



The Addictions Newsletter

The American Psychological Association, Division 50

SUMMER 2012

Contents

President's Column	1
SoAP Member Services	2
Editor's Corner	3
New Member Spotlight	3
Election Results	4
Bridging the Gap: Venturing Beyond the Bridge	5
Student and Trainee Perspectives	5
Spring 2012 Cartoon Caption Results	6
Advocates Alcove	7
APA Annual Convention.....	8
SoAP Opportunities: Joint Mid-Year Meeting.....	10
Be the SoAP Early Career Psychologist Representative!....	10
A More In-Depth Review of Community-Based Participatory Research.....	11
Clinician's Panel Discussion.....	12
Gambling Behavior and Its "Fellow Travelers": Implications for Prevention Among Adolescents and Young Adults	13
Pre-Convention Workshops	15
Gambling and Suicide	16
Abstracts	18
Call for New TAN Editor.....	20
Summer Cartoon Contest	20
Announcements	21
SoAP (Division 50) Leadership...	22
Society of Addiction Psychology Executive Officers	23

President's Column

Remember the Future

Warren K. Bickel

As I conclude my year as the President of SoAP, I am reminded of the opening lines of Charles Dickens's classic book, *A Tale of Two Cities* (1859):

It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us, we were all going direct to heaven, we were all going direct the other way.



Warren K. Bickel

The future offers what may be either the best of times or the worst of times. I am optimistic about developments in our field and adjacent areas of research and practice. This optimistic future holds before us parity in the new *Affordable Care Act*, new diagnostic possibilities within the next version of the DSM, new insights about mechanisms of addiction that are suggesting new therapeutic approaches, a new combined NIH institute addressing addictions, and technological advances that may provide novel approaches to treatment such as trans-cranial magnetic stimulation.

I am also pessimistic about what the future may bring. This future offers an imminent ruling of the Supreme Court that may declare the *Affordable Care Act* unconstitutional and current treatments that still produce only modest effects. More significantly, Congress may not pass a budget, which will trigger sequestration of budgets.

As a result, it may cripple our research enterprise and limit treatment services. This, in turn, will leave many Americans with addictive disorders without help or hope of more effective and available treatments.

What future will unfold?

Of course, no one can predict the future with accuracy. Perhaps we will find ourselves between the two extremes I outlined. Each of us can, and should, consider what steps or preparations we can make either or scenario. The future of SoAP, however, is our collective responsibility and it is something we must consider together.

First, let us consider the SoAP's immediate context. The good news is that we are financially stable; we have—through the votes of our membership—reclaimed our second council representative thus allowing our voice to be heard within the APA

twofold. We have engaging and exciting programs at each and every Annual Convention, including this year's in Orlando, FL. Yes, I believe that our Society will remain stable and vital.

But there is a larger context of the APA that we should consider. At the APA, the memberships are declining overall and, surprisingly, the membership of individuals with division affiliation is declining at a greater rate, such that the majority of APA members are not members of divisions. This is surprising to me because the divisions are precisely the reason I am a member of the APA. I like to learn from my colleagues working on the problem of addiction and I would assume that others feel the same way. Nonetheless, if this trend continues, it is possible that the APA will attend less to divisions, limit their support, and decrease Annual Convention hours associated with divisions (as they did this year).

What are the options for the SoAP? To consider what might be best for the future, I consulted the past. I read all the previous Presidential Columns and I came across an insightful comment by Tom Brandon (2009). He suggested:

...That Division 50 is now at a crossroads. One option is to remain a relatively small and intimate organization like many of the small APA divisions. The budget, and therefore the dues, would remain modest, and the Division would continue to be run by volunteers focusing on a limited number of key goals that are of value to our membership. The other option is to attempt to grow into a more comprehensive and potent organization, with the resources to take on a wider range of activities and to exert greater influence in national affairs. This would most likely require a larger budget, higher dues, and support staff.

Tom offers here very cogent and worthwhile pathways for our future. Building on Tom's comments, I would like to suggest a third possible way. I suggest we consider an intermediate pathway that entails building the SoAP and creating more value for its members.

This may entail collaborations with other APA divisions, as well as other groups, to explore how we can work on the challenges in addiction with those who are not psychologists, while remaining closely affiliated with the APA. If we can add value, we can build a deeper interest in the SoAP (perhaps by following up on the feedback from our membership survey—see page 10 of this issue of *TAN*), and as a result, *increase* our membership with our students and their students. In turn, this might *increase* our own influence, and thus, our value to the APA.

Now we could do what I just suggested and potentially *decrease* our affiliation with the APA. Why should we remain affiliated with the APA? The answer to me is that numbers count and we have a bigger voice when we and other psychologists talk as one. The APA is an organization with substantial influence. It has a dedicated policy group that works to make sure psychology is at the table and works for treatment, prevention, and research. This benefit is one we should continue to subscribe to. Indeed, if the worst-case scenario were to come to pass, then more than ever we will need to speak with one voice for our patients, for services, and for research. The future is ours if we consider the possibilities and plan for them.

Let us know your thoughts on the future of the SoAP. Contact myself, our incoming President Sarah Jo Nixon, or other members of the Executive Committee.

Conference, Conference, Conference!! I would be remiss not to remind our membership that we have an outstanding program at this year's Annual Convention. I encourage you all to attend. I am thankful to James MacKillop, who has done a masterful job leveraging our program through strategic relations with other divisions, thus producing a full and exceptional program.

Also, the Executive Committee and I have chosen to align with the APA program of

Treatment Guideline Initiative, and as a result have concluded not to continue two committees:

- The Evidence Based Practice in Addictions chaired by Greg Brigham, Harry Wexler, and Nancy Piotrowski
- The Empirically Supported Treatment chaired by Lisa Najavits

I am grateful to these chairs and the others that have worked with these committees for their faithful service.

Lastly, I want to thank the SoAP for the privilege of serving as your president. It has been a distinct honor. I am grateful for the support of the membership, the Executive Committee, and the volunteers that allow the SoAP to function. I look forward to assisting our soon-to-be President Sara Jo Nixon during her term. [ψ](#)

SoAP Member Services

Join SoAP: www.apa.org/divapp (new memberships are free for Members, Associates, and Professional Affiliates)

Website: www.apa.org/divisions/div50

Listservs: To join the discussion listserv (discussion among members), contact Vince Adesso at vince@csd.uwm.edu. To join the announcement listserv (for division news), send a request to Keith Cooke at kcooke@apa.org.

Journal: You can access the journal online at www.apa.org via your myAPA profile. You will need to log in with your user ID or email and password.

Newsletter: The newsletter is sent out on the listservs and is available through the website.

For help with membership issues, contact Keith Cooke at kcooke@apa.org.

Editor's Corner

Melissa A. Lewis

I hope everyone is gladly welcoming summer! As for me and my fellow Seattleites, we will likely welcome summer around September, per usual. While we may not all be happy with the weather, you are surely to be pleased with this issue of *The Addictions Newsletter (TAN)*. First off, congratulations are in order to all members who were newly elected into SoAP office (page 4). I look forward to working with each and every one of you throughout your terms.

Join us in Orlando! In this issue of *TAN*, the APA Convention is highlighted. Take a look at the list of SoAP (Division 50) events and plan what sessions out of this fantastic program you will need to take part. In *Student and Trainee Perspectives*, Ashley Hampton and David Eddie point out several events that may be of interest to students and trainees at the upcoming

APA Convention. Ashley Hampton also welcomes David Eddie, a newly appointed Student Representative, to the Executive Board of the SoAP.

Because many members of the SoAP focus on the broader sphere of addictions, I requested articles related to gambling. In her article, Jessica Cronic discusses adolescent and young adult gambling and its co-occurrence with alcohol and marijuana use. Ty Lostutter shares research focused on the relationship between gambling and suicide.

While all of our work revolves around addictive behaviors, the perspectives from which we study and/or treat addictive behaviors can vary tremendously. **As such, for the Fall issue, I am asking for articles with a focus on theory in relation to the etiology, prevention, and/or treatment of addictive behaviors.** As always, articles focused on different topics are welcome. Wanting to see

articles on a specific topic? Send your topic ideas to me for upcoming issues.

And the winner is ... Christine Lee! Check out Christine's winning cartoon caption entry on page 6. Finally, a bittersweet announcement: our cartoonist and Assistant *TAN* Editor, Jessica Blayney, is moving on to bigger and better things this Fall, as she is starting graduate school! Be sure to read her final cartoon on page 20. Thank you, Jessica, for all of your hard work on *TAN* throughout the last two years! You have made amazing contributions to *TAN* and the SoAP.

If you would like to submit an idea for a new column, article, abstract, announcement, or cartoon caption for the Fall issue of *TAN*, please send them to me at edtan@uw.edu by **October 1st, 2012**. We will print the winning caption and the name of the winner in the Fall edition of *TAN*. As always, I look forward to hearing from you!ψ

New Member Spotlight: Lucas Paul Kawika Morgan

Amee Patel

For this issue, I interviewed new member Lucas Paul Kawika Morgan, a rising fourth-year graduate student in the Clinical Psychology PhD program at the University of Massachusetts–Boston working under the mentorship of Lizabeth Roemer.

What do you hope to do after graduating from your program?

I am the seventh generation in my family to be raised in Hawai'i. One of my top goals in life is to return there and apply the skills and experiences that I am learning now. On the mainland, people often think of Hawai'i as a tropical paradise so it is easy to miss the real social problems that exist there. I came into psychology because I thought it



Lucas Paul Kawika Morgan

would be one avenue for passing my education forward. Our program at University of Massachusetts–Boston is focused on social justice and applications of clinical psychology to underserved groups and communities. After completing my degree, I plan to work with underserved individuals with mental health and addictions in Hawai'i, including Native Hawaiians

and veterans. I hope to help make psychological processes and therapies more relevant and accessible to non-dominant groups and hope that the work I do in the future can be applied to help inform policies that empower underserved groups and increase access to much needed resources.

What are your research and clinical interests?

From a research perspective, I am most interested in studying the application of mindfulness and acceptance-based behavioral therapies to substance abuse treatment and comorbid anxiety disorders. I am particularly interested in evaluating the effectiveness of these treatments in underserved and non-dominant populations, as not enough work has been done on applying

evidence-based treatments across different populations and settings. My research interests have been shaped by my work with clients over the past couple of years. I have enjoyed being part of an integrated, interdisciplinary treatment team this past year, and I definitely want to continue doing individual and group treatment on some scale in the future. One of my favorite things to do is teach mindfulness to people, and I know I will continue to do that in some shape or form no matter what I do.

How did you first become interested in addictive behaviors?

