



The Addictions Newsletter

The American Psychological Association, Division 50

Fall/Winter 2008

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Contents

President's Column	1
Editor's Corner	3
Federal Update.....	3
August 2008 APA Council Report.....	4
2008 APA Division 50 Award Winners.....	5
Get (More) Involved: Run for Division 50 Office!.....	6
Division 50 Officer Nomination Form	7
Advocates Alcove	9
2008 ELC Conference.....	10
The CAPP Integration Group (IG) Rethinks Its Mission and Structure.....	11
Student and Trainee Perspectives	12
Reconsidering the 21-Year-Old Drinking Age	13
Committee on Population and Diversity Issues	14
Establishing Your Career as an Addiction Researcher.....	14
Historical Trauma	16
Join Us in Toronto for Division 50's 2009 Convention Program!.....	17
Abstracts	18
Announcements	19
Division 50 Leadership	21

President's Column

Why Division 50?

Thomas H. Brandon

Why does Division 50 exist? Indeed, why does any professional organization exist? The only legitimate answer is that it exists to serve the needs of its members. But this is a rather amorphous goal, and organizations have been known to shift their attention over time away from member service and toward mere self-perpetuation. Fortunately, I do not see any signs of that happening to Division 50. I've always been impressed with the degree of dedication I've seen from the many individuals who choose to volunteer their efforts toward serving the division. Nevertheless, it is a good idea to evaluate occasionally how well Division 50 is currently serving its members, and how member service could be further improved. One metric for measuring member satisfaction is the size of our membership rolls. We all have many choices of professional societies. (I recently looked at my own CV and counted a dozen to which I belong.) In the free market of society membership, we appear to be doing well. During a period when divisional membership is declining throughout APA, we have been among the more stable divisions.

But simply tracking membership provides only a crude gauge of our performance, and it does not yield any useful information about how we could

enhance the value of your membership in Division 50. I am interested in learning what attracts members to our division in the first place, and what retains them. I see many benefits of Division 50 membership. Some of them are concrete, such as the included subscriptions to the APA journal, *Psychology of Addictive Behaviors*, as well as the newsletter that you are now reading. Indeed, where else can one get a year's subscription to a leading journal, plus society membership for a mere \$37.50? This must be one of the best deals in all of psychology. Additionally, I have always looked forward to the program that the division organizes during the annual APA convention. But aside from these very tangible benefits of membership, there are also less tangible benefits. I know that the division is advocating for my interests as an addiction psychologist both internally—within APA—and externally, to other national organizations and government institutions. I appreciate that my students and former students have the chance to earn recognition for their work early in their careers via the various divisional awards and special presentation opportunities. But beyond all these benefits, I think that I value most the role that Division 50 has played in the development of my own professional identity. That is,



Thomas H. Brandon

(Continued on page 2)

President's Column

(Continued from page 1)

the membership of Division 50 best represents what I consider to be my most relevant professional peer group: psychologists with strong interests in the prevention, treatment, and understanding of addictive behaviors. Division 50 fills the gap between one's specific area of specialization, served by organizations such as Research Society on Alcoholism and Society for Research on Nicotine and Tobacco, and the broader missions of large organizations like APA proper. Because I believe we have much to learn from those working in different areas of addiction, I feel that my own work benefits from the cross-fertilization of ideas facilitated by Division 50. Finally, I also think that Division 50 is ideally placed to foster the progression of ideas from research into practice: translation, dissemination, and implementation. But I'll have more to say about that in a future column.

Membership Survey

The Board of Directors would like to learn how satisfied you are with the various functions of Division 50. Therefore, Joel Grube and the Membership Committee have developed a brief online survey to assess the strengths of the division and areas where we need to improve. Results of this survey will help shape our agenda for this year. We know your time is valuable, so we have kept the survey short. It should take less than 5 minutes to complete the rating scales, but you will also have the opportunity to provide more detailed feedback via open-ended questions. We encourage all readers to complete the survey,

including full members, fellows, students, associate and affiliate members, and even nonmembers who might consider joining the division. To complete the survey, go online to www.prev.org/division50. You may also link from the division website at www.apa.org/divisions/div50.

Vote for Division 50

One important way that we represent your interests within APA is through our representative to APA's Council of Representatives, currently Jalie Tucker. Like all divisions and state associations, Division 50 automatically receives one representative to council. But we can earn additional representatives based on members' allocation of votes on the apportionment ballot that you should receive in early November. Each member has 10 votes to allocate. At first glance it may seem reasonable to spread your votes across the various divisions in which you are a member, but it turns out that doing so may not fully exploit your voting power. Many divisions are too small to earn a second representative, so your votes make no ultimate difference. And a few divisions are so large that they don't really need your votes. **Last year Division 50 was very close to receiving enough votes to earn a second council representative, which would double our influence within APA.** Therefore, this year the Board of Directors decided to make an all-out effort to obtain that second representative. **Please mail in your apportionment ballot and give serious consideration to allocating all 10 of your votes to Division 50.** As a Floridian, I am acutely aware of the difference that just a few votes can make!

Kudos

Division leadership turned over during the APA convention, so I would like to take this opportunity to acknowledge the outgoing and incoming board members. Nancy Piotrowski transitioned from President to Past President, and Kim Fromme ended her term as Past President. I want to thank Nancy and Kim, first on behalf of the membership for their extraordinary dedication to Division 50, and second for personally mentoring me during the past year while I served as President-Elect. I am grateful that I can look back on that year as an apprenticeship rather than a hazing. I additionally want to acknowledge the work of Brad Olson, whose term as Member-at-Large also came to a close in August.

We welcome two new members of the board: President-Elect Lisa Najavits, and Member-at-Large, Kristen Anderson. Erika Litvin has been appointed as a student representative to the board. I look forward to working with them over the coming year.

Finally, the Division 50 program at the convention would not have happened at all were it not for the year-long effort of our Program Chair, Clara Bradizza, and we all owe her our gratitude. Sherry McKee, our new Program Chair, is already busy planning our program for the 2009 convention in Toronto.

The dedication of folks who serve as program chairs, board members, editors, liaisons, committee chairs and members, and student representatives demonstrates the vitality that is still growing within Division 50. I'm looking ahead to a productive and enjoyable year, and I wish the same to all of our members. ♡

We Need to Hear From You!!

Help guide Division 50 priorities by taking the brief online membership survey.

Find the survey at www.prev.org/division50, or you may link from the Division 50 website at <http://www.apa.org/divisions/div50>.

Editor's Corner

Fermati e annusa il profumo delle rose (Stop and smell the roses)

Elizabeth J. D'Amico

As the holidays are fast approaching and you find yourself frantically searching for that special Barbie, ingredients for your one-of-a-kind side dish, or the money you used to have in your retirement fund, I encourage you to stop for a moment and smell the roses. I know, I know. It's beyond cliché. But how many of us take the time during this busy season to really enjoy it? I hope that you can find some time to take a moment and sit back and relax. I also hope that part of that relaxing will involve perusing your copy of *TAN*.

As you'll soon find out, this issue is packed with valuable information and provides many opportunities

for members to get involved in the division. First, if you want to make a difference, now is your chance. Check out new Division 50 President Thomas Brandon's column and the announcement that discusses how allocating all 10 of your votes to Division 50 can earn the division a second council representative. You will also see in this issue that there are several opportunities for you to get involved in the division by running for office or providing input to the new Committee on Populations and Diversity Issues.

Second, many division members have worked hard to bring about the exciting news related to mental health parity and the new Medicare law. See the Federal Update and Advocates

Alcove for summaries of these recent victories.

Finally, we have several relevant articles in this issue that discuss how to establish your career as an addiction researcher, the potential links between historical trauma and substance use in Native American populations, and the pros and cons of reconsidering the 21-year-old drinking age.

Happy reading to you, and tanti auguri per l'anno nuovo!

If you would like to submit an idea for a new column, article, abstract, or announcement for our next edition, please send them to taneditor@rand.org by **February 1, 2009**. I hope to hear from you. Ciao for now! ♡

Federal Update

Kristen G. Anderson
Member-At-Large, Public Interest Member, Policy and Advocacy Committee

Mental health parity legislation was passed on October 3, 2008 and signed into law by President George W. Bush. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 was approved as part of the financial market recovery and tax extenders bill. This legislation prohibits health insurers from placing restrictions or adding barriers to mental health care ("services of mental health conditions") and addiction treatment ("services for substance use disorders"), such as charging higher co-pays or deductibles. In addition, insurers may not require

coinsurance or set higher out-of-pocket limits for these services than for other medical or surgical expenses within the health plan. Plans may not impose lower frequency of



treatment, number of visits, or days of coverage limits on mental health and addiction benefits in comparison to other medical services. In addition, if the health plan provides out-of-

network coverage for medical or surgical services, it must also do so for mental health and addiction services. However, this bill does not mandate that health plans provide mental or behavioral health coverage. The bill also exempts small businesses that employ between 2 and 50 employees. Currently, most insurance plans include some form of coverage for mental and behavioral disorders.

