



The Addictions Newsletter

The American Psychological Association, Division 50

Summer 2010

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President's Column Behavioral Addictions

Lisa M. Najavits

Soon you will see a ballot arrive from Division 50 to vote on changing our name to the *Society of Addiction Psychology*. Many APA divisions have already changed their names to reflect their content focus rather than keeping the more anonymous assigned division number. Changing a name evokes much consideration of the mission of the division—and specifically for our division, whether “addiction” is the best term to use. Historically, the precursor to Division 50 was the *Society of Psychologists in Substance Abuse*, begun in 1975, which became the *Society of Psychologists in Addictive Behaviors* in the early 1980s, and then *Division 50 (Addictions)* in 1993 (Hanbury, Tucker, & Vuchinich, 2000).

In the current era, the focus on “addiction” rather than solely “substance use disorder” has particular meaning. Many members of Division 50 address the broader sphere of behavioral addictions, which can include addictions that are classified in the *DSM-IV* (such as pathological gambling and binge eating disorder), but also other addictions that are not in *DSM-IV* (such as spending, Internet, exercise, and video games). Such behavioral addictions are relevant to practice, science, and policy, and also to the proposed *DSM-V*, in which

some behavioral addictions have been under consideration. At the APA convention this August, several of the Division 50 offerings will focus on behavioral addictions. Division 50 also recently hosted a webinar on behavioral addictions by member Marilyn Freimuth (Freimuth, 2009).



Lisa Najavits

Behavioral addictions represent a challenging construct. Are behavioral addictions truly addictions? Do behavioral addictions criteria mirror substance addictions or vary in important ways? Do behavioral addictions map onto other domains, such as impulse control disorders or are they unique in their own right? At what

point are behavioral addictions truly addictions rather than just excesses of normal behavior? Can anything pleasurable become an addiction—such as fishing and sun-tanning? Is it useful to conceive of behavioral addictions as one underlying construct or might there be hundreds of addictions, each with its own conceptualization? What are the genetic and social bases of behavioral addictions? What is the epidemiology of behavioral addictions? How might behavioral addictions be culturally influenced?

In clinical practice, there are also many complexities. For most behavioral addictions there is no standard

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President's Column

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assessment and typically there are numerous different assessments within each type of addiction. This reflects a lack of accepted criteria for most behavioral addictions and, on a practical level, can make assessment a confusing task (Najavits & Srinivas, 2010). Most behavioral addictions lack a basis in the *DSM-IV* and thus reimbursement by third-party payers is limited or absent. There are few empirically-supported treatments for behavioral addictions. Many clinicians, even those who specialize in substance addictions, have little to no formal training on behavioral addictions. Behavioral addictions thus remain largely where substance addictions were several decades ago—under-assessed, under-treated, and below the “radar” of clinical, scientific and policy attention. Yet media headlines on the presumed addictions of celebrities and politicians draw attention to behavioral addictions more than ever before, in areas such as sex, plastic surgery, shopping and gambling. Much scientific and clinical progress is needed to help bridge these extremes.

Going forward, it may be useful to establish a Division 50 social networking interest group on behavioral addictions. Our social networking site is designed to start this summer (see the fall 2009 *TAN* for an initial description of the social

networking initiative). If you have an interest in connecting with other Division 50 members on behavioral addictions or other topics, we welcome that. This group might include, for example, informal online discussions as well as the development of potential research collaborations.

In sum, there is much to a name. The proposed Division 50 name change can reinforce our mission as representing the broad sphere of addictive behavior of all kinds. We have much to offer each other and the larger field to help guide growing interest in this area.

Finally, with this last column, let me express my sincere thanks for the opportunity to serve as president this year. It has been exciting to launch various projects, to collaborate with so many dedicated members and to see the continuation of such a strong and fine division.

Very special thanks go to Erika Litvin, Erin Deneke, and Ty Schepis who made major contributions to various presidential initiatives this year (the webinar series, one-hour mentor project, and archives); and to those who served in major roles this year, including the Division 50 Board (Kris Anderson, Tom Brandon, Jennifer Buckman, Ray Hanbury, John Kelly, Clayton Neighbors, Ameer Patel, Fred Rotgers, and Jalie Tucker); Liz D'Amico, *TAN* Editor; Amy Rubin, Convention

Program chair, Sandy Brown, Fellows and Awards Committee chair; Joel Grube, Membership chair; Bill Zywiak, Nominations and Elections chair; Greg Brigham, Erika Litvin, Nancy Piotrowski, and Harry Wexler (of the Empirically-Supported Treatments Workgroup); Joshua Wexler and Jessica Martin (the Social Networking Workgroup of the Technology Committee); and Wen Pin (Kevin) Lai, website designer. There are also many others who generously volunteered their time this year to advance the mission of Division 50, and they are deeply thanked for their contribution.

I'll close by quoting Snoopy (Charles Schultz): “I hate good-byes. I know what I need. I need more hellos.” So here's to future “hellos,” whatever form they take...

References

- Freimuth, M. (2009). *Hidden addictions: Assessment practices for psychotherapists, counselors, and health care providers*. Lanham, MD: Jason Aronson.
- Hanbury, R., Tucker, J., & Vuchinich, R. (2000). A history of Division 50 (Addictions). In D.A. Dewsbury (Ed.), *Unification through division: Histories of the divisions of the American Psychological Association*. Washington, DC: American Psychological Association.
- Najavits, L. M., & Srinivas, T. (2010, March). *Behavioral addictions: A review of constructs and assessments*. Poster session presented at the annual Harvard Psychiatry Research Day, Harvard Medical School. ♣

Website on Empirically Supported Treatments: Call for Nominations

The Division 50 Evidence-Based Practice Workgroup is compiling empirically supported treatments (ESTs) for substance use disorders for inclusion on the Division 12 (Society for Clinical Psychology) EST website. To insure that all potential treatments are considered, we welcome nominations. We will follow a peer-review process for finalizing them. If you or someone you know is interested in nominating a treatment for consideration, send an e-mail including the name of the intervention and your complete contact information to div50.ebp@gmail.com and we will forward you a Nomination Packet. The Division 12 website can be viewed at www.psychology.sunysb.edu/eklonsky-/division12/index.html.

Please send your nomination by July 30, 2010.

Editor's Corner

E ora e' il momento di dire ciao (Now it's time to say goodbye....)

Elizabeth J. D'Amico

Well folks, if you can believe it, the time has come for me to say “*Ciao*” for good, at least from the pages of *TAN*. It's hard for me to believe that three years have already passed. They have literally flown by and it's been a blast! I have learned a lot in my term as editor of *TAN*—getting caught up on the latest research and new ideas, working with you on your many excellent submissions, adding some new regular features like Bridging the Gap and the New Member Spotlight, and helping to re-vamp the Division 50 web site. Most of all, I have benefited from the opportunity to meet fellow members, both the seasoned veterans and those fresh out of graduate school. I have had some really interesting interactions with so many of you. In short, it has been an invaluable experience. Thanks!

I also must tell you that I did not do this job alone. I have to thank my amazing assistant, Michael Woodward, the “behind-the-scenes-make-it-happen-with-a-smile” guy. He really helped me take *TAN* to the next level by giving it a new look and creating a system of organization that ensured we always met our deadlines! You probably recall seeing his name, as he is the author of many of the cartoons that you've seen in *TAN*—thank goodness he has a sense of humor!! So, thank you, Michael, for helping me to create a new vision for *TAN* and for all the work and effort that you have put forth. I could not have done it without your support! I also want to thank the Board for giving me the opportunity to serve the Division in this capacity. It has been a pleasure working with all of you over the past three years. I have



Michael Woodward

made a lot of new friends and look forward to continued collaborations.

Now... please don't worry, as I leave you all in completely capable hands. I am very excited that the Board selected Melissa Lewis as my successor. Melissa is absolutely wonderful and I have no doubt that she will continue to move *TAN* forward, providing a fresh outlook and a new persona to *TAN*. Welcome aboard, Melissa!

So, with all of that said, we have some great stuff in this issue. Our *Bridging the Gap* column focuses on Donald F. Dansereau and his work using mapping tools to enhance motivation in individuals with substance use disorders. We also have an interesting article that examines the MMPI-2-RF Substance Abuse Scale and how it performs cross-culturally. The summer issue also highlights the APA convention in beautiful San Diego! Ahhhh. Having lived there for many years, I can tell you that there are lots of fun things to do! One of my very favorite downtown restaurants is **Café Sevilla**—try their amazing tapas; also,

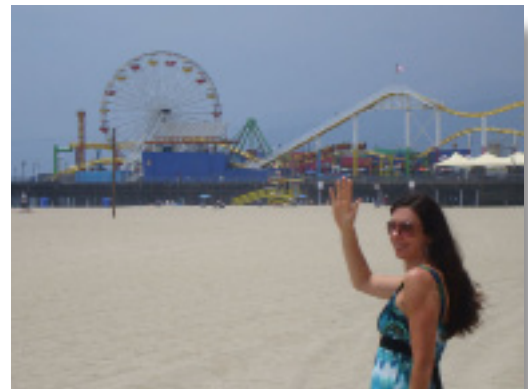
Filippi's Pizza

Grotto in Little Italy—who doesn't love pizza? Yum! **Croce's** on 5th Street in the famous **Gaslamp Quarter** is also great for live music. Are you up for some open-air power-shopping?—check out **Horton Plaza** for some *al fresco* bargain-hunting—stop by **Claudia's** for one of their incredible cinnamon buns...y'know... to boost your energy while you max out your credit card. And if you're

in the mood for some authentic “early California cuisine,” head to **Historic**

Old Town for some wonderful, lively Mexican restaurants. You can walk off your *plata de carnitas* afterwards—it's a great place to stroll and people-watch. Oh, and don't forget to attend the conference sessions! See the schedule we've included for a list of Division 50 events. It is a terrific program this year.

