



The Addictions Newsletter

The American Psychological Association, Division 50

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President's Column

Vote Early, Vote Often, and Most of All, Vote With Your Feet!

Nancy A. Piotrowski

Periodically I get the question, "What do they pay you to be on the board?" After I finish chuckling to myself, I reply, "...warm fuzzies, atta-girls, and karma points...the good stuff!" I follow the surprise in the face of the questioner by telling them that we do not get stipends, salaries, or secretarial support. Instead, we are all volunteers and the biggest benefits are valuable experiences working with talented and devoted colleagues, satisfaction in jobs well done, and just the pleasure that comes with having accomplished something that is meaningful.



Nancy A. Piotrowski

Indeed, that is the case. Yes, there are budgets to manage and such, but they are not to pay the board. Instead, these budgets support division business within APA, such as getting someone from A to B for a meeting; covering convention expenses for membership events; and doing things that foster the future of the division and continue the focus of addiction in psychology more broadly. In this regard, we are a lucky division. We have the pleasure of offering student poster and early career presentation awards at the convention. We recognize excellence and contributions from members with special awards. We strive to develop new mechanisms of support for members interested in exploring growing trends in the field, as well

as fostering a legacy and community among our members, from students to those in retirement. And we are able to do these things because, over time, folks have decided that this was what they wanted to see in the division. In short, enough people "voted with their feet" by showing up to make these things happen because there was value in the activity and goals themselves.

To this end, I wanted to tell you about some ideas that have emerged over the last year and where voting with your feet might be valuable in the future.

Vote early!

There has been discussion of students looking to organize more formally within the division. If this is of interest, please contact the division student representative, Ameet Patel. The more willing feet voting with interest, the easier this will be to enact.

Vote early by inspiring an even younger set! We received a request from the APA TOPSS Committee (Teachers of Psychology in Secondary Schools) to create resources for high school teachers to allow them to show their students the multitude of potential careers available in psychology, with addiction being one of the areas. The

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President's Column

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request was for a brief PowerPoint presentation that outlines key concepts and resources for those who may be interested in a career in the field. If interested, let me know so we can meet this request.

Vote often!

Okay, now, stop chuckling. We will set aside the usual connotation of that phrase! Instead, I mean you have many opportunities to vote as we have many active committees and liaisons that can use extra helpers and interested parties from time to time. So if you find you are interested in something like advocacy, policy, education, special populations, science, helping with a liaison within or outside of APA, contact the board member or committee chair who seems most relevant and have a chat. Tell them about your interests and see what can happen. My experience is that folks will enjoy hearing your ideas and look for some way to build on them.

Tell your representatives what you need!

Over this last year, I received a number of requests on special projects that were of interest to division members. This was wonderful information to receive and helpful to consider in terms of new things we could do to meet members' needs. To the extent that you have an idea or wish list item, I would like to encourage you to bring it forward. Again, send a note to a board member, chat with a committee chair, perhaps even bring it up as a discussion topic on the listserv—but do bring it up. No matter what happens, we will learn from the request and perhaps be able to organize around the request if we have enough resources (read, *volunteers like you!*).

Along these lines, one great idea that came up this year was to do more in the division to produce quality continuing education (CE). Many members reported enjoying the excellent CE offered at the annual convention. I also heard, however, requests for more CE outside the convention. One member

mentioned that they would like to see regular offerings related to the proficiency certificate domains, such as opportunities for continued growth in the areas noted. Another member wondered if there was a way for the division to sponsor CE so that members can obtain discounts as a function of their division membership. Other members were interested in finding good teachers who could address the needs of advanced clinicians in the area of addictions and having Division 50 collaborate on CE with state and local psychology associations. If these ideas are in kind with your interests, consider dropping a note to me and the education and training committee chairs, Cynthia Glidden Tracey and Chris Martin. We welcome learning about things you might like to teach or recommendations of good teachers!

Also related to CE, one member said that it was sometimes hard to find all the addictions-related CE in the APA convention guide, and they wished they had seen information about it in other places. We offer a tear-out in this issue of *TAN*, and APA has a CE section in the program. But perhaps there is more we can be doing. So, if you have ideas on where or to whom we can send out more information about our programming, or how to do more to promote it, contact our incoming convention chair, Sherry McKee, and our treasurer, Jen Buckman. We can see what we can do as a division, and work with APA to see how they can help. Also, if you are finding programming related to addictions or behaviors with addictive features offered by other divisions that you think should be co-listed with our program, let us know. We are happy to collaborate with other divisions and to do such co-listing on CE to help our members meet their CE needs.


For writers in the bunch, another member asked what we could do to improve copyright matters around academic publications in addiction and psychology more generally. The issue involved using one's own work after publication because publishers frequently ask us to sign away the

copyright. The challenge is that sometimes, even when teaching a class, you have to get permission to use and distribute your own work. The question: does it have to be this way? This seemed like a great issue to explore to see if change was possible. Interestingly, in May, The Rockefeller University press revised its copyright policy to allow authors to retain the rights to work in its three journals (*The Journal of Cell Biology*, *The Journal of Experimental Medicine*, and *The Journal of General Physiology*). How did this happen? Feet, voices, and more feet—folks organized. If this is of interest to you, let me know and we can see how we may best organize to further explore this issue.


There are two other places where there are needs for volunteers related to publications issues. First, our student members would like to get some help in putting together an information sheet for students who want to get experience as academic publication reviewers. Helpful hints on how to get such experience and do reviews are welcome; please send them to Ameet Patel and me. Second, there is, from time to time, a need among journal editors in psychology for reviewers experienced in reviewing work by international authors. If you are experienced and interested in such work, let me know and I will connect you to folks who are looking for such help.

Be thankful for term limits!

As we close the convention, I will begin my year as Past President, supporting incoming leader Tom Brandon and the new board. I promise to work hard and make the most of the last year of my three-year term. Truly, it has been a pleasure to serve with my fellow board members, committee members, and others in leadership in the division and APA who have contributed along the way. The experience of working with them in this capacity will be something I will treasure for a long time. Please also let me add an extra acknowledgment to our convention chair, Clara Bradizza, for a *phenomenal* job on Boston 2008. I could not have asked for more and hope, as you enjoy the convention,

for taking care in the work they do. I very much appreciated all the little extra touches of attention, helping with communications, etc. Again, thank you for the opportunity to serve the division and see you in Boston. 

Boston 2008: Come for the Convention, Stay for the Cannoli!

If you would like to submit an idea for a new column, an article, abstract, or announcement for our next edition, please send them to taneditor@rand.org by October 1, 2008. I hope to hear from you. Ciao for now! 

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Election Results

William Zywiak

Division 50 Nominations and Elections Committee Chair

Thank you to everyone that voted during the Division election in April and May of 2008. Two hundred and six votes were cast or 20% of the Division membership. The candidates Lisa Najavits, Frederick Rotgers, and Kristen Anderson contributed considerable time and effort in the election process. Congratulations to Lisa Najavits. She was elected President-Elect. She will begin her term as President at the end of the Business Meeting at the 2009 APA Convention in Toronto. During the preceding 12 months she will shadow Tom Brandon as he begins serving as President in August 2008. Congratulations to Kristen Anderson who was elected Member-at-Large. She will replace Brad Olson. She will begin her three-year term at the end of the Business Meeting at the APA Convention this August in Boston.

The next election cycle is an opportune time to run for a Division 50 office as there will be several offices on the ballot. These include President-Elect, Secretary, Member-at-Large (Sara Jo Nixon's MAL office), and Council Representative. A formal Call for Nominations will be made in the next issue of *TAN*. Because the formal Call for Nominations will not be made until after the annual convention, the convention will be the perfect place to get the word out if you are interested in getting the required number of nominations to be placed on the ballot. All five offices are described on pages 15 and 17 of the Fall/Winter 2005 *TAN* available on the Division 50 website at: <http://www.apa.org/divisions/div50/Newsletters/Archive/TANFALL-WIN05.pdf>. In addition to telling your colleagues that you are interested in being nominated next year, please also inform a member of the Nominations and Elections Committee (email addresses: krista.medina@gmail.com, selene_mackinnon@brown.edu, zywiak@pire.org). All Division 50 members are invited to the Divisional Business Meeting at the APA Convention in Boston. This is the perfect time of year to learn more about divisional activities. The Divisional Business Meeting is scheduled for Friday August 15th (immediately after Nancy Piotrowski's Presidential Address, which will start at 4 pm at the Boston Convention Center, Room 102). Organizational involvement is one way to give back to the field, and will increase your visibility at the national level.