This bill was sponsored by Senators Edward Kennedy (D-MA), Chris Dodd (D-CT), and Pete Domenici (R-NM) and passed both Houses of Congress on September 12, 2008. The extension of the legislative session due to the economic crisis allowed for the passage of this legislation during this session. Prior to the passage of this bill, both presidential candidates endorsed mental health parity in their party platforms in the fall. ♡

Report on the August 2008 Meeting of the APA Council of Representatives

Jalie A. Tucker, Division 50 Council Representative

The Council of Representatives, APA's governing body, met on August 13 and 17, 2008 for the second of its two meetings per year in conjunction with the annual convention in Boston, MA. The agenda covered over 40 action and information items and was chaired by APA President Alan Kazdin. The following items are of general interest or are directly relevant to activities of Division 50:

- ***Proficiency in the psychological treatment of alcohol and other psychoactive substance disorders renewed***—Council voted to approve the renewal of this proficiency in professional psychology for another seven year period. Thanks and congratulations to all who helped prepare the renewal application that successfully went through the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) review and approval process. Other approved CRSPPP applications included the recognition of Police Psychology as a proficiency and Forensic Psychology and Behavioral Psychology as specialties. Council voted to grant a 1-year extension until August 2009 for the current recognition of Psychopharmacology as a proficiency. This action was recommended to allow further study and development of educational issues related to psychopharmacology, particularly post-doctoral training, given that the legitimacy of prescriptive authority for psychologists depends on the quality of such educational programs.
- ***Resolution on transgender and gender identity and gender expression non-discrimination adopted as APA policy***—The Council adopted a Public Interest

resolution as APA policy that opposes all discrimination on the basis of actual or perceived gender identity and expression and urges the repeal of discriminatory laws and policies. Psychologists are called upon in their professional roles to provide appropriate, nondiscriminatory treatment to transgender and gender variant individuals and to take a leadership role in working against discrimination towards transgender and gender variant individuals. APA further supports access to civil marriage, regardless of gender identity or expression. The full text of the resolution will be published in the December 2008 *American Psychologist*.

- ***Executive session held on APA mission statement and strategic planning process***—APA's external consultant group, McKinley Marketing, led Council through a group session aimed at finalizing a mission statement for the organization that is considered essential for the development of the first strategic plan in APA's history. At times torturous, funny, and inspired, the session ended in Council adopting the following statement: "The mission of the APA is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives." A draft vision statement was also discussed and will be considered further at the February 2009 Council meeting.
- ***Council approves the 2009 preliminary budget in principle***—A deficit of \$937,900 in the 2008 budget and a surplus of \$721,000 in 2009 budget were projected. The deficit was largely attributed to general financial market condition and to a shortfall in projected revenues from APA's publications. The financial oversight of APA is in

new hands as APA Chief Financial Officer Archie Turner takes over for now retired CFO Charles L. "Jack" McKay.

In other action, APA President Alan Kazdin gave Presidential Citations to Norman Abeles, David B. Baker, and Annette La Greca. Baker gave a presentation on the Akron Archives, which houses historical documents, films, laboratory equipment, and other items of historical interest in psychology. Council approved 128 new Fellows, including those recommended by Division 50 (see page 5 of TAN). Council was informed that the APA headquarters building received a prestigious award as "Office Building of the Year" from Washington, DC realtors.

Finally, there was discussion and clarification that APA will continue to study how to accommodate the PubMed Central (PMC) deposit requirements that apply to peer-reviewed journal articles directly supported by National Institutes of Health (NIH) funds. PMC deposit is mandatory for all such articles accepted for publication after April 7, 2008. In compliance with the federal *Revised Policy on Enhancing Public Access to Archived Publications Resulting from NIH-Funded Research*, notice number NOT-OD-08-033, APA will deposit the final peer-reviewed manuscript of NIH-funded research to PMC upon acceptance for publication in APA journals on the behalf of authors. At present, there is no charge to authors of papers published in APA journals, but the PMC deposit requirement is increasing the cost of journal publications and requires further study by APA. ♣

2008 APA Division 50 Award Winners

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

New Fellows

- Joseph R. Gydish
- Andrea M. Hussong
- Stephen A. Maisto
- Brooke S. G. Molina
- Michael A. Sayette
- Gregory L. Stuart

Award Winners

Distinguished Scientific Early Career Contributions

- Susan F. Tapert, UC San Diego and VA San Diego Healthcare System, San Diego, CA

Distinguished Scientific Contributions to Public Interest

- Daniel R. Kivlahan, VA Puget Sound Health Care System and University of Washington, Seattle, WA

Outstanding Contributions to Advancing the Understanding of Addiction

- Mark L. Willenbring, NIAAA, National Institutes of Health and George Washington University School of Medicine



Mark Willenbring receives an award for "Outstanding Contributions to Advancing the Understanding of Addictions" from Past President, Nancy Piotrowski.

Early Career Presentation Awards

1st Place: Symposium: Lara A. Ray, Brown University, Providence, RI

- "Assessment and Diagnostic Issues in Substance Use Disorders"

2nd Place: Poster Session: Jennifer J. Van Scoyoc, University of Arkansas for Medical Sciences, Little Rock, AR

- "Disruptive Behavior Disorders Influence Treatment Response Among Adolescent Marijuana Abusers"

3rd Place: Poster Session: Bradley T. Conner, University of California, Los Angeles, Los Angeles, CA

- "The Development of a Psychometrically Sound Measure of Sensation Seeking"

Student Poster Awards

- 1st Place: Erika B. Litvin, University of South Florida and Moffitt Cancer Center, Tampa, FL; "Impulsivity and Smokers' Reactivity to Affect and Smoking Cues" (Award: \$250, 1-year student membership in Division 50 and a 1-year subscription to *Psychology of Addictive Behaviors*)
- 2nd Place: Tracey L. Rocha, University at Albany, SUNY, Albany, NY; "Problematic Alcohol Use and Disordered Eating Among Female College Students: (Award: \$150, 1-year student membership in Division 50 and a 1-year subscription to *Psychology of Addictive Behaviors*)
- 3rd Place: Cristina M. Benki, University of California at Santa Barbara, Santa Barbara, CA; "Sensitivity of Three Psychological Indices on the Addiction Severity Index" (Award: \$100, 1-year student membership in Division 50 and a 1-year subscription to *Psychology of Addictive Behaviors*)

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

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

Here is a once-a-year opportunity to get more involved in APA's Division 50. This year has more opportunities than others in the 3-year election cycle since we are looking to fill five positions. Four positions will start 3-year terms at the close of the Division 50 Business Meeting in Toronto. The Council Representative is the one exception. This term begins January 2010 to coincide with the terms of Council Representatives across APA. In these positions, you will be able to significantly affect the direction of the field. You are already devoting considerable time treating and/or conducting research with individuals with addictive behaviors. Here is your opportunity to affect change at the national level. Self-nominations are invited, and you only need 25 Division 50 members to nominate you to be placed on the ballot. All Division 50 Members and Fellows are eligible to run for office. Up to three candidates may run for any office.

President-Elect

As is true every year, we are seeking nominations for President-Elect. The

term of the President-Elect will overlap with the 2008-2009 President, Tom Brandon, and the 2009-2010 President, Lisa Najavits. The President-Elect is recognized as and functions as the Vice President, spending the first year getting oriented to the current board, observing the activities of the division, contributing ideas to the strategic planning for the upcoming year, planning for their presidential year (such as picking a convention chair), and participating in other activities as requested by the President and Board of Directors. After completing the President-Elect year, the President presides at all meetings of the Division Membership and Board of Directors as Chair-person, and performs other duties consistent with the Bylaws and that he/she or the Board of Directors shall deem necessary and/or appropriate to the functioning of the Division. Thus far, Frederick Rotgers is seeking nominations to this office. Special thanks to Nancy Piotrowski who recently completed her term as President of Division 50.

Member-at-Large

The second position is a Membership-at-Large (MAL). Based on the Board's agreement, this MAL serves a liaison function between Division 50 and the

more "science-oriented" divisions such as Division 28 (psychopharmacology) as well as APA's science directorate. The role involves regular communication with Division 28 leadership, science directorate briefings, and the science directorate's planning retreat in December. These responsibilities are in addition to involvement in the more general leadership responsibilities shared by the entire executive committee of Division 50. Thank you to Sara Jo Nixon who is the current MAL (Science). This position would be a wonderful opportunity for those supported by NIH grants. We still need nominations for this office.

Division 50 Council Representative

The responsibilities of this office include attendance at the two APA Council meetings per year. One meeting is held on the days before and after the Annual APA Convention. The second meeting is held for 2 days in early February in Washington, DC (expenses are covered by APA and Division 50 for the second meeting). The meetings involve all major policy decisions made by our professional organization. Additionally, the representative observes the APA leadership in action and participates

(Continued on page 8)

Annual Division 50 Call for Fellows Nominations

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

The deadline for receipt of nominations is **December 16, 2008**. The deadline for receipt of application materials (i.e., nominee's materials and endorsers' letters) is **January 9, 2009**.

Late applications will not be considered in the current review cycle. Nominations may be made by any member or Fellow of the Division; self-nominations are acceptable. Letters of nomination 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 at kathleen.carroll@yale.edu.

Call for Nominations

Division 50 Officers

Division 50 is soliciting nominations for five offices:

**President-Elect
Secretary
Treasurer**

**Member-at-Large of the Executive Committee (Science)
Division Representative of the APA Council of Representatives**

The President-Elect serves for 3 years, as President-Elect, President, and Past-President. The other officers also serve for 3 years. The duties for each position are as described in the Division Bylaws. Officers are expected to attend the annual APA convention and the mid-winter Board of Directors Meeting (some funding is available for travel to the mid-winter meeting). Division Bylaws state that a nomination "must be supported by the signatures of at least two and one-half percent" of the members. Thus, each nomination should be supported by at least 25 members of the Division. Nominations of women and ethnic minority members are especially encouraged. Candidate biographies will appear in the spring issue of *The Addictions Newsletter*. The ballot for officers will be mailed from the APA Central Office in April. Make nominations by indicating nominee and office below. Nominations may be sent by e-mail. Please provide nominator's address and phone number to permit verification.