For fall *TAN*, if you would like to submit an idea for a new column, article, abstract, or announcement, you will now be sending your information to Melissa Lewis at edtan@uw.edu. Please send in all submissions by **Monday, October 4, 2010**. I know she will look forward to hearing from you!



Elizabeth J. D'Amico

As for me, I will look forward to sitting by the pool, relaxing and eating bon bons while I read the fall issue of *TAN* (without doing even one teeny tiny edit!)....until then, *Grazie e Arriverderci!* ♡

New Member Spotlight: Cheryl Buechner

Amee B. Patel

We are excited to continue *TAN's* newest feature, the New Member Spotlight. For our summer issue, Amee Patel interviewed Cheryl Buechner, director of Hazelden's Center City Mental Health Services, Pre-doctoral Internship Training Director at the Hazelden Foundation, and occasional lecturer at the Hazelden Graduate School of Addiction Studies in Minnesota. She received her Ph.D. in 1993 from The University of Iowa.



Cheryl Buechner

the clinical, educational, research and publishing opportunities we provide.

AP: Are you involved in any training components that could be useful for students and early career professionals?

CB: I work at Hazelden Foundation. Hazelden Foundation has seven facilities around the country for chemical dependency treatment. I am the Director of Mental Health Services at our largest facility in Center City, MN and the Training Director

for our APA approved pre-doctoral internship located at the Minnesota facilities. We also have practicum and post-doctoral fellowship opportunities. Across the organization, mental health providers, especially psychologists, are valued members of the interdisciplinary team. We are actively recruiting clinical positions.

AP: What are your professional interests?

CB: Hazelden Foundation provides services across the continuum from prevention through residential and outpatient treatment for co-occurring chemical dependency and mental health disorders. I personally specialize in clinical supervision as well as outpatient services for persons with co-occurring disorders and their family members. We also have an educational mission embodied in Hazelden Publishing Services and the Graduate School in Addiction Studies. I am currently involved in the formal training programs for psychologists located within Hazelden Foundation and their maintenance and improvement. ♣

AP: Why did you join Division 50?

CB: I joined Division 50 as a means of reconnecting professionally with APA specifically around the spectrum of issues related to addiction. In addition, I am hoping there will be opportunities for both students and clinicians to learn more about Hazelden Foundation and

Election Results

William Zywiak
Division 50 Nominations and Elections Committee Chair

Thank you to everyone that voted during the Division election in April and May of 2010. One-hundred seventy-eight votes were cast or 18% of the Division membership. Candidates Warren Bickel, John Kelly, and Mark Schenker contributed considerable time and effort in the election process.

Congratulations to Warren Bickel, who was elected President-Elect. He will begin his term as President at the end of the Business Meeting at the 2011 APA Convention in Washington, DC. During the preceding 12 months he will shadow Fred Rotgers as Fred begins serving as President in August 2010.

Congratulations to John Kelly who was elected for a second three-year term as Member-at-Large (Practice). I would like to thank the soon to be Past-President, Lisa Najavits for the time and energy expended during the last 12 months as President, and I would like to thank John Kelly for serving as Member-at-Large for the last 3 years. In the fall we will be looking for candidates for President-Elect and another Member-at-Large.

Summer's Here! The 2010 APA Convention Comes to San Diego

Amy Rubin and Sherry McKee, 2010 APA Convention Program Co-Chairs

APA is featuring substance abuse issues in the convention-wide plenary sessions this year. Nora Volker, Director of the National Institute on Drug Abuse, will be talking about prescription drug abuse, and G. Alan Marlatt will be discussing mindfulness in relapse prevention. For all times and locations, see the Division 50 website at www.apa.org/divisions/div50.

Since we posted the convention schedule in the spring issue of *TAN*, we have added special programs in our hospitality suite. We have a great Panel Discussion scheduled for Saturday at 2:00 p.m., with well-known clinicians discussing how they adapt evidence-based treatments to their real world practices. We have three Conversation Hours scheduled on Friday and Saturday. The first Conversation Hour will look at the

and challenges in supervising trainees in evidence-based practices. The third Conversation Hour will be looking at contemporary issues in addictions treatment. Thanks to Nancy Piotrowski, Jen Buckman, Marsha Bates, and John Kelly for organizing the Clinician's



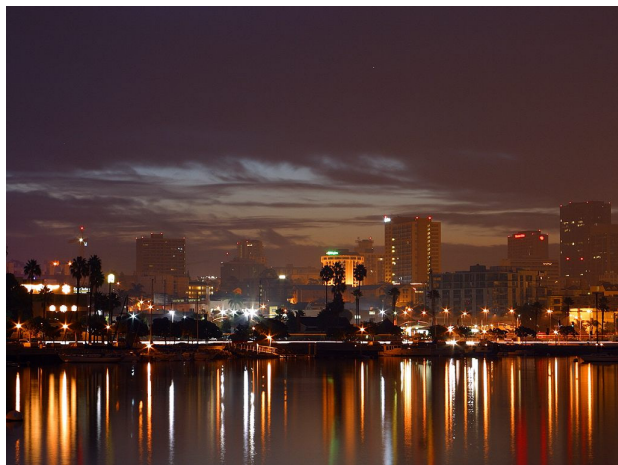
San Diego Cliffs (Photo: Public Domain)

Panel, to Nancy for arranging the conversation hours, and to Jen, Marsha, and Nancy for securing the NIAAA R13 (R13AA017170) funding for these more intimate gatherings.

this year. Both divisions have additional sessions that may be of interest to members. Details are in this issue of *TAN* and also in the Convention Program. Overall, we have 16 CEUs available for attending our symposia.

If you are also a member of Divisions 12, 17 or 42, you should know that these divisions were impressed with our programming and have co-listed these programs with us. Members of Division 42 might be particularly interested in our Pre-Convention Workshop, "Helping Patients Who Drink Too Much: Using The NIAAA Clinician's Guide" (8 CEUs), which provides a review of screening and brief intervention for people with substance use problems. We also have a Pre-Convention Grant-Writing Workshop (4

CEUs) presented by NIDA staff. Pre-Convention Workshops require free pre-registration so we can prevent either workshop from getting too full. To register, please e-mail your contact information to division50apa@gmail.com.



San Diego Bayfront (Photo: Public Domain)

changes to substance use disorders in the *DSM-V*, which will be available next year. The second Conversation Hour will be a discussion of practices

is giving an invited address on "Trauma and Addiction." Effectiveness of new technologies for use in treatment is a growing area of interest represented

Division 50 is sponsoring or co-sponsoring 17 symposia and 2 poster sessions on cutting-edge developments in basic and applied research as well as dissemination of evidence-based practices. Comorbidity issues are emphasized this year. In addition to two symposia on treatment of people with comorbid substance and other problems, Division 50 President Lisa Najavits



Balboa Park (Photo: Public Domain)

Please drop by the combined Divisions 28 and 50 Early Career Poster Session and Social Hour on Friday, 6:00-8:00 p.m. in the Marriott Salon 4. ♡

2010 APA Convention in San Diego

Division 50 Program Summary

Wednesday, August 11

Helping Patients Who Drink Too Much: Using the NIAAA Clinician's Guide (8CE)

8:00 a.m.-4:50 p.m., Hilton San Diego Bayfront Hotel, Indigo Room 202 A/B

Co-Chairs: Robert Huebner PhD, National Institute on Alcohol Abuse and Alcoholism; Mark Willenbring MD, Special Liaison to the National Institute on Alcohol Abuse and Alcoholism

Co-Sponsoring Division: 28

Unlock the Mysteries of NIH Research Funding: Improve Your Grant Application & Improve Your Chance at Success (4CE)

1:00 p.m.-4:50 p.m., Hilton San Diego Bayfront Hotel, Indigo Room 204 A/B

Co-Chairs: Harold Perl PhD, National Institute on Drug Abuse; Kristen Huntley PhD, National Institute on Drug Abuse; Theresa Levitin PhD, National Institute on Drug Abuse

Co-Sponsoring Division: 28

Thursday, August 12

Cutting Edge Science for Clinicians: Where is Addiction Treatment Going? (2CE)

