores on these behaviors reported by members of Cluster 5, except in the case of unprotected intercourse, where the mean scores for Clusters 2 and 5 were not significantly different. Cluster 5 also reported a significantly lower average age for sexual debut, a significant risk factor for STI exposure.

**Implications for Practitioners**

This report summarized the use of a person-centered analytic strategy to identify significant heterogeneity via the documentation of five homogeneous subgroups of adolescent clients receiving AOD treatment services, based on multivariate patterns of psychiatric symptoms. There was modest evidence for differentiation among the clusters on the basis of specific proximal risk or protective factors. This information is important for both (a) clinical practice with adolescents receiving treatment for AOD use problems and (b) prevention of co-occurring health risk behaviors. First, by documenting the predominant multivariate patterns of symptoms that appear to define "types" of adolescent clients in this sample, the study is an example of how a specific analytic strategy may be implemented to derive information regarding a significant moderator of AOD treatment impact. With this knowledge, AOD treatments can be tailored to meet the specific needs of subgroups of adolescents manifesting substantially different patterns of psychiatric symptoms (Colby, Lee, Lewis-Esquerre, Esposito-Smythers, & Monti, 2004). For example, treatment protocols could be tailored on intensity and content, as well as the formatting and presentation of specific clinical materials.

Second, analyses indicated significant differences for just *one domain* of health risk behavior among the five clusters. The use of composite psychopathology types resulted in an enhanced ability to capture the complex nature of HIV/STI risk in an AOD treatment sample of adolescents. This information is important because adolescents with specific configurations of psychiatric symptoms may benefit substantially from tailored treatments,

**Figure 1.**




Note. CD: Conduct Disorder; ODD: Oppositional Defiant Disorder; AA: Alcohol Abuse; AD: Alcohol Dependence; DA: Drug Abuse; DD: Drug Dependence; ADHD: Attention Deficit Hyperactivity Disorder.

the surface and core features of which are congruent with the behavioral, cognitive and emotional features of clients' constellations of psychiatric symptoms (Noar, Benac, & Harris, 2007). This person-centered analytic strategy can also be extended to broader sets of conceptually relevant variables, such as concurrent indices of other forms of substance use (e.g., tobacco use), delinquency (e.g., interpersonal violence), or measures of adaptive functioning. Similarly, this procedure can be used to assess between-cluster differences in putative common or unique risk factors for psychopathology (e.g., childhood maltreatment, temperament or personality variables, or indices of family functioning) to improve clinicians' understanding of individual or contextual barriers to treatment implementation for specific subgroups of clients.

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Table 1

*Mean Scores For SRB Proximal Risk Factors and SRB Outcomes for the 5-Part Cluster Solution*

| | Cluster 1 (*n*=120) | | Cluster 2 (*n*=27) | | Cluster 3 (*n*=80) | | Cluster 4 (*n*=20) | | Cluster 5 (*n* = 46) | | Test Statistic |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Risk Factors** | *M* | *SD* | *M* | *SD* | *M* | *SD* | *M* | *SD* | *M* | *SD* | *F* |
| Alcohol-Sex Expectancies | $2.69_{a}$ | 1.41 | $2.57_{ab}$ | 1.63 | $2.91_{a}$ | 1.52 | $3.29_{a}$ | 1.79 | $2.10_{b}$ | 1.43 | 3.07* |
| Condom Efficacy | $3.22_{a}$ | 1.30 | $2.93_{a}$ | 1.42 | $3.05_{a}$ | 1.31 | $2.87_{a}$ | 1.30 | $3.82_{b}$ | 1.25 | 3.45** |
| ASAS Risk Refusal Scale | 1.70 | 0.77 | 1.81 | 0.87 | 1.58 | 0.61 | 1.81 | 0.66 | 1.70 | 0.87 | 0.77 |
| ASAS Condom Interactions Scale | 1.49 | 0.69 | 1.63 | 0.66 | 1.37 | 0.67 | 1.68 | 0.73 | 1.42 | 0.80 | 1.29 |
| Decisional Balance Pros | $4.32_{ac}$ | 0.64 | $3.96_{b}$ | 0.98 | $4.16_{ab}$ | 0.82 | $4.15_{abc}$ | 0.76 | $4.53_{c}$ | 0.58 | 3.34* |
| Decisional Balance Cons | 2.23 | 0.98 | 2.41 | 1.02 | 2.18 | 1.01 | 2.36 | 0.88 | 2.46 | 1.18 | 0.76 |
| Condom Inhibition | 2.20 | 1.73 | 2.12 | 2.00 | 1.76 | 1.23 | 2.22 | 1.85 | 1.75 | 1.44 | 1.33 |
| **Sexual Risk Behavior Indices** | | | | | | | | | | | |
| Drinks During Sex | $2.07_{a}$ | 1.08 | $2.12_{a}$ | 0.95 | $2.20_{a}$ | 1.10 | $2.53_{a}$ | 1.18 | $1.45_{b}$ | 0.70 | 5.05*** |
| Drugs During Sex | $2.56_{a}$ | 1.34 | $2.85_{a}$ | 1.54 | $2.74_{a}$ | 1.35 | $3.24_{a}$ | 1.35 | $1.86_{b}$ | 1.13 | 4.74*** |
| Sexual Debut | $13.51_{a}$ | 1.60 | $13.69_{a}$ | 2.15 | $13.34_{a}$ | 1.81 | $14.06_{a}$ | 0.79 | $12.32_{b}$ | 2.60 | 4.41** |
| No. Partners | 3.57 | 4.17 | 4.23 | 7.71 | 3.29 | 3.82 | 2.65 | 2.64 | 5.05 | 10.72 | 0.87 |
| Unprotected Sex | $0.35_{a}$ | 0.42 | $0.21_{ab}$ | 0.35 | $0.33_{a}$ | 0.40 | $0.37_{a}$ | 0.40 | $0.13_{b}$ | 0.26 | 3.39** |
| Composite SRB | $2.21_{a}$ | 1.14 | $2.19_{a}$ | 1.23 | $2.38_{a}$ | 1.22 | $2.53_{a}$ | 1.18 | $1.45_{b}$ | 1.11 | 5.16*** |