THE DEADLINE FOR NOMINATIONS IS JANUARY 31, 2009.

I nominate _____ for _____ of Division 50.

I nominate _____ for _____ of Division 50.

I nominate _____ for _____ of Division 50.

I nominate _____ for _____ of Division 50.

I nominate _____ for _____ of Division 50.

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

Name _____ Phone _____

Street _____

City _____ State _____ Zip _____

Nominator's signature _____

Send nominations to: William Zywiak, Division 50 Nominations and Elections Chair

Decision Sciences Inst. of P.I.R.E

1005 Main St., Unit 8120

Pawtucket, RI 02860

email: zywiak@pire.org

FAX: (401) 729-7506

Phone: (401) 729-7505 ext 2102

THE DEADLINE FOR NOMINATIONS IS JANUARY 31, 2009

Get (More) Involved

(Continued from page 6)

in funding decisions. At each meeting, interest groups meet to discuss and develop proposals that are brought before the Board. It is through these caucuses that policy proposals and position statements are negotiated. Thus, the Representative can have a strong voice for Division 50. The Council Representative provides a brief written summary of important aspects of the meeting for *The Addictions Newsletter*, as well as presenting this information to Division 50 leadership. Thank you to Jalie Tucker, the current

Council Representative. We still need nominations for this office.

Secretary

The Secretary records minutes of all meetings of the Division and submits these minutes to the Division 50 President. Thank you to Angela Bethea, the current Secretary. Thus far, Ameer Patel of the University of Texas at Austin and Ezemenari Obasi of the University of Georgia would both like to be nominated for this position.

Treasurer

The treasurer collects dues and special assessments, keeps financial records,

reimburses members and third parties for approved division expenses, and prepares annual reports and tax returns. Special thanks to Jennifer Buckman, the current Treasurer, who is seeking nominations so that she may run for re-election.

Elected officers are expected to attend the Business Meetings and the Board Meetings at the next four APA Conventions (Toronto; San Diego; Washington, DC; and Chicago).

Please see the Call for Nominations form in this issue of *TAN*. ♡

Help Division 50 Earn a Second Representative on APA Council!



In early November you will receive an apportionment ballot from APA that will determine division and state representation on the APA Council of Representatives. You have 10 votes to allocate across any divisions or state associations of which you are a member. Each organization is guaranteed at least one council representative. Last year Division 50 came close to receiving enough votes to gain a second representative! Your votes may make little difference to smaller or larger divisions, but they can help Division 50 double its voice within APA. Therefore, the Board of Directors urges you to allocate all 10 of your votes to Division 50. Be sure to mail in your ballot so that it is received by the deadline. This will ensure that we can represent your interests at APA Council!

Annual Division 50 Call for Awards Nominations

Division 50 (Addictions) seeks nominations for its 2009 awards, which will be announced at APA's 2009 Annual Convention. Awards for 2009 include (a) Distinguished Scientific Early Career Contributions, (b) Distinguished Scientific Contributions, (c) Distinguished Career Contributions to Education and Training, and (d) Outstanding Contributions to Advancing the Understanding of Addictions. Information on award qualifications and nominations can be found on Division 50's web site at <http://www.apa.org/about/division/div50.html>. The deadline for receipt of all award nominations and relevant materials is **May 1, 2009**.

Nominations and related materials 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 at kathleen.carroll@yale.edu.

Advocates Alcove

Psychology Advocacy Efforts Yield Victory in Passage of New Medicare Law

David O. Hill
*APA Practice Organization
Government Relations Field Staff*

Rebecca Kayo
*Division 50 Federal Advocacy
Coordinator*

The new Medicare law (Public Law 110-275), the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), was enacted on July 15, 2008. Although the path to passage was far from smooth (requiring an override of a Presidential veto), the result of this legislation is of significant benefit to both psychologists and our patients. Important provisions of the bill include substantial restoration of the 2007 Centers for Medicare and Medicaid Services (CMS) Five-Year Review cuts in reimbursement of psychotherapy codes, a phase-in of coinsurance parity for outpatient mental health services, and an 18-month postponement of the 10.6% Sustainable Growth Rate (SGR) reimbursement cut.

The restoration provision is a significant and unprecedented victory for psychology. Psychotherapy codes were the only codes that received specific reimbursement increases in MIPPA. The new Medicare law increases payments for psychotherapy by 5% for an 18-month period, from July 1, 2008 through December 31, 2009, to partially offset deep cuts imposed in 2007. Every five years CMS recalibrates reimbursement rates when it reviews certain service codes to determine whether they are overvalued or undervalued. Recalibration is “budget neutral,” requiring a decrease in reimbursement rates for all other codes in order to increase payments for undervalued codes. The CMS determination that reimbursement for evaluation and management (E&M) codes needed to be increased starting January 1, 2007,

resulted in steep and unfair cuts in payments for psychotherapy services. Psychologists were among the hardest hit by the reimbursement reductions.

At the same time, psychologists were prevented from experiencing the increases resulting from the five-year review because CMS continues to consider psychologists ineligible for payment for the E&M services they provide within their licensure. The APA Practice Organization (APAPO) has argued at both the regulatory and legislative levels that CMS’s prohibition is outdated, since psychologists can and do provide these services. Unfortunately, we faced strong pressures in the House and Senate to avoid language that could raise opposition from other provider groups. As a result, we had to compromise this year and drop our request for psychologist eligibility for reimbursement for E&M services. With your help, APAPO will keep up the pressure for Congress to make psychologists eligible for E&M payments in 2009.

The APAPO began asking Congress in 2006 to address the CMS Five-Year Review cuts in payments to psychologists, and then continued to push for reversing the cuts after they took effect in 2007. APAPO first secured restoration language in the Children’s Health and Medicare Protection Act (CHAMP), which was passed by the House in 2007. All along the way, tireless and persistent grassroots advocacy, led by State Provincial and Territorial Associations (SPTAs) and Division Federal Advocacy Coordinators, kept the need to address the five-year review a priority with key members of Congress. Psychologists across America mobilized, sending more than 15,000 messages to Capitol Hill and advocating at the State Leadership Conference. In a dramatic culmination of this tireless

advocacy, the House and Senate voted to override a Presidential veto to enact MIPPA with the restoration provision intact.

An important provision in MIPPA directly affecting psychologists is the postponement of the 10.6% SGR reimbursement cut scheduled to take effect July 1, 2008. The new Medicare law postpones this cut for an additional 18 months and provides a 1.1% payment update for 2009. This key provision resulted from an intense lobbying effort by a large coalition of provider associations, including APAPO, the American Medical Association, and many others.

MIPPA contains yet another provision of major significance for psychologists and patients: “Elimination of discriminatory copayment rates for Medicare outpatient mental health services.” This parity provision articulates the phase-out of Medicare’s higher copays for outpatient mental health services, bringing them in line with copays for outpatient physical health care services. Since its inception in 1965, Medicare has required a 50% copay for outpatient mental health services, compared to 20% for other health care services. A phase-in to coinsurance parity for outpatient mental health services begins with 45% coinsurance in January 2010, dropping annually to 20% coinsurance in January 2014. According to an Administration on Aging 2001 report, it is estimated that only half of older adults with mental health problems receive treatment. MIPPA represents a major step toward full mental health parity and will go far in addressing current Medicare cost barriers for seniors needing mental health treatment. The APAPO, which is a founding member of the Medicare Mental Health Equity Coalition, coordinated an

(Continued on page 10)

Advocates Alcove

(Continued from page 9)

on-line advocacy campaign and worked with Senators Olympia Snowe (R-ME) and John Kerry (D-MA) to achieve the inclusion of this provision in MIPPA.

Passage of MIPPA is an extraordinary victory for practicing psychologists

and will make a significant difference in both practice reimbursements and seniors' access to psychological services. It is only through the close collaboration among the Washington-based APAPO Government Relations lobbying team, SPTA and Division Federal Advocacy Coordinators, and grassroots psychologists across America that the exceptional successes for

psychology were achieved in the new Medicare law. This collaboration will be critical to our success again when Congress returns to Medicare issues in 2009. Working together, we will keep up the fight to halt the next scheduled SGR cuts, extend the psychology restoration, and finally provide psychologists with E&M eligibility. Ψ

2008 ELC Conference

Erika B. Litvin
*Student Representative to the
APA Div. 50 Education & Training
Committee*

As the graduate student representative to the Education and Training Committee, I was chosen to represent Division 50 at the 7th annual APA Education Leadership Conference (ELC) in Washington, DC, from September 6-9, 2008. The stated goals of this conference are to provide a forum to address issues of shared concern in psychology education, to promote shared disciplinary identity, and to impact public policy. I had the opportunity to attend informative presentations that addressed this year's ELC theme of "Internationalizing Psychology Education," as well as attend meetings with members of Congress to advocate for two legislative initiatives to improve mental health services on college campuses. Conference attendees included representatives from 27 APA divisions, 15 APA governing groups, 16 psychology education and training organizations, and 15 other psychology-related organizations.