I've always been interested in the association between mental health and

substance use disorders, particularly examining the potential for common underlying mechanisms for both. Having worked as a practicum student at the VA Boston Substance Abuse Treatment Program for the past year, my firsthand experience has turned my professional interests more directly toward evaluating dual diagnosis issues. Working with individuals from complicated issues, such as childhood abuse, combat trauma, chronic homelessness, mental health, and substance use has challenged me to think about how to integrate our "parsimonious" theoretical models with the complexity of lived realities. It is a frustrating and fascinating learning process.

What motivated you to join the Society of Addiction Psychology (SoAP)?

I am starting to realize how important being part of professional organizations can be for making connections in service of bringing knowledge and experience together. I hope that, in joining the SoAP, I will be able to connect with others with similar interests and learn from members with different perspectives. Coming from a lab focused on acceptance-based behavioral treatments for generalized anxiety disorder, I have a lot to learn about the vast field of addictions. Joining the SoAP is one step towards fostering that learning.ψ

Election Results



Newly elected officers, from left to right: John Kelly, President-Elect; Ray Hanbury, Council Representative (Practice); Linda Carter Sobell, Council Representative (Science); Krista Lisdahl Medina, Member-at-Large (Science); Ameer Patel, Secretary; and Jennifer Buckman, Treasurer.

William Zywiak and Tammy Chung The SoAP Nominations and Elections Committee

Thank you to everyone who voted during the Division election in May. One hundred fifty eight ballots were cast. The candidates John Kelly, Ray Hanbury, Mark Schenker, Craig Love, Linda Carter Sobell, Krista Lisdahl Medina, Joseph Schumacher, Ameer Patel, Jennifer Buckman, and Serena Wadhwa contributed considerable time and effort in the election process. A big thank you to all the candidates!

Congratulations to the newly elected! John Kelly was elected President-Elect. He will begin his term as President at the end of the Business Meeting at the 2012 APA Convention in Honolulu.

During the preceding 12 months, he will shadow (as President-Elect) Sara Jo Nixon, as she begins serving as President in August 2012. After serving as President for one year, John will serve as Past President.

All other offices are standard 3-year terms. Most start in August 2012. The two Council Representative positions are exceptions to this rule and begin on January 1st, 2013. Congratulations to our two new Council Representatives, Ray Hanbury (Practice) and Linda Carter Sobell (Science).

Congratulations to our newly elected Member-at-Large (MAL) Science, Krista Lisdahl Medina; our newly elected Secretary, Ameer Patel; and our newly elected Treasurer, Jennifer Buckman.

Congratulations also to Mark Schenker, who has been appointed by the Board to serve the remainder of John Kelly's term as MAL (Practice).

We would also like to thank the following current officers for their service to SoAP: Past President Fred Rotgers, President Warren Bickel, Council Representative Jalie Tucker, and MAL (Science) Clayton Neighbors.

Additionally, we are seeking a third member of the Nominations and Elections Committee to join in August, and to take over as Chair 12 months hence (if interested, please email zywiak@pire.org). We hope to see you at Warren Bickel's Presidential Address at the Convention in Orlando on Friday, August 3rd at 4:00 pm!ψ

Bridging the Gap: Venturing Beyond the Bridge

Nancy A. Piotrowski
Capella University

In the Spring of 2009, the first column of *Bridging the Gap* debuted in *TAN*, following the suggestion from Tom Brandon, one of our past presidents. The column has run consistently since that time, featuring updates on evidence-based practice efforts in addictions treatment, continuing care research, the NIDA Clinical Trials Network, computer-assisted therapies, and even the use of treatment mapping. The column also has featured breaking research related to special populations (such as adolescents and those in the criminal justice system) and problems (such as gambling and substance use related to opioids, cocaine, alcohol, and other drugs). It has also tackled familiar topics, such as how do we implement new treatments, looking at special issues related to training, training trainers, and bringing treatments into public health treatment settings.

We hope this information has been useful and inspired you to consider how you can bridge the gap with your own work, whether you are a professor, clinician, professional

researcher, administrator, graduate student, research assistant, or novice to the field. There is a time, however, when it is important to keep things moving—in essence, to encourage exploration beyond “the bridge.” And so essentially, after three years, this will be the last column of *Bridging the Gap*. Of course, this does not mean we will not continue to bridge the gap! Instead, what we would like to do is make room for you to begin writing in more of your own work related to “the gap,” encouraging “new traffic” to pave some new roadways beyond the bridge.

In fact, there is a lot of area to explore, understand, develop, and preserve beyond the bridge. Thus, SoAP leaders (this includes you!) will move us into these new areas over time. One area, for example, you are likely to hear more about is national practice guidelines for psychologists. The larger body of the APA is spearheading work on guidelines in different areas of treatment. And, no doubt, addictions treatment will need to be part of that work.

As such, I want to take this opportunity to thank all of those who had a hand behind the scenes on the column: Lynda

Hemann, Harry Wexler, Greg Brigham, Liz D’Amico, Melissa Lewis, and Tom Brandon.

I also would like to thank those who graciously gave their time for interviews: Jim McKay, Jim Sorensen, Kathleen Carroll, Don Dansereau, Howard Liddle, Reid Hester, Michelle Drapkin, Michael Brunner, Barbara McCrady, Dom DePhilippis, Karen Ingersoll, Tom Horvath, Tim Fong, Dave Ledgerwood, Jeremiah Weinstock, and Desiree Crevecouer.

And a final thanks to the students and colleagues who wrote in with suggestions and ideas for work they wanted to hear about, as well as their supportive notes about how they enjoyed the column. In closing, I want to encourage everyone to keep on with the work of bridging the gap by submitting your articles and other items to *TAN*. Such contributions benefit us all through the sharing of different perspectives on all sides of the gap, ultimately resulting in better treatment and growth in the field of addictions. ♡

Student and Trainee Perspectives

Ashley Hampton and David Eddie

Hi everyone! We hope that everyone’s summer is off to a great and relaxing start. The APA Annual Convention is quickly approaching, and we look forward to seeing you all at the SoAP events in Orlando!

We thought it might be helpful to highlight some events of interest for student SoAP members. For graduate students gearing up for the internship application process, APAGS is hosting a

series of workshops and panels on the APPIC application and match processes on Friday, August 3rd and Saturday, August 4th. For more information, visit www.apa.org/convention/programming/apags/internship-series.aspx.

If you are interested in finding a balance between your clinical and research work, check out the session entitled *How to Effectively Balance Clinical and Research Activities in Graduate School* on Thursday, August 2nd from 12:00 to 12:50 pm.

Finally, if you are coming to the Convention with the goal of meeting and networking with the leaders in the field, consider attending the Speed Mentoring event where early career psychologists get to interact with experienced and distinguished psychologists. This will be happening on Friday, August 3rd from 8:00 to 10:00 am. Advanced registration is required and space is limited, so sign up when you register for the Convention.

We also want to introduce you to David

Eddie, the newly appointed Student Representative to the Executive Board of the SoAP. David is beginning his tenure and is eager to become more involved in other SoAP affairs. Welcome, David!

From David:

I completed my bachelor's, majoring in psychology, at Columbia University in 2010. For my honors thesis, I investigated the interaction of methamphetamine and alcohol on mood at the Substance Use Research Center at the New York State Psychiatric Institute. Currently, I'm a third-year clinical psychology graduate student at Rutgers University, where I work with Marsha Bates in the Cognitive Neuroscience Laboratory at the Center

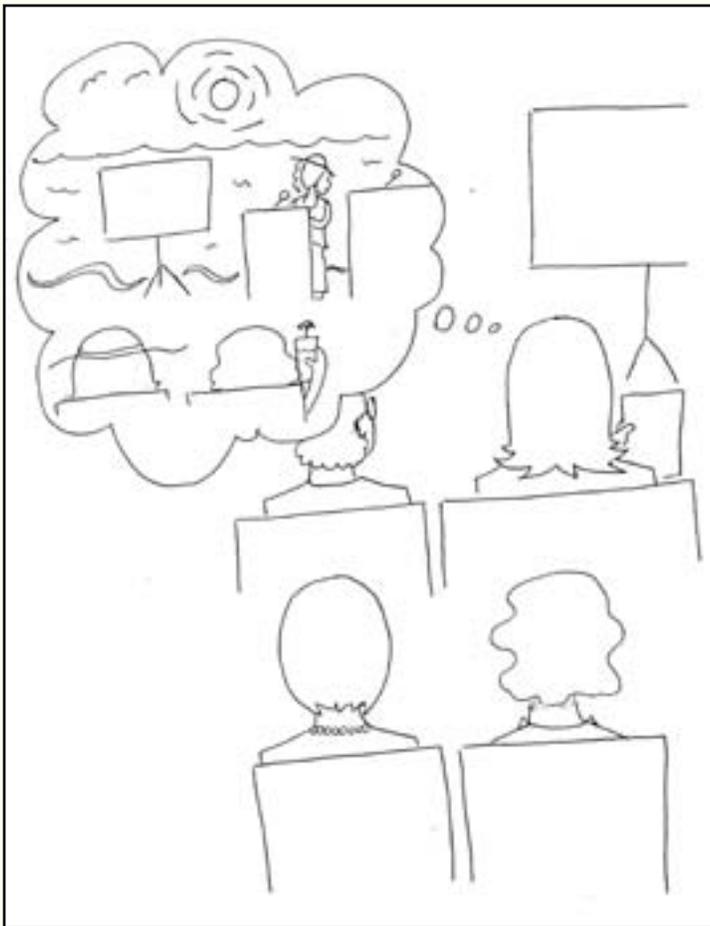
of Alcohol Studies. My work there focuses on expanding our understanding of autonomic substrates of emotion regulation and how these processes parlay into problem drinking. I am also particularly interested in applied psychophysiology, specifically, heart rate variability biofeedback as a clinical tool for the treatment of substance use disorders and affect regulation. I had the pleasure of presenting a poster at the Early Career Poster Session at the 2011 APA Annual Convention, titled *Alcohol Expectancies, Cue Reactivity, and History of Substance Dependence*. I have published an article on the effects of chronic cannabis use on psychosocial and cognitive functioning and have four articles submitted or in preparation on a variety of topics related to substance

use disorders and clinical science.

Clinically, much of my work so far has been with individuals with alcohol and drug problems. I'm currently a therapist in a controlled trial of female-specific CBT for women with alcohol dependence. I am also very interested in Mindfulness Based Relapse Prevention (MBRP), and currently run MBRP groups at the Rutgers Psychological Clinic.

