



The Addictions Newsletter

The American Psychological Association, Division 50

Spring 2009

Volume 16, No. 1

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President's Column Greasing the Pipeline

Thomas H. Brandon

Early in my career, my goals as an applied addiction researcher tended to center around getting articles published in high quality journals, such as *Journal of Consulting and Clinical Psychology (JCCP)*. This outcome appeased the tenure and promotion gods. Later, because of a department chair who insisted that we report such data in our annual reports, I began to pay attention to citation counts, a rough index of the impact of one's work—at least of its impact upon other researchers writing articles. Recently, my attention has shifted to a more meaningful perspective on the impact of my intervention-development work—the degree to which it is disseminated in the field and ultimately implemented. Perhaps my shifting perspectives reflect the natural transitions of self-evaluation that take place throughout a career, paralleling developmental “passages” of life. In other words, maybe I’m just getting old. Nevertheless, this recent perspective is much more sobering and frustrating than earlier ones. Although I am still pleased to get a manuscript accepted in *JCCP* or another top journal and to see it influencing others’ work, this no longer provides sufficient satisfaction. I am not alone. The challenges of moving research “from bench to bedside”

are receiving attention throughout the healthcare field. Although most research in addiction psychology does not begin on a bench, and most practice does not occur at bedside, we have the same difficulties with transitioning from laboratory research, to applied research, to clinical application in the community. Indeed, the gap between addiction research and practice has frequently been described as particularly large.



Thomas H. Brandon

It is my belief that Division 50 can play a significant role in bridging that gap; that is, in facilitating the *translation* from basic to applied research, the *dissemination* of evidence-based practices (EBPs), and

the ultimate *implementation* of those practices. Among those disciplines that are involved in providing prevention and treatment services to addicted individuals, applied psychology stands out because of its foundation in science and empiricism. Moreover, among the addiction-focused professional organizations, Division 50 stands out for spanning the range from science to practice across and within its members, while also spanning the full spectrum of addictive behaviors. I was further encouraged upon learning that this issue was one of the themes that emerged from our recent membership survey. Therefore, I think we are well-positioned to engage in the bi-

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President's Column

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directional dialog necessary to make a difference in this realm.

How, specifically, can Division 50 play a role in addiction technology transfer (translation, dissemination, and implementation)? Our Evidence-Based Practice Committee, co-chaired by Harry Wexler and Greg Brigham, has already been working to disseminate EBPs, for example, by organizing provocative symposia on this topic at the annual APA meetings, including one planned for the upcoming meeting in Toronto. To further emphasize the importance of this role, we have initiated a new regular column in *TAN*, "Bridging the Gap," (p. 8) that will be dedicated to communicating research advances in a way that is meaningful and useful for practitioners. We are also currently engaged in discussion with Stephen Maisto, editor of the APA journal *Psychology of Addictive Behaviors (PAB)*, about publishing a special issue of *PAB* dedicated to the topic of technology transfer, from the perspective of both science and practice. Finally, we plan to explore collaborations with other organizations and agencies, such as National Institutes of Health and Substance Abuse and Mental Health Services Administration, working toward the common goal of "greasing the pipeline" between research and practice. Please contact me or another board member if you have other ideas about how Division 50 can facilitate the interaction between science and practice.

Another Addiction Representative on Council

The big news for January was that Division 50 received enough apportionment votes to earn a second representative to APA's Council of Representatives! This is a major victory for the division, and I thank all the members who allocated their votes to Division 50. About half of the divisions have more than one representative, and we are now in that group. This enhances our influence with Council, which is further leveraged when

our representatives coordinate their efforts with those of other divisions. You will notice that because we earned this extra representative, we now have two slates of candidates running for Division 50 Council Representative. We will need to maintain the second seat in future years by continuing to allocate our votes to Division 50.

Membership Survey

I would like to thank all the members and affiliates who completed our recent online membership survey, and especially Membership Chair, Joel Grube, who wrote and conducted the survey. Joel has summarized the survey findings on pages 13-14. The Board is working through the results and discussing ways to respond to the suggestions that we received. I'd like to point out a few areas where we are already taking action. One of the general themes that emerged from the survey involved the integration of science and practice, along with specific suggestions to increase articles for clinicians in our publications. I think that the efforts with respect to facilitating translation, dissemination, and implementation that I described at the start of this column address this point. Another emerging theme involved services for Early Career Psychologists. Last year we offered a well-attended symposium at the APA conference focused on practical early-career advice for addiction psychologists. This year, we will be joining with Division 38 (Health Psychology) to offer a symposium that will cover finding internships, postdoctoral positions, and faculty positions in our fields. In addition, we are initiating a novel effort to welcome and integrate new members into the division. Under the direction of Member-at-Large, John Kelly, we will seek to match each new member with a more senior sponsor, who will introduce the member to the division.

Look for more information shortly on this initiative. Finally, I was struck by the number of comments we received asking for easier ways for members to become involved with the work of the division. It was encouraging that so many members wanted to get more involved, so the Board will be exploring ways to ease one's entry into divisional activity.

Summer in Toronto

As a final note, it's about time to start planning your summer travel. I encourage a visit to the beautiful and friendly city of Toronto for the APA convention. Our program chair, Sherry McKee, has put together an exciting program (see pages 10-11 for a preview). Colleagues sometimes tell me that they don't attend APA because it is "too big." But I consider this a strength rather than a weakness. Although I too attend smaller meetings in my own specialty area, I get excited by the breadth of content available at APA. Within the 600-page program I can find something of interest for nearly every hour of the conference. If you prefer to focus on addictions at the conference, the Division 50 program is, in fact, a specialty meeting within the larger APA conference. You get the best of both worlds! So, if you've never attended the APA convention, or haven't been for a while, I urge you to give it a fresh look. I'd love to see you in Toronto! ♡



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Editor's Corner

A metà strada il marchio, più o meno... (The half way mark, more or less...)

Elizabeth J. D'Amico

Hi everyone! I hope your 2009 is off to a great start! Spring is the air and hopefully it's getting warmer where you are...I won't tell you the temperature today in Santa Monica as those of you shoveling snow might have a few choice words for me.... ☺

But, near perfect backyard-barbecue and beach-going weather aside, this issue of *TAN* is an important one because it provides you with the opportunity to get to know your candidates. Please take the time to read over these carefully prepared statements and to think about which Division 50 member will best represent our interests in that particular position. We also have a report on the results from our membership survey. Many members participated in this survey and Joel Grube's column highlights some of the main findings. One finding, also noted in the President's column, was how to "bridge the gap" between research and practice. Based on this feedback from members, a new standing column was created for *TAN*

called, "Bridging the Gap" that will focus on interviewing professionals who work in this "gap." The first interview is in this issue. Along these same lines, members indicated that they would like to see more practice-based articles in *TAN*. I encourage those of you interested in submitting a practice-based article to do so. I have already spoken with one person who has some interesting data on how practitioners and clients view 12-step programs and I hope that he will submit an article to *TAN* for the summer issue. And speaking of submissions, we only received 4 abstracts and 1 article submission for this issue! Perhaps some of you enjoyed the holidays a little too much? *TAN* is your outlet to present innovative and interesting ideas and research that can be shared with other Division 50 members. You should really take advantage of this great opportunity!

Other highlights in this issue include an outline of Division 50 programming at the upcoming APA convention in Toronto, a response to Alan Reifman's article, "Reconsidering the 21-Year-

Old Drinking Age," and a report on the future of the psychology practice initiative.

On another note, if you can believe it, we are at the halfway mark, more or less, in terms of my editorship. Yes, 5 issues down, 4 more to go...What does this mean for you? Well, many of you have expressed an interest in getting more involved in the division. One great way is to consider the position as editor-in-chief of *TAN*. We will be hiring someone in the fall/winter of 2009 so that the new editor can have a chance to work with me on the spring 2010 and summer 2010 issues before he or she takes *TAN* over from me in fall 2010—as I ride off into the sunset. I am happy to answer any questions about this position for those of you that may be interested in applying.

As always, 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 **June 1, 2009**. I hope to hear from you. Ciao for now! ♡

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@yale.edu.

Candidates for Division 50

Announcing Candidates for Division 50 Offices

William Zywiak

Chair, The Division 50 Nominations Committee

As announced by our President, Thomas Brandon, for the first time since its beginning in 1993, Division 50 will have two Council Representatives! It has been determined by the Board that one Council Rep will emphasize primarily science issues and concerns, and the other Council Rep will emphasize primarily practice issues and concerns. This arrangement reflects a balance between these two perspectives that resonates with the original formation of Division 50. Please review the statements by all the candidates, and be sure to cast your ballot in April/May when you receive it in the mail. The candidates running for office this election cycle are as follows: Frederick Rotgers (President-Elect), Matthew Martens and Jalie Tucker (Council Rep—Science), Raymond Hanbury and Mark Schenker (Council Rep—Practice), Adam Leventhal and Clayton Neighbors (Member-at-Large—Science), Ameer Patel (Secretary), and Jennifer Buckman (Treasurer). Thank you to all the candidates for agreeing to volunteer their time and energy to promote “advances in research, professional training, and clinical practice within the broad range of addictive behaviors.”

Candidate for President-Elect

Frederick Rotgers



I am honored to be nominated for the office of President-Elect of Division 50. Thank you! I received both my Bachelor's and Doctoral degrees from Rutgers University where I had the great honor and pleasure

to serve on the faculty of the Graduate School of Applied and Professional Psychology and as a Research Assistant Professor at the Center of Alcohol Studies.