*Note*. *$p$<.05, **$p$< .01, ***$p$<.001; For MANOVA of scores for proximal risk factors by cluster membership, Pillai's Trace = .142, $F$ = 1.503, $df$ =28/1140, $p$ < .001. For MANOVA scores of SRB indices by cluster membership, Pillai's Trace = .224, $F$ = 2.739, $df$ = 24/1108, $p$ < .001. Cluster means for scores with different subscripts are significantly different, by Tukey HSD tests with significance levels of .05. SRB = Sexual Risk Behavior.

# Announcements

### SAMHSA Launches E-Learning Course "Acamprosate: A New Medication for Alcohol Use Disorders"

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Knowledge Application Program (KAP) is pleased to announce its first online e-learning course, Acamprosate: A New Medication for Alcohol Use Disorders. The self-paced course provides information about the use, side effects, and contraindications of acamprosate; information to discuss with clients; and a comparison of medications for alcohol use disorders. On completion of the course, users will know how to include acamprosate in a treatment plan for appropriate clients. Users who successfully complete the course will receive one NAADAC-approved continuing education unit (CEU) at no cost and can print out their CEU certificate. The course is self-paced so that users can log out of the course and return at a later time to continue where they left off. If unsuccessful, users can take the course again.

To access the "Acamprosate: A New Medication for Alcohol Use Disorders" e-learning course, go to http://www.kap-elearning.samhsa.gov.

### SAMHSA Announces Availability of Chinese-, Korean-, and Vietnamese-Language Products Addressing Questions Surrounding Substance Abuse Treatment

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces the availability of Chinese-, Vietnamese-, and Korean-language online versions of the brochure, What Is Substance Abuse Treatment? A Booklet for Families. The brochure was adapted into Chinese, Korean, and Vietnamese from English-language versions as part of the Knowledge Application Program's multi-language initiative (MLI). This CSAT publication answers questions often asked by family members and significant others of people entering treatment. It also offers a resources section with additional information and a list of support groups.

PDF versions of What Is Substance Abuse Treatment? A Booklet for Families can be found by accessing the following links:

English: http://www.kap.samhsa.gov/products/brochures/pdfs/whatissatreatment.pdf

Chinese: http://www.kap.samhsa.gov/mli/docs/chinese/chinese_whatissatreatmentforfamilies07.pdf

Korean: http://www.kap.samhsa.gov/mli/docs/korean/whatissatreatment_Korean.pdf

Vietnamese: http://www.kap.samhsa.gov/mli/docs/vietnamese/whatissatreatment_Vietnamese.pdf

These and other MLI products are available online at http://www.kap.samhsa.gov/mli/.