Beverly Daniel Tatum, a clinical psychologist and the president of Spelman College in Atlanta, GA, began the conference on Saturday evening with an inspiring keynote address. Tatum spoke about the enriching effect of study abroad programs on students' education, and her efforts at Spelman to increase the percentage of students who study abroad to 10%, well above the national average of 1%. Speakers at the plenary sessions argued passionately and effectively for why global issues should be a

priority on college campuses. Several students and faculty spoke about the benefits of international study on personal and professional development. The presentations also addressed the consequences and limitations of exporting Western psychology to other nations and cultures, the value of acknowledging and studying the unique psychologies of other nations and cultures, international versus domestic diversity, and methods to foster international student learning opportunities, including internet-based technologies.

On Sunday afternoon, participants broke into smaller groups to discuss internationalization-related issues in undergraduate education, research training, applied training, faculty development, and quality assurance. In the research training group, we discussed the advantages and barriers of international collaborations, including such challenges as getting a project approved by both U.S. and international regulatory bodies that may have conflicting standards, cultural differences in workplace etiquette and culture, and negotiation of data ownership and manuscript authorship. On Sunday evening, the Embassy of Guatemala co-hosted a wonderful reception at the APA headquarters building that included Guatemalan music and food. The Embassy encouraged our attendance at the 32nd International Congress of Psychology, to be held in Guatemala next summer.

On Monday afternoon, we received training in advocacy for our visits to

Capitol Hill. We learned about the two initiatives we would be advocating for and general strategies for effective argument and persuasion. We then divided up into small groups according to the state we represented and practiced using role-plays. On Tuesday, the Florida delegation, consisting of three psychologists and myself, met with Reps. Allen Boyd (2nd district), Dave Weldon (15th district), and Kathy Castor (11th district), as well as staff members from the offices of Senator Nelson and Senator Martinez. We asked for their support for the inclusion of the Campus Suicide Prevention Program and the Mental Health on Campus Improvement Act (S. 3311) in the re-authorization of SAMHSA (Substance Abuse and Mental Health Services Administration) next year. The Campus Suicide Prevention Program has funded education and outreach materials on college campuses. The Mental Health on Campus Improvement Act is a new bill that is proposed to complement the existing Campus Suicide Prevention Program by providing funding for direct services for a range of mental and behavioral health problems that affect college students. We were fortunate that members of Congress were receptive to our advocacy efforts. I shared some of my own experiences in working with college students who have addictive behavior problems, emphasizing the prevalence of these problems and the need for services.

For more information about the ELC, please contact Erika Litvin at elitvin@mail.usf.edu. Ψ

The CAPP Integration Group (IG) Rethinks Its Mission and Structure

Frederick Rotgers
Walden University

As you are all aware, there has been a major change in leadership in the APA Practice Organization (APAPO) and the Practice Directorate (PD). Katherine Nordal has replaced Russ Newman as Executive Director for Practice, and Sandy Portnoy has taken over as Chair of the Committee on Professional Practice (CAPP).

CAPP Members and APA staffers had a retreat in June to discuss the new leadership's visions for CAPP, the PD, and APAPO. In the context of the ongoing fight in Congress for mental health and substance abuse parity, continuing efforts to fight Medicare reimbursement cuts, and moving more states toward permitting psychologists to prescribe (RxP), the PD and APAPO have been working diligently to protect practitioners' interests. Those efforts have been quite successful. In addition, a center for professional excellence is currently being developed by the PD to provide cutting edge continuing education for practitioners. The new PD/APAPO leadership has begun to move forward, and you will all see the fruits of that renewed dedication to practice over the coming months.

The members of the Integration Work Group (IG) (which I co-chair with Nancy Gordon Moore, Executive Director of the Kentucky Psychological Association, and member of CAPP) have also initiated a process of self-reflection focused on the mission of the IG and the role the IG can most effectively play as an advisory group to CAPP. The IG's role as an advisory group was not explicitly stated by the PD leadership until recently, when Nordal characterized the IG as an advisor to CAPP. The IG's mission has been somewhat vague, and members of the IG over the past three years have begun to become less satisfied with our original mission and how the IG carries it out. At our last meeting, held in conjunction with the CAPP meeting

early in September, the entire meeting was devoted to a review of the IG's function, structure and mission. That process will continue at our next session at the end of October.

Specifically, the IG is re-designing itself into a facilitator of State-Division communication and collaboration at the local level. A major focus of CAPP and the PD is on working to enhance communications and collaboration between state and provincial psychological associations and the APA divisions. The PD has been quite successful at fostering increased cooperation at the national and federal level among state associations and divisions, largely through initiatives such as RxP and through the mechanism of the State Leadership Conference; however, there has been less success facilitating state-division communication and collaboration at the local and state levels. The IG members have begun discussing how the IG can be a leader in accomplishing this piece of the PD mission.

We will be consulting with both PD leaders (for example, Dan Abrahamson, who is the PD's lead person on state association issues) and with members of the constituencies we represent (you!) to help shape this potential new mission for the IG. Our goal would be to serve as a mechanism by which states, which currently experience difficulties obtaining lists of division members in their states, can become more aware of how divisions and division members can assist in working on local advocacy issues. For example, I have heard from several members of Division 50 over the past year that their states are attempting to legislatively restrict the scope of practice of licensed psychologists in the area of assessment and treatment of substance use disorders. Some states already have such limitations in place. A similar attempt by licensed professional counselors and the Alcohol and Drug Counselor Certification Board

has been ongoing in my home state of New Jersey. These attempts typically focus on changing existing licensing laws to require that anyone assessing or treating substance use disorders must hold a credential from the local certification board. Such legislation, if successful, would require psychologists who are already competent in this area of practice, but who do not hold those credentials, to undertake additional certification. Because each state's licensing authorities determine the parameters of these laws, the APAPO and PD must work with more than 50 different states, provinces and legislatures. Assistance from Division 50 members would be helpful to local association leadership in mustering arguments against such regulatory changes. Unfortunately, it is often difficult for state leaders to know who the relevant division members are in their state, and there is no mechanism in place for state leaders to access division expertise within their states. The IG is hoping to play a role in establishing a system that would facilitate this connection, and we would welcome input from you in helping us determine how best to pursue this mission.

Everything the IG does with respect to changing its mission or membership needs to be approved by CAPP. At its last meeting CAPP approved the IG's new direction in principle, but requested more detail as to the IG's plans. At the IG's next meeting in late October, we will be discussing how to structure the IG's activities and membership to facilitate this new mission. I hope all of you will consider emailing me with your ideas and concerns about division-relevant issues at the local level where you live and work. My email address is frederick.rotgers@waldenu.edu. I look forward to hearing from you. ♣

Student and Trainee Perspectives

Student Initiatives and Introduction of New Student Board Representative

Amee B. Patel and Erika B. Litvin

It was great to see so many of our student members at Convention in August! In this issue of *TAN*, we wanted to recap some of the student-related activities from the past year and provide an overview of our initiatives for the coming year. But first, we would like to introduce you to Erika Litvin, our new Student Representative.

From Erika:

I am excited to begin my tenure as a new student representative to the Division 50 Board! My interest in addictive behaviors began as an undergraduate, and I have been involved in health psychology research for the past five years.



Erika B. Litvin

Since beginning graduate school in 2005, I have worked on a variety of basic and applied research and have developed a specific research interest in self-regulation as it applies to tobacco use cessation and relapse. I have also provided counseling and brief motivational interventions for adult and adolescent tobacco, alcohol, and marijuana misuse. My career goal is to continue studying psychological factors involved in addictive behavior and applying this research to the development of new treatments. I am also interested in policy issues and have enjoyed being the student representative to Division 50's Education and Training Committee (ETC) for the past two years.

I was motivated to become a student representative to the Board because of my experience on the ETC, but also because I feel very fortunate that I have received excellent guidance and support from my faculty advisor and graduate student peers. I would

“My career goal is to continue studying psychological factors involved in addictive behavior and applying this research to the development of new treatments.”

like to share the knowledge I have gained to help develop an online community for students. I hope that this community can provide resources to facilitate personal and professional development, including opportunities for communication and mentoring with other students and professionals who have pursued a variety of career options in the addictions field. I also look forward to planning student-centered programming at next year's Convention.

During the 2007-2008 year, several student-oriented goals came to fruition. First, we were able to place students and/or maintain student representation on every committee. In many cases, student committee representatives have become integral members of their committees and have been involved with a number of Division activities. Second, the student membership has become

more involved in the division, offering ideas for potential modalities through which Division 50 can better support their students. One of our biggest goals for our student membership has also started to take place: the creation of an organized student body within the division. The Board voted to make the Student Representative an elected (rather than appointed) position, allowing student members to choose their representatives. There are several adjustments to the Bylaws of Division 50 that need to be made before these changes can be made, but we are excited that this process is underway.

During the next year, we hope to get the student organization running and begin working on longer-term goals, including the creation of regional networks for Division 50 students, creation and maintenance of a student affiliate website with greater resources targeted at student members, and working with the Education and Training and Early-Career Professional Committees to create a mentorship program within the Division. We invite your feedback on these initiatives and hope to hear from you about how the upcoming changes can best benefit you as a student member of Division 50. We can be contacted by email at: Amee Patel (amee@mail.utexas.edu); Erika Litvin (elitvin@mail.usf.edu). Ψ

Reconsidering the 21-Year-Old Drinking Age

Alan Reifman
Texas Tech University

Back in August, as schools were getting back into session for their fall terms, a public letter from over 100 college and university presidents set off a major policy debate. The presidents, who have titled their campaign the *Amethyst Initiative*, were advocating a “rethinking” of the quasi-national 21-year-old drinking age in the United States. As noted in media reports,¹ “Technically, laws governing drinking age are left up to each state. However, all states adopted 21 as the minimum drinking age after Congress mandated in the mid 80’s that any state that allowed drinking under 21 would lose ten percent of federal highway money.”