I have worked as a clinician in corrections and as Assistant Chief Psychologist at the Addiction Institute of New York. I am currently Associate Professor of Psychology at the Philadelphia College of Osteopathic Medicine, a cognitive-behaviorally oriented PsyD program. Despite my involvement in research, my main interest has always been in translational activities that bring the fruits of solid research to clinical practitioners. As Division 50 Observer to the APA Committee for the Advancement of Professional Practice (CAPP) I have been able to bring this bridging role to the APA Practice Organization and to

represent the Division's perspective at CAPP for the past two years.

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

Candidates for Council Representative—Science

Matthew Martens



I am honored to accept the nomination for the position of Council Representative—Science for Division 50. I joined APA soon after beginning graduate school and have been

a member ever since. I have also been an active member of Division 50 throughout my professional career, including service as a liaison to Division 17 (Society of Counseling Psychology) and reviewer for the annual convention programming. I have been an active member of several APA Divisions, including 17, 5 (Evaluation, Measurement, and Statistics), and 47 (Exercise and Sport Psychology). I believe that this background will serve me well as a council representative in

terms of working with psychologists on the council from other areas. I feel a strong commitment to Division 50 and have a desire to serve its interests, and I would enjoy the opportunity to do so as a council representative.

My interests in addictive behaviors research developed during my graduate work at the University of Missouri and via clinical training during my pre-doctoral internship at the Missouri Health Sciences Psychology Consortium.

Throughout my career as a university faculty member, first at the University at Albany-SUNY and currently at the University of Memphis, my primary focus has been on addictive behaviors-related research. Most of my work thus far has been in the area of college drinking prevention, and I have been

either a principal or co-investigator on a number of federal and foundation grants that have addressed this issue.

Throughout my career I have had the opportunity to work with a number of talented individuals in the addictive behaviors field, and I believe that

these experiences have helped shape my understanding of the needs of our division. I would like to see APA as an organization promote more science-focused activities and initiatives, and as a Division 50 council member I would work to ensure that our division has a strong voice in this process.

Jalie A. Tucker



Council is APA's governing body devoted to advancing psychology in its entirety, and the Council Representative is a vital link between Division 50, APA governance, and

staff. I welcome the nomination. My qualifications include my background in academic clinical psychology and public health, and my 15 years experience in APA governance, including Council terms from 1998-2003 and 2007-2009. My re-election would offer the Division continuity of representation, experience, networking, and leadership within the APA organization.

I served as Division 50 President shortly after its inception (1993-1994) and

promoted an inclusive organization that spanned science, practice, and education and involved our diverse membership. I remain committed to advancing this objective within APA and have contributed in other roles. I served on the APA Board of Professional Affairs (BPA; 2002-2004), the Zimbardo Presidential Task Force on External Funding (2003-2005), the Levant Presidential Initiative on Promoting Healthcare for the Whole Person (2004-2006), and the Executive Committee of the Caucus for the Optimal Utilization of New Talent (2002-2003). As BPA Chair in 2004, I helped articulate psychology's position on evidence-based practice and testified before an Institute of Medicine (IOM) committee on adapting IOM health care guidelines to mental and addictive disorders. I am now involved in the Council-affiliated Coalition of Academic, Scientific, and Applied Psychology initiative to advance a science agenda on Council to promote

psychological science as a discipline and APA as a science based organization. I have also served on journal editorial boards, including as Associate Editor for *Psychology of Addictive Behaviors* (1987-1993).

Promoting the interface of science and practice has been a constant in my career. Educated as a clinical psychologist (Vanderbilt University, 1979), I have maintained a funded research program investigating help-seeking and addictive behavior change processes. Because public health approaches are vital to expanding alcohol and drug services, in 1998 I obtained a MPH from the University of Alabama at Birmingham (UAB). This led to my current position as Professor and Chair of the Department of Health Behavior, UAB School of Public Health. Other credentials: APA Fellow, Divisions 1, 12, 25, 28, 50; licensed psychologist, Florida.

Candidates for Council Representative—Practice

Raymond F. Hanbury



I am honored to be nominated for one of the Division 50's positions on the APA Council of Representatives.

Division 50 is a special division for me having been one of the founders of this

division when it was established from the origins of the Society of Psychologists in Addictive Behaviors. Over the years, I have been involved in the governing boards of various professional organizations, including serving as

President of my State Association (2000) and as President of Division 50 (1994-1995).

Presently I am serving a second three-year term on APA's Advisory Board for the Disaster Response Network under the Committee on Advancement of Professional Practice (CAPP) (2005-2008 and 2008-2011). I am also serving my first term on the Advisory Committee on Colleague Assistance for the Board of Professional Affairs (BPA; 2008-2010). From 1987 to 1995, I served as Associate Editor, was on the board of consulting editors, and was a reviewer for *Psychology of Addictive Behaviors*.

I am also a Fellow of APA Divisions 50, 56, 42, 38, 31, and 18.

My experience as a clinician, both on staff of hospitals and in private practice, covers many years. My background as the former Director of a Narcotic Rehabilitation Center, forensic evaluator for addictive behavior cases, consultations at hospitals, and private practice provides the opportunity to promote collaboration with other disciplines, integrate our research findings regarding evidence-based treatments and interventions, and educate patients and the public regarding the health concerns due to addictive behaviors.

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Council Rep—Practice

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I believe that my involvement in the division over the past decade and my experience as a clinician will be important assets for this Representative

Mark Schenker



I am pleased to be considered for the position of Council Representative for Division 50. In my career, I have worked in a variety of roles in both mental health and addictions treatment settings, ranging from Mental Health Technician to

Program Director and Assistant Professor. My primary area, since 1982, has been in addictions treatment. My secondary interest has been in training clinicians in this area, and I have written and presented on this and related topics. Recently, I published a book for mental health clinicians orienting them to the 12-Step program (Schenker, 2009).

position. As a Representative on the Council, I can continue to facilitate and enhance our communication and collaboration with other divisions as well as with the governing body. We are a dedicated group interested in sharing knowledge which can lead to a better

Currently, I split my time between working as a lead psychologist at the Caron Foundation in Wernersville, PA, and in my private practice, Recovery Options Associates. At Caron, a longstanding traditional 12-Step rehab program, I provide direct care, supervise psychologists, psychiatric residents and interns, and serve on various agency-wide committees. My practice is more eclectic, incorporating motivational and transtheoretical approaches, as well as utilizing psychopharmacological interventions, as appropriate. Clinically, I am well grounded in both 12-Step and more innovative approaches to recovery. In addition to my clinical work, I have been involved in administrative and political issues relating to addictions. For example, I helped develop one of the first intensive outpatient programs in our area

understanding of the treatment and prevention of addictions and continued collaboration with practice, research, and education. I would consider it a privilege to be a Representative and continue the progressive work of our division.

and lobbied for recognition for this modality in the 1980s.

I see the role of Division 50 as one of raising awareness of the prevalence of addictive disorders in the general population and assisting in disseminating evidence-based practices among practitioners, of any discipline, who would otherwise be practicing ineffectively with this population. I also see Division 50 as helping to advocate for a healthy level of funding for both clinical and research endeavors, so that we can address these pervasive problems in a systematic and scientific manner in the future. Finally, I would like to see a clear integration of the activities and interests of Division 50 into the overall goals and mission of the American Psychological Association.

Candidates for Member-at-Large—Science

Adam Leventhal



Hi, members of Division 50. I am honored and delighted to accept the nomination for the Member-at-Large—Science. It is exciting to be a part of this outstanding division, and I have enjoyed supporting

it at our national convention and by submitting abstracts to *TAN*. I have a great deal of enthusiasm for our field and would be privileged to represent it by being involved in the division's leadership.

As a clinical scientist and licensed psychologist, I have always been fascinated by why some people are prone to addiction whereas others are not. It has been interesting addressing this question in

my research, which includes 28 articles and book chapters focused mainly on the emotional determinants of addiction. My clinical interests involve working as a counselor with individuals who suffer from both addiction and psychiatric disorders. I also teach undergraduate courses in psychology and health behavior. Currently, I am in the final year of a National Institute on Drug Abuse postdoctoral fellowship at the Brown University Center for Alcohol and Addiction Studies. After my postdoc, I aim to be a faculty member at a research university. I am grateful to the various Division 50 members who have supported my professional development.

I have enjoyed taking a role in leadership and professional service. I am on the editorial board of the *Open Neuropsychopharmacology Journal*. In addition to being a member of our division, I am also a member of Divisions

12 (Clinical), 28 (Psychopharmacology and Substance Abuse), and 29 (Psychotherapy), as well as a member of the Society for Research on Nicotine and Tobacco and the College on Problems of Drug Dependence. I served on Division 29's student development committee for three years, and then served as the committee's chairperson. I am proud of the accomplishments during my tenure on that committee, which included creating a student website and listserv, increasing student membership numbers, heightening awareness of professional development and training opportunities, and successfully overseeing several student research paper award competitions.

I value the opportunity to bring my enthusiasm, dedication, and innovative ideas to serve our division. I thank you for your consideration.

Clayton Neighbors



I am pleased to accept the nomination for Member-at-Large to serve as a liaison between Division 50, APA's Science Directorate, and other APA divisions. I am an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington and Associate Director of the Center for Study of Health and Risk Behaviors. I received my doctorate in Social Psychology at the University of Houston in 2000 and have been a member of APA since 2000. My work primarily

focuses on social and motivational influences in etiology, prevention, and treatment of addictive behaviors. My broader interests lie in promoting health and reducing risks associated with substance use and related behaviors. I have a strong record of collaboration and productivity with respect to research, including more than 100 peer-reviewed publications and collaboration on multiple grants from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), and the National Institute on Mental Health (NIMH). I currently serve on the Advisory Board for the National Institute on Social Norms and am a consulting editor for *Psychology of Addictive Behaviors* and the *Journal of Consulting and Clinical Psychology*. In 2007 I was honored to receive the Award

for Distinguished Scientific Early Career Contributions from Division 50. Also, in 2007, working closely with Division 28, I served as the Division 50 program chair and gained considerable appreciation for our division and a desire and commitment to further contribute to the health and growth of Division 50. I recently completed a term as President for the Addictions Special Interest Group of the Association for Behavioral and Cognitive Therapy. The scope of our division includes a wide range of interests from basic research to applied practice. If elected as Member-at-Large, I will work toward outstanding representation of our collective interests as well as maintaining and forming new partnerships between our division, the Science Directorate, and other APA Divisions. Thank you for your consideration.