### SAMHSA Announces Availability of a New Consumer Brochure for Adults in the Criminal Justice System, "Alcohol and Drug Treatment: How It Works, And How It Can Help You"

The brochure is based on Treatment Improvement Protocol (TIP) 44: Substance Abuse Treatment for Adults in the Criminal Justice System and is available at http://www.kap.samhsa.gov/products/brochures/pdfs/CJA_ConsumerBrochure.pdf

### New Book From Springer

*Promoting Self-Change from Addictive Behaviors: Practical Implications for Policy, Prevention, and Treatment* by Harald Klingemann and Linda C. Sobell. Published 2007 (978-0-387-71286-4), pages 259, Springer, NY. One of the few books to examine natural recovery as a clinical phenomenon, a field of inquiry, and a vital component of therapy. Focusing on alcohol and drug problems, it provides a literature review of 40 years of studies on self-change with particular emphasis on the current decade and methodological issues (starting with how much or how little treatment constitutes "treatment"). The 24 experts keep the coverage consistently readable, and dozens of brief narratives from individuals who have successfully recovered from an addictive behavior without formal help lend valuable personal perspectives.

### Post-Doctoral Fellowship in Addictions Research at Nova Southeastern University

We are pleased to announce the availability of a Post-Doctoral Fellowship position at the Center for Psychological Studies at Nova Southeastern University in Ft. Lauderdale, Fl. The post-doctoral fellow would work on federally funded research grants, one concerned with natural recovery from alcohol problems and the other with smoking cessation. Requirements for the position include a PhD in the behavioral, health or social sciences from an accredited university. Responsibilities would include: Day to day management of grant administration and execution of the research projects; oversight of the preparation, integrity, security and storage of project databases; conducting statistical analyses and working with consultant statisticians; participating in the preparation and publication of manuscripts and professional presentations of research results; and drafting grant reports. Mentoring in research skills to be provided by the grant PIs (Linda Sobell, PhD, Mark Sobell, PhD).

Competitive salary and benefits. Screening of applicants will begin immediately and will continue until the position is filled. Applicants should send or email (sobelll@nova.edu) a letter of interest and a CV to Linda C. Sobell, PhD, Nova Southeastern University, Center for Psychological Studies, 3301 College Ave., Ft. Lauderdale, FL 33314. Questions about the position may be directed to sobelll@nova.edu.

Nova Southeastern University is an affirmative action/equal opportunity employer and actively solicits

applications from women and minorities.

### Post-Doctoral Fellowships at Brown University

The Center for Alcohol and Addiction Studies at the 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 postdoctoral 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. For further details and an application go to http://www.caas.brown.edu

### New Appointments

Two psychologists—Keith Humphreys (Stanford) and Edward Wang (MA Dept. of Mental Health)—were appointed to the SAMHSA National Advisory Council. In addition, psychologist and APA member Anna Marsh has been appointed Acting Director for the SAMHSA Center for Substance Abuse Prevention (CSAP).

### Chemical Dependency & Addiction Studies at Rhode Island College

The Bachelor of Science (BS) degree in Chemical Dependency/Addiction Studies (CDAS) at Rhode Island College (Providence, RI) is a four-year program designed to develop the professional skills and to enhance the professional standing of individuals employed in the field of chemical dependency, addiction treatment, and behavioral health. The program is a multi-departmental, collaborative initiative led by the Department of Psychology. This innovative program reflects the scientist/practitioner model. Its foundation courses anchor the student in the scientific basis of behavior, while professional courses teach and support the use of interventions and skills needed by the chemical dependency professional of the twenty-first century. Many of the certification requirements for entry-level clinicians in chemical dependency will be satisfied upon completion of this program.

CDAS also works closely with community groups and agencies on workforce development initiatives that maintain evidence based knowledge among substance abuse treatment professionals in Rhode Island. CDAS faculty and students also partner with professionals in the field to conduct applied addiction research initiatives designed to inform practice.

For additional information about admission requirements and program content/initiatives, please contact Robin Montvilo, PhD, Program Director, at (401) 456-8574 or RMontvilo@ric.edu. www.ric.edu. Ψ

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# Abstracts

**Drapkin, M. L., Tate, S. R., & Brown, S. A. (in press). Does initial treatment focus influence outcomes for depressed substance abusers? *Journal of Substance Abuse Treatment*.**

Interventions for alcohol and substance dependent adults with comorbid depressive disorders are needed, but few have been empirically tested. In a randomized clinical trial of two psychotherapy interventions for these disorders, we examined whether initial focus of treatment was related to retention, substance use, and depression outcomes. Both interventions, Integrated Cognitive Behavioral Therapy (ICBT; $n$ = 105) and Twelve Step Facilitation (TSF; $n$ = 92), were delivered in group formats with entry points every four weeks at the beginning of three content-distinct modules. Entry module (i.e., initial treatment focus) was not related to percentage days abstinent, proportion of the sample abstinent, or depression symptoms for either intervention. This was true at both 12 and 24 weeks post baseline. Furthermore, attendance was similar for both treatments, regardless of initial treatment focus, with a single exception in the ICBT condition. Our findings support the use of modular formats with multiple or rotating entry points for psychotherapy group interventions.