Student and Trainee Perspectives

Making the Most of the 2008 APA Convention

Amee B. Patel

As we have done for the past couple of Summer *TAN* issues, I wanted to highlight some of the events that may be interesting or helpful for students. As always, I invite you to come speak to me during Convention and share your ideas for how Division 50 can better serve its student members. There are some great symposia on both treatment and research issues, as well as a symposium directed solely toward students and early career professionals. And remember to go through the entire program (available online in June and in hard copy in July), highlight all the events that you are interested in attending, and prioritize. See you at Convention!

NIDA/NIAAA Pre-Convention Grant Writing Workshop (Wednesday, August 13, 1:00-4:50 p.m.)

This workshop, sponsored by NIDA, Division 50, and Division 28, was a great success last year and provided a wealth of information about grant writing and formatting. If you missed it last year, make sure to attend this year!

Recent Advances in the Development of Medications for Drug Abuse Treatment (Thursday, August 14, 12:00-1:50 p.m.)

Sponsored by Division 28, this symposium addresses several new pharmacological therapies for drug addiction. For students interested in clinical practice, this symposium offers important information about methods for treatment.

What Is the Fundamental Nature of Addiction? (Thursday, August 14, 2:00-3:50 p.m.)

Sponsored by Divisions 50 and 28, this NIDA presentation addresses the basic concept of what we study and where the field is going.

NIDA/NIAAA-Sponsored Early Career Poster Session and Social Hour (Thursday, August 14, 5:00-6:50 p.m.)

Sponsored by NIDA, NIAAA, Division 50 and Division 28, this is a must-attend event! It features some of the best posters submitted to this year's Convention and is always a great venue to mingle with seasoned professionals and investigators. A real "who's who" of the addictions field. Plus, there are refreshments!

Establishing Your Career as an Addiction Researcher—Tips for Success (Friday, August 15, 9:00-9:50 a.m.)

Hosted by Division 50, this symposium is part of our efforts to increase support for students and early career professionals. If you plan to go into academia or professional research, this is the symposium for you.

Presidential Programs (Friday, August 15, 10:00-1:50 p.m. and Saturday, August 16, 2:00-5:50 p.m.; see program for exact times)

This year's Presidential Programming focuses on five topics: interpersonal violence, trauma and PTSD in youth, societal challenges, integration of science and practice, and hate crimes. If you are interested in any of these topics, be sure and check them out.

Division 50 Presidential Address (Friday, August 15, 4:00-4:50 p.m.)

Find out what Division 50 has accomplished during the past year and get information about future directions and initiatives. Following Nancy Piotrowski's address is the annual business meeting, where Division 50 award members are announced and all committees provide reports of this year's activities. If you want to know more about the division or how to get involved, this is a great place to start.

Poster Sessions (Saturday, August 16, 2:00-3:50 p.m.)

Support fellow students, early career professionals, and senior psychologists by attending both the combined Divisions 50 and 28 poster session at

2:00pm and the Division 50 poster session at 3:00pm. Poster selection was extremely competitive this year, so both sessions represent some of the best research in the field.

Student Roundtable Discussion (Saturday, August 16, 6:00-6:50 p.m.)

Open to all current student members and any students interested in joining Division 50, the roundtable is a place for you to network, get advice about furthering your career, discuss student concerns, and talk about how Division 50 can better address your needs. We want to hear from you and look forward to meeting you in person! ♡

Join Us for the 2008 APA Convention in Boston This August!

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

Boston, Massachusetts will host the 2008 APA annual convention from Thursday, August 14 to Sunday, August 17. The Boston Convention and Exhibition Center will serve as APA programming headquarters, with the Westin Boston Waterfront Hotel (connected to the convention center) hosting some divisional events. If you haven't registered for the convention or made hotel reservations yet, there is still time to join us in Boston. Further information on the convention is available at the APA Website, <http://www.apa.org/convention08/homepage.html>.

The Division 50 Hospitality Suite will be located in the Westin Waterfront Thursday night through Sunday morning. A copy of the schedule will be provided in the handouts included in the APA convention welcome materials obtained at the registration area. The suite schedule and exact room location will be

circulated electronically on the division listserv prior to the convention. This information will also be posted at the CODAPAR/Division Services booth area of the convention, along with extra copies of the suite schedule.



Boston skyline. Used by permission from www.freefoto.com.

We have an outstanding program this year, a reflection of our diverse and talented membership consisting of clinicians, researchers, students, and early career investigators. The Division's program has greatly benefited from generous support from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on

Drug Abuse (NIDA). Our program has been enhanced through our collaboration with Division 28 (Psychopharmacology and Substance Abuse). As a result, Division 50 is sponsoring or co-sponsoring 14 symposia representing a broad range of basic and applied research topics in the field of addictions. Please check times and locations of Division 50 events, which are listed in the perforated pull-out page in *TAN*. Highlights from the program are outlined below.

NIAAA and NIDA, in conjunction with Divisions 50 and 28, will offer 2 pre-convention workshops. The first workshop is sponsored by NIAAA and is titled "Helping Patients Who Drink Too Much—Using the NIAAA Clinician's Guide." The Guide provides a streamlined, research-based approach to identifying and managing the care of heavy drinkers and patients with alcohol use disorders. The second workshop, sponsored by NIDA is titled "Grant Writing Workshop" and provides an in-depth discussion of the development

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Join Us...

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and preparation of successful grant applications. Registration for both workshops is free and will be available until filled. CE credits will be available for those attending. To register for the NIAAA workshop, please contact Clara M. Bradizza (bradizza@ria.buffalo.edu). Registration requests for the NIDA workshop should be sent to Wendy Lynch (wlynch@virginia.edu).

This year's program also emphasizes support for early career investigators. Divisions 50 and 28, with generous support from NIAAA and NIDA, will co-sponsor an **Early Career Poster Session and Social Hour** at which early career investigators will have the opportunity to present their work. In addition, a symposium on **"Establishing Your Career as an Addiction Researcher—Tips for Success"** (Chair: Michael B. Madson) will highlight some of the important keys to success as an addiction scientist.

Nancy Piotrowski will deliver the Division 50 Presidential Address, **"Thinking Outside the Box: Addiction and Behaviors with Addictive Features."**

A number of symposia focus on treatment-related issues. These include **"Assessment and Diagnostic Issues in Substance Use Disorders"** (Co-Chairs: Lara A. Ray & Adam M. Leventhal), which examines important assessment and diagnostic issues that can advance clinical practice and research by drawing on state-of-the-art methodologies; **"Evidence-Based Practice—Cutting Edge Issues,"** (Chair: Henry Wexler) which will elaborate on critical areas related to moving evidence-based treatments into the community; and **"Secondary Outcomes from NIDA's Clinical Trials Network Safe Sex Studies"** (Chair: Donald Calsyn) that will address the main outcome findings from the HIV prevention protocols of the NIDA Clinical Trials Network. **"Evidence-Based Substance Abuse Treatment Services for Justice-Involved Youth"** (Chair: Nancy Jainchill) will present findings from two multi-site studies conducted as part of the NIDA-funded CJ-DATS

cooperative examining the effectiveness of evidence-based treatments for these youth. A session titled **"Smoking and Substance Abuse Treatment—Three Statewide Initiatives"** (Co-Chairs: Carmen Masson & Joseph Gudyish) will describe system change initiatives in three states intended to address smoking in drug treatment populations and report on evaluation findings. A symposium titled **"Treating the Addicted Health Care Professional—Understanding and Addressing the Ethical, Legal, and Insurance-Related Dimensions of Care"** (Chair: Joshua Kutinsky) will address critical issues that may impede overall treatment effectiveness for addicted and impaired health care professionals.

In collaboration with Division 28, Division 50 will be co-sponsoring several treatment-related symposia. **"Recent Advances in the Development of Medications for Drug Abuse Treatment"** (Jack H. Mendelson Memorial Symposium, Co-Chairs: Ryan Vandrey & Kimberly Kirby) will discuss several innovative approaches to the development of medications for drug abuse treatment and **"Expanding Contingency Management Interventions: Treating Smokers, Pregnant Women and Adolescents"** (Co-Chairs: Ryan Vandrey & Kimberly Kirby) will provide data from recent studies demonstrating how the contingency management treatment strategy can be tailored for clinical use in special populations. In addition, **"Gender-Specific Effects of Childhood Trauma on Addiction Outcomes"** (Co-Chairs: Rajita Sinha & Scott Hyman) will talk about the mechanisms underlying gender-specific associations between early life trauma and addiction outcomes across the lifecycle.