Candidate for Secretary

Amee B. Patel



I am pleased to accept the nomination for Secretary of APA's Division 50. I have been the Student Board Representative for the past three and a half years, and I look

forward to continuing to serve the division as Secretary. It has been an eye-opening and exciting experience to be involved with a dynamic and growing division that blends research, practice, policy, and education.

I am currently a graduate student at The University of Texas at Austin and a predoctoral clinical psychology intern at Baylor College of Medicine. Under the mentorship of Kim Fromme, my graduate work has focused on evaluating alcohol use and risky

behaviors among college students. My thesis and dissertation employed survey and experimental methods to study the underlying mechanisms through which social normative influences operate, along with evaluating potential personality and cognitive moderators. I am also interested in the development of empirically validated treatments for addictive behaviors and hope to have a career in clinical research.

As a Student Board Representative, I have been involved with increasing the division's student initiatives. As part of the Membership Committee (2005-2007), I assisted with recruitment and retention of student affiliates through written communications and Convention programming. As a member of the Finance Committee (2007-present), I helped increase travel and award funding for student members attending Convention or other APA programming. During

my tenure, the Board has placed a student representative on every Division 50 committee and has granted student members a larger role in the division. We have also begun working on the creation of a mentorship program for students and early-career psychologists. Additionally, we are in the process of forming an organized student body within the division to allow students to elect their own representatives.

If elected Secretary, my primary goals are to continue to support student and early-career initiatives and help the division become a strong force within APA. We are uniquely poised as a division with both research and practice interests, as well as a focus that overlaps with many other areas of psychology. I welcome the opportunity to continue serving the field of addictive behaviors and Division 50.

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Candidate for Treasurer

Jennifer Buckman



Thank you for nominating me for the office of Treasurer of Division 50. I am pleased to accept this nomination. I have served as the division's treasurer since 2006, and during this time, I have

watched Division 50 thrive. Under the leadership of Kim Fromme, Nancy Piotrowski, and Thomas Brandon, we have made substantial progress in defining our priorities to ensure that clinicians and researchers alike are represented by our activities. We have

carefully assessed our income and expenses. We have found new ways to support the inclusion of early career psychologists interested in the field of addictions and also to maintain the membership of the outstanding cadre of senior addictions psychologists that make up our ranks.

In 2007, the division was awarded a 3-year R13 grant to support activities at the APA Convention. This grant was the successful collaboration between myself and two former Division 50 presidents (Marsha Bates and Nancy Piotrowski). This year, we will be submitting a renewal application in the hopes of maintaining our National Institutes of Health (NIH) support and

collaboration, and further broadening the reach of our activities at the annual APA Convention.

I would be honored to serve another term as Treasurer of Division 50. In addition to the experience I have gained from holding this office over the past 3 years, I offer the division 15 years of experience as an addiction researcher, and a business background that includes the financial management of and accounting for small businesses. I have a PhD in Behavioral Neuroscience as well as an MBA. I believe continuing on as Treasurer of Division 50 will help maintain the division's commitment to strengthening our membership and promoting our mission. ♡

Bridging the Gap

Lynda K. Hemann
Concepts For Change, Inc.

Nancy A. Piotrowski
Capella University

Using interviews of professionals working in "the gap," we plan to develop an ongoing column related to technology transfer, dissemination of ideas, and implementation of innovations in addiction—topics where there are sometimes gaps between scientists and practitioners. We hope to cultivate an exchange on how Division 50 can help bridge this gap. We invite members to offer discussion items on the division listserv, as well as by sending any future topics you might like to see in this column to Harry Wexler at hkwexler@aol.com. Future columns will be written collaboratively with varied authors being invited to participate.

In this first column, the co-chairs of our Evidence Based Practice (EBP) Committee, Harry K. Wexler, at the National Development and Research Institutes, Inc., in New York City, and

Gregory S. Brigham, at Maryhaven in Columbus, Ohio, are the featured interviewees. Lynda K. Hemann, a practitioner member and new researcher in Arizona, and Nancy A. Piotrowski, Past President, developed the questions and conducted the interviews. This column presents a snapshot of our conversations.

NAP: *What do you hope this column will achieve?*

GSB: ... a forum for a number of informed perspectives on technology transfer issues, improving the dialogue, helping us understand what the important aspects are for practitioners, what types of evidence we can use to improve practice, what is meant by evidence...I am also hoping we can interview people like Paul Roman, Dennis McCarty, and Joe Guydish...helping us look at systems and organizational changes...or what predicts successful adoption or implementation, what policies support those changes ...as well as people like Bill Miller and Kathy Carroll who conduct clinical trials to develop technologies, or how to work

around barriers, such as difficulty training practitioners...or approaches to change that are not necessarily even treatment, like the Network for the Improvement of Addiction Treatment (NIATX) (see http://www.samhsa.gov/samhsa_news/VolumeXV_5/article2.htm).

HKW: I hope the column can be used to talk about what EBP means...we need a forum where people can get reliable information from those with experience, credibility, and the ability to answer questions.

LKH: *What about getting this information to individuals in the addictions field who are not in Division 50 or even APA?*

GSB: There are many looking at where these individuals get information (other trade magazines, direct dissemination, professional groups) and how to interest those in translational science or effectiveness trials to write for those forums. One notable effort is the collaboration between the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health

Services Administration (SAMHSA) for developing “Blending Products,” which is designed to deliver information and technology developed or tested in the NIDA Clinical Trials Network directly to providers (<http://www.nida.nih.gov/Blending/>).

HKW: ...it’s a good idea to get these folks involved. But it’s important that we focus on our group first—people trained in psychology—and get them more involved and informed. As a group they have varied levels of expertise in this area.

NAP: *What are the most pressing needs in addictions today with regard to implementations of innovations in treatment from the perspectives of a clinician, researcher, clinician-researcher, etc.?*

HKW: I would also include policy maker. Many of our members are engaged in EBP work that affects policy and they are also affected by regulations. Especially now, there are a lot of people in government who want to set regulations. They often seek simple cookbook approaches like lists...almost exclusively limited to research protocols with proven efficacy. However, it is important not to confuse efficacy with effectiveness. Both are part of the picture, but different. Many thoughtful workers in EBPs also are focusing on basic principles, not necessarily protocols, to practice. For example, National Quality Forum and their national voluntary consensus standards on substance use treatment (<http://www.qualityforum.org/>) assert it’s not simply about technique - we need good screening, educated people, and consistency. The Washington Circle Group (<http://www.washingtoncircle.org/>) clarifies that you really can’t even talk about evidence until you can measure it. I also like NIATX (<https://www.niatx.net/Home/>) saying, let’s look at what we want to happen in these programs...focusing on four things: reducing waiting times, reducing no shows, increasing admissions, and increasing continuation in treatment.



Gregory S. Brigham

They operationalized principles, quality, and evaluation to address performance and cost-effectiveness. We need to discuss this—to bring more thinking to the table, including business approaches.

NAP: *How do we ensure that we don’t put quantity over quality of treatment? At some point, the number coming through the door doesn’t matter if treatment isn’t good.*

HKW: This is why they will look at all of those four outcomes. By pairing the number through the door with retention, and requiring both, that helps bring the quality up. People will not be retained if programs are unable to engage them.

LKH: *That’s interesting. So then how programs get paid might instead be based on something like number through the door, but there has to be good retention too, right?*

HKW: Exactly.

LKH: *What do you see as the greatest obstacles or barriers to implementation?*

GSB: If you look at it from the investigator/developer perspective—do providers know about the innovation? Do they know they have a population where it would work? Do they have a workforce that could learn and use it? Do they have the resources? However, from a provider perspective you may want to know if something new will really work better than what you are doing now—and is it cost effective for you to implement in your setting? Often when active treatments are compared, they are nearly equivalent. This does not provide a compelling argument for adoption. Instead, if treatments are robust or address important gaps, they have a better chance of attracting provider interest.

LKH: *What issues and EBPs in addiction at this time are most exciting to you and why?*

GSB: Long term management of addiction on recovery management check-ups (Dennis, Scott, & Funk, 2003) and work using alternative technologies and adaptive designs for extended treatment (McKay, 2009). Providers often are working with clients who have chronic conditions in a treatment system designed for acute care. The idea is to manage addiction more like a chronic condition, providing long term monitoring and intervention adapted to client response.

NAP: *This reminds me of eclecticism—but what you describe is not a mishmash of applications, but a judicious application of different methods.*

LKH: *It seems like it is more real world as well.*

GSB: And this may be more realistic when we consider that not all of what is needed happens in acute care; recovery for a chronic condition can take much more time.

HKW: I am intrigued by the wide spread adoption of motivational interviewing, the effectiveness of the therapeutic community with offenders and pharmacological

approaches such as methadone. I think what is most exciting is that we are becoming cognizant of outcomes and experiencing some willingness to change, to have flexible approaches. We are also increasingly talking about things from multiple perspectives.