8:00 a.m.-9:50 a.m., San Diego Convention Center, Room 25C

Chair: Kristen Huntley, PhD, National Institute on Drug Abuse

Co-Sponsoring Division: 28

Co-Listing Divisions: 12, 17, 29, 42, 55, APAGS

Predictors of Substance Use and Misuse in LGBTQ Populations

10:00 a.m.-10:50 a.m., San Diego Convention Center, Room 29D

Chair: Michelle D. Vaughan, PhD, The University of Virginia

Co-Listing Divisions: 1, 9, 17, 28, 29, 42, 44, 55, APAGS

Optimizing Treatment of Substance Users with Psychiatric Comorbidity (2CE)

12:00 p.m.-1:50 p.m., San Diego Convention Center, Room 33C

Chair: Suzette Glasner-Edwards, PhD, University of California—Los Angeles

Co-Listing Divisions: 12, 17, 18, 28, 29, 42, 55, 56

Sex and Gender Considerations in Laboratory and Treatment Outcome Studies in Addiction (2CE)

2:00 p.m.-3:50 p.m., San Diego Convention Center, Room 23A

Co-chairs: Cora Lee Wetherington, PhD, National Institute on Drug Abuse, Rockville, MD; Shelly F. Greenfield, MD, MPH, McLean Hospital, Belmont, MA

Co-Sponsoring Division: 28

Co-Listing Divisions: 12, 17, 29, 42, 55, 56

POSTER SESSION

4:00 p.m.-4:50 p.m., San Diego Convention Center, Exhibit Hall ABC

Co-Listing Division: 28

Friday, August 13

Cognitive Remediation as a Mechanism to Enhance Substance Abuse Treatment

8:00 a.m.-9:50 a.m., San Diego Convention Center, Room 22

Co-chairs: Will M. Aklin, PhD, National Institute on Drug Abuse, Bethesda, MD; Lawrence Carter, PhD, University of Arkansas for Medical Sciences

Co-Sponsoring Division: 28

Co-Listing Divisions: 17, 29, 40, 42, 55

CONVERSATION HOUR: A Focus on DSM-V and Substance-Related Disorders

10:00 a.m.-11:00 a.m., Division 50 Hospitality Suite
Host: Deborah Hasin, PhD, Columbia University/NYSPI

POSTER SESSION: Adolescent and Young Adult Substance Abuse—Minority Issues

10:00 a.m.-10:50 a.m., San Diego Convention Center, Exhibit Hall ABC
Co-Listing Division: 28

CONVENTION-WIDE PLENARY

11:00 a.m.-11:50 p.m.

Psychotherapeutic Drug Abuse: It's Not What the Doctor Ordered

Nora Volkow, MD, National Institute on Drug Abuse, Bethesda, MD

1:00 p.m.-1:50 p.m.

G. Alan Marlatt, PhD, University of Washington

Moment to Moment: Mindfulness-Based Relapse Prevention in the Treatment of Addictive Behaviors

Developmentally Focused Alcohol and Drug Trajectories—What Can They Teach Us?

2:00 p.m.-2:50 p.m., San Diego Convention Center, Room 24A

Chair: Sandra A. Brown, PhD, University of California—San Diego

Co-Listing Divisions: 1, 7, 17, 28, 29, 37, 42, 53, 55

PRESIDENTIAL ADDRESS

3:00 p.m.-3:50 p.m., San Diego Marriott Hotel, Manchester Room

Presenter: Lisa M. Najavits, PhD, Harvard Medical School, *Trauma and Addiction*

Chair: Frederick Rotgers, PsyD, Walden University

Co-Listing Divisions: 17, 28, 29, 42, 55, 56

BUSINESS MEETING

4:00 p.m.-4:50 p.m., San Diego Marriott Hotel, Manchester Room

Chair: Lisa M. Najavits, PhD, Harvard Medical School

Co-Listing Division: 28

POSTER SESSION: NIDA- and NIAAA-Sponsored Early Career Poster Session and Social Hour

6:00 p.m.-7:50 p.m., San Diego Marriott Hotel, Marriott Salon 4

Co-Sponsoring Division: 28

Saturday, August 14

Changing the Trajectories of Genetic Predispositions to Substance Abuse (2CE)

8:00 a.m.-9:50 a.m., San Diego Convention Center, Room 23A

Co-Chairs: Meyer D. Glantz, PhD, National Institute on Drug Abuse, Bethesda, MD; Belinda E. Sims, PhD, National Institute on Drug Abuse, Bethesda, MD

Co-Sponsoring Division: 28

Co-Listing Divisions: 1, 7, 17, 29, 42, 53, 55

Co-Occurring Substance Abuse and Mental Disorders—Characteristics at Treatment Initiation: Treatment Implications (1CE)

12:00 p.m.-12:50 p.m., San Diego Convention Center, Room 23A

Co-Chairs: Sonya B. Norman, PhD, University of California—San Diego School of Medicine; Patricia A. Judd, PhD, University of California—San Diego School of Medicine

Co-Listing Divisions: 12, 17, 18, 28, 29, 42, 55, 56

PANEL DISCUSSION: Implementing Evidence-Based Addiction Practices in the Real World: Challenges, Successes, and Lessons Learned

2:00 p.m.-2:50 p.m., Division 50 Hospitality Suite

Moderator: John Kelly, PhD, Harvard Medical School

Speakers: Jeff Foote, PhD, Center for Motivation and Change; Tom Horvath, PhD, Practical Recovery; Patt Denning, PhD, The Harm Reduction Therapy Center

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2010 Division 50 Convention Program Summary

(Continued from page 7)

Evidence Based Practice in Addictions: Valuing RCTs and Therapeutic Relationships (2CE)

2:00 p.m.-2:50 p.m., San Diego Convention Center, Room 24B

Co-Chairs: Nancy A. Piotrowski, PhD, Capella University; Harry K. Wexler, PhD, NDRI/CIRP

Co-Listing Divisions: 12, 17, 28, 29, 37, 38, 42, 55

Taking Innovative Evidence-Based Alcohol and Drug Treatment Forward (2CE)

3:00 p.m.-3:50 p.m., San Diego Convention Center, Room 24B

Chair: Nancy A. Piotrowski, PhD, Capella University

Co-Listing Divisions: 17, 28, 29, 42, 55, APAGS

CONVERSATION HOUR: Supervising Trainees in Evidence-Based Practices in Addiction

4:15 p.m.-5:15 p.m., Division 50 Hospitality Suite

Host: Tony Cellucci, PhD, Idaho State University

CONVERSATION HOUR: Contemporary Issues in Addictions Treatment

5:15 p.m.-6:15 p.m., Division 50 Hospitality Suite

Host: Raymond Hanbury, PhD, *Independent Practice*

Sunday, August 15

Beyond Me—Reducing Disparities in Drug Abuse Through Structural Interventions (1CE)

8:00 a.m.-8:50 a.m., San Diego Convention Center, Room 23B

Chair: Lulu A. Beatty, PhD, National Institute on Drug Abuse, Bethesda, MD

Co-Listing Divisions: 17, 28, 29, 37, 42, 55, APAGS

Linking Practice with Evidence-Based Interventions in Behavioral Health: New Developments (2CE)

9:00 a.m.-10:50 a.m., San Diego Convention Center, Room 29D

Chair: James L. Sorensen, PhD, University of California San Francisco

Co-Sponsoring Division: 28

Co-Listing Divisions: 12, 17, 18, 29, 37, 38, 42, 53, 55, 56, APAGS

Advocate's Alcove

Mental Health Parity Update

Rebecca Kayo, Division 50 Federal Advocacy Coordinator

Most of you will hopefully remember the momentous occasion of passing the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). MHPAEA was enacted into law on October 3, 2008, and became effective on October 3, 2009. This is a federal law that provides participants who already have benefits under mental health and substance use disorder coverage parity, with benefits limitations under their medical/surgical coverage. Long was the fight to obtain equity for mental health and substance use disorders

with success finally achieved! A good review of the MHPAEA is at <https://www.cms.gov/HealthInsReformforConsume/Downloads/MHPAEA.pdf>.

What many of you may not know is that on February 2, 2010, the Departments of Health and Human Services, Labor and Treasury published an interim final rule to implement the MHPAEA. Please see www.dol.gov/federalregister/PdfDisplay.aspx?DocId=23511 for information. The law requires the Departments to circulate regulations that detail compliance with its provisions. Health plans have complied with the law since October 3, 2009,

based on their assessment of its requirements. The interim final rule will generally apply to health plans for plan years beginning on or after July 1, 2010, which means that most plans will have to begin complying with the interim final rule beginning January 1, 2011.

The interim final rule fully implements the statutory requirements of MHPAEA by requiring parity for all financial requirements and treatment limitations. The regulation also prohibits the imposition of separate deductibles and out-of-pocket maximums as applied to mental health and substance use

disorder benefits and requires parity for “nonquantitative” treatment limitations, such as those related to benefits management. It is anticipated that the Departments will make the rule final at some point later this year after considering comments on the interim final rule, which were due on May 3, 2010. The Departments may make changes to the interim final rule before finalizing it, based on comments received. Although the interim final rules are too many to publish here, one helpful website containing a summary of these rules is <http://broker.uhc.com/assets/images/content/Summary%20of%20Interim%20Rules.pdf>.