The presidents argue that, as much as one might want people to refrain from a potentially dangerous behavior, people are going to do it anyway. Therefore, such behavior should be legalized to bring it out into the open and prevent the worst of the harms associated with the behavior. As the presidents’ letter notes,² “A culture of dangerous, clandestine ‘binge-drinking’—often conducted off-campus—has developed.”

Indeed, according to the Harvard School of Public Health’s College Alcohol Study surveys from the 1990s and early 2000s, students younger than 21 engaged in heavy drinking with only slightly lower prevalence than did their older-than-21 counterparts (Wechsler et al., 2002). More anecdotally, the Alexandra Robbins (2004) book, *Pledged*, talks about the extensive drinking among sorority members, and efforts to conceal that drinking from the university community.

In the remainder of this article, I summarize briefly some of the pro and con arguments for changing the national minimum legal drinking age.

A *New York Times* article from shortly after the presidents’ announcement³ included quotes from opponents of the initiative, including the following:

“Why would you take the one thing that has been tried in the last 30 years that has been shown to be most successful and throw that out the window and say, ‘I have a better idea?’” said Alexander C. Wagenaar, an epidemiologist at the College of Medicine at the University of Florida.

Wagenaar’s views are stated in more depth on pages 78-80 of the book *Dying to Drink: Confronting Binge Drinking on College Campuses*, by Henry Wechsler and Bernice Wuethrich (2002). Via an interview format, Wagenaar claims that, “The National Highway Traffic Safety Administration estimates that the [Minimum Legal Drinking Age of 21] saved more than twenty thousand lives since the 1970s” (p. 78). He discusses some examples of inverse (negative) correlations, where in the 1970s, a state’s lowering of the drinking age was associated with increases in teen alcohol fatalities, and vice-versa. In the interview, Wagenaar characterized the research as “incontrovertible evidence that the policy has had a significant effect on drinking rates and deaths” (p. 79).

Other scholars take a different view. In a 1999 article,⁴ Ruth Engs cites the idea of the “forbidden fruit,” where the illegality of some act increases its attractiveness. She acknowledges the reduction over time in drinking-and-driving related problems, but questions how much of it can be attributed directly to the federal legislation that encouraged a uniform 21-year-old drinking age. Further, she cites statistics purporting to show that other indices of problematic college-student drinking actually rose after passage of the legislation, such as alcohol interfering with schoolwork and getting into fights after drinking. Foreshadowing the

Amethyst presidents’ statement quoted above, Engs contends that:

*This increase in abusive drinking behavior is due to “underground drinking” outside of adult supervision in student rooms and apartments where same-age individuals come together in the 1990s collegiate reincarnation of the speakeasy.*⁵

The debate over the legal drinking age is very likely to continue, and Division 50 members should be among the most knowledgeable people to contribute to it.

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Note: This article is based on an August 22, 2008 posting on Dr. Reifman’s Emerging Adulthood blog (<http://emergingadulthood.blogspot.com>)

Footnotes

- ¹ <http://www.wktv.com/news/local/27147969.html>
- ² <http://www.amethystinitiative.org>
- ³ <http://www.nytimes.com/2008/08/22/us/22drinking.html>
- ⁴ <http://www.indiana.edu/~engs/articles/fruit.html>
- ⁵ David Hanson’s website also presents a lot of information on drinking-age policies (it was here that I learned of Engs’s writings): <http://www2.potsdam.edu/hansondj/LegalDrinkingAge.html> ♣

Committee on Populations and Diversity Issues: Call To Action

Angela R. Bethea and Hortensia Amaro
(Co-Chairs)

On August 18, 2007, Past-President Nancy Piotrowski appointed the Committee on Populations and Diversity Issues (CPDI) as an ad hoc committee to Division 50. The purpose of CPDI is to increase the visibility of population-specific public health issues in the practice of research clinical activities and policy in addiction psychology. The CPDI mission is to provide a consultative role to Division 50 when addressing public health issues and policies pertaining to addictions that impact diverse clinical (e.g., individuals with co-occurring disorders, individuals with medical comorbidities, war veterans) and demographic (e.g., racial/ethnic minorities; lesbian, gay, bisexual, transgendered; children and adolescents; religious minorities, individuals with disabilities) populations of interest. The CPDI mission is to bring heightened attention to discussions of diversity in addictions assessment, intervention, scholarly publications, research practices, policy and training. The end goal of the CPDI is to help the Division become even more responsive in addressing practice and policy issues relevant to populations highly affected by addictions.

CPDI became a fully-functioning committee in May 2008. Currently, CPDI consists of 9 members, including 3 senior-level psychologists, 1 mid-career psychologist, 3 early-career psychologists, and 2 graduate students. We have developed a 3-year Strategic Plan (2008-2011). Part of the CPDI strategic plan is to review policy, educational, and scientific documents relevant to the above-noted clinical and demographic populations. For example, we are in the process of creating a reviewer database of early-career and senior-level psychologists who are interested in reviewing manuscript submissions to addictions journals to assess the competence of culturally-sensitive research strategies and analysis. Another part of the CPDI strategic plan is to assist in the recruitment and retention of demographically diverse members in Division 50 and to encourage these members to pursue Division 50 leadership positions. CPDI will also consult with Division 50 about the division's responsiveness to the professional needs among culturally diverse members.

Over the next year, CPDI plans to develop conference programming to

address addictions and co-occurring disorders. CPDI will collaborate with other APA Division committees to increase Division 50's responsiveness to the unique experiences and professional needs among diverse members. CPDI also hopes to promote competent investigation of addiction among diverse clinical and demographic populations, including a focus on co-occurring disorders.

We welcome your participation and input on CPDI initiatives and activities. If you are interested in contributing a *TAN* column on issues of diversity in addictions research, clinical practice or training or if you would like to become a member of our committee, please contact us. We want to hear your ideas. Growing and diversifying the work of Division 50 will require broad involvement by both leadership and members of the division.

Thank you!

Angela Bethea (arbeta@dhs.state.ga.us) and Hortensia Amaro (h.amaro@neu.edu) ψ

Establishing Your Career as an Addiction Researcher: Tips for Success

Michael B. Madson
University of Southern Mississippi

Angela R. Bethea
Georgia Regional Hospital Atlanta

Kim Fromme
University of Texas at Austin

Elizabeth J. D'Amico
RAND Corporation

Thomas H. Brandon
University of South Florida

Receiving a doctoral degree in psychology seems like the conclusion of a major part of your life, but it also signifies the beginning of your career. This beginning is filled with many questions and a sense of uncertainty about your future and what is required to reach career success. Choosing a path can be difficult because that choice may affect your future (e.g., whether you gain proficiency in research and grant funding, tenure progress vs. seeking licensure). Unfortunately, practical advice about success in the profession of addiction research is not often emphasized during graduate training.

Successful addiction researchers must manage many different demands. We conducted a symposium focused on these issues at this year's APA convention in Boston, MA. The symposium addressed (a) gaining the most from your postdoctoral training, (b) managing teaching and research in academia, (c) securing grant funding, and (d) publishing your work.

Gaining the Most From Your Postdoc
Postdoctoral fellowships in addictions support psychologists who wish to pursue clinical work and/or an independent research program. Angela Bethea discussed

the importance of using postdoctoral training to help bridge academic training and career goals. Postdoctoral training can help you decide what direction your career will take and solidify your identity as a psychologist. For instance, the postdoc experience can help you obtain additional clinical competence or develop a specialty. In addition, the postdoc can aid in fostering your independent research skills. Postdoctoral training can help you develop as a clinician and researcher by (a) developing research and clinical administrative/supervision skills, (b) expanding your mentoring network, (c) improving your writing skills, (d) providing opportunities to publish and present research, (e) accruing hours for licensure and (f) creating potential to receive external funding.

Managing Teaching and Research in Academia

Kim Fromme discussed the challenges of managing teaching and research in academia. Once you have secured an academic position, you are faced with the reality that you have to manage the responsibilities of teaching, research, and service. Although a career in academics can offer tremendous flexibility, it requires several skills to be successful. Classroom teaching requires preparation of syllabi, lectures, exams, as well as developing your own lecturing style. You must also hold office hours, grade student work, and provide clinical supervision. Success in academia requires research productivity, which includes keeping up to date on statistical procedures, supervising student researchers, publishing, and seeking funding. Service is also part of this career path and should occur at the local and national levels. Managing all of these various responsibilities requires organization and time-management skills. You must adhere to your appointment book, maintain reliable filing systems, and learn how to navigate the bureaucracy at your institution. Time management is important, so carefully schedule meetings, know when you do what best (e.g., are you a morning or evening writer), and avoid the mail trap (electronic, voice, snail). Academia also requires self-discipline because most of the work you do will not be tied to external deadlines.

Securing Grant Funding

Elizabeth D'Amico discussed writing a successful proposal. Part of establishing a career as an addiction researcher is obtaining grant funding to further your work. Constructing a successful proposal is something that everyone hopes to do. Yet, this process can seem complex and difficult to understand for many early career psychologists (ECPs).