References

- Dennis, M. L., Scott, C. K., & Funk, R. (2003). An experimental evaluation of recovery management checkups (RMC) for people with chronic substance use disorders. *Evaluation and Program Planning, 26*, 339-352.
- McKay, J. R. (2009). Continuing care research: What we have learned and where we are going. *Journal of Substance Abuse Treatment, 36*, 131-145. ψ

2009 APA Convention in Toronto (Aug 6-9): See you there, eh?

Sherry McKee & Clara M. Bradizza
2009 APA Convention Program Co-Chairs

Toronto gets its name from the Huron Indian word for "meeting place," a befitting place for this year's meeting. Situated on the shore of Lake Ontario, Toronto boasts terrific summer weather with an average of 82° F in August, perfect for enjoying this multicultural city. Toronto's multiculturalism is most apparent when you visit its different neighborhoods: Chinatown, Little Italy, The Danforth (Greek Town), Korea Town and Little India. Toronto is an art, fashion, and cultural center with many museums, art galleries, theatres, restaurants, and various

sporting and cultural events. August festivals include Caribana, where 1 million people hit the streets to celebrate Caribbean culture; Chinese Lantern Festival; Irie Music Festival; and Toronto Buskerfest. Other nearby attractions include Niagara Falls and Paramount Canada's Wonderland.

In collaboration with Division 28, we have developed a program that features events of broad interest to Division 50 members. We hope to see you there! Please look for additional information on upcoming events in the summer issue of *TAN*.



King Street West, Toronto.
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Invited Talks

Motivational Interviewing: A Common Currency Among Health and Mental Health Care Practitioners and its Relevance for Treating Risky Problem Behaviors

Presenter: Linda Sobell

Applying Behavioral Principles to the Treatment of Addictive Disorders

Chair: John Roll

Presenters: Charles Schuster & Stephen Higgins

Effects of Employment, Unemployment, and Punishment on Opioid Seeking Behavior

Presenter: Mark Greenwald

Workshops

Helping Patients Who Drink Too Much- Using The NIAAA Clinician's Guide Workshop

Mark L. Willenbring & Robert B. Huebner, NIAAA

Grant Writing Workshop

NIDA

Symposia

Evidence Based Practices: What Do We Mean By Evidence?

Chair: Gregory Brigham

Presenters: Harold Perl, Thomas Zastowny, Elizabeth Gifford, Harry Wexler

Discussants: Michael Levy, Lisa Najavits

Insights Into Revising Substance Use Disorder Diagnostic Criteria in DSM-V

Chairs: Meyer Glantz, Wilson Compton

Presenters: Howard Moss, Deborah Hasin, Kevin Conway, Meyer Glantz, Discussant: Wilson Compton

Navigating Change at NIH/NIDA: Exciting Opportunities in Tight Times

Chair: Kristen Huntley

Presenters: David Shurtleff, Belinda Sims, Lisa Onken, Harold Perl, Teri Levitin

Building a Successful Career From Internship Through Junior Faculty: Key Advice From Senior Scientists

Presenters: Peter Monti, Kenneth Sher, Robert Kerns, Karina Davison

Drug Addiction and Learning: What are the Underlying Connections?

Chairs: Paul Schnur, David Shurtleff, Presenters: Gary Aston-Jones, Colleen McClung, Patricia Grigson, Peter Kalivas

College Drinking and Drug Use: Implications for Prevention and Intervention

Chair: William Zywiak

Presenters: Jennifer Read, Sherry Stewart, Clayton Neighbors, Krista Medina

Discussant: Mariela Shirley

Using Behavioral and Cognitive Assessments to Inform Addiction Treatment

Chairs: Nehal Vadhan, David Shurtleff, Presenters: Rita Goldstein, Nehal Vadhan, Anna Goudriaan, W. Miles Cox

Role of Sex and Stress in Smoking Maintenance and Relapse

Chairs: Cora Lee Wetherington, Sherry McKee

Presenters: Mariella De Biasi, Sherry McKee, Sudie Back, Mustafa al'Absi, Discussant: Rajita Sinha

Discounting and Addiction: What is the Nature of Discounting?

Chairs: Warren Bickel, Susan Mikulich-Gilbertson

Presenters: Warren Bickel, Susan Mikulich-Gilbertson, Brady Reynolds, Marc Whitman

Discussant: Harriet de Witt

Poster Sessions

Early Career Investigators Poster Session and Social Hour

Sponsored by: NIDA, NIAAA, Div 28 and 50

Division 50 & 28 Poster Sessions

(Three 1-hr poster sessions)

Special Events

Tribute to Murray Jarvik

We would like to thank members of the program committee whose thoughtful reviews provided important guidance in making difficult decisions as we developed this outstanding program. Committee Members: Clara Bradizza,

Scott Coffey, Suzanne Colby, Gerard Connors, Ned Cooney, David Drobos, Kerry Grohman, Suzy Gulliver, Larry Hawk, Amber Henslee, David Hodgins, Greg Homish, Rebecca Houston, Andrea Hussong, Kristina Jackson, Chris Kahler,

Steve Maisto, Christopher Martin, Steve Martino, Brent Moore, Nora Noel, Lara Ray, Jen Read, Damaris Rohsenow, Amy Rubin, Julie Schumacher, Vani Simmons, Paul Stasiewicz, Sherry Stewart, Gregory Stuart, Tami Sullivan and Eric Wagner. ♡



Federal Update

With the arrival of the Obama administration, there has been significant activity among addiction policy and advocacy groups to help shape the agenda on addiction-related issues. The tenor of the discussions among these groups has been hopeful, based on campaign promises in the areas of healthcare reform and science in policy decisions. However, there is also significant trepidation about the effects of the economic downturn on funding treatment and scientific research in our area. In addition to issues relating to federal programming, states must make difficult budgetary decisions relating to service provision for youth and adults with substance use disorders.

During the federal transition, APA has been advocating for the place of psychological research and services both independently and through the APA's participation in coalitions geared toward health and science issues. These coalitions include the Consortium of Social Science Associations, Ad Hoc Group for Medical Research Funding, Centers for Disease Control Coalition, and Campaign for Public Health. In addition, the APA Science Government Relations Office (GRO) staff met with the transition review team for the National Science Foundation (NSF) Programs to advocate for the role of behavioral and social sciences within the NSF. The Public Interest-GRO has also briefed the transition team on criminal and juvenile justice reform and the inclusion of mental and behavioral health in mitigating healthcare disparities. Friends of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and Friends of the National Institute on Drug Abuse

(NIDA) have been active in drafting their legislative and policy agendas for the coming administration. Please watch for the SPIN Policy News on the listserv for updates.

Debate continues within the addiction community about the selection of the Directors of the White House Office of



National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Services Agencies (SAMHSA). Members of the Division 50 listserv have been active in this debate. While some organizations have endorsed Congressman Jim Ramstad for the ONDCP post (e.g., Faces and Voices of Recovery), a number of addictions professionals have signed on to a letter presented by Andrew Tarsky, citing concerns about the Congressman's record on certain evidence-based practices like methadone maintenance and needle-exchange programs. Recently, President Obama appointed Edward H. Jurith as the interim head of the ONDCP, often known as the *Drug Czar*. Mr. Jurith was the longtime lead attorney for this department. This role is not new for him as he was the acting ONDCP director, replacing Barry McCaffery, at the end of President Clinton's presidency.

On the policy front, a number of new and returning initiatives are in the works that relate to mental health care with impacts on addiction service provision. The APA Practice and Public Interest GROs have been working actively to expand access and coverage for children and adolescents within the State Children's Health Insurance Program (SCHIP). The full House and Senate Finance Committee passed the reauthorization of SCHIP in mid-January 2009. The President has signed this bill into law.

In addition, the *Lily Ledbetter Fair Pay Act* was the first bill signed into law by the new administration. This law overturns a 2007 Supreme Court ruling about time limits imposed on wage discrimination cases and has been hailed by some as a step in reducing the gender wage gap in the US. In the area of tobacco control, there have been some indications that new aggressive action against the tobacco industry will occur in the new Congress. This may include raising cigarette taxes, allowing FDA regulation of cigarettes, and a ratification of the World Health Organization (WHO) Framework Convention on Tobacco Control. Interestingly, Kentucky recently announced plans to raise their cigarette tax to \$1 per pack, an unusual move by a tobacco growing state. The next few months will be very active on the policy front as the changes in federal leadership are expected to lead to major changes in healthcare and addiction-related services. Please watch the listserv and TAN for important information on how our field may be affected by these changes. ♡

Advocate's Alcove

Nancy Piotrowski
Capella University

Rebecca Kayo
*Division 50 Federal Advocacy
Coordinator*

This issue of *Advocate's Alcove* focuses on a brief recap of what was accomplished over the past legislative year. There is also discussion of current challenges facing the field (highlighting issues from the upcoming 2009 State Leadership Convention), and finally there is a brief update on continuing issues related to health information technology legislation.

Milestones Met in 2008

There were some notable accomplishments in 2008. The biggest accomplishment was the passage of the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008*. The passage of this bill was an historic victory in which the APA Practice Organization (APAPO) and psychologists across the country played a significant part. The APAPO Government relations team played a key role in this victory by negotiating with traditional opponents of mental health parity, crafting appropriate legislative language, and leading a coalition that supported the full parity bill. Psychologists from across the country participated with thousands of calls, letters, emails, and regular visits to Congress. Division 50 played a role in the passage of this bill by sending representatives to the annual APAPO State Leadership Conference (SLC), communicating with APAPO regarding issues related to the inclusion of addiction in the respective bills (e.g., language), keeping division members up to date and encouraging members to take action.

Other memorable legislative accomplishments of 2008 for psychology advocates included Health Information Technology (HIT) protection, prevention of harmful Medicaid cuts, and the passage of a Medicare bill that restored significant monies to psychology (see Fall/Winter 2008 *TAN* newsletter).