For informational purposes, after Congress passes a law there are specific governmental agencies that are then responsible for the regulations needed to implement this law. In other words, federal regulations are the actual

enforceable laws authorized by major legislation enacted by Congress. The governmental agencies that are responsible for the law’s regulation start the process by first drafting and then publishing the text of the rule. The Departments then solicit feedback from the public and all interested parties. After the feedback is gathered it is reviewed by a rulemaking committee in the appropriate department or agency. The comments are considered and changes are made to the rules, as deemed appropriate. The final draft of the rule is then voted on per the procedures for the sponsoring department or agency. If approved in committee, the rule is enacted.

The American Psychological Association Practice Organization (APAPO) wishes to report that they fully support the interim rule, as published, and they have taken a lead in supporting the

Departments in the rulemaking process leading to final implementation. On May 3, APAPO filed comments in support of the rule, as published, emphasizing the importance of applying parity to prohibit separate deductibles and related cost sharing, and for the implementation of the law as it applies to nonquantitative treatment limitations, including benefits management. APAPO also wrote and garnered signatures for the Mental Health Liaison Group (MHLG) comments in support of the parity interim rule. Please note that both organizations are also involved with countering the current opposition to the interim final rule. Both APAPO’s comments and the MHLG comments in support of the interim final rule will be made available on the Department of Labor’s website in the coming weeks at www.dol.gov/ebsa/regs/commentsmain.html. ♡

Federal Update

Kristen G. Anderson
Member-at-Large (Public Interest)
Chair, Advocacy and Policy
Committee

The Office of National Drug Control Policy (ONDCP) recently released its *2010 National Drug Control Strategy*. The new ONDCP plan sets ambitious goals for addressing alcohol and drug use in the United States. ONDCP Director Kerlikowske has touted these changes as “a balanced approach of evidenced-based prevention, treatment and enforcement.” However, critics charge that the plan does little to change current funding priorities from interdiction to prevention and treatment. The ONDCP strategy suggests the following goals:

- Strengthen efforts to prevent drug use in communities
- Seek early intervention opportunities in health care
- Integrate treatment for substance use disorders into health care and expand support for recovery

- Break the cycle of drug use, crime, delinquency and incarceration
- Disrupt domestic drug trafficking and production
- Strengthen international partnerships
- Improve systems for analysis, assessment and local management



Supreme Court (Photo: Public Domain)

Specific targets have been set for reducing consumption rates and consequences of drug abuse by 2015.

These include:

1. Decrease the 30-day prevalence of drug use among 12- to 17-year-olds by 15%
2. Decrease the lifetime prevalence of 8th graders who have used illicit substances, alcohol, and tobacco by 15%
3. Decrease the 30-day prevalence of drug use among 18- to 25-year-olds by 10%
4. Reduce the number of chronic users by 15%
5. Reduce drug-induced deaths and drug-related morbidity each by 15%
6. Reduce the prevalence of drugged driving by 10%

The strategic plan can be downloaded at www.whitehousedrugpolicy.gov. Unfortunately, the ONDCP announced in April that Tom McClellan planned to resign his post as Deputy Director of the ONDCP. It was reported, however, that

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Federal Update

(Continued from page 9)

he would stay on through the summer to help implement the new strategy.

On another note, APA has announced a number of gains for psychology within the health care reforms bills passed in March. Norman Anderson, APA's CEO, reported that the reform legislation provides new opportunities for psychologists in integrated health care systems, support for mental and behavioral health parity, creation of

a Clinical Preventative Services Task Force to consider best practices for prevention and wellness, psychology workforce development and greater support for psychological research. As these reforms take effect, psychologists will be called upon to help guide the implementation of these plans into our health care system.

Finally, if you have interests in becoming more involved in Division 50's policy and advocacy efforts, please contact me at Kris.Anderson@reed.edu. The Advocacy and Policy Committee is currently

developing an e-mail network of members. This network will be geared toward disseminating information on national policy and advocacy initiatives as well as gathering information on important legislation at the state and regional level related to substance use prevention, treatment and behavioral mental health. Our goal is to improve communication with our members who are interested in these issues and address important state-level policy issues. ψ

Bridging the Gap

Bridging the Gap with Maps! An Interview with Donald F. Dansereau

Nancy A. Piotrowski
Capella University

Lynda K. Hemann
Concepts for Change, Inc.

Author of over 160 papers, Donald F. Dansereau is a Professor of Psychology and Associate Director for Cognitive Interventions at the Institute of Behavioral Research at Texas Christian University. His research focuses on cognitive approaches for improving education, prevention of substance use, and treatment. His work has been funded by grants from the Defense Advanced Research Projects Agency (DARPA), Department of Education, U.S. Army Research Institute, National Science Foundation, and National Institute on Drug Abuse (NIDA). In terms of bridging the gap, the projects that best embody those efforts are focused on developing cognitive enhancements for the treatment of probationers (CETOP) and the Texan Christian University mapping-enhanced counseling (TMEC) approach (Czuchry & Dansereau, 2003a, 2003b, 2005; Dansereau & Dees, 2002; Dansereau & Simpson, 2009).

NAP: *TMEC and CETOP were major research efforts. Tell me a bit about how your interest in this area developed and the scope of these projects.*

DD: My colleagues and I have been working on these projects for many years. The TMEC, which people can learn more about online (www.ibr.tcu.edu/), is a core intervention used in projects like CETOP and DATAR (Drug Abuse Treatment and Assessment Resources).

The TMEC is a cognitive tool designed to improve the structure and outcomes of interventions for addressing substance use and substance-related problems. It is embedded in a theoretical framework for the treatment process—including assessments of client needs and progress, along with integrated interventions. Numerous publications describe the positive impact of TMEC as a graphic representation strategy, especially on establishing better communication, counseling rapport, and improved decision making by clients (compared to traditional language-based counseling). Free downloadable assessment tools, articles, and intervention manuals are available at the link noted.

I spent 10 years as the Principal Investigator on CETOP and have otherwise been involved in the use of

mapping since 1989 in work with Dwayne Simpson. My research in mapping goes back to about 1972. I originally trained with Herbert Simon at Carnegie Mellon. He was a great mentor—was talented in so many areas—and had an overall



Donald F. Dansereau

model of human behavior, with recursive processes at all levels and related to thinking in economics, computer science, psychology, etc. As such, I have had a long-standing interest in applying cognitive principles out in the world, using what we understand about the structure of long-term memory and helping people map what might be on their mind. The original work to use mapping tools

was funded by DARPA to enhance technical tools training in areas like biology and statistics. Later in 1989, we collaborated and explored how this could be used for work with counselors in the context of DATAR.

NAP: *That is phenomenal. In many ways, this is translational research, bridging a gap on a very deep level, with deep roots in more basic sciences. Wow!*

LKH: *Mapping techniques appear to enhance motivation in individuals*

with substance use disorders. Do these results vary depending on the severity level of the disorder? Severity levels of dependence vary. Does the effectiveness of mapping show an inverse correlation with severity level?

DD: Mapping techniques do increase retention to help clients stay in treatment in an easier way and work in treatment in a stronger way. We see findings with more concrete results like urines that are more drug-free for cocaine and heroin. There is some variation in amount of benefit. As it turns out, those with lower verbal abilities benefit more from mapping. Both those with low and high verbal abilities benefit—but those with lower abilities benefit more. The feedback on the work in treatment is not just oral and verbal, but visual—and this seems to be beneficial. We also find that individuals with more severe psychological disorders—higher depression, higher anxiety—also benefit more. In terms of level of dependence, however, with data across sites, the cut-offs to determine severity are too gross, so we really haven't been able to use that. We would like to use something like the Addiction Severity Index (ASI) to have a better metric, but we have not used it so far.

NAP: How about with substance abuse, as opposed to dependence? Is that separated out at all—or is this all more for dependence?

DD: Many of the clients involved in this work are mandated to treatment, and most are likely to have dependence, not necessarily just substance abuse. Information on that level of precision is really not yet available. This work has been done in all types of organizations and although we do not have data, we do have clinical reports that mapping techniques do well with varied groups of clients. In fact, response to this approach has been so positive that it is being adopted widely. In Great Britain, there has been adoption of mapping across the entire treatment system, from severely disordered people to needle exchange to residential treatment to criminal justice—and even

outpatient non-criminal justice. We have also seen some adoption of this work in Israel, Italy and Turkey.

NAP: That's very broad adoption.

LKH: What are the pertinent variables that make one client more receptive to mapping techniques than another?

DD: It seems to help with cognitive restructuring. The focus on visual, cognitive restructuring may be what helps make it more portable. Overall, there is less focus on the words...and while fidelity issues can arise, it's an approach that is adaptable to culture, setting, and so on, and we encourage that kind of adaptation.

LKH: The synergism between auditory, visual, and kinesthetic learning appears to be salient in mapping techniques. Which one contributes the most to the overall effects demonstrated in mapping?

DD: It really seems to be all of it together, rather than any one piece. Also, it's not so much kinesthetic as drawing in an interactive way. The participants are not using normal writing behavior. We usually have pairs of people working together on a large piece of paper. They may be moving around, working on a table or a floor, to do that work, but it's not as systematic. There are auditory aspects of it that supplement normal talking—they may be talking about the maps, pointing to parts of it. Overall it provides an easy reference between the clients and counselors.