There are two symposia that are focused on adolescents and young adults. **"Health Disparities among Adolescents and Young Adults—Etiology, Prevention and Effective Interventions"** (Co-sponsored by NIAAA, Co-Chairs: Clara M. Bradizza & Mariela Shirley) will present findings from recent prevention and intervention trials aimed at diverse underserved populations including African-American families, Hispanic and Latino Youth, inner-city at-risk youth and rural youth.

In addition, **"Extreme Alcohol Use and Negative Consequences among College Drinkers (Co-Chairs: Kim Fromme & Reagan Wetherhill)** will examine high levels of alcohol use and associated negative consequences, particularly those surrounding 21st birthday celebrations.

Two symposia co-sponsored by NIDA include **"What is the Fundamental Nature of Addiction"** (Chair: Meyer Glantz) that will discuss behaviors and characteristics that define substance use disorders and **"Biological Basis of Sex Differences in Drug Abuse—A Translational Perspective"** (Co-chairs: Wendy Lynch & Cora Lee Wetherington) that will use animal models and clinical data to address the biological basis of sex differences in addiction.

Finally, the Division 50 and 28 poster sessions will provide a unique opportunity for students and seasoned researchers alike to stay abreast of the most current research findings in the addictions.

We would like to extend our sincere gratitude to Nancy Piotrowski, Division 50 President, the Division 50 Executive Committee, and this year's program committee (listed in the Spring *TAN*) for their invaluable assistance in developing the 2008 Division 50 program. We would also like to acknowledge the continuing support of NIAAA and NIDA in providing early career investigators with travel funds and helping make possible the broad, cutting-edge coverage of addictions topics in this year's divisional program.

Boston has many great sights and experiences to offer visitors during the convention including the Freedom Trail and Old North Church, Faneuil Hall, the Back Bay district, and some of the finest museums in the country including the Museum of Fine Arts and the Gardner Museum. In addition, Boston boasts wonderful food and dining from casual diners to sophisticated, world-renowned bistros. We hope to see you at the convention! ♡

Advocates Alcove

Health Information Technology

Rebecca Kayo
Div. 50 Federal Advocacy
Coordinator & Co-Chair Policy and
Advocacy Committee

Health information technology (HIT) is the comprehensive management of medical information and its secure exchange between health care consumers and providers by electronic means. The development of HIT involves moving from the current, mainly paper-based health records system to a national electronic health records system. Hospitals, consumers, public health officials, government organizations, and legislators are increasingly turning towards HIT as an answer to spiraling medical costs, medical errors, inconsistent or poor quality of care, increasing demands, and substandard coordination of care. As interest in HIT grows so do the number of bills that are introduced in Congress addressing this topic.

HIT is associated with many advantages that include:

- Improved health care quality
- Reducing or preventing medical errors
- Reducing health care costs (e.g., less paperwork, increased administrative efficiency)
- Expanding access to affordable care
- Early detection of infectious disease outbreaks around the country
- Improved tracking of chronic disease management.

Providers would have accessibility to records in a standard, electronic format for treatment decisions and for payment purposes.

HIT is also associated with some risks. For example, health records in a national, electronic system are more susceptible

to intentional or negligent disclosure on a massive scale, causing a loss of privacy and other related problems for patients. This is a real concern as records in centralized electronic systems are being compromised on a daily basis. In fact, according to the Privacy Rights Clearinghouse, more than 216,000,000 data records belonging to U.S. residents have been exposed to potential misuse as a result of security breaches since January 2005. Mental health records need heightened privacy and security protection. Mental health records are particularly vulnerable to disclosure, because they typically contain information that could lead to a patient's embarrassment or stigmatization. The patient and psychologist must maintain control over the release of these records into the health system because, as the U.S. Supreme Court noted in *Jaffee v. Redmond*, their relationship is "rooted in the imperative need for confidentiality and trust" and the "mere possibility" of disclosure could impede the development of a confidential relationship necessary for successful treatment.

At a minimum, the APA Practice Organization (APAPO) suggests that strong patient records privacy standards should:

- Acknowledge a patient's right to health information privacy
- Provide for a right of consent for the disclosure of identifiable health information in routine situations
- Provide notice to the patient when the right to privacy is breached
- Include strong patient enforcement measures
- Preserve stronger state laws and the well-established psychotherapist-patient privilege currently under federal and state law
- Provide for continuing congressional

oversight to ensure that these privacy standards are effective.

In addition, a strong federal HIT privacy and security law must also harmonize with the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Psychologists, like other providers, must currently comply with the privacy and security standards provided through HIPAA. The relationship between the HIPAA standards and HIT privacy and security standards will have to be clearly addressed to ensure the strongest protections for patients while providing the least compliance burden for health care providers.

As this issue develops and becomes more central to not only our personal lives but also our profession it behooves each of us to be more aware of what legislation may be passing and whether this legislation adequately protects mental health records and coverage. For example, how does a particular bill affect my health care, the care I provide others or my profession in general? Hopefully each of you will take important steps to keep informed of current legislation and contact your Congressional representative when an important bill is introduced. In this time of new technology it is important that we continue to be the consistent voice of good practice.

Websites of possible interest for more information:

http://www.kaiseredu.org/topics_im.asp?id=655&imID=1&parentID=70

<http://www.ahrq.gov/downloads/pub/evidence/pdf/hitsyscosts/hitsys.pdf>

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Report from the Committee for the Advancement of Professional Practice (CAPP)

Frederick Rotgers
*Division 50 Observer to CAPP and
Chair of the CAPP Integration
Workgroup*

It has been a while since my last report and a lot has happened on the practice scene. As you all may know, mental health parity has moved through Congress, prescription privileges for psychologists are on the legislative agendas in a number of states, and the APA Practice Directorate and Practice Organizations have had a major shift in personnel. Russ Newman has left APA to move on to academic pastures. Russ worked tirelessly for practitioners over the course of his tenure as Executive Director for Practice at APA, and his departure is a real loss for APA.

There is good news in the Practice Directorate; however as Katherine Nordal is now the Executive Director for Practice. Katherine is the immediate past Chair of CAPP and brings a wealth of experience to her new position. Of most interest to Division 50 members is that she is fully aware of how important addictions and addiction treatment issues are to all practitioners. Katherine

was CAPP Chair when I first represented the Division at CAPP, and I am sure she will be a strong friend to Division 50 and be receptive to addressing our issues.

Sandy Portnoy is now Chair of CAPP and for the past two years has acted as co-chair with me of the CAPP Integration Workgroup. So, as with Katherine, Sandy is someone who is familiar with and eager to assist with issues that addiction service providers may bring to CAPP.

All of these transitions have resulted in a short hiatus of focused activity at CAPP as Katherine and Sandy settle in to their new positions. I therefore want to use this opportunity to urge all of you to make use of the wonderful mechanism we have available to us for bringing important practice issues to the attention of CAPP and the Practice Directorate. I am referring to the CAPP Integration Workgroup (IG), which I chair along with Nancy Gordon Moore. I want to invite all of you to make use of my chairmanship and close connection to Division 50 to bring practice issues more directly to CAPP. The IG is charged with being a conduit

for practice issues that might be of interest to CAPP. Recently, I sent out an invitation on the Division 50 listserv for you to submit practice issues that you had encountered for me to raise with the IG and CAPP. Two of you did so, and both issues will be a part of the next IG agenda when we meet in September in Washington, DC.

The IG, CAPP and the Practice Directorate truly do want to hear from you! The view from Washington is often quite different than the view of practice at the local and state levels. As with the Federal government, being at a distance can sometimes result in a truncated view of what is happening in the country at large. You, as practitioners in the field, can help expand the view that CAPP and the Practice Directorate have of what is really important to APA member practitioners. So, please, don't hesitate to email me (fredro@pcom.edu) or phone me (215-871-6457) with any issues that you believe may need to be addressed broadly, beyond your local or state level. I hope to hear from you! ♡

Federal Update

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

The Second Chance Act (H.R. 1593), submitted to the House by Danny K. Davis (D-IL), was signed into law on April 9th, 2008 by President Bush. With the Second Chance Act, more funding will be directed to communities throughout the country where a high number of ex-offenders are returning to live each year. The legislation recognizes

the severe recidivism problem in the U.S. and the need to provide better support and more effective forms of coordination between the criminal justice system, the treatment system, and communities. At the time of this writing, members of Congress are working on appropriations for funding relevant to the Second Chance Act in 2009. One available option arising out of this legislation is for local "re-entry groups" to form that would include treatment and prevention options

for ex-offenders in conjunction with other services such as employment and housing. Several re-entry groups are forming in the Chicago area. One re-entry group is focusing on substance abuse aftercare options. Another is focusing on re-entry courts, based on the model of drug courts, but focusing on early release and parole alternatives tied to receiving addiction related treatment and counseling. ♡

Public Health Service Releases the Updated Tobacco Use Treatment Guideline

Ned L. Cooney and Judith L. Cooney
Yale University Transdisciplinary Tobacco Use Research Center and Veterans Affairs Connecticut Healthcare System

In May of this year the U.S. Public Health Service (PHS) 2008 Clinical Practice Guidelines Update: Treating Tobacco Use and Dependence was released (Fiore et al., 2008). This update was accompanied by a commentary in the May 7th issue of the *Journal of the American Medical Association* (Fiore & Jaén, 2008). This newsletter article provides a brief synopsis and review of this release.