Challenges and Opportunities Ahead in 2009

As we progress with a new administration in Washington in 2009, Katherine Nordal of the Practice Directorate suggested to attendees of the annual SLC in Washington DC that there are many challenges ahead, but with these challenges come opportunities. SLC is an annual advocacy conference hosted by the APAPO for the specific purpose of bringing all psychology advocacy coordinators/participants together. State advocacy coordinators, federal advocacy coordinators, state association and division leadership, and APAPO come together to prepare for the coming legislative year and to advocate in Congress. In an invitation letter to SLC participants, Nordal wrote that serious economic challenges are expected to affect many, "potentially threatening the viability of solo and small practices, as well as many consumers of psychological services." At the same time, prospects of a new administration are leading to renewed hope for "significant transformation of America's badly broken and fragmented health care system."

Nordal also suggested that those working in the field of psychology must be ready to help and have a voice at decision-making tables regarding these issues. She noted challenges such as, "...approximately 47 million uninsured U.S. citizens and many underinsured are denied access to healthcare services they need...increasing demand for psychologists in primary care settings...and increasing accountability" regarding the services provided. There are also increasing demands for "electronic health record keeping, submission of electronic claims for reimbursement, and the use of technology in delivering healthcare services." These kinds of technologies require new thinking about how to practice, where and what kind of information may travel, and also how we may think about licensure and licensure portability.

Fortunately Nordal noted that there are opportunities embedded in these challenges. She pointed out that there is

power in consumer groups that can challenge barriers to care. She also asserted that increasing demand for psychologists means "increased employment opportunities for psychologists in primary care settings. More patients will have access to appropriate care when psychologists are integrated in primary care settings." She also emphasized how "treatment outcomes improve when psychologists are given feedback about patient progress." She suggested that, as a group, "We must proactively take ownership for developing measures that appropriately evaluate our outcomes. If we don't, the measures will be developed for us."

These concerns and issues are familiar to the field of addictions. In preparation for the work ahead in the remainder of 2009, advocates in addiction should be thinking about the lessons learned in these areas in their states. It may be useful to focus on how one may be able to use these experiences to help the field. For example, you might work with someone in the division to tell your story in an article for the newsletter, or you may write up an article for your local or state psychological newsletter or other publications. Good examples of how change happened—or sometimes even how it didn't happen—can be very valuable to help others working in different locales.

Fast Moving Targets: Health Information Technology (HIT)

Finally, it is important to discuss the recent events related to legislation regarding HIT. The APAPO has consistently and regularly fought to have Congress ensure that privacy and security standards are included as a cornerstone of any HIT legislation enacted into law. The APAPO is currently supporting the HITECH Act (H.R. 598) because it includes comprehensive privacy and security provisions and promotes a national interoperable electronic patient records system in the coming decade. It is important that everyone continue to be vigilant regarding HIT because our voices matter, and we need to continue to let others know what we think about current legislation. ♣

The Division 50 Membership Survey

Joel Grube
Chair, Membership Committee

How can Division 50 better serve its members? What things does Division 50 do well? Where can the division improve? Are there new things the division should do? These were the central issues guiding a recent online survey of Division 50 members. The survey was open to members and affiliates and was announced in *TAN* and on the Division 50 listserv. I want to thank all of the members who took the time to complete the survey. Your responses will be invaluable in guiding Division 50 to become an even better organization than it is now.

The survey queried topics ranging from things the division is doing well, the dues structure, desired advocacy and legislative action, and where the division might improve. The format consisted of closed-ended items followed by open-ended questions allowing respondents to elaborate or provide additional suggestions or comments. Given space limitations, I am highlighting below just a few of the findings in this column. All results from the survey are currently being considered by the Board and will help guide our decisions over the coming year.

Who completed the survey?

A total of 201 members completed the survey. Of these, most were senior career members (45%). About 8% of respondents were students, 20% were early career, 25% were mid-career, and 3% were retired. Most respondents identified themselves primarily as a researcher (66%), about a third as a practitioner (36%), and a similar percentage as a teacher/trainer (39%). On average, respondents had been a member of Division 50 for 6-10 years. Somewhat fewer than half (42%) were women.

Strengths of Division 50

The reasons cited as most important for affiliating with Division 50 included the subscription to *Psychology of Addictive Behaviors* (PAB) (59% indicated this was

very important) and more generally keeping current with the addictions field (67%). Other important reasons for membership centered on professional development and included the focus on research and practice (59%), the opportunity to network with other addiction professionals (40%), and professional identity (49%). Respondents also said that the role that Division 50 plays in representing addictions research and practice in APA (41%) and legislative advocacy for addiction issues (45%) were important. Interestingly, the opportunity to present at the APA convention (16%), the quality of presentations at the convention (21%), and non-program events (e.g., social hours, student programming) at the convention (9%) were not as important for most members.

Where can Division 50 improve?

Bridging research and practice. Overall, fewer members thought Division 50 represented the practice community well (50%) compared to the research community (87%). The difference was summed up in a number of responses to open-ended questions: *“Would like some more focus on practice related issues”* and *“Heavy emphasis on research, which is fine, but it would be helpful to balance this more with practice concerns.”* Some expressed concern that Division 50 was too narrow in its focus. One respondent observed, *“Tends to be too focused on alcohol research; should broaden scope so that other drugs and addictions have equal time”* and another *“Not enough on process addictions, especially sexual addiction.”* Problem gambling, hoarding, and eating disorders were mentioned as other addictive behaviors that should receive more attention. Respondents also said that the division should begin to focus more on health disparities.

A number of specific suggestions were put forward to broaden Division 50 including having regular features in *TAN* focused on practice issues, encouraging submissions to PAB focused on clinical or case studies, and sponsoring workshops or meetings on a broader

range of addiction topics. It was also suggested that the division should take a more active role in bringing science and practice together: *“Maybe having conferences, meetings, or work groups focused on bridging science and practice.”* As noted by Thomas Brandon in the president’s column in this issue of *TAN*, the translation of science to practice spanning the addiction field is a major goal of the division. The new *TAN* column “Bridging the Gap” (pp. 8-9) and the discussion around a special issue of PAB focused on technology transfer are the first steps in this direction. If you have additional ideas about increasing the division’s relevance to you as a practitioner or as a researcher, please contact me or another board member.

Advocacy. Fewer respondents thought Division 50 advocated “well” or “somewhat well” for issues related to practice in the addictions (52%) compared to issues related to research (74%). Members expressed that education services for providers (50%) and increased funding for addiction services (57%), research (76%), and prevention (54%) were very important areas for advocacy. Mental health/addictions parity was also seen as an important target for advocacy by division members (68%). Some suggested that instead of being reactive, the division should be proactive in its advocacy. For example a respondent proposed *“More advocacy for research funding and greater presence in helping to set funding priorities.”*

Member involvement. A number of survey respondents said that they wanted to be more actively involved in the division, but did not know how to begin or else had tried and felt excluded: *“For a number of years I was frustrated in my efforts to become more involved”* and more directly *“Involve more members.”* Better communication about how to get involved in Division 50 committees and work groups is clearly in order. This is an issue that will be addressed by the Board in the future. In the meantime, if you are interested in becoming more active in the division, you should look

over the committees listed in the Fall/Winter 2008 TAN (http://www.apa.org/divisions/div50/Newsletters/TAN_Fall_Winter_08_final.pdf) and contact the appropriate chairs.

Mentoring and education. One recurring theme was that Division 50 should provide more mentoring opportunities for students and early career members. A typical comment was: “*Early career researcher mentoring. For example building research connections, editorial mentoring... More programs geared at helping junior faculty and advanced grad students become productive scholars (e.g., grant-writing workshops).*” Others mentioned the need for continued

training and educational opportunities at all levels: “*We need to become much more active as an educational content provider, both at the graduate training level and at the CE level.*” A number of respondents suggested that the division should more actively advocate for teaching addiction topics in graduate programs and for certification in addiction studies. Some proposed that the division should work to develop best practices guidelines or “tip sheets” for the addictions.

The vitality of Division 50 is highly dependent upon attracting new members as well as keeping existing members. To this end a number of activities are

being planned. These include planning symposia of particular interest to early career addiction psychologists for the upcoming APA convention and a new initiative to match early career members with more established practitioners and researchers. Details will be forthcoming in the near future.

In closing, I again thank all the members who participated in the survey and shared their thoughts. I was particularly pleased by the number and quality of comments and suggestions we received. Be assured that your input will help make Division 50 an even better organization for addiction practitioners and researchers. ♡

Student and Trainee Perspectives

Balancing Personal and Professional Responsibilities

Erika B. Litvin and Ameer B. Patel

As a graduate student, it is difficult to find a balance between our professional responsibilities and our personal lives. Graduate school is an important endeavor and requires a great deal of attention (especially around big deadlines), yet it is important to remember that we also have to take care of ourselves and have some fun. Many of us also have families to consider. As we have found ourselves struggling to find this balance, we wanted to offer a few suggestions for how to make life more enjoyable *and* productive.

- **Make a daily schedule.** Cognitive Behavioral Techniques aside, activity planning can help you realistically arrange your life. One important part of this is to pay attention to the length of time it takes to complete a task. It is easy to over- or underestimate how long we spend on writing a paper, reading articles, grocery shopping, etc. Use a daily log to track how much time each activity takes, so

you can make an accurate schedule for your professional and social events. And make sure you block out some down time each day for reflection and rest, even if it's just a few minutes.