NAP: I can see how this really helps a counselor to put things into their clients' framework of thinking.

DD: Yes, it definitely helps you to put things into their framework. Here is the difference. If a professional makes a map of a client's thinking, it might be used as a tool, but then it might be harder for the client to digest. Whereas if we use a free mapping technique—starting with blank paper, guidelines of how to do it based on input from the client, working together with the

counselor or another, it's a different experience. The same is true for guide maps. There the maps with the blanks are structured based on focus groups, dealing with an emotion, or how to plan something, for example, which are almost like filling in a blank. It allows clients to make connections, but also provides them with room to go outside the boxes.

NAP: Anything to suggest one approach—free mapping or guide maps—is better?

DD: We've played with this idea, but what we see is that the combination seems better. The two approaches really do different things. Free mapping allows more of a brainstorming process, whereas guide maps help channel and frame thinking. Over time, clients also appear to benefit in that they seem to deal with things differently, as if they are using a map, even though they are not mapping. They seem to internalize that way of thinking, having what we like to call an inward bound experience—like the old outward bound, but internally, they are changed forever.

LKH: With which populations is mapping not particularly effective?

DD: This is harder to nail down. Individuals with high verbal skills do not take to it as well as those with lower verbal abilities. Individuals with high verbal skills communicate very fluidly and easy, so they tend to prefer to stay with that. We sometimes see gender variation, but this really depends from study to study. More so, there are just some individuals who may have some resistance to starting it—or anything new—and so it is more effortful. We think that this may be because the task can be somewhat threatening in that it makes a person's thinking public. Their thoughts aren't hidden; they have to be specific and bring themselves into the process. Usually we can make suggestions to get them past the oddness of doing the mapping,

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Bridging the Gap

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and eventually everyone who does the mapping gets immersed in it benefits.

NAP: *How is this different from other popularly known types of mapping approaches, like mind mapping?*

DD: There are a number of systems out there. Concept mapping and mind mapping are two, but again, what we do is different. In concept mapping, for instance, there is more of a focus on using it in science and other forms of education; it is more structured and usually what is formed is a hierarchical structure (organizational charts, hierarchy, sub topics, etc.). This is very much the opposite of mind mapping. In contrast, in mind mapping, which has some things in common with what we do, the process is more scattered, like brainstorming. Usually mind mapping doesn't have link types

or structures. Instead, mind mapping is just a spray type map, a brainstorming tool. Mind mapping is somewhat of a piece in ours, but mind maps are more like a scattered map to brainstorm, and do not have the types of links and structures we have in our approach. What we do is a bit more configural, looking at things like chains of ideas, different levels of structures, circles of ideas, broader sets of link types and configurations for use as building blocks of maps. We create those things and give those things as a palette upon which to build a map.

NAP: *This really whets my appetite to dig into your website and learn more about this. What is available in terms of mapping and resources?*

DD: The website is dense, but a whole mapping section can be very useful for visitors. This is easy to find on the site map (www.ibr.tcu.edu/map/map.html) and then there are many manuals

(www.ibr.tcu.edu/pubs/trtmanual/manuals.html).

References

- Czuchry, M., & Dansereau, D. F. (2003a). A model of the effects of node-link mapping on drug abuse counseling. *Addictive Behaviors*, 28(3), 537-549.
- Czuchry, M., & Dansereau, D. F. (2003b). Cognitive skills training: Impact on drug abuse counseling and readiness for treatment. *American Journal of Drug and Alcohol Abuse*, 29(1), 1-18.
- Czuchry, M., & Dansereau, D. F. (2005). Using motivational activities to facilitate treatment involvement and reduce risk. *Journal of Psychoactive Drugs*, 37(1), 7-13.
- Dansereau, D. F., & Dees, S. M. (2002). Mapping training: The transfer of a cognitive technology for improving counseling. *Journal of Substance Abuse Treatment*, 22(4), 219-230.
- Dansereau, D. F., & Simpson, D. D. (2009). A picture is worth a thousand words: The case for graphic representations. *Professional Psychology: Research & Practice*, 40(1), 104-110. Ψ

Student and Trainee Perspectives

Erika B. Litvin and Matthew Worley

Greetings! It is summer, which means that August and the annual APA convention will be here soon. Before describing highlights of this year's convention program, we would like to introduce you to Matthew Worley, Division 50's newest student representative. Matthew is about to begin his third year in the clinical psychology joint doctoral program at San Diego State University and the University of California, San Diego (SDSU/UCSD).



Matthew Worley

From Matt:

As a newly-appointed student representative, I'm eager to begin making valuable contributions to the Division 50 Executive Board. I originally developed an interest in substance use treatment research while working as

a research assistant at the University of Pennsylvania and the University of California, Los Angeles. Before entering graduate school, I was lucky to have such diverse experiences as implementing performance improvement systems with community substance abuse treatment clinics, managing randomized pharmacotherapy trials for methamphetamine dependence, and conducting behavioral therapy for adolescent smoking cessation. As I end my 2nd year of doctoral training at SDSU/UCSD, I continue to hone my research and clinical interests in the treatment of substance-related disorders. Most recently, I've studied various aspects of comorbid disorders, including the longitudinal association between depression and substance use, and the differential impact of integrated

versus standard treatment on levels of service utilization. My ultimate career goal is to conduct research focused on improving the effectiveness and portability of interventions for the treatment of substance use disorders. Taking advantage of a unique opportunity within our doctoral program, I'm also obtaining a joint Master's in Public Health degree, gaining beneficial knowledge to assist in interfacing with public health agencies for dissemination, surveillance and policy change.

My interest in the student representative position was motivated by a desire to become more involved in Division 50 affairs, and to help facilitate communication between students and established members. In addition to assisting in the advancement of Board initiatives, I hope to help create new opportunities for student development through the professional resources available within Division 50.

Regarding Convention—we know that the convention program can be quite overwhelming for students, so we encourage you to consult the Division 50, Division 28, and APAGS websites for lists and descriptions of addiction- and student-focused programming to help you plan your schedule. Here are a few highlights:

- On Friday, August 13 there will be two exciting addictions plenary sessions addressing contemporary topics:
 - 11:00-11:50 a.m., G. Alan Marlatt, University of Washington, “Moment to Moment: Mindfulness-

Based Relapse Prevention in the Treatment of Addictive Behaviors”

- 1:00-1:50 p.m., Nora Volkow, National Institute on Drug Abuse, Bethesda, MD, “Psychotherapeutic Drug Abuse: It’s Not What the Doctor Ordered”

- The Division 50 poster session will occur on Thursday, August 12 from 4:00-4:50 p.m. Also occurring again this year is the NIDA- and NIAAA-Sponsored Early Career Poster Session and Social Hour on Friday, August 13 from 5:00-7:30

p.m. This session features specially selected posters that highlight a broad range of the latest research on addictions. Historically, this session has been well-attended and provides great opportunities for networking.

In other division news relevant to students, Division 50 is continuing development of an online social network platform to facilitate networking and exchange of ideas among members. More information coming soon! Contact us at elitvin@mail.usf.edu or mworley@ucsd.edu. ♣

A Cross-Cultural Examination of the MMPI-2-RF Substance Abuse Scale: Comparing Samples from Mexico and the United States

Jeffrey Poizner, Ronald Stolberg, Gary Lawson, and Steven Bucky California School of Professional Psychology at Alliant International University, San Diego, CA

The Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1943) and its subsequent editions have been used to assess personality for more than 65 years across a wide range of clinical settings. These instruments have contained specific measures that assess substance use for nearly 45 years, beginning with the MacAndrew Alcoholism Scale (MAC; MacAndrew, 1965). Most recently, the MMPI-2-Restructured Form (MMPI-2-RF; Ben-Porath & Tellegen, 2008) was released, which contains the Substance Abuse Scale (SUB) and excludes all of the previous substance abuse-specific scales. Due to the MMPI-2-RF’s novelty and relative lack of peer-reviewed research, it is not yet known how this scale will perform in measuring substance use or even how it will perform in general, particularly with individuals from other cultures.

The numerous significant differences between the MMPI-2-RF and other MMPI instruments preclude the simple

application of previous MMPI research findings to the MMPI-2-RF. In the effort to reduce the number of test items, the MMPI-2-RF eliminated the MMPI-2’s empirically supported scales that measured substance use (Rouse, Butcher, & Miller, 1999; Berning, 1999; Svanum, McGrew, & Ehrmann, 1994; León & Lucio, 1999). The MMPI-2’s MacAndrew Alcoholism Scale-Revised (MAC-R; MacAndrew, 1965; Butcher et al., 1989), Addiction Potential Scale (APS; Weed, Butcher, McKenna, & Ben-Porath, 1992), and Addiction Acknowledgement Scale (AAS; Weed et al., 1992) all measure substance use differently, as the MAC-R and APS are more subtle and the AAS is more overt. For example, the 49 MAC-R items and 39 APS items are sensitive to personality traits and behaviors correlated with substance use, whereas the 15 items which load on the AAS inquire directly about usage (Rouse et al., 1999; Weed et al., 1992). Collectively, these scales may provide useful information for many different types of individuals, such as those who approach the test openly and honestly versus those who may seek to minimize their substance usage. Similar to the AAS, the MMPI-2-RF’s SUB is comprised of seven face-valid items. It is unknown how the

seven items on this single scale will compare to the collective value of the MMPI-2 measures of substance use.