There are many things that you can do to increase the chances that you will receive funding. Prior to submitting a major federal application, you should get to know the people in the field of study and on review panels, build a solid foundation of work through publishing, collaborate as a co-investigator, apply for smaller, internal grants from your institution, and review others' work. In addition, talking with a Program Officer (PO) at the funding agency about research ideas can be extremely helpful. Approximately half of all NIH applications today are streamlined, or unscored, so if your application is unscored, this is not necessarily bad news. If you do receive a score, consider this a small victory. After learning about the status of your application you should contact the PO to obtain insight into what happened in the study section meeting and to glean advice about revisions. In revising your application you need to balance being responsive to the reviewers' comments and holding your ground on issues that are important to you. Having others review your work can also be helpful. Successfully navigating the funding process can be difficult and frustrating; yet remaining persistent and responsive can help you be successful in obtaining funding.

Publishing Your Work

Tom Brandon discussed tips on how to successfully publish research findings. Peer-reviewed publications remain the "coin of the realm" in academic psychology. Not only are publications the primary means of communicating ideas and findings, but they are the major way of evaluating the unique intellectual contribution of scientists. Thus, your publication record is scrutinized during the stages of initial appointment, promotion, and tenure. Yet, the road to publication can be a twisting and complex one that can be difficult to navigate for the early career researcher.

Procrastination can kill your research productivity. Whether you are an academic, clinician or solely a researcher you will likely have other responsibilities in addition to writing manuscripts. You can't publish manuscripts if you don't get them out for review. Thus, the most important advice is to do whatever it takes to get your manuscripts out of the door for review. Before sending your manuscript out for review there are a few tips to help enhance the likelihood of success. First, you should choose the appropriate outlet for your manuscript. Specifically, you can look to see what type of research a journal typically publishes and determine if your study fits. You should also aim realistically high and take a chance with higher quality journals. Feedback from colleagues about content, writing style and grammar will help you get the paper "right" the first time. You should avoid the mindset that the reviewers will do your work and help make decisions for you about your manuscript. It is vital that you "sell" the value of your study in the title, abstract and introduction. Finally, in preparing your manuscript, you should end strong but don't exaggerate the implications in the discussion. In other words, be realistic about your study and its implications. When you receive your review, respond systematically and completely to the reviewers' comments and make the editor's job easy. The more work you do in revising and communicating these revisions to the editor the more likely the paper will be accepted without it being sent out again for review. Although these tips will not guarantee success, they may increase the likelihood that your manuscripts are received positively, and they should increase your success in publishing.

Addiction research can be a rewarding and fulfilling career, partly because of the range of activities that are involved. However, success depends upon learning how to manage these different activities and responsibilities. Whereas graduate training tends to emphasize intellectual and research skills, one's early career is the time to add the practical and professional skills that are required to share your work and to advance professionally—and, of course, there is always more to learn. ♣

Historical Trauma: A Possible Precursor to Substance Use in Native American Communities

Michael S. Shopshire
University of California,
San Francisco

Barbara Paschke
University of California,
San Francisco

In addition to high rates of alcohol and drug use, Native Americans have high rates of suicide, homicide, and accidental deaths (National Center for Injury Prevention and Control, 2006; Patel, Wallace, & Paulozzi, 2005; Substance Abuse and Mental Health Services Administration, 2005). These problems may be the result of “historical trauma” according to many clinicians and researchers in the Native American community, such as Maria Yellow Horse Brave Heart who teaches social work at Columbia University. To examine the possible links between historical trauma and substance use disorders, the California-Arizona Node of the National Institute on Drug Abuse (NIDA) Clinical Trials Network hosted a day-long conference titled, *Historical trauma: Healing approaches in Native American communities*, on July 1, 2008.

The conference was funded by a supplement from NIDA. Carmen Masson, Michael Shopshire, and Anna Stevens of the California-Arizona Node and Michelle Maas of the Native American Health Center organized the event. Nearly 170 participants attended from across the western states, including California, Oregon, Washington, Arizona, and New Mexico. Conference presentations covered both theoretical discussions and research findings on historical trauma as well as clinical approaches by frontline clinicians.

Maria Yellow Horse Brave Heart spoke on *Historical trauma and unresolved grief theory and intervention research*. In her presentation, she discussed how Native Americans have multiple sources of trauma, ranging from current life

events, such as the death of a loved one due to car accidents and suicide, to intergenerational trauma, such as psychological symptoms passed along through parents and grandparents who were victims of traumatic events, such as massacres and abuses of boarding schools. Regardless of the source of the trauma, many Native Americans feel as if they are in a constant state of mourning.

Historical trauma, however, is not addressed adequately by the diagnostic category of post-traumatic stress disorder (PTSD) in *DSM-IV* because the symptoms of historical trauma are not restricted to current traumatic events or a typical “Criterion A” event; and in the case of historical trauma, the traumatic event may have been experienced by one’s ancestors and passed across generations. One question to address in future research is the development of a diagnostic category relevant to historical trauma. Maria Yellow Horse Brave Heart reviewed her treatment for historical trauma and noted that additional empirical research must be conducted on treatments for historical trauma. Some treatments, such as Motivational Interviewing (Miller & Rollnick, 2002) have incorporated ideas of historical trauma; however, there are currently no evidence-based practices specifically for the treatment of historical trauma.

Although popular with frontline clinicians who work with Native Americans, the theory of historical trauma is not without controversy. To review these controversies, Joseph P. Gone of the University of Michigan was invited to critically evaluate the empirical status of historical trauma theory. In his talk, *Re-viewing historical trauma: Bridging scientific skepticism and colloquial claims*, Gone noted that historical trauma is difficult to operationally define and study with Western scientific methods. He argued that although historical trauma is viewed as a popular explanation for distress in Native

American communities, scientific research is only in its infancy, and a variety of perspectives and methods may be useful to fully understand historical trauma. Western scientific methods should be supplemented with narrative approaches, history, and studies of spirituality that acknowledge indigenous and folk knowledge. He suggested that researchers and clinicians remain skeptical of historical trauma theory until it is studied further.

Karina Walters of the University of Washington has studied historical trauma in Native American communities using both quantitative and qualitative research methods. In her talk, *Historical trauma and indigenist stress-coping processes: Preliminary research findings from the HONOR Project*, she outlined a theoretical model that views historical trauma and current life stressors as antecedent causes of HIV risk behaviors, psychiatric symptoms, and substance use. She reviewed preliminary findings from the HONOR Project, an example of community participatory research that built an infrastructure in six urban Native American communities across the United States. In a cross sectional design, Walters reported associations among historical trauma, traumatic life events, physical health, and the prevalence of suicidality, PTSD, depression, and substance use disorders.

In addition to research talks on historical trauma, frontline clinicians shared their perspectives on how the concept of historical trauma influenced their approach to substance abuse treatment. Ethan Nebelkop from the Native American Health Center in Oakland described needs and concerns of Native Americans seeking substance abuse treatment in urban centers. In his talk, *Holistic system of care for Native Americans in an urban environment*, he described the holistic treatment program that builds on the concept of historical trauma. Although no clinical trials have been conducted,

program evaluation outcomes suggest the treatment program at the Native American Health Center results in improved outcomes.

Michele Maas gave an overview of treatment approaches for historical trauma and specifically focused on how she has used historical trauma to treat substance use disorders. In her talk, *Firewater and the sword: Implications of historical trauma in urban Native American communities*, she described how substance use is a reflection of “emotional and psychological wounding” that has been passed across generations. She described how clinicians could incorporate historical trauma theory into their treatment planning and interventions.


Theda New Breast argued in her talk, *The four generation solution*, that healing from historical trauma involves regaining a sense of identity as a Native American. The healing process is different for each generation, however, and these differences must be considered during treatment. She reviewed four generations: Traditionalists (born before 1940), Bi-cultural Boomers (born 1940-1960), Transitional Generation:

(born 1960-1980), and Millennial (born 1980-2007). In New Breast’s treatment approach, people are asked to identify the generation to which they belong, and to discuss how their values shape their identity as a Native American. Finally, Nelson Jim of the San Francisco Department of Public Health reviewed health disparities in urban Native Americans and discussed how cultural and traditional wellness interventions, along with ceremonies and rituals, must be used in order to deliver culturally competent treatments for Native Americans.

Historical trauma is an intriguing concept. The high rates of alcohol and drug abuse among Native Americans are apparent to clinicians working with members of this community. There may be several explanations for these high rates, but the idea that traumas from long ago may continue to impact behavior after several generations has been influential. Although it is essentially impossible to conduct a prospective study to demonstrate cross generational transmission of abuses, which occurred over one hundred years ago in many cases, historical trauma may be a valuable heuristic for frontline

clinicians. According to Michele Maas, for example, many Native Americans feel there is something wrong in their lives, but have no idea of what it is. Historical trauma can help many clients in substance abuse treatment come to a more thorough understanding of their substance abuse problems and may put them on a successful road to recovery.

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Join Us in Toronto for Division 50’s 2009 Convention Program!

Sherry McKee

Program Co-Chair, Division 50, APA 2009



Toronto, Ontario, Canada

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The 117th Annual Convention of the American Psychological Association will be held in cosmopolitan Toronto from August 6 to 9 (Thursday-Sunday). The call for programs is available on the front page of the APA website (<http://www.apa.org/>) as are links for submitting individual presentation proposals (i.e., poster abstracts) and symposium proposals. Division 50 promotes advances in research, professional training, and clinical practice within the broad range of addictive behaviors, including problematic use of alcohol, drugs, nicotine and disorders involving gambling, eating, sexual behavior, or spending. Program submissions related to any of these topics are encouraged. For the 2009 conference, submissions focusing on translation, dissemination, and implementation of research are particularly encouraged. All proposals must be submitted online by 11:59 PM, EST, Monday, **December 1, 2008**. No individual paper presentations will be accepted. Symposia submitters are encouraged to include early career professionals as co-chairs and to strive for diversity of presenters. Awards will be made for best student posters.