- **Be more efficient at work.** It sounds easy, right? There are ways, however, to make your work day more productive. Although multitasking can be great for getting a lot of things done at once, it can often lead to getting less done in each arena. If possible, try to set aside some amount of uninterrupted time to complete tasks (e.g., turn off email, Facebook, cell phones). Get as much done as you can in that time and then turn to a different task.
- **Avoid procrastination and prioritize.** It is easy to put off big, important projects (like theses and dissertations!) and let smaller daily tasks that seem more urgent take priority. To avoid getting overwhelmed, start big projects early and break them up into smaller, more manageable tasks that you can fit into your schedule.

Set mini-deadlines for completing each part and stick to them.

- **Take a step back.** Daily demands can overwhelm you. Sometimes, viewing problems from a detached perspective can help reduce stress. It might feel like the world will end if you do not finish a task on time, but it is doubtful that it actually will.
- **Get advice and support.** Take advantage of the professors, mentors, and graduate students around you. Everyone has trouble balancing home life with work life. Find out how others manage the stress and get support for your struggles.
- **Make your personal time worth it.** Granted, sometimes we need to just space out by surfing the net or watching television, but this rarely feels like we have done something. Use the time you block out for personal activities to do something that feels worthwhile. Do something social, explore your city, or join a club. When personal time is stimulating, it ends up being

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Student and Trainee...

(Continued from page 15)

more relaxing and provides a true break from work.

- **Set limits.** In research or clinical work, there is often a lack of boundaries in our day. We work on papers, grants, and reports at home; we check personal emails at school. There might not be a way to get around this completely, but we can try to limit the amount of work we take home or how much time we spend on personal activities at

school. Creating boundaries can make grad school feel more like a job rather than your life.

- **Healthy living.** So simple and cliché. Sleep well; eat regularly with good nutrition; exercise. Creating a good foundation of health will make stressful times feel less distressing and will lower the risk of burn-out.
- **Organization.** Desks get filled with papers, notes seem to pour out of backpacks and take over your couch or dining table. Although it may take some time initially,

cutting out the clutter and finding an organizational system can help your brain feel less cluttered.

- **Know when to say “no.”** Yet another cliché, but so important! You must remember that you can’t do everything, and you don’t want to let the quality of your work suffer because you spread yourself too thin. Be selective and commit only to those opportunities that really excite you and are worth your time. ♡

Report on the Future of Psychology Practice Initiative

*Cynthia Glidden-Tracey
Chair, Education and Training*

APA President James Bray has initiated the Future of Psychology Practice (FPP) Task Force, with a Summit to be held in May 2009. This is a tremendous opportunity to advocate for the unique role of psychology in addressing pervasive substance-related problems. A virtual site is available for any APA member who wants to provide input for the Future of Psychology Practice Initiative. On this site the FPP Task Force will provide updates about ongoing work, pose questions for input and ask for information from the APA membership. This site can be accessed at the following link: <http://forms.apa.org/president/>.

In Boston last August, I attended then President-Elect Bray’s August Town Hall meeting led by the FPP Task Force. Below I have included excerpts from the document that was distributed at this meeting:

“The 2009 Presidential Task Force and Summit on the Future of Psychology Practice will address current issues in the practice of psychology and identify models and policies for the future of psychology practice. Psychological practice in the 21st century requires that we change our traditional ways of practice and create a vision to take advantage of the new possibilities in society.

“The goals and objectives of the Task Force and Summit are to identify:

1. Models and opportunities for future practice to meet the needs of our diverse public
2. Priorities for psychologists practicing in private and public settings
3. Resources needed to effectively address the priorities
4. Roles of various practice groups in implementing the priorities
5. Key partnerships to implement our agenda

“The Task Force is committed to an open dialogue with all of psychology. The task force is comprised of 13 psychologists, each of whom represents at least 3 areas of expertise in the practice of psychology. We realize that these 13 individuals will not cover the breadth of psychology, so to broaden the voice of professional psychology, we are inviting all 54 APA divisions to appoint a person to be on an advisory listserv to provide input and feedback about our work as we plan the Summit and the outcomes of our work. The Summit on the Future of Psychology Practice will have 125 invited delegates and therefore be able to include a much larger and more diverse representation of practice.

“The Task Force is currently gathering information about potential areas for the future of psychology practice. We

are conceptualizing practice along two broad lines: (1) Health Services Practice, including areas such as integrated health care, evidence-based practice, economics of practice, prevention, public health, etc.; and (2) Applied Professional Practice, including such areas as consulting, executive coaching, applied experimental practice, community interventions, etc. We seek broad input and would like to hear your ideas about the opportunities and possibilities for the future of psychology practice.... Please feel free to contact APA President-Elect James Bray, at jbray@bcm.tmc.edu or other members of the Task Force if you have additional questions or ideas.”

Since August, discussions on the FPP Advisory listserv have centered on several questions posed by the FPP Task Force. I posted these questions on the Division 50 listserv and have collected input from Division 50 members. This information is compiled below and is quoted verbatim.

1. If we could change one thing to enhance the practice of psychology in the next year, what would it be?

- “Expand our scope of practice and limit incursions into our scope of practice.”
- “Make the receipt of federal block grant funding for addiction treatment contingent on requiring any licensed or certified program

in each state to have (1) at least one licensed psychologist on staff and ultimately responsible for the clinical care, and (2) no staff who provide clinical services having less than a master's degree."

- "More clinicians would be proficient in substance use disorder screening, assessment and treatment in order to be able to provide proper referrals and/or treatment."
- "Get portability of credentialing and licensure across states to be far simpler and coordinate with AASPB (American Association of State Psychology Boards). It is a nightmare for folks who move and/or who are old enough so that getting all of their old supervision documented is impossible. Consistency or a central source of insurance charges standards for practice would also help."

2. What do you think are the priorities for psychologists

practicing in private and public settings? What resources are needed to effectively address the priorities?

- "Advocacy in state legislative issues."
 - "I think the issue of parity forces psychologists to deal with the challenges posed by comorbidity issues and to work more effectively with both medical treatment providers and the broad diversity of professionals working in the substance use treatment field."
 - "In addition to advocacy and parity, there needs to be significant clarity about sources and documentation of well accepted evidence-based practices."
- ### 3. How do we best make our members aware of resources which are available to help them and how do we motivate practitioners to promote psychology themselves?
- "I think we need to have more of

a one-on-one campaign of calling people to talk. Forget blasts of email and talking heads at conferences. We need to do this at the grass roots level."

- "This is a hard one. I do think the capability of the listservs is critical. [It] would be [useful] to do something with the [APA] *Monitor* that is closer to what the *Chronicle [of Higher Education]* does with frequency of short electronic communications and links to longer stories and sites."

As the Division 50 Liaison to this FPP Task Force, I plan to attend the May 2009 Future of Psychology Practice Summit in San Antonio. I am also participating in related meetings and listserv discussions and providing input and feedback. I will provide updates on FPP activity and outcomes in future editions of *TAN*. Questions or suggestions can be directed to me at cglidden@asu.edu. Ψ

APA Council Report: February 2009

Jalie A. Tucker
Division 50 Council Representative

The Council of Representatives, APA's governing body, met on February 19-22, 2009, for the first of its two meetings per year in Washington, DC. Incoming APA President James Bray chaired the meeting, which was light on agenda action items and heavy on doom and gloom about APA's financial status. Council is charged with oversight and approval of the APA budget, although the bulk of budget development and management occurs in the APA Finance Committee and Central Office.

APA CEO Norman Anderson, APA CFO Archie Turner, and APA Treasurer Paul Craig gave Council their budget reports and recommendations, which were accepted. The major points collectively are as follows: (1) Several APA revenue sources have declined precipitously in the past year (e.g., the Association's investment portfolio has fallen by about 40%). (2) On a positive note, APA real estate holdings in

Washington, DC, remain fully occupied, and electronic licenses for APA journals and other communications products have evidenced continued growth and income generation. (3) APA Central Office recently cut about \$10 million in operating expenses through such measures as a one-time hiring freeze and elimination of executive staff raises. A modest merit raise pool for skilled non-executive staff has been maintained to promote retention in the Obama era. Budget projections are now being made in real time without lagged projections into the future. (4) Council was presented with a long list of recommended budget cuts, including eliminating the fall consolidated meetings of APA boards and committees and delaying the launch of the new APA website.

If these actions work as expected, a "very thin" surplus of about \$300,000 in 2009 is anticipated. There are many uncertainties, however, and more extensive cuts may be necessary. To help Council and Central Office

make difficult budget decisions in a disciplined and thoughtful way, the strategic planning process initiated last year by CEO Anderson is continuing on schedule. As part of that process, Council approved a vision statement for APA and held break-out sessions to begin translating the vision into goals. The statement begins with an affirmation that APA "aspires to excel as a valuable, effective and influential organization advancing psychology as a science" followed by seven bullets that articulate broad objectives ranging from serving as "a unifying force for the discipline" to serving as "an effective champion of the application of psychology to promote human rights, health, well being and dignity." The full text can be found on the APA website.

In an otherwise down-beat Council meeting, APA President Bray gave Council an overview of his future-oriented agenda for the coming year.

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APA Council Report

(Continued from page 17)

This positive plan includes activities organized around four themes:

- **The future of psychological practice** to promote integrated health care, the use of technology in practice, meeting the needs of a diverse society, and using research to inform practice.
- **The future of psychological science as a STEM discipline** to obtain recognition of psychology along with other science,

technology, engineering, and mathematics (STEM) disciplines, which would open new research funding opportunities.

- **Task Force on ending homelessness** that will address addictions and mental health issues, among others.
- **Holding a “Convention within the Convention”** to offer cross-cutting programs of broad interest. This will be held between noon Friday and noon Sunday when conference attendance is highest. Attendees can receive up to 16 hours of continuing education credit. Topics

include methodological issues, neuroscience, evidence-based practice, the business of psychology, and “famous psychologists.”