There are currently only a few published MMPI-2-RF studies related to either substance use or cross-cultural profiles; thus, the instrument’s utility within these domains has simply not been established. The current study examined the MMPI-2-RF profiles on the SUB scale for Mexican males and American males receiving inpatient substance use treatment to determine the level of congruence with the normative sample from the United States. Our goal was to determine whether the MMPI-2-RF’s normative sample for SUB was representative of other populations, both within the United States and abroad. We had two aims: (1) to evaluate SUB’s utility in detecting substance use with men seeking substance treatment and (2) to examine how the American normative sample (Veterans Affairs [VA] inpatients) compared to a Mexican sample and to an American non-VA inpatient sample. Given the wide range and frequency of MMPI evaluations, it is imperative that each instrument can accurately screen for substance use problems.

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Examining the MMPI-2-RF Scale...

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We assessed two samples of male participants receiving inpatient substance use treatment: a sample from a clinic in Mexico City ($n = 63$) and a sample from a clinic in California ($n = 63$). T-tests were used to compare scores across several scales for these two samples; a third sample of VA male inpatients ($n = 1,151$) is provided in the publication manual as the comparative sample (Ben-Porath & Tellegen, 2008). The three samples were analyzed on five scales hypothesized to be sensitive to substance use and/or cultural variables: SUB, Uncommon Virtues (L-r), Antisocial Behavior (RC4), Aggressiveness (AGGR-r), and Aggression (AGG). The mean scores of all three samples were clinically elevated ($T = 65$ or greater) on SUB (Mexico $T = 74$, California $T = 70$, VA $T = 73$), offering initial support for its utility in cross-culturally screening for substance problems. However, there was a statistically significant difference between the Mexico and California samples; $t(124) = 2.26$, $p = .026$, with the Mexican sample obtaining a moderately higher score on the SUB scale.

An exploratory analysis examined whether differences existed on the remaining 45 MMPI-2-RF scales between the Mexico and California samples. A one-way analysis of variance (ANOVA) and Mann-Whitney U test revealed statistically significant differences between the Mexico and California samples on 21 scales, with the Mexico sample obtaining higher scores on every scale except one. Some of these differences may result from cultural factors in the approach to tests, such as MMPI instruments (Garrido & Velasquez, 2006; Diaz, Jurado, Lucio, & Cuevas, 2003; Butcher, Cabiya, Lucio, & Garrido, 2007); however, it is also possible that the Mexico group on average sought treatment only after experiencing more severe consequences due to their substance usage. This explanation fits with previous studies which suggest that Mexican

men are less likely than Caucasian men to seek inpatient substance use treatment (Kline, 1996; de las Fuentes, 2003). Research also indicates that as substance usage increases, clinical findings on personality assessment inventories correspondingly increase (Davis, 2006; Terracciano, Lockenhoff, Crum, Bienvenu, & Costa, 2008). Therefore, the Mexico participants may in part have elevated profiles due to differential substance usage and/or different circumstances which led to seeking treatment. Overall, the data from both the Mexico and California samples suggest that SUB can accurately identify substance use among men receiving inpatient substance use treatment. This offers initial support for the scale's utility with individuals who theoretically have less incentive to minimize substance use behaviors. In addition, the Mexican sample in this study obtained consistently higher scores than the California sample. Further cross-cultural research is warranted to determine whether this is a typical pattern.

References

- Ben-Porath, Y. S., & Tellegen, A. (2008). *MMPI-2-RF: Manual for administration, scoring, and interpretation*. Minneapolis: University of Minnesota Press.
- Berning, L. C. (1999). Relative external validity of the MMPI-2 substance abuse scales (Doctoral dissertation, University of Mississippi, 1999). *Dissertation Abstracts International*, 59(10-B), 5613.
- Butcher, J. N., Cabiya, J., Lucio, E., & Garrido, M. (2007). *Assessing Hispanic clients using the MMPI-2 and MMPI-A*. Washington, DC: American Psychological Association.
- Butcher, J. N., Dahlstrom, W. G., Graham, J. R., Tellegen, A., & Kaemmer, B. (1989). *MMPI-2: Manual for administration and scoring*. Minneapolis: University of Minnesota Press.
- Davis, D. A. (2006). Chemical dependency and relationship to personality, demographic, and psychometric variables and treatment outcome (Doctoral dissertation, University of Regina, 2006). *Dissertation Abstracts International*, 66(9-B), 5082.
- de las Fuentes, C. (2003). Latinos and mental health: At least you should know this. In J. S. Mio & G. Y. Iwamasa (Eds.), *Culturally diverse mental health: The challenges of research and resistance* (pp. 159-172). New York: Brunner-Routledge.
- Diaz, A., Jurado, M., Lucio, G. E., & Cuevas, M. (2003). Detección de rechazo al tratamiento en estudiantes universitarios [Detection of treatment dropout in university students]. *Psiquiatría*, 19, 1-9.
- Garrido, M., & Velasquez, R. (2006). Interpretation of Latino/Latina MMPI-2 profiles: Review and application of empirical findings and cultural-linguistic considerations. In J. N. Butcher (Ed.), *MMPI-2: A practitioner's guide* (pp. 477-504). Washington, DC: American Psychological Association.
- Hathaway, S. R., & McKinley, J. C. (1943). *The Minnesota Multiphasic Personality Inventory*. New York: Psychological Corporation.
- Kline, A. (1996). Pathways into drug user treatment: The influence of gender and racial/ethnic identity. *Substance Use & Misuse*, 31(3), 323-342.
- León, I., & Lucio, E. (1999). Consistencia y estructura interna de las escalas de abuso de sustancias del MMPI-2 [Internal consistency and structure of the MMPI-2 substance abuse scales]. *Salud Mental*, 22(3), 14-19.
- MacAndrew, C. (1965). The differentiation of male alcoholic outpatients from nonalcoholic psychiatric outpatients by means of the MMPI. *Quarterly Journal of Studies on Alcohol*, 26, 238-246.
- Rouse, S. V., Butcher, J. N., & Miller, K. B. (1999). Assessment of substance abuse in psychotherapy clients: The effectiveness of the MMPI-2 substance abuse scales. *Psychological Assessment*, 11(1), 101-107.
- Svanum, S., McGrew, J., & Ehrmann, L. (1994). Validity of the substance abuse scales of the MMPI-2 in a college student sample. *Journal of Personality Assessment*, 62(3), 427-439.
- Terracciano, A., Lockenhoff, C., Crum, R., Bienvenu, O., & Costa, P. (2008). Five-factor model personality profiles of drug users. *Biomedical Central Psychiatry*, 8(22), 1-10.
- Weed, N. C., Butcher, J. N., McKenna, T., & Ben-Porath (1992). New measures for assessing alcohol and drug abuse with the MMPI-2: The APS and AAS. *Journal of Personality Assessment*, 58, 389-404. ψ

Abstracts

Kaysen, D. L., Lindgren, K. P., Lee, C. M., Lewis, M. A., Fossos, N., & Atkins, D. C. (in press). Alcohol-involved assault and the course of PTSD in female crime victims. *Journal of Traumatic Stress*.

Although alcohol use has been associated with increased risk of victimization, little is known about how victim substance use at the time of assault may affect posttraumatic stress disorder (PTSD) symptom development. The present study is a longitudinal examination of substance use on PTSD symptom severity and course. A community sample of female crime victims ($n = 60$) were assessed within 5 weeks of sexual or physical assault with 3 and 6 months post-assault follow-ups. Twenty-three participants had consumed alcohol or alcohol/drugs prior to the assault (38%) and 37 had consumed neither alcohol nor drugs. Analyses were conducted using Hierarchical Linear Modeling. Participants who had consumed alcohol had lower initial intrusive symptoms but their symptoms improved less over time.

Lange, J. E., Daniel, J., Homer, K., Reed, M. B., & Clapp, J. D. (2010). Salvia divinorum: Effects and use among YouTube users. *Drug and Alcohol Dependence*, 108, 138-140.

Salvia divinorum (salvia) is an intense, short-acting hallucinogenic plant gaining popularity among adolescents in the United States. There has been little scientific documentation of salvia's effects. The popular video-sharing website YouTube has received literally thousands of video-posts of people using salvia. The objective of this study was to assess the effects of salvia use through systematic observations of YouTube videos. A sample of salvia videos was obtained using the search term "salvia." The videos were further

screened and only videos that captured the entire drug "trip" without video edits were included in the analyses described here ($n = 34$). Three trained research assistants independently watched the videos and rated their observations on 42 effects in 30-s intervals. Onset of symptoms was quick (often less than 30 s) and tended to dissipate within 8 min. Further, there was a relationship between salvia dose and effect duration. Since salvia's effects on humans are largely undocumented, this study provides the look at users in a non-laboratory environment (e.g., self-taped videos) exhibiting impairments and behaviors consistent with this powerful hallucinogen. Also, this study demonstrates the feasibility and shortcomings of using YouTube videos to assess emerging drugs and drug effects.