**Hester, R.K., & Squires, D.D. (in press). Web-based norms for the Drinker Inventory of Consequences from the Drinker's Check-up. *Journal of Substance Abuse Treatment*.**

To date, the only published norms for the widely utilized Drinker Inventory of Consequences (DrInC) have come from a sample of heavy drinkers in Project MATCH (Matching Alcoholism Treatments to Client Heterogeneity) who were enrolling in a treatment program. We have generated an additional set of norms for the DrInC based on a large sample ($N$ = 1,564) of heavy drinkers who have completed the DrInC as part of a web-based brief motivational intervention, the Drinker's Check-up (DCU; www.drinkerscheckup.com). Although these drinkers were not seeking formal treatment, they were concerned enough about their drinking to pay $25 to use the DCU. Comparing the means and decile scores for lifetime and recent total scores and subscale scores between the DCU and MATCH samples revealed that DrInC scores for the DCU sample were significantly lower than the MATCH sample. These findings have implications for giving normative feedback using the DrInC with non-treatment-seeking populations. The use and limitations of these findings are discussed.

**Leventhal, A. M., Ramsey, S. E., Brown, R. A., LaChance, H. A., & Kahler, C. W. (in press). Dimensions of depressive symptoms and smoking cessation. *Nicotine & Tobacco Research*.**

Because different psychopathologic components of depressive symptoms may have distinct etiologies, examining their differential effects on smoking cessation may elucidate mechanisms underlying the smoking-depression relationship. Negative affect (NA), somatic features (SF), low positive affect/anhedonia (PA), and interpersonal disturbance (IP) have been identified as unique dimensions of depression that can be measured using the Center for Epidemiologic Studies Depression Scale (CESD). This study examined common and unique associations between CESD subscales and baseline smoking characteristics, nicotine withdrawal, and relapse in 157 participants enrolled in a smoking cessation trial for heavy social drinkers. Each dimension was univariately associated with negative and positive reinforcement smoking motives. Only SF had unique relations with tolerance smoking motives and univariate associations with nicotine dependence severity. Only PA predicted cessation-related changes in withdrawal symptoms on quit day. Analyses predicting abstinence at 8, 16, and 26 weeks post quit date showed that NA, SF, and PA each univariately predicted relapse, $ps \leq .0083$. Only low PA predicted poorer outcomes incrementally to the other dimensions, even when controlling for level of nicotine dependence, smoking frequency, and history of major depression, $p = .0018$. Interventions targeting anhedonia and low positive affect may be useful for smokers trying to quit.

**Najavits, L. M., Rosier, M., Nolan, A. L., & Freeman, M. C. (2007). A new gender-based model for women's recovery from substance abuse: Results of a pilot outcome study. *American Journal of Drug and Alcohol Abuse*, *33*, 1-7.**

Despite repeated calls for gender-based recovery models for women, there has been a lack of empirical studies on this topic. We thus sought to evaluate a women's manual-based substance use disorder recovery model in a pilot study. Participants were opioid-dependent women in a methadone maintenance treatment program who received 12 sessions of the gender-based model in group format over two months. Assessment was conducted before and after the intervention, with results indicating significant improvements in drug use (verified by urinalysis), impulsive-addictive behavior, global improvement, and knowledge of the treatment concepts. Patients' high attendance rate (87% of available sessions) and strong treatment satisfaction additionally support the potential use of this treatment model. Future research would benefit from larger samples and enhanced scientific methodology.