The Guideline was developed by a 24-member panel of leading national tobacco experts and is the product of a partnership between the Federal Government and private nonprofit organizations. This is the third release of the tobacco use guideline, with the first one released in 1996 (Fiore et al., 1996) and the second in 2000 (Fiore et al., 2000). The Guideline Panel employed an evidence-based methodology and conducted more than 50 meta-analyses. The 2000 Guideline was based upon 6000 articles on tobacco treatment published between 1975 and 1999, and the 2008 update added data from an additional 2,700 articles. The meta-analyses included all trials of tobacco treatment that used randomized placebo or comparison designs, published follow-up results of at least 5 months post-quit date, and appeared in peer reviewed journals between January 1975 and June 2007.

The following eleven topics were chosen by the 2008 Panel for updated meta-analyses:

- Effectiveness of proactive quitlines
- Effectiveness of combining counseling and medication relative to either counseling or medication alone
- Effectiveness of varenicline
- Effectiveness of various medication combinations

- Effectiveness of long-term medication use
- Effectiveness of tobacco use interventions for individuals with low socioeconomic status or limited formal education
- Effectiveness of tobacco use interventions for adolescent smokers
- Effectiveness of tobacco use interventions for pregnant smokers
- Effectiveness of tobacco use interventions for individuals with psychiatric disorders, including substance use disorders
- Effectiveness of providing tobacco use interventions as a health benefit
- Effectiveness of systems interventions, including provider training and the combination of training and systems interventions.

In the area of behavioral treatment, the 2008 Guideline endorsed many of the major practice recommendations from the 2000 Guideline. These include the recommended elements of a brief tobacco cessation intervention known as the 5A's: *Ask* about tobacco use, *Advise* to quit, *Assess* willingness to quit very soon, *Assist* smoker in setting a quit date, and *Arrange* for follow-up. Although the Guideline meta-analysis found a dose response relationship between counseling and outcome, even minimal counseling interventions of 2-3 minutes can double quit rates. The meta-analysis also found evidence that effective elements of intensive behavioral counseling include problems solving/skills training and intra-treatment social support, with a suggested frequency of at least four sessions. The 2008 Guideline included updated evidence that behavioral counseling is an effective tobacco treatment strategy and also presented evidence that (a) counseling adds to the effectiveness of pharmacotherapy, (b) proactive quitline counseling improves outcomes compared to minimal

counseling or medications alone, and (c) counseling is an efficacious treatment for adolescent smokers.

With respect to pharmacotherapy for tobacco dependence, the 2008 Guideline examined the effectiveness of 15 monotherapies and provided evidence for the effectiveness of seven first-line FDA approved medications (nicotine patch, gum, lozenge, inhaler, spray, bupropion, varenicline) and two second-line medications that are not FDA approved for smoking cessation, clonidine and nortriptyline. Compared to previous reports, the current Guideline provided more in-depth information on the efficacy of combining smoking cessation medications. Specifically, the current Guideline reported on meta-analyses of monotherapies and combination therapies compared to the nicotine patch. These analyses showed that two treatments (varenicline 2mgs, and long-term patch + *ad lib* nicotine replacement therapy) were more effective than nicotine patch alone. For each first and second line medication, the current Guideline provides user-friendly information on patient selection, precautions, dosage, availability, prescribing information, and cost that can assist the clinician in determining proper treatments for his or her patients.

A chapter of the 2008 Guideline was devoted to "Specific Populations," which included a broad recommendation stating that interventions identified as effective in the Guideline are recommended for all individuals who use tobacco, except when medication use is contraindicated, or with specific populations in which medication has not been shown to be effective (pregnant women, smokeless tobacco users, light smokers, and adolescents). Division 50 members may be particularly interested in the tobacco treatment recommendations for individuals treated for alcohol and drug dependence. The Guideline stated

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that tobacco counseling and medication interventions are effective for treating smokers who are receiving treatment for alcohol and drug dependence. However, the literature is conflicting regarding the impact of smoking cessation treatment on drug and alcohol outcomes, making it difficult to provide clear advice to clinicians working in these settings. Further research is needed regarding the effectiveness and impact of tobacco dependence treatments within the context of alcohol and drug dependence treatments.

New evidence was presented in the 2008 Guideline on the impact of health care policies on access to tobacco cessation treatment and on tobacco quit rates. Clinician training in 5A's and systems documenting 5A interventions were shown to enhance treatment delivery and smoker quit rates, lending support to the utility of curriculum development and system wide documentation. Data also showed that when smoking cessation treatment is covered by health insurance plans, more smokers engage in treatment

and quit rates are higher. In light of the research findings, the panel also suggested that both behavioral and pharmacological tobacco treatments be part of public and private health insurance programs.

Given that 7 out of 10 smokers visit a clinician each year, the primary recommendation of the Guideline is to ask two key questions, "Do you smoke?" and "Do you want to quit?" The Guideline offers a wealth of information on what steps to take after these two questions have been asked. The 2000 report had an enormous impact on tobacco use treatment and policy with over five million copies distributed. It is expected that the 2008 update will extend the impact of this critically important endeavor.

The 2008 PHS Guideline Update and its companion products, which include a consumer guide and a pocket guide for clinicians, are available online at <http://www.surgeongeneral.gov/tobacco/default.htm>. Copies of the 2008 PHS Guideline Update products are also available by calling 1-800-358-9295.

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Congratulations to the Division 50 Early Career Investigators Sponsored by NIAAA:

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Research on Drug Courts

Merith Cosden
University of California, Santa Barbara

Drug Courts provide community-based drug abuse treatment in combination with court supervision to tens of thousands of adults throughout the country (Hora, 2002). Drug courts were developed through the criminal justice system in response to jail overcrowding and the need to reduce the revolving door of recidivism for adults with drug-related crimes. These programs have proven successful both in reducing recidivism and providing treatment to many who would not otherwise seek help (Huddleston, Freeman-Wilson, & Boone, 2004; Leffingwell, Hendrix, Mignogna, & Mignogna, 2008).

Drug Court Model of Treatment

Drug Courts serve diverse clients with a range of drug and alcohol and related problems. Every client in a drug court has engaged in criminal activity, and many have spent significant time in jail. The National Association of Drug Court Professionals (NADCP) has established guidelines for these programs, including rapid entry into treatment, the integration of drug and alcohol treatment and court services, frequent drug testing, and the use of sanctions (including brief incarceration) as well as rewards (having one's charges dropped for successful program completion).

The Drug Court that has been the subject of our studies follows the guidelines of the NADCP. Treatment is 18 months long, with five phases, which are graded in intensity. Treatment includes psycho-educational groups, process groups, and individual counseling, as well as educational and vocational training. Clients are drug tested 2-3 times a week and have weekly court meetings and court supervision. The average age for the participants is 32 (range from 18-64), with 40% female, and largely European American and Latino ethnicity. Clients averaged 15 years of substance use prior to treatment, with the most common drugs of choice methamphetamine, heroin, or poly-substances. With successful

completion of treatment (including six months of sobriety), participants' charges are dropped. Participants who fail treatment, either by committing a disqualifying offense or engaging in chronic noncompliance with treatment protocols, return to court to face their charges.

Our research has focused on identifying risk and protective factors associated with treatment outcomes. Two such factors, client motivation and the presence of co-morbid disorders, are discussed below.

Motivation for Treatment in Drug Courts

A primary concern in the development and expansion of Drug Courts has been the ability of clients who enter treatment with high levels of external motivation (i.e., the desire to avoid jail or prison) to adhere to treatment protocols and successfully complete treatment. This issue was addressed in a study of 578 Drug Court participants (Cosden et al., 2005). It was hypothesized that clients would vary in their personal (internal) motivation for treatment and that this motivation would be associated with program completion. The *Addiction Severity Index* (McLellen et al., 1992) was administered to all clients at intake. As hypothesized, clients varied in their motivation for treatment, based on self-ratings of the extent to which they were troubled by their drug use and the importance of treatment for their drug problems. Assessors' ratings of the severity of clients' problem and client ratings of being troubled by drug problems ($r = .17$, $p < .01$) and the importance of treatment for those problems ($r = .38$, $p < .001$) were significantly correlated. Logistic regression indicated that successful program completion was positively associated with motivation for treatment and negatively associated with prior jail time, $p < .01$ (Cosden et al., 2005).