Having been a member of the SoAP since 2008 and a student member of the Finance Committee since 2011, I am very excited to be joining the SoAP's Board as a Student Representative, and look forward to getting more involved in the SoAP!ψ

Spring 2012 Cartoon Caption Results



Cartoon by Jessica A. Blayney

Winning Caption:

“Day dreaming of the next APA conference in Honolulu, Hawaii.”

Caption Entries:

- a) “Those spring break drinking interventions are very effective. They even intrude on my day dreams!”
- b) “Day dreaming of the next APA conference in Honolulu, Hawaii.”

The winning cartoon caption came from Christine Lee, Research Associate Professor at the University of Washington and Associate Director of the Center for the Study of Health & Risk Behaviors. When Christine is not daydreaming of Hawaii, she is conducting research on event-specific preventative intervention and event-level associations among alcohol use, expectancies, and consequences.

See page 20 for this issue's contest!

Advocates Alcove

Nancy A. Piotrowski
SoAP Federal Advocacy Coordinator

Advocacy efforts continue to be very important in 2012. Practice concerns continue to focus on health care reform (HCR) and keeping Medicare in good shape.

As such, it will be very important for all of us to respond to action alerts asking us to send emails and letters or to make phone calls to various legislators in a timely fashion.

As a reminder, beginning earlier this Spring, the APA Practice Organization (APAPO) began implementing an enhanced software program to more efficiently communicate with and mobilize grassroots psychologists in legislative advocacy. Advocating psychologists, like you, have traditionally sent messages to Congress on issues critical to your patients and your profession by visiting the Legislative Action Center on Practice Central, APAPO's website (<http://capwiz.com/apapractice/home/>). The Legislative Action Center is powered by Capwiz, a software program that enables psychologists to communicate with their legislators. APAPO's state and territorial Federal Advocacy Coordinators (FACs), tasked with mobilizing grassroots support for APAPO's legislative priorities, will now utilize an enhanced Capwiz system to communicate directly with practitioners. The system will enable the FACs to reach all of APAPO's membership quickly and efficiently.

Beginning last month, APAPO members will receive all communications from their state or territorial FAC, including Information Alerts and Action Alerts, through the Capwiz delivery system. Individually crafted by each FAC but branded as an effort of APAPO, the emails will look a little different from those that members have historically received from state or territorial FACs. At the same time,

Division FACs will continue to deliver advocacy communications in the current format. Therefore, this means you will receive advocacy information from your state or territorial FAC, as well as through me, your division FAC. The primary difference will be that when the messages arrive, they may have additional information emphasizing state and/or division-related issues as needed.

Going forward, practitioners can expect to receive future alerts asking for help advocating for the current legislative priorities of 2012. These include three primary issues: First is the need for Congress to replace the flawed Medicare Sustainable Growth Rate (www.apapracticecentral.org/advocacy/state/leadership/slc-fact-medicare.aspx) formula and alter the existing favoritism of expensive technology-based specialty services over lower-cost mental health and primary care. Second is the need for Congress to include psychologists in Medicare's "physician" definition (www.apapracticecentral.org/advocacy/state/leadership/slc-fact-congress.aspx). Third is the need for Congress to make psychologists eligible for incentive payments through the HITECH Act (www.apapracticecentral.org/advocacy/state/leadership/slc-fact-hitech.aspx). Look for Listserv announcements and future *Advocate's Alcove* columns to keep you updated on these and other issues.

Please also note that APAPO provides valuable information about HCR and Medicare through its mailings and other communications. One was a recent supplement to the May 2012 *Monitor on Psychology*. The discussion focused on current procedural terminology codes designed for use by psychologists and other providers involved with integrated service delivery. Specifically, it addressed the health and behavior assessment and intervention codes, created by the APA. The guide they prepared explained the codes and issues

related to billing. Why is this important to us? Many of these codes are relevant for psychologists working with clients diagnosed with physical health problems who also will need care to encourage adherence to medical treatment, symptom management, health-promoting behaviors, modification of health-related risky behaviors, and adjustment to physical illness. These are relevant to both inpatient and outpatient settings. Some examples of the types of services described were assessments related to biopsychosocial factors affecting physical health and treatment problems, interventions to modify behavioral, cognitive, and/or biopsychosocial factors affecting physical health, intervention services (for example, an educational smoking cessation program). For more information, visit the "Billing and Coding" section under reimbursement at www.apapracticecentral.org. Key is that these codes allow psychologists to provide services that enhance treatment for physical health problems. With so many individuals dealing with co-occurring disorders that include physical problems, this is a very helpful advance in service provision.

Resource Information

APA Practice Central: www.apapracticecentral.org

HITECH: www.apapracticecentral.org/advocacy/state/leadership/slc-fact-hitech.aspx

Legislative Action Center: <http://capwiz.com/apapractice/home/>

Medicare Physician Definition: www.apapracticecentral.org/advocacy/state/leadership/slc-fact-congress.aspx

Medicare Sustainable Growth Rate: www.apapracticecentral.org/advocacy/state/leadership/slc-fact-medicare.aspx

APA Annual Convention 2012: Orlando, FL

August 2nd-5th

James MacKillop
SoAP Program Chair

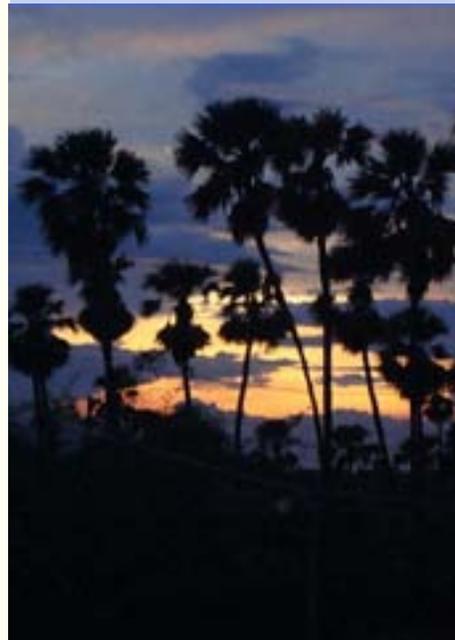
Join us in Orlando, FL for this year's Annual Convention! The theme of the program is translational research—how basic research can inform clinical research and vice versa. The symposia this year reflect the rich diversity of topics and interests of our membership. Once again, the Society of Addiction Psychology (Division 50) has worked in close collaboration with Division 28 (Psychopharmacology and Substance Abuse). Division 28 is co-sponsoring five of our symposia and we are co-sponsoring two of theirs. In addition, we are co-listing symposia with Divisions 27 (Community Psychology) and 25 (Behavior Analysis). Together, the program will include 14 symposia and two poster sessions, covering a wide array of findings and perspectives. These varied presentations emphasize the SoAP's longstanding interest in encouraging discussion and dialogue between researchers and clinicians. The full program is provided in the next few pages but let me draw your attention to some of the highlights.

First, the Presidential Symposium celebrating the life and work of Alan Marlatt (Thursday, August 2nd at 12:00 pm) will be of interest to researchers and clinicians alike. Alan Marlatt made seminal contributions to the study of addictive behavior. Jalie Tucker and Mary Larimer are chairing this tribute to his scientific and personal contributions to the field.

My hope is that this program truly has something for everyone. For clinicians, there are symposia on increasing the utility of computer-based interventions (Thursday, August 2nd at 8:00 am), enhancing evidence-based practice (Friday, August 3rd at 10:00 am), and integrating modern psychotherapy with traditional 12-step approaches (Sunday, August 5th

at 8:00 am). In addition, this year the SoAP is sponsoring a Clinician's Panel Discussion on stimulant medication, attention deficit hyperactivity disorder, and substance misuse (Thursday, August 2nd at 2:00 pm). We invite you to join our panel of experts to discuss the current research and theories about how stimulant medications may influence subsequent drug initiation. We welcome your perspective on this

ORLANDO 2012!



important topic. This session is also supported by a grant from the NIAAA (R13 AA017107; PI: Jennifer Buckman).

For researchers, there are symposia on integrating neuroscience and adolescent drug treatment (Thursday, August 2nd at 10:00 am), behavioral economics of addiction (Saturday, August 4th at 8:00 am), and translational approaches to alcohol and nicotine addiction (Saturday, August 4th at 1:00 pm). In addition, the SoAP is co-sponsoring APA president Suzanne Bennett Johnson's Interdisciplinary

Team Science Programming, which is providing an array of sessions on this important topic.

Another highlight will be the annual Early Career Poster Session and Poster Hour, which is another joint venture between the SoAP and Division 28, and is on Friday, August 3rd from 6:00 to 8:00 pm. This is an opportunity to see the work of some of the newest members of the field, and the quality of the work is outstanding. In addition, the session follows the Presidential Address, in which Warren Bickel will be reviewing his competing neurobehavioral systems theory of addiction, and the SoAP business meeting. Please do join us after those events for food, drinks, and some great presentations.

Finally, the SoAP is providing two pre-convention workshops of interest.

The first is *Helping Patients Who Drink Too Much: Using the NIAAA Clinician's Guide*, which reviews screening and brief interventions for people with substance use problems. This workshop is free, and attendees will receive 8 CEUs.

The second is *Unlock the Mysteries of NIH Research Funding: Improve Your Grant Application and Improve Your Chance at Success*. This half-day workshop will de-mystify the grant-writing process and is presented by staff from NIDA. It's also free, and participants will receive 4 CEUs.

To register for either, please email your contact information to societyofaddictionpsychology@gmail.com.

In sum, this is another exciting year for the SoAP at the APA Annual Convention. I hope you join us in Orlando! The events are listed on the next page or visit the SoAP website at www.apa.org/divisions/div50.

Society of Addiction Psychology (Division 50) Program Summary

Theme: Translational Research on Addictive Behavior

■ SoAP Presidential Address

Competing Neuro-Behavioral Decisions System View of Addiction

Presenter: Warren Bickel, PhD (SoAP President)

- *Contingency Management Interventions in Substance Abuse and Health*

Collaborating Divisions: Divisions 28, 12, 25, and the APA Science Directorate

■ Keynote Lectures

Neurobiology of Addiction: A Reward Deficit and Stress Surfeit Disorder

Presenter: George Koob, PhD

Collaborating Divisions: Division 12 and the APA Science Directorate

Future Direction in Disease Prevention: Tobacco Control as a Case Example

Presenter: Dorothy Hatsukami, PhD

Collaborating Divisions: Division 12 and the APA Science Directorate

■ Presidential Track on Interdisciplinary Team Science

- *What is Interdisciplinary Team Science? Conceptual Frameworks*
- *Testimonials: Psychologists' Working in Interdisciplinary Science Teams*
- *Show Teams the Money: Funding Streams*
- *Preparing Psychologists to Create, Join, and Lead Interdisciplinary Teams*
- *Interdisciplinary Research Case Studies*
- *Tools for Teams: Ensuring That Interdisciplinary Team Science Works*

The Society is pleased to co-sponsor this presidential initiative highlighting research in which psychologists are actively working with scientists from other disciplines.