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

Abstracts

Vakili, S., Sobell, L. C., Sobell, M. B., Simco, E. R., & Agrawal, S. (2008). Using the Timeline Followback to determine time windows representative of annual alcohol consumption with problem drinkers. *Addictive Behaviors, 33*(9), 1123-1130.

When assessing individuals with alcohol use disorders, measurement of drinking can be a resource intensive activity, particularly because many research studies report data for intervals ranging from 6 to 12 months prior to the interview. This study examined whether data from shorter assessment intervals are sufficiently representative of longer intervals to warrant the use of shorter intervals for clinical and research purposes. Participants were 825 problem drinkers (33.1% female) who were recruited through media advertisements to participate in a community-based mail intervention in Toronto, Canada. Participants' Timeline Followback (TLFB) reports of drinking were used to investigate the representativeness of different time windows for estimating

annual drinking behavior. The findings suggest that for aggregated reports of drinking and with large samples (e.g., surveys), a 1-month window can be used to estimate annual consumption. For individual cases (e.g., clinical use) and smaller samples, a 3-month window is recommended. These results suggest that shorter time windows, which are more time and resource efficient, can be used with little to no loss in the accuracy of the data.

Barry, D., Weinstock, J., & Petry, N. M. (2008). Ethnic differences in HIV risk behaviors among methadone-maintained women receiving contingency management for cocaine use disorders. *Drug and Alcohol Dependence, 98*, 144-153.

Objective: To identify ethnic differences in HIV risk behaviors among cocaine using women receiving methadone maintenance for opioid dependence, and to evaluate the efficacy of contingency management (CM) for cocaine use disorders in reducing HIV risk behaviors. **Methods:** African American (N=47), Hispanic (N=47), and

White women (N = 29) were randomized to standard methadone treatment or standard methadone treatment plus a CM intervention. They completed the HIV Risk Behavior Scale (HRBS) indicating frequency of drug use and sexual behaviors across the lifetime, in the month before baseline, and in the 3 months following clinical trial participation. Ethnic group differences and the effect of CM on change in HIV risk behaviors between baseline and follow-up were evaluated. **Results:** White women reported significantly higher lifetime rates of risky drug use and sexual behaviors on the HRBS than African American women; neither group differed significantly from Hispanic women. No ethnic group differences in HIV risk behaviors were identified in the month prior to baseline. At follow-up, African American women reported fewer high-risk drug use behaviors than White or Hispanic women, and Hispanic women reported more high-risk sexual behaviors than White or African American women. CM was associated with reduction in high-risk drug use behaviors regardless

(Continued on page 19)

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.

of ethnicity, but did not affect high-risk sexual behaviors. *Conclusions:* White women receiving methadone maintenance engage in more lifetime HIV risk behaviors than African American women. CM for cocaine use reduces risky drug use behaviors, but certain ethnic groups may benefit from additional targeted HIV prevention efforts.

Squires, D. D., & Hester, R. K. (in press). Perceptions and utilization of a PC-

based brief motivational intervention for problem drinkers: Implications for dissemination. *Addictive Disorders and Their Treatment*.

The use of personal computers and software programs as clinical aids for intervening with various health issues is increasing. This project evaluated the perceived attributes, utilization, and adoption of an automated computer-based software program for problem

drinkers by 22 treatment providers across 10 predominantly state-funded, outpatient addiction treatment agencies in New Mexico. Results demonstrated that treatment provider ratings, utilization, and adoption of the program were modest, despite initial enthusiasm on the part of agency directors regarding the program. Implications regarding dissemination efforts, in general, are discussed. ♣

Announcements

Center for Alcohol and Addiction Studies at Brown University

The Center for Alcohol and Addiction Studies at the Alpert Medical School of Brown University is recruiting postdoctoral fellows in two associated postdoctoral fellowship training programs, one funded by NIAAA in alcohol abuse and addictions and one funded by NIDA 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.

There are some mid-year slots available for the current year; applications accepted any time. Application review for next year begins on January 15, 2009. 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>.

University of Connecticut

The University of Connecticut Health Center is seeking applicants for NIAAA post-doctoral positions. Post-doctoral fellows will devote the majority of their time to writing papers for publication and learning the grant writing process. They will also have the opportunity to participate in behavioral treatment studies for substance use disorders,

weight loss, exercise adherence, smoking cessation, and pathological gambling. Some trials utilize combined behavioral and pharmacotherapy approaches, and some focus on cardiovascular endpoints. Excellent opportunity for experimental or health psychologists interested in applied clinical work and clinical psychologists with strong research backgrounds. Start dates are open, but all fellows must be US citizens or permanent residents. Please send CV, names and addresses of 3 references, recent publications, and cover letter describing research interests and career plans to: Nancy Petry, Calhoun Cardiology Center, University of Connecticut School of Medicine, Farmington, CT 06030-3944. PH: (860)679-2593. FAX: (860)679-1312. Email: Npetry@uchc.edu. The University of Connecticut is an affirmative action/equal opportunity employer.

The University of Texas M.D. Anderson Cancer Center

The University of Texas M. D. Anderson Cancer Center is accepting applications for Postdoctoral Fellowships in Disparities and Addiction Research (2-3-year appointments). Fellows will have the opportunity to participate in several NIH-funded smoking and alcohol intervention and mechanism studies. Treatment approaches include using motivational enhancement therapies, mindfulness meditation, and cognitive behavioral approaches. Assessment approaches include ecological momentary assessments and implicit cognition. Special populations of interest include Latinos, African Americans, low socioeconomic status

individuals, pregnant/postpartum women, and women in general. Applications will be reviewed as they are received. Email cover letter, curriculum vita, and the names and contact information for at least three professional/academic references to David W. Wetter at dwetter@mdanderson.org. The University of Texas M. D. Anderson Cancer Center is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, gender, sexual orientation, age, religion, disability or veteran status, except where such distinction is required by law. All positions at The University of Texas M. D. Anderson Cancer Center are security sensitive and subject to examination of criminal history record information. Smoke-free and drug-free environment.

U.S. Department of Justice, Bureau of Prisons Clinical/Counseling Psychologist

The Federal Bureau of Prisons is recruiting doctoral level clinical or counseling psychologists, licensed or license-eligible for general staff psychology positions and psychologists for drug abuse treatment in Texas, Oklahoma, Arkansas, and Louisiana. Entry level salaries range from \$54,000-\$80,000 commensurate with experience. Interested applicants are encouraged to contact the South Central Regional Psychology Services Administrator, Ben Wheat, at 214-224-3560 or bwheat@bop.gov to learn more about the application process and specific vacancies. For more detailed information on these regional vacancies, visit us on our home page at

(Continued on page 20)

Announcements

(Continued from page 19)

www.bop.gov and go to Careers, Job Descriptions and Vacancies. Public Law 100-238 precludes initial appointment of candidates after they have reached their 37th birthday. However, waivers can be obtained for highly qualified applicants prior to their 40th birthday. To qualify for this law enforcement position, the applicant must pass a background investigation and urinalysis. The Bureau of Prisons is an Equal Opportunity Employer.

Chief Diversity and Inclusion Officer

The American Psychological Association (APA) invites nominations and applications for the position of Chief Diversity & Inclusion Officer (CDIO). The CDIO is a new position at APA. The CDIO will report directly to the Chief Executive Officer (CEO) and will serve as a member of the APA Executive Management Group. The CDIO will be responsible for developing, overseeing, and implementing (through staff and governance units) a comprehensive framework for advancing the full range of diversity and inclusiveness within APA. Confidential inquiries, nominations, and application materials should be directed to: Jan Greenwood or Betty Turner Asher; APA-Chief Diversity and Inclusion Officer; Greenwood/Asher & Associates, Inc.; 42 Business Center Drive, Suite 206; Miramar Beach, FL 32550; Phone: 850-650-2277; Fax: 850-650-2272; E-mail: jangreenwood@greenwoodsearch.com.

New Books

Freimuth, M. (2008). *Addicted? Recognizing destructive behavior before it's too late*. New York: Rowman & Littlefield.

Addicted? helps friends, family, and persons who work with the public (e.g., lawyers, teachers, ministers) to identify if problematic behaviors represent an addiction. The book provides: (1) easy to use screening tools for identifying substance or behavioral addictions, (2) descriptions of subtle early warning signs so that addictions can be identified and treated before they become severe, and (3) a step-by-step guide that helps the addicted person as well as significant others prepare for effective change.

Hien, D., Litt, L. C., Cohen, L. R., Miele, G. M., & Campbell, A. (2009). *Trauma services for women in substance abuse treatment: An integrated approach*. American Psychological Association Press: Washington, DC.

Available in December, this book is a hands-on guide for clinicians, program directors and supervisors seeking to treat women who suffer from both a history of trauma and the effects of substance abuse. The intertwined nature of trauma and addiction is explored through a review of recent research, with a focus on treatment options for comorbid PTSD and addiction. The book addresses the many real-world challenges clinicians face in implementing trauma-focused therapeutic approaches in substance abuse treatment programs. <http://books.apa.org/books.cfm?id=4317173>.