An ongoing study on Drug Court participants (Cosden, Clemens & Benki, in preparation) funded by the *California Policy Research Center* (CPRC) provides greater insight into the impact of motivations for treatment

on treatment outcomes. Interviews are being conducted with 90 adults who have completed treatment and 90 adults who were unsuccessful in completing treatment. The interviews include the *Treatment Motivation Questionnaire* (TMQ), which provides subscale scores for both internal and external motivation for each respondent (Ryan, Plant, & O'Malley, 1995). Open-ended questions provide additional detail on clients' reasons for entering treatment and factors that support or interfere with their program completion.

Preliminary analysis has found no differences in external motivation between clients who did and did not successfully complete treatment, $F(1, 168) = 4.66$, ns; however, there is a significant difference in the internal motivation of clients who did and did not successfully complete treatment, $F(1, 168) = 13.73$, $p < .001$. Thus, even in mandated treatment programs clients differ in their motivation for entering treatment, as those who successfully completed treatment had higher internal motivation than clients who did not complete treatment.

Cognitive Disorders among Drug Court Participants

Co-morbidity is a key concern in developing and providing effective treatments to adults with drug and alcohol problems. Learning disabilities (LD) and attention deficit/hyperactivity disorder (ADHD) are diagnosed in approximately 10-15% of the general population; however, a higher incidence of these disorders (40% or more across studies) has been noted among adults in substance abuse treatment (CASA, 2000), suggesting that the presence of a disability may be a risk factor for drug and alcohol use (Cosden, 2001). Our research has examined the different needs of clients with LD and ADHD in substance abuse treatment, as both disabilities can affect the ability to process and retain information and to communicate effectively. Given the demands for cognitive processing that are inherent in counseling, adults with

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Research on Drug Courts

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LD and ADHD may be at greater risk for program failure as a function of the challenges they face in processing information or communicating with others in treatment.

Cosden and Greenwell (2006) examined the presence of LD in a Drug Court population. It was hypothesized that clients with co-morbid substance abuse and LD or ADHD would have greater difficulty in treatment than would other clients because of their difficulties in understanding and retaining information. This study was conducted on a separate sample of drug court participants than those described above. Of those surveyed for this study ($N = 134$), 23% reported having LD. As anticipated, relative to participants without LD, participants with LD were more likely to state that they had difficulties expressing themselves or understanding others, $\chi^2 (N = 133) = 16.64$, $p < .001$. Analysis of variance (ANOVA) examined differences between LD and non-LD clients on Likert scale responses to items on program effectiveness. Clients with LD reported less confidence in knowing what to do to complete the program, less understanding of the consequences of quitting the program, and less effectiveness in understanding or communicating with staff members, (all differences significant, $p < .05$). These data were obtained on clients still in treatment; thus, their treatment outcomes were not known.

The CPRC study further addresses this issue. As noted above, data on 180 clients (90 program completers and 90 who unsuccessfully left treatment) are being collected. Of the 173 clients interviewed to date, 23% indicated that they had either LD or ADHD (or both). Participants with LD or ADHD were less likely than adults without these co-morbid disorders to have successfully completed program requirements, 32% vs. 62%, $\chi^2 (N = 173) = 10.56$, $p = .001$. Thus, the presence of LD or ADHD placed clients at risk for program failure, emphasizing the need to address communication problems within treatment.

Future Directions

Drug Courts provide an important venue for studying diverse, co-morbid populations in substance abuse treatment. As noted by others (Marlowe, Heck, Huddleston, & Casebolt, 2006) integrating research on court-based drug diversion programs with research on other models of substance abuse treatment will benefit the field of substance abuse intervention as a whole.

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Invitation from the President-Elect

Thomas Brandon, president-elect of Division 50, is inviting members to contact him if they are interested in participating in divisional governance. Brandon's term as president will begin at the APA convention in August. "I'd like to hear from members who wish to become more active in the Division," Brandon said. "This has been a rewarding part of my own professional life, and it is vital for the life of the Division."

Brandon asks interested members to send him a brief e-mail message (thomas.brandon@moffitt.org) noting their interest in serving the Division. They may also mention particular areas of interest, such as education, policy, membership, practice issues, research issues, mentoring, and so on. Members are particularly needed to assist with the two broad themes that Brandon will emphasize during his term: (1) increasing the value of Division 50 for its members; and (2) encouraging translational research to bridge science and practice. "I am hoping for participation from every career stage—from graduate students, through early career psychologists, to senior members," Brandon emphasized.

Can Cultural Competence Bridge the Gap Between Research and Practice?

Sandra Larios

In March 2008, the first national conference on *Culturally Informed Evidence Based Practices: Translating Research and Policy for the Real World* was held in Washington, DC. I received a Special Travel Award from Division 50 to attend the conference. Initiated by the Society for the Psychological Study of Ethnic Minorities (Div. 45) and supported by 25 other divisions, it is the largest sponsored national conference in the history of the American Psychological Association (APA), second only to the Annual APA convention. Their goal was to bring together a multidisciplinary group of researchers, practitioners, and program evaluators to find ways of providing culturally appropriate care and keep the dialogue open among all who work with communities of color.

Conference participants discussed barriers that occur when trying to “bridge the gap” between efficacy (whether the intervention works) and effectiveness (whether it works under real world conditions) of treatments in minority individuals, and discussants offered suggestions for how to navigate them. The Center for Substance Abuse Treatment center (CSAT) in the Substance Abuse and Mental Health Services Administration (SAMHSA), has been working to “bridge the gap” in the area of addiction treatment. At the conference, Westley Clark, the director of CSAT, discussed how the field of substance abuse has particular obstacles to overcome to reduce the science/practice gap in minority communities. Specifically, he discussed cultural differences in drug and alcohol use/abuse, a lower perceived need for addiction treatment, and the lack of motivation to enter substance treatment as factors that contribute to this gap. To address the gap that does exist, SAMHSA and the National Institute on Drug Abuse (NIDA) developed the Blending Initiative to increase the dissemination of research results to community partners quickly and efficiently through Blending Teams

and Addiction Technology Transfer Centers (ATTCs). Clarke described the five Blending Teams that work to foster collaboration between researchers and practitioners and the various initiatives within the ATTCs that target special populations including the Hispanic Initiative, the Native American Initiative Consortium, and the Lesbian, Gay, Bisexual, and Transgender Project.

Margarita Alegria’s talk, *Bringing interventions from the community to the clinics: The case of the right questions project*, focused on a sociocultural approach to address mental health disparities. She discussed barriers of treatment for diverse cultures, such as language, clinician assumptions, and differences in needs between those of different sociocultural backgrounds. She suggested that it is imperative to consider the role of both cultural and social (e.g., socioeconomic status) factors that shape the delivery of care. She also emphasized the importance of having a wider definition of culture to include historical and social circumstances (e.g., racism) that affect client engagement in services, treatment retention, and inform treatment development for diverse groups.

Felipe Castro’s presentation, *Culturally-informed evidence based practices: Translating research into culturally informed prevention interventions*, focused on the importance of designing evidence-based interventions using empirical evidence, established psychological theories, and empirical testing. He indicated that few theories and models incorporate cultural variables and even fewer were developed with ethnic minorities in mind. A recent study that reviewed 379 National Institute of Mental Health funded clinical trials published between 1995 and 2004 in five leading mental health journals (Mak, Law, Alvidrez, & Perez-Stable, 2007) found that less than half of the studies provided information on the ethnic composition of their samples. In the studies that did provide this

information, a majority of the samples were White Americans (61%). Castro commented on the lack of information that exists regarding the efficacy of these interventions in minority communities. There are concerns that these interventions may not be effective when applied to special populations as they were not developed with these populations in mind, thereby increasing the efficacy-effectiveness gap. To address this gap Castro suggested the establishment of a forum of “key stakeholders” including clinicians, consumers, and research scientists, to maximize therapeutic gains and the level of cultural sensitivity of the intervention. Having greater communication and partnerships between providers and scientists will help narrow the gap. Castro suggested that one should take a multi-staged approach, including first performing a needs assessment in the target community, then developing culturally relevant adaptations, then finally implementing the adapted intervention to test whether it is effective in a community setting. These suggestions provide a framework from which to address the gap between science and practice for minority individuals.