Finally, in what is to become an annual event at APA conventions, there will be a “Community Day” in Toronto during which psychologists offer their expertise to community organizations and leaders in the host city. This year’s theme will be focused on the role of families in preventing and adapting to HIV/AIDS. The National Institute of Mental Health and APA experts will participate. ♡

Reconsidering “Reconsidering the 21-Year Old Drinking Age”

John S. Searles¹
University of Vermont and the Vermont Department of Health

In response to Alan Reifman’s article in the Fall/Winter 2008 *TAN*, it is indeed true that a nonscientist is heading a movement to lower the minimum legal drinking age (MLDA) to 18. John McCardell is an historian and former president of Middlebury College and now the Executive Director of Choose Responsibility (www.chooseresponsibility.org). Not surprisingly, his historical analyses are lucid and compelling; however, when he attempts to interpret the research literature, his scientific naivety is obvious. For example, in his critique of the Wagenaar and Toomey (2002) review of the MLDA literature he said: “This is called ‘science,’ when, in reality, it is mathematics, statistics, probability, abstraction, estimates. Generating these data did not require a laboratory, nor did it require an advanced degree in any of the natural sciences. These data are the result of ‘imputation,’ assumption, extrapolation, and the plugging of numbers into a formula. That’s math, folks, not science. And it’s an estimate. And there is not a single, identifiable human life associated with any of those numbers” (McCardell, 2007). This type of misunderstanding of the scientific process and methods permeates much

of McCardell’s comments on the research literature that supports MLDA-21.

It should be noted that there is little debate in the scientific community about the effectiveness of the MLDA-21 law since its adoption by all states in 1984. Other interested organizations have also endorsed the MLDA-21 laws. Here is a partial list of organizations that support maintaining the MLDA-21 law:

1. American Medical Association
2. Institute of Medicine
3. Centers for Disease Control and Prevention (CDC)
4. National Institute of Alcohol Abuse and Alcoholism
5. World Health Organization (WHO) Alcohol and Public Policy Group
6. WHO Expert Committee on Problems Related to Alcohol
7. Insurance Institute for Highway Safety
8. Governors Highway Safety Association
9. National Safety Council
10. National Transportation Safety Board (NTSB)
11. International Association of Chiefs of Police
12. Mothers Against Drunk Driving (MADD)

The research history on this issue is straightforward: lowered state drinking ages in the 70s led to a dramatic increase

in traffic fatalities in the 16-20 age group (Shults et al., 2001; Wagenaar & Toomey, 2002). Between 1982 and 2007 alcohol-related traffic fatalities have decreased 67% in this group (National Highway Traffic Safety Administration [NHTSA], 2009). A decrease is apparent across all age groups but is about twice as large in the 16-20 group (NHTSA, 2009). It would be difficult to examine these data and not conclude that the MLDA laws contributed to this decline. Furthermore, there is absolutely no scientific research that demonstrates a lowered drinking age would reduce binge drinking and (somehow) transform adolescents into “responsible” drinkers. As far as I can ascertain, the only principle operating in the McCardell hypothesis is: if you treat them like adults, they will act like adults. This is a tenuous theory with little if any scientific support. The expectation of a behavior in others does not cause that behavior. Many factors affect behavioral decision-making including developmental stage, environmental pressures, and genetic predisposition.

There are other data that are pertinent to the issue. A review of the research literature by the National Research Council and Institute of Medicine determined that there was a twofold increase in the risk of any alcohol-related unintentional injury among those who started drinking at 18 compared to

those who started drinking at 21 (Bonnie & O'Connell, 2004; NHTSA, 2008). Furthermore, in 1999, New Zealand lowered the MLDA from 20 to 18. The results were dramatic: in the four years following the reduction in the MLDA, alcohol-involved crash rates increased by 12% among 18-19-year-old males and a staggering 51% among 18-19 year old females (Kypri et al., 2006). The authors of the study stated: "No traffic safety policy with the possible exception of motorcycle safety helmet laws has more evidence for its effectiveness than do the minimum legal drinking age laws" (p. 126).

Although the MLDA of 21 may not completely prevent underage drinking, it is a considerable deterrent. Research has demonstrated that delaying the onset of alcohol use until early adulthood significantly reduces social, neurological, and medical consequences of long-term alcohol consumption (American Medical Association [AMA], 2008; Hingson, 2004). The American Medical Association also reported that the negative health-related consequences of alcohol use are amplified in the developing brains and bodies of teens (AMA, 2008). Any policy that increases access to alcohol for teens needs to be evaluated in light of the increased risk of adverse health consequences. To suggest that increasing access to alcohol among 18-20 year olds will somehow reduce alcohol-related problems in this age group is counter to all scientific research on the issue. Simply put, increased access means increased consumption and subsequently increased abuse. In fact, Engs (1999; Engs and Hanson, 1989) is the only scientist I am aware of that offers any empirical support for the "forbidden fruit" hypothesis (i.e., making something illegal enhances its value) with regard to MLDA. In many European countries where the MLDA is as low as 16, consumption and binge drinking rates among adolescents are considerably higher than they are in the United States. The perception that adolescents in European cultures drink responsibly because of lower MLDA is a widespread myth not supported by extant data (www.icpsr.umich.edu/cocoon/SAMHDA/SERIES/00195.xml).

In addition, lowering the MLDA to 18 will likely have trickle down effects on drinking rates of even younger teens. Many 18-year olds are high school seniors who would be able to legally purchase alcohol and share it with their younger friends (e.g., sports team mates) and siblings. In the New Zealand experience, the rate of alcohol-involved crash injuries among 15-17 year olds increased by 14% in males and 24% in females subsequent to the lowering of the MLDA to 18 (Kypri et al., 2006).

A meta-analysis performed by researchers from the Centers for Disease Control (Shults et al., 2001) found a clear inverse relationship between the MLDA and alcohol-related crash outcomes: when the MLDA was lowered, alcohol-related crash outcomes increase (median = +10%); when the MLDA was raised, alcohol-related crash outcomes decrease (median = -16%). Another meta-analysis by Wagenaar and Toomey (2002) demonstrated the effectiveness of the MLDA-21 law. Although McCardell consistently misstates the findings from this seminal paper, the results are transparent to a scientific audience. An overwhelming number of studies show a direct relationship between lowering the drinking age and an increase in negative outcomes for 18-20 year olds. This inverse relationship is robust and demonstrated again in a recent paper by Fell et al. (Fell, Fisher, Voas, Blackman, & Tippetts, 2008) controlling for many other factors frequently cited as responsible for the decrease in alcohol-related traffic fatalities among young people (e.g., seatbelt use, safer cars, etc.).

McCardell's "Amethyst Initiative" which brought national media attention to the issue has garnered the support of a mere 135 college presidents throughout the country (as of 2/01/09). This means that roughly 97% of college presidents in the United States have declined to sign the document; some with quite vocal opposition (e.g., De Shinsky, 2008; Nouh, 2008; Saavedra, 2008). Others have eloquently made the case for keeping the MLDA-21 law after the Initiative was announced (e.g., Chapman, 2008).

Finally, the World Health Organization Alcohol & Public Policy Group (2003) succinctly focused the issue: "The difference between good and bad policy is not an abstraction, but very often a matter of life and death" (p. 1349).

Footnote

¹The views expressed in this article are those of the author and do not necessarily represent those of the Vermont Department of Health. Correspondence can be sent to jsearle@vdh.state.vt.us.

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Reconsidering...

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Abstracts

Barry, D., & Petry, N. M. (2009). Associations between body mass index and substance use disorders differ by gender: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Addictive Behaviors*, 34, 51-60.

Alcohol, illicit drugs, and nicotine can affect appetite and body weight, but few epidemiologic studies have examined relationships between body mass index (BMI) and substance use disorders. This study used logistic regression to examine effects of BMI and gender on risk for DSM-IV substance use disorders in a sample of 40,364 adults. Overweight and obesity were associated with increased risk for lifetime alcohol abuse and dependence in men but not women. Overweight and obesity were associated with decreased risk for past-year alcohol abuse in women. BMI was not associated with illicit drug use disorders. Overweight and obese men were at decreased risk for both lifetime and past-year nicotine dependence. Overweight women were at increased risk for lifetime nicotine dependence, and obese women were at decreased risk for past-year nicotine dependence. Further research is needed to identify reasons for observed gender differences in relationships between BMI and substance use disorders.

Fadardi, J. S., & Cox, W. M. (in press). Reversing the sequence: Reducing alcohol consumption by overcoming alcohol attentional bias. *Drug and Alcohol Dependence*.

The aims of the research were to (a) compare the alcohol attentional bias (AAB) of social, hazardous, and harmful drinkers and (b) assess the effects of alcohol attention control training on the AAB and alcohol consumption of hazardous and harmful drinkers. Participants were social drinkers ($N = 40$), hazardous drinkers ($N = 89$), and harmful drinkers ($N = 92$). Paper-and-pencil measures were used to collect information about participants' socio-demographic characteristics, health status, motivational structure, drinking-related locus of control and situational self-confidence, readiness to change, affect, and alcohol consumption. Computerized classic, alcohol- and concerns-Stroop tests were administered. All participants were tested individually, with the order of tests counterbalanced across participants. After the baseline assessment, the hazardous and harmful drinkers were trained with the Alcohol Attention Control Training Program (AACTP) for 2 and 4 sessions, respectively. Both samples completed a posttraining assessment, and the harmful drinkers also completed 3-month follow-up. Results indicated that (a) the harmful drinkers

had larger AAB than the hazardous and the social drinkers; (b) the attentional training reduced the hazardous and harmful drinkers' AAB; and (c) the harmful drinkers showed post-training reductions in alcohol consumption and improvements on the other drinking-related indices. The harmful drinkers' improvements were maintained at the 3-month follow-up.