Task Reports

APA's Children, Youth, and Families Office is pleased to announce the release of two new task force reports: *Report of the Task Force on Resilience and Strength in Black Children and Adolescents* and *Report of the Task Force on Evidence-Based Practice with Children and Adolescents*. Both reports were received by the Council of Representatives during Convention. Please contact eandoh@apa.org in order to request hard copies.

The Fourth Annual Health Disparities Conference at Teachers College, Columbia University will be held March 6-7, 2009, in New York City.

Conference Theme: *Achieving Cultural Competence: Acquiring Requisite Knowledge, Attitudes, and Skills for an Evidence-Based Revolution Bringing Equity in Health to All*. Conference tracks include: (1) training in motivational interviewing; (2) innovative web-based technology for training global leaders in health education; and (3) the role of foundations in global health promotion and disease prevention. **Keynote Speaker:** William Miller, Department of Psychology, University of New Mexico.

Abstracts for papers, panels, and posters are due December 15, 2008. Go to www.tc.edu/CEOI/healthdisparities for abstract guidelines. For related inquiries please

contact Barbara Wallace, conference director, at bcw3@columbia.edu.

NIH Conference

The National Institutes of Health will be holding its second annual conference on the "Science of Dissemination and Implementation." The conference will be held at the NIH Natcher Conference Center in Bethesda, MD, January 28-29, 2009. Participants are a mix of researchers actively engaged in dissemination and implementation research within the broad field of healthcare, as well as those considering research in the field who might be interested in applying for NIH grants from one of the NIH institutes. On the afternoon of January 29, there will be a technical assistance workshop for grant applicants. Participation is free, but you must register on line before December 1, 2008. Travel and accommodations are at the participants' expense.

More information and details about the conference are at <http://conferences.thehillgroup.com/obsr/di2008/index.html>.

Division 1 Call for Nominations for Awards

The Society for General Psychology, Division One of the American Psychological Association is conducting its Year 2009 awards competition, including the **William James Book Award**, the **Ernest R. Hilgard Award**, the **George A. Miller Award**, and the **Arthur W. Staats Lecture for Unifying Psychology**. Please see our website for specific criteria for each award and the addresses for submission (<http://www.apa.org/divisions/div1/awards.html>).


Questions, but not submissions, may be sent to: MaryLou Cheal, Awards Coordinator, 127 E. Loma Vista Drive, Tempe, AZ 85282. Deadline for submission is February 15, 2009.

Spanish-Language Resources Available: TIP 24 Desk Reference Guide

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) is pleased to announce the availability of the **Spanish-language version** of the Treatment Improvement Protocol (TIP) 24 Desk Reference Guide

titled, *Guía de Servicios para el Abuso de Sustancias Para Proveedores de Atención Primaria de la Salud*. This guide is a companion document to TIP 24. It provides primary care clinicians with quick access to assessment, diagnostic, and

treatment information about substance use disorders. To order your **FREE** copy of *Guía de Servicios para el Abuso de Sustancias Para Proveedores de Atención Primaria de la Salud*, contact SAMHSA's Health Information Network (SHIN) online

at www.samhsa.gov/shin or by phone at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español). Ask for publication order number MS631S. 

Division 50 Leadership

Elected Officers

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President-Elect: Lisa Najavits (Lisa.Najavits@va.gov)
Past President: Nancy A. Piotrowski (napiotrowski@yahoo.com)
Council Representative: Jalie Tucker (jtucker@uab.edu)
Secretary: Angela Bethea (arbeta@hr.state.ga.us)
Treasurer: Jennifer Buckman (jbuckman@rutgers.edu)
Members-at-Large: Kristen Anderson (andersok@reed.edu)
John F. Kelly (jkelly11@partners.org)
Sara Jo Nixon (snixon@ufl.edu)

Appointed Student Representatives

Student Representative to the Board: Ameer Patel (amee@mail.utexas.edu)
Student Representative to the Board: Erika Litvin (elitvin@mail.usf.edu)
Advocacy & Policy: Walter Drymalski (walter.drymalski@marquette.edu)
Education & Training: Erika Litvin (elitvin@mail.usf.edu)
Membership: Liz DiPaola Handley (edipaola@asu.edu)
Science Advisory Committee: Danielle Ramo (danielle.ramo@gmail.com)

Committee Chairs

Advocacy & Policy: Kristen Anderson (andersok@reed.edu)
Rebecca Kayo (rkayo33@aol.com)
Convention 2008: Clara Bradizza (bradizza@ria.buffalo.edu)
Convention 2009: Sherry McGee (sm292@email.med.yale.edu)
Education & Training/CE: Chris Martin (martincs@upmc.edu)
Cynthia Glidden-Tracy (cynthia.glidden-tracey@asu.edu)
Evidence Based-Practice: Harry Wexler (hkwexler@aol.com)
Greg Brigham (gbrigham@maryhaven.com)
Fellows & Awards: Kathy Carroll (kathleen.carroll@yale.edu)
Finance & Budget: Marsha Bates (mebates@rci.rutgers.edu)
Listserv: Vince Adesso (vince@uwm.edu)
Membership: Joel Grube (grube@prev.org)
Nominations & Elections: Bill Zywiak (zywiak@pire.org)
Science Advisory: Mark Wood (mark_wood@uri.edu)
Population and Diversity Issues: Hortensia Amaro (h.amaro@neu.edu)
Angela Bethea (arbeta@hr.state.ga.us)
Webmaster: Keith Humphreys (knh@stanford.edu)

Liaisons

APA Education Directorate: Nancy A. Piotrowski (napiotrowski@yahoo.com)
APA Practice Directorate: John F. Kelly (jkelly11@partners.org)
APA Public Interest Directorate: Kristen Anderson (andersok@reed.edu)
APA Science Directorate: Sara Jo Nixon (snixon@ufl.edu)
Committee on Advancement of Professional Practice (CAPP): Fred Rotgers (frederick.rotgers@waldenu.edu)
Federal Advocacy Coordinator (FAC): Rebecca Kayo (rkayo33@aol.com)
International Relations in Psychology (CIRP): Keith Humphreys (knh@stanford.edu)
Women in Psychology Network: Sharon Wilsnack (swilsnac@medicine.nodak.edu)
Research Society on Alcoholism (RSA): Kim Fromme (fromme@psy.utexas.edu)
Association for Behavioral & Cognitive Therapy (Addictive Behaviors SIG): Clayton Neighbors (claytonn@u.washington.edu)
Society for Research on Nicotine and Tobacco: Thomas Brandon (thomas.brandon@moffitt.org)
College of Professional Psychology: Sandy Brown (s3brown@ucsd.edu)
Division 17: Matthew Marten (mpmrtens@memphis.edu)
Canadian Psychological Association, Substance Abuse/Dependence Section: Nancy A. Piotrowski (napiotrowski@yahoo.com)
Early Career Psychologist Network: Danielle Barry (barry@psychiatry.uchc.edu)

Division 50 Executive Officers

PRESIDENT

Thomas H. Brandon
University of South Florida
H. Lee Moffitt Cancer Center &
Research Institute
4115 E. Fowler Avenue
Tampa, FL 33617
Telephone: (831) 745-1750
Fax: (831) 745-1755
E-mail: thomas.brandon@moffitt.org

PRESIDENT-ELECT

Lisa M. Najavits
National Center for PTSD
VA Boston
150 South Huntington Ave. (116B-3)
Boston, MA 02130
Telephone: (857) 364-2780
Fax: (857) 364-4515
E-mail: lisa.najavits@va.gov

PAST PRESIDENT

Nancy A. Piotrowski
Harold Abel School of Psychology
Capella University
3450 Geary Blvd, Suite #107
San Francisco, CA 94118-3380
Telephone: (415) 386-0577
Fax: (415) 386-0577
E-mail: napiotrowski@yahoo.com

SECRETARY

Angela R. Bethea
Adult Mental Health Unit, Building 5
Georgia Regional Hospital Atlanta
3073 Panthersville Road
Decatur, GA 30034
Telephone: (404) 212-5483
Fax: (404) 212-3581
E-mail: arbethea@dhr.state.ga.us

TREASURER

Jennifer F. Buckman
Center of Alcohol Studies
Rutgers University
607 Allison Rd
Piscataway, NJ 08854-8001
Telephone: (732) 445-0793
Fax: (732) 445-3500
E-mail: jrbuckman@rci.rutgers.edu

MEMBERS-AT-LARGE

Kristen G. Anderson
Adolescent Health Research Program
Reed College
3203 SE Woodstock Blvd.
Portland, OR 97202
Telephone: (503) 517-7410
Fax: (503) 517-7610
E-mail: andersok@reed.edu

John F. Kelly

MGH-Harvard Center for Addiction Medicine
60 Staniford Street
Boston, MA 02114
Telephone: (617) 643-1980
Fax: (617) 643-1998
E-mail: jkelly11@partners.org

Sara Jo Nixon

Neurocognitive Laboratory
Department of Psychiatry
P.O. Box 100256
University of Florida
Gainesville, FL 32610
Telephone: (352) 392-3681
Fax: (352) 392-2579
E-mail: sjnixon@ufl.edu

COUNCIL REPRESENTATIVE

Jalie A. Tucker

Department of Health Behavior
School of Public Health
University of Alabama at Birmingham
1665 University Blvd., 227 RPHB
Birmingham, AL 35293
Telephone: (205) 934-5256
Fax: (205) 934-9325
E-mail: jtucker@uab.edu

The Addictions Newsletter

The American Psychological Association, Division 50

Elizabeth J. D'Amico, Editor
Division 50 Central Office
750 First Street, NE
Washington, DC 20002-4242



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