Liddle, H. A., Rowe, C. L., Dakof, G. A., Henderson, C. E., & Greenbaum, P. E. (2009). Multidimensional family therapy for young adolescent substance abuse: Twelve-month outcomes of a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 77(1), 12-25.

Research has established the dangers of early onset substance use for young adolescents and its links to a host of developmental problems. Because critical developmental detours can begin or be exacerbated during early adolescence, specialized interventions that target known risk and protective factors in this period are needed. This controlled trial ($n = 83$) provided an experimental test comparing multidimensional family therapy (MDFT) and a peer group intervention with young teens. Participants were clinically referred, were of low income, and were mostly ethnic minority adolescents (average age = 13.73 years). Treatments were manual guided, lasted 4 months, and were delivered by community

agency therapists. Adolescents and parents were assessed at intake, at 6-weeks post-intake, at discharge, and at 6 and 12 months following treatment intake. Latent growth curve modeling analyses demonstrated the superior effectiveness of MDFT over the 12-month follow-up in reducing substance use (effect size: substance use frequency, $d = 0.77$; substance use problems, $d = 0.74$), delinquency ($d = 0.31$), and internalized distress ($d = 0.54$), and in reducing risk in family, peer, and school domains ($d = 0.27$, 0.67, and 0.35, respectively) among young adolescents.

Perkins, H. W., Linkenbach, J., Lewis, M. A., & Neighbors, C. (in press). Effectiveness of social norms media marketing in reducing drinking and driving: A statewide campaign. *Addictive Behaviors*.

This research evaluated the efficacy of a high-intensity social norms media marketing campaign aimed at correcting normative misperceptions and reducing the prevalence of drinking and driving among 21-to-34-year-olds in Montana. A quasi-experimental design was used, such that regions of Montana were assigned to one of three experimental groups: social norms media marketing campaign, buffer, and control. Four random samples of Montanans between the ages of 21 and 34 were assessed at four time points over 18 months via phone surveys. Findings suggest that the social norms media campaign was successful at exposing the targeted population to social norms messages in the counties within the intervention region. Moreover, results demonstrate the campaign reduced normative misperceptions, increased use of designated drivers, and decreased drinking and driving among those in counties within the intervention region. Social norms media marketing can be

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Abstracts

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effective at changing drinking-related behaviors at the population level. This research provides a model for utilizing social norms media marketing to address other behaviors related to public health.

Ramo, D. E., Hall, S. M., & Prochaska, J. J. (in press). Reaching young adult smokers through the Internet: Comparison of three recruitment mechanisms. *Nicotine & Tobacco Research*.

Introduction. While young adults have the highest prevalence of cigarette smoking of any adult age group, studies of tobacco and other substance use have reported challenges in recruiting this age group. The Internet may be a useful tool for reaching young adult smokers. The present study compared three Internet-based recruitment methods for young adult smokers to complete a survey about tobacco and other substance use: Craigslist advertisements, other Internet advertisements, and email invitations through a survey sampling service. **Methods.** Recruitment campaigns invited young adults age 18-25 who had smoked at least 1 cigarette in the past 30 days to complete an online survey. Recruitment methods were compared across recruitment numbers, cost-effectiveness, and demographic and smoking characteristics of recruited participants. **Results.** In 6 months, 920 people gave online consent to determine eligibility to complete the survey, of which 336 (36.5%) were eligible, and 201 (59.8%) completed the survey. While Internet advertisements yielded the largest proportion of recruited participants and completed surveys overall, Craigslist and sampling strategies were more successful at targeting young adult smokers who went on to complete the survey and were more cost-effective. Participants differed in demographic and substance use characteristics across the three

recruitment mechanisms. **Discussion.** We identified success at reaching young adults who have smoked cigarettes recently through the Internet, though costs, participant eligibility, proportion of completed surveys, and respondent characteristics differed among the three methods. A multi-pronged approach to Internet recruitment is most likely to generate a broad, diverse sample of young adult smokers.

Rose, G. L., MacLean, C. D., Skelly, J., Badger, G. J., Ferraro, T. A., & Helzer, J. E. (2010). Interactive voice response technology can deliver alcohol screening and brief intervention in primary care. *Journal of General Internal Medicine*, 25, 340-344.

BACKGROUND: Alcohol screening and brief intervention (BI) is an effective primary care preventive service, but implementation rates are low. Automating BI using interactive voice response (IVR) may be an efficient way to expand patient access to needed information and advice. **OBJECTIVE:** To develop IVR-based BI and pilot test it for feasibility and acceptability. **DESIGN:** Development of an IVR intervention. Prospective pre- vs. post-intervention evaluation using mixed-methods data analysis. **PARTICIPANTS:** Primary care patients presenting for an office visit. **INTERVENTIONS:** IVR-BI structure corresponds to the provider BI method recommended by NIAAA: (1) Ask about use; (2) Assess problems; (3) Advise and Assist for change, and (4) Follow up for continued support. Advice was tailored to patient readiness and preferences. **MEASUREMENTS and MAIN RESULTS:** IVR-BI call duration ranged from 3-7 minutes. Subjective reactions were generally positive or neutral. About 25% of patients listened to the advice section, but at follow-up interview 40% indicated the IVR-BI had motivated them to change. About half of the patients discussed drinking with their provider during the office visit. These tended to be heavier drinkers with greater concern about their drinking.

Patients who had both IVR-BI and a provider-delivered BI endorsed equal utility and greater comfort and honesty with the IVR version. A reduction in alcohol use was observed in pre-post analysis. **CONCLUSIONS:** Using IVR technology to deliver BI in a primary care setting is feasible and there is preliminary evidence of efficacy. A large-scale randomized controlled trial of IVR is necessary to further evaluate efficacy and effectiveness.

Terlecki, M. A., Buckner, J. D., Larimer, M. E., & Copeland, A. L. (in press). The role of social anxiety in a brief alcohol intervention for heavy drinking college students. *Journal of Cognitive Psychotherapy*.

The Brief Screening and Intervention for College Students (BASICS) reduces alcohol use and alcohol-related problems among undergraduates, yet variability in outcomes exists. Identifying individual difference variables related to outcomes could inform efforts to improve treatment protocols. The current study evaluated the role of social anxiety during BASICS. High (HSA; n = 26) and low (LSA; n = 44) socially anxious heavy drinking undergraduates were randomly assigned to BASICS (n = 38) or an assessment-only control (n = 32). HSA patients reported higher baseline alcohol consumption (typical drinks, weekly quantity, and frequency). BASICS significantly decreased weekly alcohol consumption and alcohol-related problems relative to the control group. Social anxiety moderated outcomes such that in the BASICS condition, HSA patients reported heavier typical drinks at post-test, even after controlling for referral status, baseline typical drinks, and trait anxiety. This was not the case in the control group. HSA patients may benefit from social anxiety-specific interventions during BASICS. ♣

Announcements

New from SAMHSA

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) is pleased to announce the availability of Treatment Improvement Protocol (TIP) 51: *Substance Abuse Treatment: Addressing the Specific Needs of Women*. TIP 51 is available for download at www.kap.samhsa.gov or through the following link: *TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women*.

Work, Stress, and Health 2011: Work and Well-Being in an Economic Context

Join us on May 19-22, 2011 for the 9th International Conference on Occupational Health and Stress in Orlando, Florida. The Call for Proposals (including online submissions) is available now, and can be found at the official conference website: www.apa.org/wsh/. The submission deadline is **October 15, 2010**. For additional information, please contact Wesley Baker at 202-336-6033 or WSHConference@apa.org.

- www.apa.org/wsh/ (Official Work Stress and Health Conference Website)
- www.apa.org/pi/work/ (APA Public Interest Work Stress and Health Office Website)

Position Openings

New Fellows Positions at CASAA

The Center on Alcoholism, Substance Abuse, and Addictions (CASAA) has received notice that, effective July 1, 2010, we will be funded for a new 5-year pre- and postdoctoral NIAAA Institutional Research Training grant. The goal of the grant is to prepare future NIH scientists to conduct research to (1) elucidate the processes of change in drinking behavior, (2) develop and test effective methods to effect change through self-change, treatment and indicated prevention, and (3) develop and test models to

disseminate knowledge of effective interventions to diverse populations. Post-doctoral fellows may come from any discipline relevant to the goals of the training program. We have openings to support two postdoctoral fellows in the upcoming academic year. Additional information and application instructions can be found at: <http://casaa.unm.edu/download/TrainingGrantPostdocPositions2010.pdf>.

UCLA Pre- and Postdoctoral Training Program in Drug Abuse Research

The UCLA Integrated Substance Abuse Programs is inviting applications to its pre- and postdoctoral training program in drug abuse research. The training program, funded by the NIDA/NIH, combines a core research methodology curriculum with hands-on training opportunities and access to a diverse group of researchers and clinical settings. The program provides trainees with exposure to core issues in treatment outcomes and health services research and the opportunity to select an area of focus for research that is supported by strong faculty mentoring. Applications are accepted on an ongoing basis. Applicants must submit a letter describing their research interests and goals, a C.V., and 3 letters of recommendation.