Haug, N. A., Shopshire, M., Tajima, B., Gruber, V., & Guydish, G. (2008). Adoption of evidence-based practices among substance abuse treatment providers. *Journal of Drug Education*, 38, 181-192.

This research was conducted at a Substance Abuse Forum designed to address local community needs by focusing on Evidence-Based Practices (EBPs) in addiction treatment. The purpose of the study was to assess substance abuse treatment professionals' readiness to adopt EBPs, experience with EBPs, and attitudes toward EBPs, as well as agency support for EBPs. A total of 119 addiction treatment providers completed pre-test measures, and 82% completed a post-test. Eighty-three percent of participants reported using some EBPs in the past year, and 75% reported currently using EBPs. Participants who were currently licensed or certified in addictions had less negative attitudes toward EBPs than those without credentials. While respondents reported

agency support for EBPs, most expressed interest in further training. This study underscores the movement toward EBPs in addiction treatment and the need for effective dissemination and training in this area.

Leventhal, A. M., Lewinsohn, P. M., & Pettit, J. W. (2008). Prospective relations between melancholia and substance use disorders. *The American Journal of Drug and Alcohol Abuse*, 34, 259-267.

Examining associations between subtypes of major depressive disorder (MDD) and substance use disorders (SUDs) might elucidate mechanisms of comorbidity between MDD and SUDs. This study evaluated prospective relations between SUDs and melancholic MDD, a depression subtype characterized by anhedonia and neurovegetative features. A cohort of community-dwelling participants with lifetime history of MDD ($N = 460$) were assessed for *DSM-IV* mental disorders using structured clinical interviews at ages 24

and 30. Results indicated that stimulant use disorders and melancholic MDD were prospective risk factors for each other over the 6-year-period following the age-24 assessment. Associations were robust when controlling for clinical severity and chronicity. Alcohol and cannabis use disorders were not robustly associated with melancholia. Future studies should explore the mechanisms underpinning the link between melancholic MDD and stimulant use disorders. Ψ

Announcements

Position Openings

Research Institute on Addictions

The University at Buffalo Research Institute on Addictions (RIA) has multiple openings for NIAAA-funded postdoctoral fellows in alcohol etiology and treatment. Fellows develop and pursue research interests under the supervision of faculty preceptors. Seminars on alcohol use disorders, grant writing, and professional issues and career development are included. Start dates in September, 2009, and beyond are negotiable. Visit the RIA website at <http://www.ria.buffalo.edu>. Inquiries can be made to either Gerard J. Connors (connors@ria.buffalo.edu) or R. Lorraine Collins (lcollins@buffalo.edu), Co-Training Directors. Applicants should forward a vita, representative reprints, letters of reference, and a cover letter describing research interests and training goals to: Alcohol Research Postdoctoral Training Committee, Attn: G. Connors and R. L. Collins, Research Institute on Addictions, 1021 Main Street, Buffalo, NY 14203. Applications from minority candidates are particularly welcome. Applicants must be citizens or noncitizen nationals of the U.S. or must have been lawfully admitted for permanent residence. AA/EOE

Project Director at the VA Boston Healthcare System

This position will begin September 1, 2009. Duties include overseeing the daily operations of a VA-funded, controlled clinical trial designed to examine the efficacy of a gender-based treatment for

women veterans with addictive disorders compared to a non-gender-based model. The position is for a minimum of one year and can last up to four years. Applicants must be U.S. citizens who are candidates in or have completed an APA-accredited doctoral program in clinical/counseling psychology and are enrolled in or have completed an APA-accredited internship. The applicant should have strong diagnostic, organizational, therapeutic, interpersonal, and data skills. The VA Medical Center is an Equal Opportunity Employer. Submit letter of interest, CV, graduate school transcript (does not have to be an official copy), and 3 letters of recommendation including referees' phone numbers, to Lisa Najavits, National Center for PTSD, VA Boston, 150 South Huntington Ave. (116B-3), Boston, MA 02130; Phone: (857) 364-2780; Fax: (857) 364-4515; Email: lisa.najavits@va.gov. Applications accepted until the position is filled.

Brown University

The Center for Alcohol and Addiction Studies at the Alpert Medical School of Brown University is recruiting for fellows in two associated postdoctoral fellowship training programs, one funded by NIAAA in alcohol abuse and addictions and one funded by NIDA in substance abuse. The training programs provide postdoctoral research training for biomedical, behavioral, and social scientists and health care professionals who wish to conduct high quality research in the early intervention and treatment of alcohol and other

drug problems. Areas of expertise in the fellowship include behavioral treatments, pharmacotherapy, and the neurobiology and genetics of alcohol and substance dependence.

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

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. Loan repayment and/or recruitment bonuses are available for certain locations.

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 www.bop.gov and go to Careers, Job Descriptions and Vacancies. Public Law

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Announcements

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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. The Bureau of Prisons is an Equal Opportunity Employer.

SMART Recovery® Continues Worldwide Growth

SMART Recovery (Self Management and Recovery Training), headquartered in Mentor, Ohio, is an international, non-profit organization which offers no-fee, self-empowering, science-based, face-to-face or online support groups for abstaining from any type of substance or activity addiction. SMART Recovery's International Advisory Council includes Division 50 members Carlo DiClemente, Reid Hester, Keith Humphreys, Richard Longabaugh, Alan Marlatt, Barbara McCrady, Peter Monti, Linda Sobell, and Mark Sobell, and eight other internationally recognized addiction experts. A number of Division 50 members serve as Volunteer Advisors to SMART Recovery meetings in their localities. In November, 2008, SMART Recovery offered its first meeting in Iran. This is the first meeting conducted in Farsi, widely spoken in Iran, Afghanistan, Tajikistan, and Pakistan. The SMART Recovery® Handbook is now available in Spanish, Portuguese and German. A Chinese translation is underway. Abbreviated materials are available in Farsi, Russian (for use in Uzbekistan) and Vietnamese. SMART Recovery seeks inquiries from Division 50 members interested in serving as Volunteer Advisors. There is no better way to give psychology away! For further information about SMART Recovery® contact SMART Recovery Central at (866) 951-5357, or the website, www.smartrecovery.org.

Summit on Interpersonal Violence and Abuse across the Lifespan: Forging a Shared Agenda

Division 50, in conjunction with 8 other APA divisions and other private and public organizations, is co-sponsoring the *Summit on Interpersonal Violence & Abuse across the Lifespan: Forging a Shared Agenda*. This conference will be held February 24-26, 2010, in Dallas, Texas and will include presentations and posters in 8 broad domains; substance

abuse, child maltreatment, children exposed to violence, intimate partner violence, sexual violence, teen/youth/school violence, community violence, and diverse populations. The conference will emphasize integration across these domains and across research, practice, prevention, and policy. Up to 19 hours of CEs will be available, provided by the Institute on Violence, Abuse & Trauma. The call for submissions will be available shortly. For further information, please contact Division 50's representative to the Program Committee, Ken Leonard at kleonard@buffalo.edu.

SAMHSA Announces a New Training Manual on Detoxification and Substance Abuse Treatment

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) is pleased to announce the availability of *Detoxification and Substance Abuse Treatment Training Manual*. This new curriculum based on Treatment Improvement Protocol (TIP) 45 is for use by clinical supervisors for training staff members about detoxification services for individuals with substance use disorders. The manual includes information on the physiology of withdrawal, pharmacological management of withdrawal, patient placement, and incorporating detoxification services into comprehensive systems of care. It includes step-by-step instructions for providing in-service training. The manual is available for download at <http://www.kap.samhsa.gov>.

SAMHSA Announces a New Inservice Training on Opioid Addiction Treatment

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) is pleased to announce the availability of *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs Inservice Training*, a new training manual based on Treatment Improvement Protocol (TIP) 43. This newly released manual provides detailed training information aimed at introducing substance abuse treatment professionals to medication-assisted treatment for opioid addiction in opioid treatment programs. The manual describes opioid use disorders; provides assessment, treatment planning,

pharmacology, and dosing information; and presents evidence-based best practices for treatment. The manual is available for download at <http://www.kap.samhsa.gov>.

Author Seeking Interviewees for New Book

Anne Fletcher, author of *Sober for Good* and the Recipient of Division 50's Outstanding Contributions to Advancing the Understanding Addictions Award, is seeking adult and adolescent interviewees (and/or their families) for a new book about drug and alcohol treatment. Specifically, she is interested to learn what it's like, from the client's perspective, to go through either inpatient or outpatient treatment programs, currently or in the recent past. She is particularly interested in cases that illustrate some of the challenges faced by people in treatment programs, as well as challenges facing the treatment industry. She would also like to hear from people who had a particular need met, for example, someone who went to a program that accommodated an individual need related to programming, when insurance ran out, or for co-occurring issues. Experiences at "celebrity"-type rehabs would be of interest as well. All information will be used anonymously. Interested parties may contact Anne directly at annemfletcher@aol.com.

New Book

Schenker, M. (2009). *A Clinician's Guide to 12-Step Recovery: Integrating 12-Step Programs into Psychotherapy*. New York: W. W. Norton & Company.

Most rehabilitation programs offer both twelve-step treatment and psychotherapy, but they are not integrated either in theory or in practice. Here is one of the first books to address this uneasy alliance. The primary purpose of this book is not to analyze the program, but to make it more accessible to mental health professionals, to serve as a guide to what might be encountered in attending a meeting, or what your clients might deal with in working through the program. This book is a real-world primer for dealing with clients participating in these very popular programs. <http://www.wwnorton.com/NPB/nppsycho/070546.html> ♡

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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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