Castro’s talk highlighted an area of contention in the field. Specifically, what does it mean to “adapt” an intervention for a particular group? An examination of the literature indicates that there is no well-established standard for when and how to adapt an intervention. Research has shown that although there is limited evidence supporting the effectiveness of empirically supported treatments with minorities, there is also limited evidence that they are less effective with minorities. Furthermore, when differences are found, some believe that these differences are due to many other variables with which ethnicity has been confounded (Kazdin, Stolar, & Marciano, 1995) and that it is not feasible to “tailor” treatments on these variables

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Cultural Competence

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because if you do each individual would need a different treatment.

In response to these critiques, Anna Lau suggested that cultural adaptation is indicated when there is a reasoned threat to generalization of treatment effectiveness shown by evidence of group differences in treatment response, engagement, problem etiology, or problem phenomenology. In her talk, *Adapting evidence based treatments for immigrant families: Proposed strategies and key questions*, she discussed her adaptation of Parent Management Training for immigrant Chinese families by considering the cultural context of child physical discipline (e.g., parental aroused shame, child academic problems, acculturation conflicts). Similarly, in his talk, *Cultural competence issues and evidence-based psychological practices*, Nolan Zane discussed the issue of *face* in Asian culture as a cultural component to address and use as a guide to “tailor” treatments to this population. *Face* was described as a person’s set of socially sanctioned claims concerning one’s social character and social integrity

and is gained by performing one or more specific social roles that are well recognized by others as a member of a group. Zane described how avoidance of threats to *face* can impede treatment engagement and retention and can prevent clients from disclosing pertinent information in treatment. He then discussed several ways to address this cultural factor in treatment.

The conference also held several workshops. Barbara Wallace and Arthur MacNeill-Horton presented information on *Adapting and integrating interventions with multi-problem clients in community settings* and the *Neuropsychological assessment of minority substance abusers*. Wallace described the importance of being flexible and having a menu of options when tailoring empirically supported treatments to complex clients in community settings. MacNeill-Horton illustrated the complexity of neuropsychological assessment with populations on whom many tests have not been normed, while also describing the importance of administering tests in the appropriate language and including level of acculturation in the assessment.

Conference activities provided participants with information on the importance of being sensitive to cultural factors when treating diverse groups and provided examples of how and when to tailor interventions appropriately and effectively. Many participants described an excitement about what they had learned and were motivated to continue the dialogue after the conference was over. A website was created where conference participants provided their contact information and the PowerPoint presentations were uploaded to facilitate dissemination. For more information please visit <http://psychology.ucdavis.edu/aacdr/ciebp08.html>.

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Call for Papers: *Journal of Consulting and Clinical Psychology* Special Section on “Smoking Cessation: Innovative Treatments and Understudied Populations”

The *Journal of Consulting and Clinical Psychology* is requesting submissions of empirical papers that focus on either testing innovative treatment approaches for smoking cessation or testing smoking cessation interventions in understudied populations.

Manuscripts that focus on innovative treatments may include, but are not limited to:

- behavioral therapy
- cognitive behavioral therapy
- combined pharmacological and behavioral therapies
- theory-based therapies that have been tested in other fields but have not yet been applied to smoking cessation.

Preference will be given to papers with a clearly articulated theoretical foundation and clinical implications. The goal of this special section is to present cutting-edge research on smoking and to stimulate the field to produce innovative theory-based treatments and address the needs of understudied and undertreated smokers.

The deadline for submissions of manuscripts is **January 5, 2009**. The anticipated publication date is February 2010. Questions or inquiries regarding the special section should be directed to the section editor, Belinda Borrelli at Belinda_Borrelli@brown.edu.

A Graduate Student's Perspective on the APA Summit on Violence and Abuse in Relationships: Connecting Agendas and Forging New Directions

Cindy Stappenbeck

I was fortunate to have been awarded a Special Travel Award from Division 50 to attend the *APA Summit on Violence and Abuse in Relationships: Connecting Agendas and Forging New Directions*, which was held in Bethesda, MD, February 28-29, 2008. This conference was part of Alan Kazdin's presidential initiative and was organized by Jacquelyn White, President of Division 35 (Society for the Psychology of Women), and Robert Geffner, President of Division 56 (Trauma). It was unique because the conference allowed people to discuss the latest research and treatment findings in the area and also provided a forum for individuals from a range of backgrounds to discuss ways in which we can work together to move the field of interpersonal aggression (treatment, research, policy) forward. Specifically, this conference focused on integrating research, practice, and policy efforts to more effectively address different types of relationship violence (e.g., teen dating violence, child maltreatment, intimate partner violence) and different types of violent behaviors (i.e., psychological, physical, and sexual). It was important to have a dialogue about what we thought was working well in each of our respective areas, as well as what we could do to improve the field of interpersonal aggression. Over 450 individuals from a variety of backgrounds attended the conference, with about half being researchers, 30% practitioners, and the remaining 20% comprising policy makers and consumers.

Reflecting back on my experience at the summit, it is hard to believe that the entire conference lasted just under 24 hours given the multitude of talks and discussions that took place! It began with opening remarks by Kazdin, White, and Geffner, who laid out the purpose and goals of the conference. The highlight of the opening evening

was a talk by Jacki McKinney, a survivor of trauma, addiction, homelessness, and the psychiatric and criminal justice systems. Not only was I inspired by Jacki's address, but when she discussed the ways in which individuals working in the field of interpersonal aggression had touched her life, I was also reminded of the need to involve the consumers (or the "silent partners" as she referred to them) in treatment development. If treatment providers, policy makers, and researchers truly listen to the needs and experiences of the people they are trying to help, the work will have a more wide-reaching effect.

Immediately after the introductory remarks and plenary session, a networking reception and poster session was held, with 85 posters spanning the range of interpersonal aggression (from child abuse to sexual violence to alcohol co-morbidity). Copies of the posters will be available on the APA conference website for interested individuals to review (<http://reisman-white.com/displaycommon.cfm?an=1&subarticlenbr=31>).

The second day was packed with plenary sessions, breakout sessions, discussion groups, and a town hall meeting. The organizers of the conference assigned everyone to a discussion group with individuals from different backgrounds in each group. Group members were asked to discuss what connections/collaborations among researchers, practitioners, and policy makers are working well to help reduce interpersonal violence, what connections/collaborations are lacking but necessary, and what connections/collaborations would specifically enhance our work in helping reduce interpersonal violence. Next, the groups were tasked with identifying the best way to foster the needed connections/collaborations and identifying the major barriers that may hinder us from reducing and preventing interpersonal violence.

As a next step in the process of forging new directions, there will be a task force that will serve as a "think tank." Each group was asked to specify what the goals of that think tank should be, as well as the areas of expertise that should be represented. Afterwards, each group's moderator presented the results of the group's discussion to Kazdin, Geffner, and White in the form of a town hall meeting. It was clear from this process that there is a sincere desire to make changes in the field of interpersonal violence starting at the very top of APA and that this conference was an important first step.

I benefited tremendously, both professionally and personally, from attending this conference. Not only were the presentations informative and enlightening, but my group's discussion, and the presentations of other groups' discussions at the town hall meeting, really helped me understand the different views of researchers, practitioners and consumers. The conference also inspired me to be a more thoughtful researcher, keeping in mind how the results of my studies may help facilitate treatment efforts.

As a graduate student, it is exciting for me to define my niche in the field of psychology, and attending this specialized conference on interpersonal violence was a way for me to begin that process. Also, it was great to realize that I am a part of the movement to improve the field of interpersonal violence that will be unfolding throughout my early career as a researcher in this area. I plan to seek out individuals from other areas within the field of interpersonal aggression with whom I can work collaboratively to achieve the overarching goal of reducing or eliminating interpersonal aggression. I look forward to the next step in the process that was begun with this special conference to bring about progress and change in the field of interpersonal violence research. ♡

Abstracts

Ditre, J. W., & Brandon, T. H. (2008). Pain as a motivator of smoking: Effects of pain induction on smoking urge and behavior. *Journal of Abnormal Psychology, 117*, 467-472.

Tobacco smoking has been associated with the development and exacerbation of chronically painful conditions. Conversely, there is reason to believe that smokers may be motivated to use tobacco as a means of coping with their pain. To date, no controlled, experimental studies have tested for a causal relationship between pain and smoking motivation. The primary aim of the current study was to test the hypothesis that laboratory-induced cold pressor pain would enhance smoking motivation, as measured by self-reported urge to smoke and observation of immediate smoking behavior. Smokers (N = 132) were randomly assigned to either pain or no pain conditions. Results indicated that situational pain increased urge ratings and produced shorter latencies to smoke. The relationship between pain and increased urge to smoke was partially mediated by pain-induced negative affect. The relationship between pain and shorter latency to smoke was fully mediated by pain-induced urge to smoke. This study provides the 1st experimental evidence that situational pain can be a potent motivator of smoking.