Please send copies of representative papers that are published or in press. Applicants must be U.S. citizens or permanent residents. For more information contact Kira Jeter at kejeter@ucla.edu or 310-267-5417 or Christine Grella at cgrella@mednet.ucla.edu.

Postdoctoral Associate Position at Rutgers

The Center of Alcohol Studies at Rutgers University seeks applications for a postdoctoral associate position for an NIAAA-sponsored study that will utilize a large pooled data set combined from multiple independent alcohol intervention studies for college

students. Individuals with training in clinical or health psychology, prevention research, quantitative psychology, statistics or related areas, and a strong background in longitudinal data analysis are highly encouraged to apply. Applicants should have a PhD by December 2010. Interested applicants should send a letter describing their graduate training and research interests, curriculum vitae, and a writing sample, and arrange to have three letters of recommendation sent to: Dr. Eun-Young Mun, 607 Allison Road, Rutgers Center of Alcohol Studies, Piscataway, NJ 08854 or eymun@rci.rutgers.edu. Review of applications will begin immediately and continue until the position is filled. Rutgers University is an Affirmative Action/Equal Opportunity Employer.

UCSF Postdoctoral Traineeship in Drug Abuse Treatment and Services Research

Postdoctoral Scholars: One- to two-year NIH/NIDA-funded positions as postdoctoral scholars in drug abuse treatment and services research are available in a multidisciplinary research environment in the Department of Psychiatry, University of California, San Francisco. Scholars work with a preceptor to design and implement studies on the treatment of drug dependence, and select a specific area of focus for independent research. Director and Associate Director Drs. James Sorensen and Sharon Hall and Co-Directors Drs. Steven Batki, Kevin Delucchi, Joseph Gudysh, Carmen Masson, and Constance Weisner are all involved with either the NIDA Clinical Trials Network (CTN) or Treatment Research Center (TRC). Training of psychiatrists, women, and minorities for academic research careers is a priority. Send CV, research statement, samples of work, and two (2) letters of recommendation to Barbara Paschke, 3180 18th St., Suite 205, San Francisco, CA 94110;

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Announcements

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415-502-7882; Barbara.paschke@ucsf.edu. Additional information including faculty research interests is available at: http://ucsftrc.autoupdate.com/post_doctoral_program.vp.html.

Hot Off the Presses!

Pomerleau, C. S. (2010). *Life after cigarettes: Why women smoke and how to quit*. Alameda, CA: Hunter House.

This book focuses on managing weight and mood without cigarettes, replacing the comfort of cigarettes with self-care and creating a personal quitting style. There is also information on how medications can help individuals reach their goals. For more information, contact Sean Harvey at 510-865-5282 Ext: 309 or publicity@hunterhouse.com.

Sobell, L. C. & Sobell, M. B. (in press). *Group therapy with substance use disorders: A motivational cognitive-behavioral approach*. New York: Guilford Press.

In this new book coming out in 2010, authors Linda Carter Sobell and Mark B. Sobell describe how to conduct evidence-based, time-limited cognitive behavioral group therapy using motivational interviewing with people with substance use disorders. The book contains assessment forms, homework exercises and readings, motivational feedback materials, therapist group session guidelines and clinical examples that can be used with patients. The book focuses on how to effectively conduct and manage the dynamics of interpersonal interactions in groups including developing cohesion and also includes an updated description of the Guided Self-Change intervention for groups and individual treatment. The

book also discusses skills therapists need to effectively conduct and manage the dynamics of interpersonal interactions and challenges in groups. The concept, *Music Comes From the Group*, is used to communicate how leaders can build group cohesion to facilitate successful group outcomes. This book will help practitioners treating individuals with substance use problems and practitioners who want to learn how to integrate cognitive-behavioral and motivational strategies into group therapy. It should be available at the APA convention this year. ♣

OUT WITH THE OLD...

SO...THAT'S IT?
I'M JUST OUTDATED NOW?
JUST OUTDATED AND DEAD AND BURIED?
YOU HAVEN'T SEEN THE LAST OF ME!
I'M COMIN' BACK, BABY!



CAN YOU HAND ME THAT TIARA?
GOOGLE IS COMING OVER TO TAKE
MY PICTURE. I'M GOING TO BE
UPLOADED!!



WOODWARD
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Division 50 Leadership

Committee Chairs

Advocacy & Policy: Kristen Anderson (andersok@reed.edu)

Convention 2010: Amy Rubin (rubina@bu.edu)

Sherry McKee (sm292@email.med.yale.edu)

Education & Training/CE: Chris Martin (martincs@upmc.edu)

Cynthia Glidden-Tracy (cynthia.glidden-tracey@asu.edu)

Evidence-Based Practice: Harry Wexler (hkwxler@aol.com)

Greg Brigham (gbrigham@maryhaven.com)

Nancy Piotrowski (napiotrowski@yahoo.com)

Fellows & Awards: Sandy Brown (sanbrown@ucsd.edu)

Finance & Budget: Marsha Bates (mebates@rci.rutgers.edu)

Listserv: Vince Adesso (vince@uwm.edu)

Membership: Joel Grube (grube@prev.org)

Nominations & Elections: Bill Zywiak (zywiak@pire.org)

Science Advisory: Mark Wood (mark_wood@uri.edu)

Population & Diversity Issues: Angela Bethea (ABethea@chpnet.org)

Webmaster: Ken Weingardt (Ken.Weingardt@va.gov)

Liaisons

APA Education Directorate: Nancy Piotrowski (napiotrowski@yahoo.com)

APA Practice Directorate: John Kelly (jkelly11@partners.org)

APA Public Interest Directorate: Kristen Anderson (andersok@reed.edu)

APA Science Directorate: Sara Jo Nixon (sjnixon@ufl.edu)

Committee on Advancement of Professional Practice (CAPP): Fred Rotgers (fredro@pcom.edu)

Federal Advocacy Coordinator (FAC): Rebecca Kayo (rkayo33@aol.com)

International Relations in Psychology (CIRP): Position Open

Women in Psychology Network: Sharon Wilsnack (swilsnac@medicine.nodak.edu)

Research Society on Alcoholism (RSA): Kim Fromme (fromme@psy.utexas.edu)

Association for Behavioral & Cognitive Therapy (Addictive Behaviors SIG): Clayton Neighbors
(cneighbors@uh.edu)

Society for Research on Nicotine and Tobacco: Thomas Brandon (thomas.brandon@moffitt.org)

College of Professional Psychology: Sandy Brown (sanbrown@ucsd.edu)

Division 17: Matthew Martens (mpmrtens@memphis.edu)

Canadian Psychological Association—Substance Abuse/Dependence Section: Nancy Piotrowski
(napiotrowski@yahoo.com)

Friends of NIAAA: Carlo DiClemente (diclemen@umbc.edu)

Friends of NIDA: Lisa Najavits (lisa.najavits@va.gov)

APAGS: Erika Litvin (erika.litvin@moffitt.org)

Early Career Psychological Network: Vani Nath Simmons (Vani.Simmons@moffitt.org)

Appointed Student Representatives

Student Representative to the Board: Erika Litvin (erika.litvin@moffitt.org)

Matthew Worley (mworley@ucsd.edu)

Advocacy and Policy: Walter Drymalski (walter.drymalski@marquette.edu)

Education & Training: Erika Litvin (erika.litvin@moffitt.org)

Membership: Liz DiPaola Handley (edipaola@asu.edu)

Science Advisory Committee: Danielle Ramo (danielle.ramo@gmail.com)

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

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Division 50 Executive Officers

PRESIDENT

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

PRESIDENT-ELECT

Fred Rotgers
Clinical Psychology PhD Program School of
Psychology
College of Social and Behavioral Clinical Sciences
Walden University
155 Fifth Avenue South, Suite 100
Minneapolis, MN 55401
Telephone: 1-800-925-3368 ext. 1769
Fax: 732-549-1244
E-mail: frederick.rotgers@waldenu.edu

PAST PRESIDENT

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

SECRETARY

Amee Patel
Baylor College of Medicine
The Menninger Clinic
2801 Gessner Drive
Houston, TX 77080
Telephone: (713) 275-5509
E-mail: amee@mail.utexas.edu

TREASURER

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

MEMBERS-AT-LARGE

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

John F. Kelly

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

Clayton Neighbors

Department of Psychology
University of Houston
126 Heyne Bldg
Houston, TX 77204-5022
Telephone: (713) 743-2616
E-mail: cneighbors@uh.edu

COUNCIL REPRESENTATIVE—PRACTICE

Ray Hanbury
Mount Sinai School of Medicine and
UMDNJ-Robert Wood Johnson Medical School
2640 Highway 70 Bldg. 7A Suite 202
Manasquan, NJ 08736-2609
Telephone: (732) 223-1242
Fax: (732) 223-3296
E-mail: HanburyPsy@aol.com

COUNCIL REPRESENTATIVE—SCIENCE

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