■ Presidential Symposium

- *Understanding Addictive Behaviors: Celebrating the Work and Generativity of G. Alan Marlatt*
- *Behavioral Economics as a Platform for Translational Research on Addiction*
- *From Innovations in Neuroscience to Innovations for Adolescent Drug Abuse Treatment*
- *Stimulant Medication, ADHD, and Substance Use Outcomes*
- *State of the Science & Clinical Implications of Outcome Measures in Drug Abuse Treatment Trials*
- *Integrating Modern Psychotherapy with the 12 Steps of Alcoholics Anonymous*
- *Increasing Implementability by Computerizing Treatments: Where, When, and for Whom?*
- *Implications of NIDA CTN Behavioral Research for Evidenced Based Practice*
- *Treatment Development for Alcohol and Nicotine Dependence: A Translational Approach*
- *Triggers, Treatments, and Sex Differences in Models of Relapse and Translational Implications*
- *Risk Factors for Alcohol Abuse in Females Exposed to Trauma: Translational Research*
- *Integrating Behavioral Interventions in Family Therapy to Manage Triggers to Drug Use*
- *Exploring the Antecedents, Behaviors, and Consequence of College Alcohol Consumption*
- *Beyond Self-Report and Into the Community: Field Studies of Excessive College Alcohol Consumption*

■ Early Career Psychologists Poster Session and Social Hour

An informal event focused on enhancing interest and promoting careers of psychologists interested in addictions psychology. We encourage researchers and clinicians at all levels of their careers to join us for dialogue, hors d'oeuvres, and a cash bar.

Co-Hosting Divisions: SoAP and Division 28
Sponsors: NIAAA and NIDA

■ Pre-Conference Workshops

Helping Clients Who Drink Too Much: Using the NIAAA Clinician's Guide (8 free CEUs)

- This interactive workshop will provide an overview of current screening and intervention tools for primary care and mental health clinicians.

Unlock the Mysteries of NIH Research Funding: Improve Your Grant Applications and Improve Your Chance for Success (4 free CEUs)

- Long-time NIH staff members will provide in-depth information on how to develop successful applications for NIH research grant funds. [ψ](#)

SoAP Opportunities: Joint Mid-Year Meeting

Sara Jo Nixon

As Warren Bickel noted in his President's Column, there are many challenges facing the APA and its members. Perhaps these challenges are more applicable in those Divisions with a specific focus on substance use and addiction. At the Division Leadership Conference in January, Division 28 President-Elect Anthony Liguori and I had the opportunity to sit with Chad Rummel from the APA Division Services Office and talk about some of these challenges. We focused on our shared concern that our Divisions were seen as largely irrelevant to many psychologists and trainees engaged in addiction, psychopharmacology, and substance use research efforts.

As discussions continued, the possibility of conducting a joint mid-year meeting arose. Certainly, mid-year meetings are not uncommon among the APA Divisions and the SoAP had previously considered sponsoring one. While membership response had been favorable, the idea failed to "take hold." However, the possibility of creating synergy by engaging two related but separate Divisions was appealing, at least on the surface. Anthony Liguori and I spoke with our Executive Boards and received permission to seek input from our Division members.

This Spring, the SoAP and Division 28 sponsored a survey focusing on this issue. Chad Rummel developed the survey, collected results, and provided an analysis of the responses. A total of 359 people responded to the survey. This response rate is quite good for this type of survey. Of the respondents, 81%* were members of the SoAP, 77% were members of the APA, and 18% were members of both the SoAP and Division 28. In addition, we had students (13%), early career (25%), mid-career (25%), late career psychologists (27%), as well as retired professionals (5%) respond to the survey.

Approximately 49% of the respondents indicated they would be very interested in a joint mid-year meeting and another 40% were somewhat interested. Of these respondents, 73% preferred that a mid-year meeting be conducted as a stand-alone conference. Sixty-three individuals volunteered to serve on the planning committee (21% of those expressed interest in the conference) and 160 (52%) asked to be kept abreast of developments. Only 53 respondents indicated they would not be interested in a joint mid-year meeting.

As you see, the responses were highly positive! Therefore, we are moving

forward with the construction of a planning committee composed of members of both divisions. Working closely with Chad Rummel in the APA Division Services Office, Anthony Liguori and I will co-chair this effort. Regardless of your position, we want to thank those of you who took the time to complete the survey. Your input was important and the insights and recommendations you provided will be helpful. We are excited about this opportunity and urge you to watch your email for updates!

**Reported percentages have been rounded off.ψ*

Be the SoAP Early Career Psychologist Representative!

The SoAP Early Career Psychologist (ECP) Representative serves as a liaison to the APA Early Career Psychologist Network (ECPN) and as an advocate for issues relevant to early career psychologists within the Society. In this role, the ECP Representative sits as a non-voting member of the Executive Board of the SoAP, attends ECPN meetings as a representative of the SoAP, and serves as a liaison between the SoAP and the ECPN. Additionally, the ECP Representative communicates with early career professionals in the membership to present their needs and concerns to the Executive Board.

This is a dynamic role that continues to grow and change with the growing needs of early career psychologists. As such, there is room to shape the position and take on new initiatives. This is a great opportunity that allows a psychologist at the early career level to have exposure to APA procedures, gain familiarity with issues related to professional growth and training, and network with some of the top psychologists in the field of addictions.

Requirements:

1. Must be within seven years of receipt of doctoral degree
2. Must be a member of the SoAP and APA
3. Must be able to serve for two years, including attending monthly conference calls and the APA Annual Convention

If interested, send your CV and statement of interest by July 31st, 2012 to Ameer Patel at amee@utexas.edu.

A More In-Depth Review of Community Based Participatory Research

Kimberly A. Miller
Science Advisory Board

The purpose of this article is to extend our discussion of Community Based Participatory Research (CBPR) from the Spring 2012 edition of *TAN* in order to provide a more in-depth review of this research philosophy. Our hope is to lay a foundation for continued discussion about how we can strategically adopt this approach in our work. To review, CBPR is a set of guiding principles that involve working with a community to identify needs and develop research, programs, and/or policies to address those needs (Minkler & Wallerstein, 2008).

The nine key principles of CBPR, as outlined by Israel et al. (2008), are listed below.

1. Recognizing community as a unit of identity
2. Building on strengths and resources within the community
3. Facilitating collaborative, equitable partnerships in all phases of research
4. Promoting co-learning and capacity building among all partners
5. Integrating and achieving balance between research and action for mutual benefit of all partners
6. Emphasizing relevance of public health problems and ecological perspectives that recognize and attend to the multiple determinants of health and disease
7. Involving systems development through a cyclical and iterative process
8. Disseminating findings and knowledge gained to all partners in a manner that involves all partners
9. Involving long-term process and commitment

At the heart of these principles is an equitable relationship that is established and fostered between researchers and community members, and it is the quality of this relationship that dictates how effective one will be in all stages of the research. If researchers keep the relationship as their top priority, all else will fall into place.

The development of relationships in CBPR can begin either by researchers approaching a community or the community approaching the researchers with a need or concern. Historically, it has been the researcher who has approached the community, but we hope as the gap between research and practice is reduced, more researchers will begin to be approached. One way researchers can minimize the gap is to find ways to spend time in the community, in order to allow community members to get to know you. This involvement can take many forms (e.g., volunteering for a community board, providing supervision to students at a substance abuse treatment center, setting up a practicum site at a mental health center, or offering a free seminar on a specific mental health topic to the public). All of these approaches allow you to use your strengths/abilities to offer something of value to the community. One should not underestimate the impact of spending time in the community, as these interactions are often the building blocks of effective working relationships.

These relationships do take time to build, which has been one of the criticisms of this approach. However, in order to gain trust, the community must get to know the researchers outside of the academic setting in order to believe that we truly want to assist with their concerns in a way that will serve them as much (or more) than it will serve us. Even with the best

intentions, building these relationships can be challenging because of the storied history of exploitation of individuals/communities to satisfy research curiosities or personal gain. In some communities, these historical obstacles are harder to overcome due to specific abuses; however, a genuine interest in building collaboration and spending selfless time in the community, along with a demonstrated humility and openness to learn, can move mountains. Researchers also need to learn the history/culture of the community to gain insight into its members' world views and beliefs to understand the context in which the social problems may be occurring.

Once a relationship has been established, it is critical to involve community members in every aspect of the project, from its formulation to its dissemination in both the local and scientific community. As scientists, we are used to maintaining control over our projects and usually do not look to those outside of academia for assistance. Thus, it may seem foreign to consider having community members assist with all aspects of the research process, particularly the development of hypotheses and interpretation of findings. However, we must remember that these individuals are the experts on their community and may have insights that we do not have. Members can also offer guidance about approaches and techniques that can lead to project success or failure.

At the conclusion of a project, it's critical to have community members assist in the creation and facilitation of presentations/publications. Dissemination of findings to the local community is one of the most critical elements because it explains how the original concern was addressed and how the community members contributed, the lessons learned, and insights gained. A likely outcome of this process

is that community members will find value in research and it may stimulate a continued discussion to generate ideas on how to address other concerns of the community. Additionally, the success of a CBPR project can lead to the community being able to compete for other types of funding (federal, state, and private) to continue to assist them beyond the scope of the current study, which is critical to their long-term success.

Now that we have provided an overview of CBPR and hopefully piqued your interest, we want to share a powerful example of how CBPR can drastically change a community. This example comes from a Native American community in McKinley County, New Mexico. Liquor stores in this county had a history of profiting from being located near “dry” reservations and between 1975-1977 NIAAA reported that McKinley County had the highest composite index of alcohol-related mortality in the U.S. (Ellis, 2004). Over time, more negative publicity surfaced about this community (e.g., labeled the “Drunk Town”), which lead tribal leaders to call on the community to come together to address the problem. As a part of this process, the tribe created a group that included tribal members, public health researchers, and policy makers to come up with policy changes and interventions for the tribe and local community. These changes included an increase in the alcohol sales tax, lowering the DUI intoxication level, increasing funding for substance abuse services, implementing mandatory training for all health care professionals, incorporating traditional healing in treatment, and closing bars (Ellis, 2004). After these changes were implemented, McKinley’s mortality rate for motor vehicle accidents declined by 60% between 1975 and 1995 and similar rates were found for homicide (58%) and suicide (59%). Additionally, between 1989 and 1995, alcohol-related arrests declined by 42%. What is extraordinary is that all of these results exceeded improvements found in other areas of New Mexico and the rest of the U.S. for the same time period (Ellis, 2004). The productive collaboration

and strategic interventions created by the tribe, larger community, and researchers clearly led to significant improvements.