Kaysen, D., Pantalone, D., Chawla, N., Lindgren, K., Clum, G., Lee, C., & Resick, P.A. (2008). Posttraumatic stress disorder, alcohol use, and physical health concerns. *Journal of Behavioral Medicine, 31*, 115-125.

PTSD is a risk factor for alcohol problems and both in turn have been independently associated with increased health problems. However, it is unclear whether alcohol use moderates the relationship between PTSD and health. Participants were battered women (N = 336) recruited from local domestic violence shelters and non-shelter victim-

assistance agencies. A 2 (PTSD diagnosis) × 3 (abstainer, infrequent/light, regular/heavy drinking) ANCOVA was conducted, with injuries and length of abuse as covariates and health concerns as the dependent variable. Main effects for PTSD and alcohol use were significant but not the interaction. Women with PTSD reported the greatest number of health concerns. Women who abstained from drinking and those who drank regularly/heavily reported more health concerns than the infrequent/light drinkers. Health concerns associated with PTSD do not appear to be due to problem drinking. In addition, infrequent/light drinking, even for women with PTSD, may be associated with fewer health concerns.

Sullivan, T. P., Cavanaugh, C. E., Ufner, M. J., Swan, S. C., & Snow, D. L. (in press). Relationships among women's use of aggression, their victimization and substance use problems: A test of the moderating effects of race/ethnicity. *Journal of Aggression, Maltreatment & Trauma*.

Although theory suggests and studies consistently find that women who are victimized in intimate relationships are more likely to use substances, and that women's substance use is a risk factor for their use of aggression, few studies have integrated this information to examine the complex relationships among all of these variables. This cross-sectional study examined these relationships among 412 community women (150 African Americans, 150 Latinas, and 112 Whites) who recently were aggressive against a male intimate partner. ANOVA and path analysis revealed that: (a) for all women, victimization and aggression were strongly and positively related; (b) race/ethnicity moderated the relationships between victimization and alcohol and drug use problems; and (c) no groups evidenced a relationship between alcohol or drug use problems and aggression. Contrary to expectations, tension reduction theory and the self-medication hypothesis did not apply unilaterally—they were

supported only among African American and Latina women. Further, the current study's non-significant findings in the relationship between alcohol and drug use and women's use of aggression call into question whether or not the proximal effects model, whereby substance use precedes the use of aggression, applies to women as it does to men. Findings suggest that it is essential to develop culturally relevant, gender specific interventions to reduce both women's use of aggression and their experiences of victimization, as well as related negative behaviors such as alcohol and drug use.

Vaschillo, E. G., Bates, M. E., Vaschillo, B., Lehrer, P., Udo, T., Mun, E. Y. et al. (in press). Heart rate variability response to alcohol, placebo, and emotional picture cue challenges: Effects of 0.1-Hz stimulation. *Psychophysiology*.

Heart rate variability (HRV) supports emotion regulation and is reduced by alcohol. Based on the resonance properties of the cardiovascular system, a new 0.1-Hz methodology was developed to present emotional stimuli and assess HRV reaction in participants (N = 36) randomly assigned to an alcohol, placebo, or control condition. Blocked picture cues (negative, positive, neutral) were presented at a rate of 5 s on, 5 s off (i.e., 0.1-Hz frequency). SDNN, pNN50, and HF HRV were reduced by alcohol, compared to the placebo and control. The 0.1-Hz HRV index was diminished by alcohol and placebo, suggesting that autonomic regulation can be affected by cognitive expectancy. The 0.1-Hz HRV index and pNN50 detected changes in arousal during emotional compared to neutral cues, and the 0.1-Hz HRV index was most sensitive to negative valence. The 0.1-Hz HRV methodology may be useful for studying the intersection of cognition, emotion, and autonomic regulation. ♡

Announcements

Blueprint for Change

For those who are interested, please see the *Blueprint for Change: Achieving Integrated Health Care for an Aging Population* on the Office on Aging website: <http://www.apa.org/pi/aging/blueprint.html>.

AMERSA Conference

Come one, Come all!! See the debate between two Division 50 members (Carlo DiClemente and Thaddeus Herzog) that will take place at the 32nd Annual National Conference of the Association for Medical Education and Research in Substance Abuse (AMERSA) on November 6-8, 2008, in Washington DC. The title of the event is "Spicy Debate—Contemplating Change: The Pros and Cons of the Transtheoretical Model for Understanding Changes in Substance Use." The debate will be between a supporter (DiClemente) and a critic (Herzog) of the Transtheoretical Model. The style of debate is labeled as "spicy" because the intention is to have a lively and entertaining exchange. More information can be found at <http://www.amersa.org/>.

SAMHSA

Substance Abuse and Mental Health Services Administration's (SAMHSA's) Knowledge Application Program (KAP) is pleased to announce the availability of the **Spanish-language version** of *Alcohol and Drug Treatment: How It Works, And How It Can Help You (El Tratamiento para el Abuso de las Drogas y el Alcohol: Cómo, Funciona y Cómo Puede Ayudarle)*, based on *Treatment Improvement Protocol (TIP) 44: Substance Abuse Treatment for Adults in the Criminal Justice System*. Please forward this announcement to others who may be interested.

SMART Recovery

SMART Recovery's Annual Meeting will be hosted by the Albert Ellis Institute in New York City on November 7-8, 2008, and will include a presentation by John de Miranda, Executive Director of the National Association on Alcohol, Drugs and Disability, and a Board Member of Faces and Voices of Recovery (FAVOR) on *The*

Disability of Addiction and Recovery: A Paradigm Shift. SMART Recovery (Self Management and Recovery Training) is an international non-profit organization which offers free, self-empowering, science-based support groups (face-to-face or online) for abstaining from any addictive behavior (substances or activities). smartrecovery.org. For further information contact sallwood@smartrecovery.org.

Assistant University Counselor Position at Sewanee, The University of the South

Sewanee, The University of the South is recruiting for an Assistant Counselor Position. Responsibilities of this position will include: providing a full range of clinical and adjustment counseling services to university students; education, prevention and consultation services; and after-hours emergency services. The successful applicant will coordinate and provide treatment addressing some of the following: substance abuse, academic help, learning disabilities, disordered eating, or sexual assault. He or she will coordinate campus wide education and prevention programs related to some of these topics. Opportunities to teach in the Psychology Department may be available.

A completed doctoral degree in clinical or counseling psychology or related field and completion of an APA-accredited internship are highly preferred. Other preferred qualifications include training and experience with the disorders listed above and college counseling center experience. Eligibility for licensure in Tennessee as a Health Service Provider is required.

Eligibility for employment is contingent upon successful completion of a background screening. Applications will be accepted until the position is filled. The beginning date for this position is August 2008. Salary and benefits are competitive. Those interested should send a letter of application, résumé, and a current list of references to: Sallie Green,

Personnel Services. University of the South, 735 University Avenue, Sewanee, TN 37383-1000. Submission via e-mail is preferred; send to: sgreen@sewanee.edu. The University of the South is an Equal Opportunity Employer. Minorities and women are encouraged to apply.

New Monograph Published

A new monograph, "Alcohol and Violence: Exploring Patterns and Responses," has been published. This monograph discusses the association between alcohol and violence, and contributes to the dialogue on appropriate and effective responses.

Anne Fox explores the factors that affect patterns of violence at the societal level in a chapter titled "Sociocultural Factors that Foster or Inhibit Alcohol-related Violence," and Ken Leonard (Division 50 member) examines factors at the individual level in "The Role of Drinking Patterns and Acute Intoxication in Violent Interpersonal Behaviors."

Courtney O'Connor and Claire Dickson look at alcohol and violence from a gender perspective and identify strategies to prevent alcohol-related violence in analogous social problems in "Working with Culture to Prevent Violence and Reckless Drinking."

Joseph Asare and Ronald West's chapter, "Practical Responses: Communication Guidelines for First Responders in Cases of Alcohol-Related Violence," presents international guidelines for enhanced communication among first responders to alcohol-related violence, particularly between the health and law enforcement sectors.

This publication signals International Center for Alcohol Policies' commitment to deepen the collective understanding of this issue, while identifying and promoting good practice in the prevention of violence.

To download a copy of this monograph, go to www.icap.org. To receive a hard copy, please contact Tinisha Carroll at tcarroll@icap.org. ♡



APA Division 47: Exercise and Sport Psychology presents

The 30th Annual Running Psychologists' APA 5K Ray's Race

with Olympian Runner Bill Rodgers, Winner of Boston and New York Marathons

**Artesani Park
Boston, Massachusetts
Saturday, August 16, 2008 at 7:00 AM**

Sponsors: American Psychological Association; APA Insurance Trust; Blackwell Publishing, Pearson Assessments; Worth Books; Psi Chi; Divisions 47, 19, 20, & 50.