**Osilla, K. C., Zellmer, S. P., Larimer, M. E., Neighbors, C., & Marlatt, G. A. (2008). A brief intervention for at-risk drinking in an employee assistance program. *Journal of Studies on Alcohol and Drugs*, *69*, 14-20.**

Objective: The current pilot study examined the preliminary efficacy of a brief intervention (BI) for at-risk drinking in an employee assistance program. Method: Clients (N = 107) entering the employee assistance program (EAP) for mental health services were screened and met criteria for at-risk drinking. EAP therapists were randomly assigned to deliver either the BI plus EAP services as usual (SAU) or SAU only. Participants in the final analyses consisted of 44 BI + SAU (30 women, 14 men) and 30 SAU (21 women, 9 men) EAP clients who completed a 3-month follow-up. Results: Results suggested that participants in the BI + SAU group had significant reductions in peak blood alcohol concentration, peak quantity, and alcohol-related consequences compared with the SAU group. Men in the BI SAU group had greater reductions in alcohol-related problems compared with men in the SAU group. Groups did not differ by number of total EAP sessions attended or rates of presenting problem resolution. Conclusions: Results provide preliminary evidence to support the integration of alcohol screening and BI as a low-cost method of intervening with clients with at-risk drinking in the context of co-occurring presenting problems.

**Pedersen, E. R., & LaBrie, J. W. (2007). Partying before the party: Examining "prepartying" behavior among college students. *Journal of American College Health*, *56*, 237-245.**

Objective: This is among the first studies to look directly at the phenomenon known to college students as "prepartying." Prepartying is the consumption of alcohol prior to attending an event or activity (e.g., party, bar, concert) at which more alcohol may or may not be consumed. Participants: To explore the extent of this behavior, 227 college students reported on every drinking event over a one-month period. Results: Principal results reveal that 64% of participants engage in prepartying (75% of drinkers) and that prepartying is involved in approximately 45% of all drinking events. Prepartying predicts greater drinking throughout the drinking day and predicts alcohol-related negative consequences. Both males and females engage in this behavior at similar rates and prepartying is most related to social reasons for drinking. Conclusion: As this behavior is well-known among students, it is suggested that clinicians and researchers target it in order to understand college drinking and to help students understand the associated dangers. Ψ

## Advocates Alcove

*(Continued from page 6)*

voluntary after school interventions to reach younger adolescents and developing brief interventions to reach high risk teens utilizing a primary care appointment. Legislators from 17 different states attended. *—Elizabeth D'Amico, RAND Corporation*

I am currently Co Chair of the Legislative and Public Policy Board of the Florida Psychological Association. We monitor and lobby the legislature on a year round basis. I have been our Chapter Legislative Chair and have been a Key Psychologist. Key Psychologists in Florida are assigned a legislator and asked to develop a relationship for advocacy, education and lobbying. I was also Federal Advocacy Chair of the Florida Psychological Association and lobbied on federal issues. *—Stephen Bloomfield, Clinical and Forensic Psychology, Jacksonville, FL*

I recently completed a training supplied by Faces and Voices of Recovery and I joined their organization. I am keeping up to date with their writings and advocacy activities. *—Tom Kwasnik, in private practice; Canandaigua and Rochester, NY*

There is a high co-morbidity between eating disorders and other addictive disorders (including substance use and cutting). I have been working with a national advocacy group (Eating Disorders Coalition) on addressing federal policy related to eating disorders treatment, prevention and research for the past 6+ years. *—Mary Gee; Davis Y. Ja and Associates, Inc.*

I (James A. Peck) am serving as the 2008 chair of the Governmental Affairs Committee of the California Psychological Association. From 2006-2007, I joined several of my colleagues at the UCLA Integrated Substance Abuse Programs (ISAP) in working on an international "train the trainers" project. The project was funded in part by the United States Agency for International Development (USAID), the Middle East Regional Cooperation (MERC) program, and an initiative passed by the U.S. Congress nearly 30 years ago and authored by Congressman Henry Waxman of Los Angeles, who represents the district in which UCLA is located. The policy goal is to improve the quality of substance abuse treatment globally. That goal is operationalized as developing and delivering a curriculum on evidence-based substance abuse treatments to international groups of psychologists and psychiatrists who in turn would be tasked to train clinicians in their home cities/countries. Rick Rawson and I met with Congressman Waxman late last year to report on our efforts and to urge him to do what he could to keep the MERC program funded. He seemed very impressed with our work. He agreed that in the context of deteriorating relationships between the U.S. and some Middle Eastern countries, initiatives like this that have the potential to establish partnerships and engender good will were needed. *—James A. Peck, UCLA Integrated Substance Abuse Programs*

I testified at US Senate field hearings (Senator Enzi, R-Wyoming) and US House subcommittee hearings on the nature of the methamphetamine problem and treatment for methamphetamine dependence. I also testified at State Assembly field hearings on substance abuse treatment needs in California for Assemblyman James Beall, D-San Jose. *—Rick Rawson, UCLA Department of Psychiatry* Ψ

# Division 50 Executive Officers




## The Addictions Newsletter

Elizabeth J. D'Amico, Editor
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