We hope that this information and inspiring example of the impact that CBPR can have will encourage you to consider using this approach in your next project. Although CBPR might be more challenging than traditional research, these projects have an ability to impact communities in ways that traditional research cannot and can help bridge the gap between science and practice. Although still underutilized, CBPR has become more accepted by both researchers and funding agencies, which has resulted in increased financial support for these types of projects from NIH and the CDC (Mercer & Green, 2008). In addition, two journals have recently launched with a CBPR focus (*Progress in Community Health Partnerships* and *Action Research*), which has provided a specific avenue for publication of results from these types of studies (Minkler & Wallerstein, 2008). The increase in funding opportunities and the development of new journals demonstrates our field’s commitment

to this approach, and we hope to make it a more attractive possibility for your future.

References

Ellis, B. (2004). Mobilizing communities to reduce substance abuse in Indian country. In E. Nebelkopf & M. Phillips (Eds.), *Healing and mental health for Native American: Speaking in red* (pp. 87-98). New York, NY US: Altamira.

Israel, B. A., Schulz, A. J., Parker, E. A., Becker, A. B., Allen, A., & Guzman, J. R. (2008). CBPR definitions and key principles. In M. Minkler & N. Wallerstein (Eds.), *Community based participatory research for health: Process to outcomes (2nd Ed)*, (pp. 48-51). San Francisco, CA US: Jossey-Bass.

Mercer, S., & Green, L. (2008). Federal funding and support for participatory research in public health and health care. In M. Minkler & N. Wallerstein (Eds.), *Community based participatory research for health: Process to outcomes (2nd Ed)*, (pp. 399-406). San Francisco, CA US: Jossey-Bass.

Minkler, M., & Wallerstein, N. (2008). Semantics and core principles. In M. Minkler & N. Wallerstein (Eds.), *Community based participatory research for health: Process to outcomes (2nd Ed)*, (pp. 8-11). San Francisco, CA US: Jossey-Bass.ψ

CLINICIAN’S PANEL DISCUSSION

Thursday, August 2nd, 2012

Orange County Convention Center

Stimulant Medication, ADHD & Substance Use Outcomes

Time: 2:00-3:50 pm

Location: Room W105A

Come join our panel of experts as they discuss current research and theories about how prescribing stimulant medications for ADHD influences subsequent initiation of alcohol and other drug use behaviors.

VOICE YOUR PERSPECTIVES AND EXPERIENCES

CE Credits available!

Supported in part by grant R13AA017170

Gambling Behavior and Its “Fellow Travelers”: Implications for Prevention Among Adolescents and Young Adults

Jessica M. Crounce
University of Washington

Gambling involves wagering something of value on an outcome that is less than certain. Gambling is commonly characterized as an adult activity, one which conjures images of casinos, sporting events, or race tracks. However, on average, gambling starts around age 12 (Jacobs, 2000), and may involve wagering on card games, purchasing scratch or lottery tickets, playing electronic gaming machines (e.g., “fruit” machines in the United Kingdom), and sports betting (Griffiths, 1989; Gupta & Derevensky, 1998). Gambling generally first occurs with family members then increasingly with peers (Gupta & Derevensky, 1997; 1998). By age 18, approximately 80% of individuals have engaged in some form of gambling at least once in their lifetime (Kessler et al., 2008). For most, gambling is an occasional form of entertainment, but for some gambling becomes problematic and/or disordered.

The prevalence of disordered gambling, which encompasses sub-clinical levels associated with significant consequences (e.g., educational disruption, damaged relationships, financial/legal difficulties) and clinically diagnosable pathological gambling (American Psychiatric Association, 2000), is disproportionate in certain age groups. Specifically, compared with the general adult population, past year rates of disordered gambling among adolescents are close to five times greater (19.4% vs. 4.0%), while lifetime rates of disordered gambling among young adults, college students in specific, are close to three times greater (16.44% vs. 6.07%; Shaffer & Hall, 2001). Moreover, some research suggests that earlier age of gambling initiation is associated with greater likelihood of later gambling problems (e.g., Kessler et al., 2008). Together, these findings suggest adolescence

and young adulthood is associated with increased risk for gambling problems, consistent with studies that show elevated rates of alcohol use, drug use, risky sexual behaviors, and associated problems/disorders in this population (Cooper, 2002; Johnston, O’Malley, Bachman, & Schulenberg, 2011). And, like these other behaviors, gambling is commonly co-occurring.

Alcohol is the most frequently studied “fellow traveler” of gambling among adolescents and young adults. Research indicates that between 19% and 26% of college students frequently or always drink before or while they gamble (Giacopassi, Stitt, & Vandiver, 1998; Larimer, 2012). One study found that over one-third of college students under the age of 21 engaged in casino gambling in order to obtain alcohol more easily (Giacopassi, Stitt, & Nichols, 2006). Correlational evidence suggests the more alcohol one consumes while gambling, the greater the amount of money is expended within a single gambling occasion (Baron & Dickerson, 1999), and greater frequency of heavy episodic drinking is associated with a greater number of gambling occasions and problems (Barnes, Welte, Hoffman, & Tidwell, 2009). Moreover, experimental research has shown that alcohol use has a direct impact on concomitant gambling behavior, increasing persistence at gambling (Kyngdon & Dickerson, 1999), rate of loss (Phillips & Ogeil, 2007), average bet size (Crounce & Corbin, 2010) and overall duration of a gambling session (Ellery, Stewart, & Loba, 2005), and decreasing latency between betting decisions (Phillips & Ogeil, 2007). Alcohol’s effect on gambling mimics, and may contribute to an overall pattern of, within-session chasing, wherein additional money is wagered and/or time devoted to gambling to recoup monies lost on that occasion. This has important implications for interventions targeting gambling behavior, as within-session chasing has been hypothesized

to be the precursor to between-session chasing, the hallmark of pathological gambling, wherein individuals return at a later time to recoup losses from a previous gambling occasion (Breen & Zuckerman, 1999).

More recently, co-occurring use of cannabis and gambling has been gaining attention. Websites targeting individuals who wish to play online poker while “high” (e.g., Reefer Poker) have emerged as popular gambling venues. Although illegal in the United States, online gambling remains legal in other jurisdictions. A recent population-based study of adults age 18 and older in Quebec found that a greater percentage of online gamblers at least occasionally use cannabis than purely offline gamblers (32.9% vs. 11.3%; Kairouz, Paradis, & Nadeau, 2012). In one ongoing study of college student gamblers, approximately 8-9% and 3-4% reported using cannabis prior to or while gambling, respectively, in the past 3 months (Larimer, 2012). The acute effects of marijuana on gambling have not yet been evaluated experimentally; however, laboratory studies using a balanced placebo design have shown that acute marijuana use significantly impairs behavioral inhibition among young adults who report regular marijuana use above and beyond the effect produced by expectancy of receiving marijuana alone (Metrik et al., in press). Additional research evaluating the effect of long-term, regular (e.g., almost daily) marijuana use using a monetary decision-making task (Iowa Gambling Task; Bechara, Damasio, Damasio, & Anderson, 1994) has found that regular marijuana users versus non- or past infrequent marijuana users are more influenced by large immediate gains despite larger long-term losses (e.g., Fridberg et al., 2010; Whitlow et al., 2004), which may be due to relative insensitivity to negative feedback regarding performance (i.e., losses; Wesley, Hanlon & Porrino, 2011).

The implications of this research for marijuana's potential impact on real-world gambling are clear: Gambling after using marijuana may make it harder to avoid placing another bet (i.e., inhibit a prepotent response) despite mounting losses.

Beyond co-occurrence, the psychopathologies associated with these behaviors tend to be comorbid. Approximately 96% of individuals who were diagnosed as having met criteria for pathological gambling within their lifetime in the National Comorbidity Survey Replication study also meet lifetime criteria for one or more mental disorder, with 64% meeting lifetime criteria for three or more disorders (Kessler et al., 2008). Specifically, individuals diagnosed with lifetime pathological gambling compared to the general population were five times as likely to be diagnosed with a lifetime substance use disorder (76.3% vs. 14.6%), nearly three times as likely to be diagnosed with a lifetime mood disorder (55.6% vs. 20.8%), and twice as likely to be diagnosed with a lifetime impulse control disorder (42.3% vs. 24.8%) or lifetime anxiety disorder (60.3% vs. 28.8%; Kessler et al., 2005; 2008).

In terms of prevention, these findings collectively highlight the need to view problem behaviors and mental health disorders among adolescents and young adults in terms of the "big picture." Intervening with disordered gambling in isolation may fail to effect real and lasting change if other behaviors, like alcohol and drug use, serve as instigating cues that may trigger relapse. And, individuals who develop diagnosable pathological gambling likely do so in the context of other mental health disorders that may require concurrent treatment. Adolescents and young adults tend to minimize the need for treatment, even when they are experiencing levels of disorder that exceed diagnostic thresholds (e.g., Wu, Pilowsky, Schienger, & Hasin, 2007). Thus, screening is key and may be most effective if conducted within the context of primary care (e.g., during annual exams), especially as individuals

experiencing gambling problems are higher utilizers of medical services than those who never gamble or only engage in occasional recreational gambling (Morasco et al., 2006). Primary care settings also lend themselves well to brief interventions, which have been shown to be effective with both gambling (e.g., Larimer et al., 2012; Petry, Weinstock, Ledgerwood, & Morasco, 2008) and substance use (see Cronce & Larimer, 2011 & Larimer & Cronce, 2002; 2007 for reviews). Early identification and intervention can have lasting effects, which, for youth especially, have the potential to improve their overall developmental trajectories, affecting the whole course of their lives.

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References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR*. Washington, DC US: American Psychiatric Association.

Barnes, G. M., Welte, J. W., Hoffman, J. H., & Tidwell, M. O. (2009). Gambling, alcohol, and other substance use among youth in the United States. *Journal of Studies on Alcohol and Drugs, 70*, 134-142.