Please see the race application form at <http://www.apa.org/divisions/div50/newsletter.htm> and note that checks must be received by **August 11, 2008**.

Questions? Email: Lucinda Seares-Monica at psydmd@optonline.net or Janet Cain at drjcain@earthlink.net.

Division 50 Rankings for Student Poster & Early Career Presentation Awards

Student Poster Awards

- 1st Place: **Erika B. Litvin**, Tobacco Research and Intervention Program, Moffitt Cancer Center
"Impulsivity and Smokers' Reactivity to Affect and Smoking Cues"
- 2nd Place: **Tracey L. Rocha**, Division of Counseling Psychology, University at Albany, SUNY
"Problematic Alcohol Use and Disordered Eating Among Female College Students"
- 3rd Place: **Cristina M. Benki**, Dept of Counseling, Clinical, and School Psychology, UC Santa Barbara
"Sensitivity of Three Psychological Indices on the Addiction Severity Index"

Division 50 Early Career Presentation Awards

- 1st Place: **Lara A. Ray**, Center for Alcohol and Addiction Studies, Brown University
"Diagnosing Alcohol Use Disorders: Results from a Clinical Epidemiological Sample"
- 2nd Place: **Jennifer J. VanScoyoc**, Center for Addiction Research, University of Arkansas for Medical Sciences
"Disruptive Behavior Disorders Influence Treatment Response Among Adolescent Marijuana Abusers"
- 3rd Place: **Bradley T. Conner**, University of California, Los Angeles
"The Development of a Psychometrically Sound Measure of Sensation Seeking"

Other Awards

Distinguished Scientific Early Career Contributions: **Susan F. Tapert**

Distinguished Scientific Contributions to Public Interest: **Daniel R. Kivlahan**

Outstanding Contributions to Advancing the Understanding of Addictions: **Mark L. Willenbring**

Presidential Citation for Distinguished Service to Divisions 50 & 28: **Meyer D. Glantz**

Presidential Citation for Distinguished Service to Divisions 50 & 28: **Robert B. Huebner**

Division 50 Leadership

Elected Officers

President: Nancy A. Piotrowski (napiotrowski@yahoo.com)
President-Elect: Tom Brandon (thomas.brandon@moffitt.org)
Past President: Kim Fromme (fromme@psy.utexas.edu)
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John Kelly (jkelly11@partners.org)

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Education & Training: Erika Litvin (erika.litvin@gmail.com)
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Science Advisory Committee: Danielle Ramo (danielle.ramo@gmail.com)

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Substance Abuse/Dependence Section: Nancy A. Piotrowski (napiotrowski@yahoo.com)

2008 APA Convention, Boston, MA

Division 50 Program Summary

Wednesday, August 13th

***Helping Patients Who Drink Too Much—Using The NIAAA Clinician's Guide Workshop (pre-registrants only) (DIV50, DIV28)**

8:00-11:50 a.m., Westin Boston Waterfront Hotel, Alcott Room

Co-chairs: Mark L. Willenbring, MD, National Institute on Alcohol Abuse and Alcoholism, and Robert B. Huebner, PhD, National Institute on Alcohol Abuse and Alcoholism

For free registration, please contact Clara Bradizza (bradizza@ria.buffalo.edu)

***NIDA Grant Writing Workshop (pre-registrants only) (DIV28, DIV50)**

1:00-4:50 p.m., Westin Boston Waterfront Hotel, Alcott Room

For free registration, please contact Wendy Lynch (wlynch@virginia.edu)

Thursday, August 14th

Evidence-Based Substance Abuse Treatment Services for Justice-Involved Youth (DIV50, DIV28)

9:00-10:50 a.m., Boston Convention & Exhibition Center, Meeting Room 253C

Chair: Nancy Jainchill, PhD

***Expanding Contingency Management Interventions: Treating Smokers, Pregnant Women and Adolescents (DIV28, DIV50)**

10:00-11:50 a.m., Boston Convention & Exhibition Center, Meeting Room 152

Co-chairs: Ryan Vandrey, PhD, and Kimberly C. Kirby, PhD

***Recent Advances in the Development of Medications for Drug Abuse Treatment (DIV28, DIV50)**

12:00-1:50 p.m., Boston Convention & Exhibition Center, Meeting Room 157A

Co-chairs: Jane B. Acri, PhD, National Institute on Drug Abuse and Nancy K. Mello, PhD

Assessment and Diagnostic Issues in Substance Use Disorders (DIV50)

12:00-12:50 p.m., Boston Convention & Exhibition Center, Meeting Room 157C

Co-chairs: Lara A. Ray, PhD, and Adam. M. Leventhal, PhD

***What Is the Fundamental Nature of Addiction? (DIV50, DIV28)**

2:00-3:50 p.m., Boston Convention & Exhibition Center, Meeting Rooms 102A/B

Chair: Meyer D. Glantz, PhD, National Institute on Drug Abuse

NIAAA and NIDA-Sponsored Early Career Poster Session and Social Hour (DIV50, DIV28, NIAAA, NIDA)

5:00-6:50 p.m., Westin Boston Waterfront Hotel, Grand Ballroom A

Friday, August 15th

Establishing Your Career as an Addiction Researcher—Tips for Success (DIV50)

9:00-9:50 a.m., Boston Convention & Exhibition Center, Meeting Room 257 A

Chair: Michael B. Madson, PhD

*Continuing Education credit offered

***Biological Basis of Sex Differences in Drug Abuse—A Translational Perspective (DIV28, DIV50)**

2:00-3:50 p.m., Boston Convention & Exhibition Center, Meeting Room 152

Co-Chairs: Wendy J. Lynch, PhD and Cora Lee Wetherington, PhD, National Institute on Drug Abuse

***Health Disparities Among Adolescents and Young Adults—Etiology, Prevention and Effective Interventions for Alcohol Problems (DIV50, DIV28, NIAAA)**

2:00-3:50 p.m., Boston Convention & Exhibition Center, Meeting Room 253A

Co-chairs: Clara M. Bradizza, PhD and Mariela C. Shirley, PhD, National Institute on Alcohol Abuse and Alcoholism

***Gender-Specific Effects of Childhood Trauma on Addiction Outcomes (DIV28, DIV50)**

4:00-5:50 p.m., Boston Convention & Exhibition Center, Meeting Room 160A

Co-Chairs: Rajita Sinha, PhD and Scott M. Hyman, PhD

***Div 50 Presidential Address: “Thinking Outside the Box: Addiction and Behaviors with Addictive Features”**

4:00-4:50 p.m., Boston Convention & Exhibition Center, Meeting Rooms 102A/B

Nancy A. Piotrowski, PhD, Capella University

Div 50 Business Meeting

5:00-5:50 p.m., Boston Convention & Exhibition Center, Meeting Rooms 102A/B

Saturday, August 16th

Secondary Outcomes from NIDA’s Clinical Trials Network Safe Sex Studies (DIV50)

10:00-10:50 a.m., Boston Convention & Exhibition Center, Meeting Room 153B

Chair: Donald A. Calsyn, PhD

Extreme Alcohol Use and Negative Consequences Among College Drinkers (DIV50)

11:00-11:50 a.m., Boston Convention & Exhibition Center, Meeting Room 257B

Co-chairs: Kim Fromme, PhD, and Reagan R. Wetherhill, MA

***Evidence-Based Practice—Cutting-Edge Issues (DIV50, DIV28)**

12:00-1:50 p.m., Boston Convention & Exhibition Center, Meeting Room 258B

Chair: Harry K. Wexler, PhD

Poster Session for Divisions 50 & 28

2:00-2:50 p.m., Boston Convention & Exhibition Center, Exhibit Halls A and B1

Poster Session for Division 50

3:00-3:50 p.m., Boston Convention & Exhibition Center, Exhibit Halls A and B1

Sunday, August 17th

Smoking and Substance Abuse Treatment—Three Statewide Initiatives (DIV50)

9:00-9:50 a.m., Boston Convention & Exhibition Center, Meeting Room 204A

Co-chairs: Carmen L. Masson, PhD, and Joseph R. Guydish, PhD

***Treating the Addicted Health Care Professional—Understanding and Addressing the Ethical, Legal, and Insurance-Related Dimensions of Care (DIV 50)**

10:00-10:50 a.m. Boston Convention & Exhibition Center, Meeting Room 157A

Chair: Joshua K. Kutinsky, PsyD, JD

*Continuing Education credit offered

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The Addictions Newsletter

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