Baron, E., & Dickerson, M. (1999). Alcohol consumption and self-control of gambling behaviour. *Journal of Gambling Studies, 15*, 3-15. doi: 10.1023/A:1023057027992

Bechara, A., Damasio, A. R., Damasio, H., & Anderson, S. W. (1994). Insensitivity to future consequences following damage to human prefrontal cortex. *Cognition, 50*, 7-15. doi: 10.1016/0010-0277(94)90018-3

Breen, R. B., & Zuckerman, M. (1999). 'Chasing' in gambling behavior: personality and cognitive determinants. *Personality and Individual Differences, 27*, 1097-1111. doi: 10.1016/S0191-8869(99)00052-5

Cooper, M. L. (2002). Alcohol use and risky sexual behavior among college students and youth: Evaluating the evidence. *Journal of Studies on Alcohol, Suppl 14*, 101-117.

Cronce, J. M., & Corbin, W. R. (2010). Effects of alcohol and initial gambling outcomes on within-session gambling behavior. *Experimental and Clinical*

Psychopharmacology, 18, 145-157. doi: 10.1037/a0019114

Cronce, J. M., & Larimer, M. E. (2011). Individual-focused approaches to the prevention of college student drinking. *Alcohol Research and Health, 34*, 210-221.

Ellery, M., Stewart, S. H., & Loba, P. (2005). Alcohol's effects on video lottery terminal (VLT) play among probable pathological and non-pathological gamblers. *Journal of Gambling Studies, 21*, 299-324. doi: 10.1007/s10899-005-3101-0

Fridberg, D. J., Queller, S., Ahn, W. Y., Kim, W., Bishara, A. J., Busemeyer, J. R., ... Stout, J. C. (2010). Cognitive mechanisms underlying risky decision-making in chronic cannabis users. *Journal of Mathematical Psychology, 54*, 28-38. doi: 10.1016/j.jmp.2009.10.002

Giacopassi, D., Stitt, B. G., & Nichols, M. (2006). Motives and methods of under-age casino gamblers. *Journal of Gambling Studies, 22*, 413-426. doi: 10.1007/s10899-006-9026-4

Giacopassi, D., Stitt, B. G., & Vandiver, M. (1998). An analysis of the relationship of alcohol to casino gambling among college students. *Journal of Gambling Studies, 14*, 135-149. doi: 10.1023/A:1023094725055

Griffiths, M. D. (1989). Gambling in children and adolescents. *Journal of Gambling Studies, 5*, 66-83. doi: 10.1007/BF01022138

Gupta, R., & Derevensky, J. (1998). Adolescent gambling behavior: A prevalence study and examination of the correlates associated with problem gambling. *Journal of Gambling Studies, 14*, 319-345. doi: 10.1023/A:1023068925328

Gupta, R., & Derevensky, J. (1997). Familial and social influences on juvenile gambling behavior. *Journal of Gambling Studies, 13*, 179-192. doi: 10.1023/A:1024915231379

Jacobs, D. F. (2000). Juvenile gambling in North America: An analysis of long term trends and future prospects. *Journal of Gambling Studies, 16*, 119-152. doi: 10.1023/A:1009476829902

Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2011). *Monitoring the future national survey results on drug use, 1975-2010. Volume II: College students and adults ages 19-50*. Ann Arbor, MI US: Institute for Social Research, University of Michigan.

Kessler, R. C., Berglund, P. B., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV

disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 593-602. doi:10.1001/archpsyc.62.6.593

Kessler, R. C., Hwang, I., LaBrie, R., Petukhova, M., Sampson, N. A., Winters, K. C., & Shaffer, H. J. (2008). The prevalence and correlates of DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychological Medicine*, 38, 1351-1360. doi: 10.1017/S0033291708002900

Kyngdon, A., & Dickerson, M. (1999). An experimental study of the effect of prior alcohol consumption on a simulated gambling activity. *Addiction*, 94, 697-707. doi: 10.1046/j.1360-0443.1999.9456977.x

Larimer, M. E. (2012). [Project Chance]. Unpublished raw data.

Larimer, M. E., & Crance, J. M. (2007). Identification, prevention, and treatment revisited: Individual-focused college drinking prevention strategies 1999-2006. *Addictive Behaviors*, 32, 2439-2468. doi: 10.1016/j.addbeh.2007.05.006

Larimer, M. E., & Crance, J. M. (2002). Identification, prevention, and treatment: A review of individual-focused strategies to reduce problematic alcohol consumption by college students. *Journal of Studies on Alcohol*, Suppl 14, 148-163.

Larimer, M. E., Neighbors, C., Lostutter, T. W., Whiteside, U., Crance, J. M.,

Kaysen, D., & Walker, D. D. (2012). Brief motivational feedback and cognitive behavioral interventions for prevention of disordered gambling: A randomized clinical trial. *Addiction*, 107, 1148-1158. doi: 10.1111/j.1360-0443.2011.03776.x

Metrik, J., Kahler, C. W., Reynolds, B., McGeary, J. E., Monti, P. M., Haney, M.,... Rohsenow, D. J. (in press). Balanced placebo design with marijuana: Pharmacological and expectancy effects on impulsivity and risk taking. *Psychopharmacology*. doi: 10.1007/s00213-012-2740-y

Morasco, B. J., Pietrzak, R. H., Blanco, C., Grant, B. F., Hasin, D., & Petry, N. M. (2006). Health problems and medical utilization associated with gambling disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychosomatic Medicine*, 68, 976-984. doi: 10.1097/01.psy.0000238466.76172.cd

Petry, N. M., Weinstock, J., Ledgerwood, D. & Morasco, B. (2008). A randomized trial of brief interventions for problem and pathological gamblers. *Journal of Consulting and Clinical Psychology*, 76, 318-328. doi: 10.1037/0022-006X.76.2.318

Phillips, J. G., & Ogeil, R. P. (2007). Alcohol consumption and computer blackjack. *The Journal of General Psychology*, 134, 333-353. doi:10.3200/GENP.134.3.333-354

Shaffer, H. J., & Hall, M. N. (2001). Updating and refining prevalence estimates of disordered gambling behaviour in the United States and Canada. *Canadian Journal of Public Health*, 92, 168-172.

Kairouz, S., Paradis, C., & Nadeau, L. (2012). Are online gamblers more at risk than offline gamblers? *Cyberpsychology, Behavior, and Social Networking*, 15, 175-180. doi:10.1089/cyber.2011.0260

Wesley, M. J., Hanlon, C. A., & Porrino, L. J. (2011). Poor decision-making by chronic marijuana users is associated with decreased functional responsiveness to negative consequences. *Psychiatry Research*, 191, 51-59.

Whitlow, C. T., Liguori, A., Livengood, L. B., Hart, S. L., Mussat-Whitlow, B. J., Lamborn, C. M.,...Porrino, L. J. (2004). Long-term heavy marijuana users make costly decisions on a gambling task. *Drug and Alcohol Dependence*, 76, 107-111. doi: 10.1016/j.drugalcdep.2004.04.009

Wu, L. T., Pilowsky, D. J., Schlenger, W. E., & Hasin, D. (2007). Alcohol use disorders and the use of treatment services among college-age young adults. *Psychiatric Services*, 58, 192-200. doi: 10.1176/appi.ps.58.2.192

PRE-CONVENTION WORKSHOPS

Wednesday, August 1st, 2012
Peabody Orlando Hotel, Orlando, FL

**Helping Clients Who Drink Too Much:
 Using the NIAAA Clinician's Guide (8 free CEUs)**

Time: 8:00 am - 5:00 pm

Location: Celebration Rooms 1 & 2

This interactive workshop will provide an overview of current screening and intervention tools for primary care and mental health clinicians.

**Unlock the Mysteries of NIH Research Funding:
 Improve Your Grant Application and Improve Your
 Chance at Success (4 free CEUs)**

Time: 1:00 - 5:00 pm

Location: Celebration Rooms 3 & 4

Long-time NIH staff members will provide in-depth information on how to develop successful applications for NIH research grant funds.

SPACE IS LIMITED! FREE CE CREDITS!

To pre-register, email: societyofaddictionpsychology@gmail.com

Supported in part by grant R13AA017170

Gambling and Suicide

Ty Lostutter
University of Washington

The rates of gambling behavior in the United States are substantial, with close to 80% of adults reporting some level of gambling within their lifetime (Kessler et al., 2008). While most of those who gamble do so without problems, approximately 8%-10% of adults will experience subclinical gambling-related problems and another 1%-2% will meet criteria for a clinical diagnosis of pathological gambling (Shaffer, Hall, & Vanderbilt, 1999). Gambling-related problems range from mild (e.g., having a bad time gambling or getting into an argument with a friend) to severe (e.g., being unable to meet financial obligations, experiencing suicidal ideation or making a suicide attempt; National Gambling Impact Study Commission, 1999). Of course, the most serious and permanent of any gambling-related negative consequence would be a completed suicide.

According to data from the Centers for Disease Control and Prevention (CDC), suicide was the 11th leading cause of death in the U.S. in 2009, with just over 36,900 completed suicides out of nearly 1 million suicide attempts (CDC, 2010). Understanding the factors that contribute to suicide is important for developing efficacious prevention and treatment programs. Available data suggest that those with gambling problems may experience higher rates of suicidal ideation, attempts, and completions (Ledgerwood, Steinberg, Wu, & Potenza, 2005). Thus, among those 36,900 deaths, several may be attributable to the person's gambling behavior, but rarely is this link established or recorded as a contributing factor.

Determining contributing factors to a completed suicide can be difficult, especially when those factors are psychological. Unlike substance use, which may appear in a toxicology

report, a person's gambling behavior leaves no residual biological trace for the coroner to measure. Therefore, a *psychological autopsy*, an investigation that reconstructs what the person thought, felt, and did before death, based on information gathered from personal documents, official records, and interviews with individuals the decedent had contact with prior to death, may be the only means of determining if pathological gambling is a contributing factor. Wong et al. (2010) sought to test the feasibility of using a psychological autopsy approach, using 300 cases (150 suicides and 150 living matched-control proxies). Based on interviews with the significant others of the suicide victims or matched controls,

researchers found 17 (11.3%) of those who committed suicide had significant gambling problems compared to only 1 (0.6%) in the matched-control sample. Using a similar psychological autopsy methodology, Séguin et al. (2010) found that out of 122 individuals who had completed suicide in the Greater Montreal region over a 3-year period, 40% could be attributable to gambling problems. These two studies provide evidence of the association between gambling problems and completed suicide as well as offer a methodology that could be implemented within coroners' offices to help determine underlying psychiatric disorders, including pathological gambling, that may contribute to suicide. Furthermore, the results of these two studies suggest that greater attention should be paid in understanding the precipitants of gambling and suicide, which could help lead to the development of efficacious prevention and treatment programs.

Treatment Seeking

To date, there appears to be no empirical evaluation of the efficacy of treatment programs developed for pathological gamblers in specifically addressing suicidality. The majority of literature to date on gambling and suicide focuses on documenting the rates of pathological gamblers among various treatment-seeking populations. The estimated rate of suicidal ideation and suicide attempts

among individuals with pathological gambling that seek treatment ranges from 20% to 40% (Blaszczynski & Farrell, 1998; DeCaria et al., 1996; Kausch, 2003). However, Séguin et al. (2010) found pathological gamblers who completed suicide rarely sought treatment in the



month prior to their suicide and were less likely to seek treatment overall in the past year compared to non-pathological gamblers. This same study found that less than 2% of the pathological gamblers had received psychotherapy as a form of treatment, despite growing evidence that cognitive-behavioral therapy (CBT) is efficacious in reducing gambling behavior (Petry et al., 2006) and can be used to target suicidality (American Psychiatric Association, 2000). Taken together, these studies suggest that pathological gamblers who are experiencing suicidal ideation and may be the most in need of psychological services do not seek them.

Research on gambling and suicide also focuses on identifying precipitants of increasing suicidal ideation and attempts. Available evidence suggests that a recent significant financial loss, greater craving for gambling activities,

and higher gambling severity scores as measured by the South Oaks Gambling Screen (Lesieur & Blume, 1987) are potentially related to increasing suicide behaviors (Petry & Kiluk, 2002). Not surprisingly, research also suggests that pathological gamblers who experience suicidal ideation typically have comorbid disorders including depression and substance use (Hodgins, Mansley, & Theygesen, 2006). The relationship between gambling and suicide is complex and clients' individual histories vary: Which came first, the mood disorder, the substance use, or gambling behavior? Within the study by Hodgins et al. (2006), substance abuse history was the single factor that distinguished between individuals who had a history of suicidal ideation versus actual attempts, increasing the risk six-fold for attempts.

Clearly more research is needed to untangle the complex relationships between gambling and other psychological disorders that increase suicide risk. Specifically, a better understanding of the etiology of gambling-related suicide is crucial. Greater understanding of the temporal relationship between gambling and suicide behavior as well as gambling-specific contributing factors which may lead to suicide such as a major financial loss, shame of relapse, or other immediate precipitants could lead to more effective prevention and treatment interventions targeting gambling-specific suicidal behavior. Furthermore, there is a need to identify protective factors for gambling-related suicidal behavior. Previous research suggests that factors such as reasons for living, hope, and religiosity/spirituality have been shown to be useful in counteracting future suicide behavior (Fowler, 2012). Similar research is needed to examine both general and specific protective factors among suicidal gamblers that could buffer suicide behaviors. Finally, given the empirical research to date indicating linkages between disordered gambling and suicide, clinicians and health care providers should be actively screening for gambling behavior, especially among the substance-using clients. The emerging evidence suggests that

the combined risk of gambling and substance use problems is associated with increased risk of suicide, thus warranting greater screening for disordered gambling (Hodgins et al., 2006). There are a number of screening instruments to choose from which can be easily incorporated into existing intake forms or used as a brief interview (see Stinchfield, Govoni, & Frisch, 2007 for a review). The potential benefits of routine screening for gambling problems is just a start in addressing gambling and suicide; this combined with more research could move the field forward on this important public health issue.

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References

American Psychiatric Association. (2000). Practice guidelines for the treatment of patients with major depressive disorder (Revision). *American Journal of Psychiatry*, 157(Suppl. 4).

Blaszczynski, A., & Farrell, E. (1998). A case series of 44 completed gambling-related suicides. *Journal of Gambling Studies*, 14, 93-109. doi: 10.1023/A:1023016224147

Centers for Disease Control and Prevention (2010). Web-based injury statistics query and reporting system (WISQARS). Atlanta, GA US: National Center for Injury Prevention and Control. Available at http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html: www.cdc.gov/injury/wisqars.

DeCaria, C. M., Hollander, E., Grossman, R., Wong, C. M., Mosovich, S. A., & Cherkasky, S. (1996). Diagnosis, neurobiology, and treatment of pathological gambling. *Journal of Clinical Psychiatry*, 57, 80-83.

Folwer, J. C. (2012). Suicide risk assessment in clinic practice: Pragmatic guidelines for imperfect assessments. *Psychotherapy*, 49, 81-90. doi: 10.1037/a0026148

Hodgins, D., Mansley, C., & Thygesen, K. (2006). Risk factors for suicide ideation and attempts among pathological gamblers. *American Journal on Addictions*, 15, 303-310. doi:10.1080/10550490600754366

Kausch, O. (2003). Suicide attempts among veterans seeking treatment for pathological gambling. *Journal of Clinical Psychiatry*, 64, 1031-1038.

Kessler, R. C., Hwang, I., LaBrie, R.,

Petukhova, M., Sampson, N. A., Winters, K. C., & Shaffer, H. J. (2008). The prevalence and correlates of DSM-IV pathological gambling in the National Comorbidity Survey Replication. *Psychological Medicine*, 38, 1351-1360. doi: 10.1017/S0033291708002900

Ledgerwood, D. M., Steinberg, M. A., Wu, R., & Potenza, M. N. (2005). Self-reported gambling-related suicidality among gambling helpline callers. *Psychology of Addictive Behaviors*, 19, 175-183. doi:10.1037/0893-164X.19.2.175

Lesieur, H. R., & Blume, S. B. (1987). The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry*, 144, 1184-1188.

National Gambling Impact Study Commission. (1999). *Final report*. Washington, DC US: Government Printing Office.

Petry, N. M., Ammerman, Y., Bohl, J., Doersch, A., Gay, H., Kadden, R.,... Steinberg, K. (2006). Cognitive-behavioral therapy for pathological gamblers. *Journal of Consulting and Clinical Psychology*, 74, 555-567. doi:10.1037/0022-006X.74.3.555

Petry, N. M., & Kiluk, B. D. (2002). Suicidal ideation and suicide attempts in treatment-seeking pathological gamblers. *Journal of Nervous and Mental Disease*, 190, 462-469. doi: 10.1097/00005053-200207000-00007

Séguin, M., Boyer, R., Lesage, A., Mcgirr, A., Suissa, A., Tousignant, M., & Turecki, G. (2010). Suicide and gambling: Psychopathology and treatment-seeking. *Psychology of Addictive Behaviors*, 24, 541-547. doi:10.1037/a0019041

Shaffer H. J., Hall, M. N., & Vanderbilt J. (1999). Estimating the prevalence of disordered gambling behavior in the United States and Canada: A research synthesis. *American Journal of Public Health*, 89, 1369-1376. doi: 10.2105/AJPH.89.9.1369

Stinchfield, R., Govoni, R., & Frisch, G. R. (2007). A review of screening and assessment instruments for problem and pathological gambling. In G. Smith, D. C. Hodgins, & R. Williams (Eds.), *Research and measurement issues in gambling studies* (pp. 179-213). New York, NY US: Academic Press.

Wong, P. W. C., Chan, W. S. C., Conwell, Y., Conner, K. R., & Yip, P. S. F. (2010). A psychological autopsy study of pathological gamblers who died by suicide. *Journal of Affective Disorders*, 120, 213-216. doi:10.1016/j.jad.2009.04.001

Abstracts

DeMartini, K. S., & Carey, K. B. (in press). Optimizing the use of the AUDIT for alcohol screening in college students. *Psychological Assessment*. doi: 10.1037/a0028519

The screening and brief intervention modality of treatment for at-risk college drinking is becoming increasingly popular. A key to effective implementation is use of validated screening tools. Although the Alcohol Use Disorders Identification Test (AUDIT) has been validated in adult samples and is often used with college students, research has not yet established optimal cutoff scores to screen for at-risk drinking. Four hundred and one current drinkers completed computerized assessments of demographics, family history of alcohol use disorders, alcohol use history, alcohol-related problems, and general health. Of the 401 drinkers, 207 met criteria for at-risk drinking. Receiver operating characteristic (ROC) curve analysis revealed that the area under the ROC (AUROC) of the AUDIT was .86 (95% CI [.83, .90]). The first 3 consumption items of the AUDIT (AUDIT-C; AUROC = .89, 95% CI [.86, .92]) performed significantly better than the AUDIT in the detection of at-risk drinking in the whole sample, and specifically for females. Gender differences emerged in the optimal cutoff scores for the AUDIT-C. A total score of 7 should be used for males, and a score of 5 should be used for females.

Duncan, D. F., Nicholson, T., White, J. B., Bradley, D. B., & Bonaguro, J. (2011). The Baby Boomer effect: Changing patterns of substance abuse among adults ages 55 and older. *Journal of Aging and Social Policy*, 22, 237-248. doi:10.1080/08959420.2010.485511

Between now and 2030, the number of adults aged 65 and older in the United States will almost double, from around 37 million to more than 70 million, an increase from 12% of the U.S. population to almost 20%. It was long held that, with only a few isolated exceptions, substance abuse simply did not

exist among this population. In light of the impact of the baby boom generation, this assumption may no longer be valid. The authors examined admissions of persons 55 years and older ($n = 918,955$) from the Treatment Episode Data Set (1998-2006). Total admissions with a primary drug problem with alcohol have remained relatively stable over this time. Admissions for problems with a primary drug other than alcohol have shown a steady and substantial increase. Clearly, data from the Treatment Episode Data Set indicate a coming wave of older addicts whose primary problem is not alcohol. The authors suspect that this wave is led primarily by the continuing emergence of the baby boomer generation.

Montgomery, L., Burlew, A. K., Kosinski, S., & Forcehimes, A. (2011). Motivational Enhancement Therapy for African American substance users: A randomized clinical trial. *Cultural Diversity and Ethnic Minority Psychology*, 17, 357-365. doi: 10.1037/a0025437

Limited empirical evidence concerning the efficacy of substance abuse treatments among African Americans reduces opportunities to evaluate and improve program efficacy. The current study, conducted as a secondary analysis of a randomized clinical trial conducted by the Clinical Trials Network of the National Institute of Drug Abuse, addressed this knowledge gap by examining the efficacy of Motivational Enhancement Therapy (MET) compared with Counseling as Usual (CAU) among 194 African American adults seeking outpatient substance abuse treatment at 5 participating sites. The findings revealed higher retention rates among women in MET than in CAU during the initial 12 weeks of the 16-week study. Men in MET and CAU did not differ in retention. However, MET participants self-reported more drug-using days per week than participants in CAU. Implications for future substance abuse treatment research with African Americans are discussed.

Phillips, K. T., Stein, M. D., Anderson, B. J., & Corsi, K. F. (in press). Skin and needle hygiene intervention for injection drug users: Results from a randomized, controlled Stage I pilot trial. *Journal of Substance Abuse Treatment*. doi:10.1016/j.jsat.2012.01.003

A new skin and needle hygiene intervention, designed to reduce high-risk injection practices associated with bacterial and viral infections, was tested in a pilot, randomized controlled trial. Participants included 48 active heroin injectors recruited through street outreach and randomized to either a 2-session intervention or an assessment-only condition (AO) and followed up for 6 months. The primary outcome was skin and needle-cleaning behavioral skills measured by videotaped demonstration. Secondary outcomes were high-risk injection practices, intramuscular injection, and bacterial infections. Intervention participants had greater improvements on the skin ($d = 1.00$) and needle-cleaning demonstrations ($d = .52$) and larger reductions in high-risk injection practices ($d = .32$) and intramuscular injection ($d = .29$), with a lower incidence rate of bacterial infections (hazard ratio = .80), at 6 months compared with AO. The new intervention appears feasible and promising as a brief intervention to reduce bacterial and viral risks associated with drug injection.

Proctor, S. L., Kopak, A. M., & Hoffmann, N. G. (2012). Compatibility of current DSM-IV and proposed DSM-5 diagnostic criteria for cocaine use disorders. *Addictive Behaviors*, 37, 722-728. doi: 10.1016/j.addbeh.2012.02.010

Objectives: The present study examined the compatibility of the current DSM-IV and proposed DSM-5 diagnostic criteria for cocaine use disorders (CUD) among state prison inmates, and evaluated the diagnostic utility of the proposed criteria in accounting for DSM-IV "diagnostic orphans" (i.e., individuals who meet one or two of the diagnostic criteria for substance dependence yet

fail to report indications of substance abuse).

Method: Data were derived from routine clinical assessments of adult male inmates ($N = 6871$) recently admitted to the Minnesota Department of Corrections state prison system from 2000 to 2003. An automated (i.e., computer-prompted) version of the Substance Use Disorder Diagnostic Schedule-IV (SUDDS-IV; Hoffmann & Harrison, 1995) was administered to all inmates as part of routine assessments. DSM-IV and DSM-5 criteria were coded using proposed guidelines.

Results: The past 12-month prevalence of DSM-IV CUDs was 12.7% (Abuse, 3.8%; Dependence, 8.9%), while 11.0% met past 12-month DSM-5 criteria for a CUD (Moderate [MCUD], 1.7%; Severe [SCUD], 9.3%). When DSM-5 criteria were applied, 11.8% of the DSM-IV diagnostic orphans received an MCUD diagnosis. The vast majority of those with no diagnosis (99.6%) continued to have no diagnosis, and a similar proportion who met dependence criteria (98.4%) met SCUD criteria of the proposed DSM-5. Most of the variation in diagnostic classifications was accounted for by those with a current abuse diagnosis.

Conclusions: The proposed DSM-5 criteria perform similarly to DSM-IV criteria

in terms of the observed past 12-month CUD prevalence and diagnostic classifications. The proposed criteria appear to account for diagnostic orphans that may warrant a diagnosis. DSM-IV abuse cases were most affected when DSM-5 criteria were applied. Additional criteria, beyond those included in the proposed DSM-5 changes, concerning use to relieve emotional stress and preoccupation with use were frequently endorsed by those with a proposed DSM-5 diagnosis.

Ray, S., Mun, E. Y., Buckman, J. F., Udo, T., & Bates, M. E. (in press). Memory for emotional picture cues during acute alcohol intoxication. *Journal of Studies on Alcohol and Drugs*.

Objective: Memory affects behavior by allowing events to be anticipated and goals to be planned based on previous experiences. Emotional memory, in particular, is thought to play a central role in behavior in general, and drinking behavior in particular. Alcohol intoxication has been shown to disrupt intentional, conscious memory, but not unintentional, implicit memory for neutral stimuli, but its effects on emotional memory are not well-understood.

Method: This study examined whether alcohol intoxication affected memory for emotionally valenced stimuli by testing explicit recall and implicit rep-

etition priming of emotional picture cues in 36 young adults (21-24 years old, 16 women) who received an alcohol, placebo, or no-alcohol beverage. Both cue exposure and memory testing occurred after beverage consumption (i.e., during intoxication for the alcohol group).

Results: Alcohol intoxication impaired explicit recall of all cue types, but did not impair implicit repetition priming. Emotionally negative and positive cues were more often recalled compared to neutral cues across all beverage groups, and emotionally negative cues demonstrated more priming than emotionally positive or neutral cues in all beverage groups.

Conclusions: Alcohol intoxication disrupted effortful recall of all cues, although the relative memory advantage of emotionally valenced over neutral stimuli remained even after drinking. The effects of alcohol on unintentional memory priming were not statistically significant, but the effects of emotionally negative cues were. Further research is needed to better understand alcohol intoxication and emotional valence effects on memory processes during implicit memory tasks, and the possibility that negative mood facilitates memory priming of negative emotional stimuli. ψ

See you in Orlando this August!



Photo can be found at freedigitalphotos.net.

Get More Involved in Division 50!

Submit your application for the position of TAN Editor!

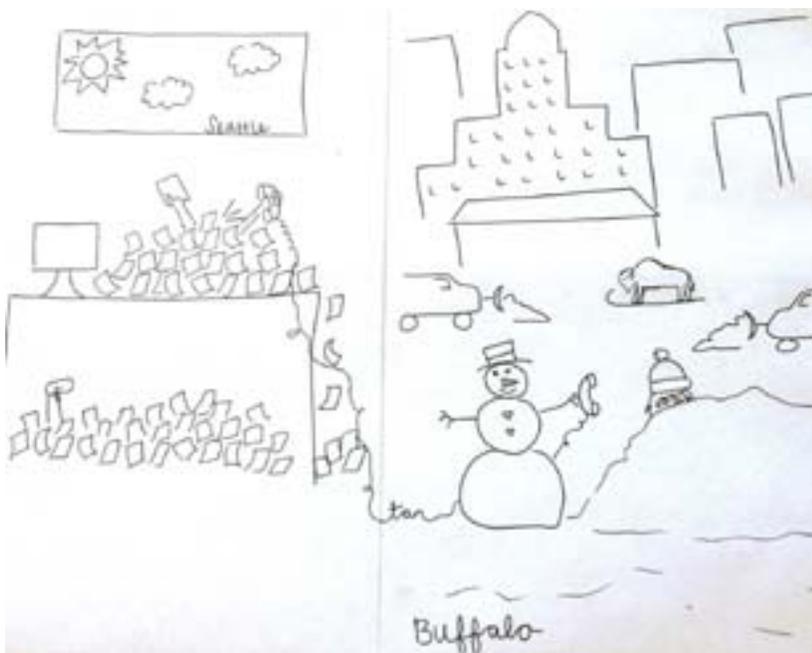
It's that time again! The Board is recruiting for a new editor to take over *TAN* from Melissa Lewis in Fall 2013. If you want to get more involved in the SoAP, this is a great opportunity to flex your organizational, management, and creative muscles. You'll enjoy working with outstanding students, early-career colleagues, SoAP professionals, and fellow brainiacs. Good communication and proofreading skills are a must (and these are sure to improve in this position)!

Partial funding is offered for travel to the Annual APA Convention. As part of the position, you are permitted to have an editorial assistant who will be paid for approximately ten hours each issue. Because SoAP contracts with the APA for the newsletter's final layout, the requirements for this aspect of the job are somewhat minimal— just have some confidence that you know what looks good and what doesn't! All in all, this is a really wonderful opportunity to play a role in the SoAP and to work with some remarkable people from different backgrounds and disciplines.

In accordance with the SoAP policy and procedures, applicants will be reviewed and selected by the Board of Directors. If you are interested in being a candidate for the position of *TAN* editor, please email a brief letter of interest and Curriculum Vitae to the SoAP President-Elect, Sara Jo Nixon (snixon@ufl.edu), and she will send you a copy of the policy and procedures.

A candidate will be chosen by Fall/Winter 2012 so that the new Editor can work with Melissa Lewis on the Spring 2013 and Summer 2013 issues and be prepared to take over in Fall/Winter 2013. Feel free to contact Melissa Lewis at edtan@uw.edu if you would like more information about the position.

Summer 2012 Cartoon Caption Contest



Cartoon by Jessica A. Blayney

Here we go one more time! We provide the cartoon and you, the reader, provide the caption. This will be the last cartoon caption contest as our cartoonist is leaving us for graduate school so let's make it a good one! Entries for the contest will be accepted until **October 1st, 2012** at edtan@uw.edu. We'll print the name of the winner and the winning caption entry in the Fall edition of *TAN*.

[See the Spring 2012 Contest Results on page 6.](#)

Announcements

Upcoming Conventions and Events

APA Convention Discussion—ETC Future Webinar Series

The Education and Training Committee (ETC) of the SoAP will meet in the Society Hospitality Suite on **Saturday, August 4th from 3:00 to 5:00 pm**. This active committee has been discussing the feasibility of reviving the webinar series as a means of providing CE and possibly other online training workshops on topics and issues related to addictions. We invite other SoAP members and interested parties to share their ideas to make this happen. Two years ago, two webinars were offered, free to SoAP members and at a small cost to non-SoAP members.

This year, the SoAP Executive Board has expressed interest in resuming and extending the series. Current members of the ETC are outlining options and requirements in consideration of this possibility. This potential project creates many opportunities to be involved.

Join us for a lively conversation in Orlando August 4th.

2013 Annual Meeting of the Southwestern Social Science Association, March 27th-30th, 2013, New Orleans, LA

The Southwestern Social Science Association (SSSA) invites papers that emphasize the social science of psychology (including community psychology, substance use and abuse, history of psychology, mental health policy, gender studies in psychology, and minority/cross-cultural studies in psychology), particularly as it is integrated with other disciplines. A variety of presentation formats are welcome. Undergraduate, graduate students, international colleagues, and early career academics are encouraged to send abstracts.

This year, we are continuing our efforts to establish a new Psychology and

Diversity Studies affiliate. The focus will be on mentorship of students and underrepresented populations in psychology. The SSSA affiliates include sociology, anthropology, history, economics, etc. SSSA has published the *Social Science Quarterly* since 1919.

Deadline for submissions: October 17th, 2012 at 9:00 am CT

Where to submit: www.sssaonline.org

Contact: Maria Felix-Ortiz, Psychology Program Chair, at felixort@uiwtx.edu.

Hot Off The Press!

Glasser, I. (2012). The anthropology of addictions and recovery. Long Grove, IL US: Waveland Press, Inc.

Many college texts on addictive behaviors run the risk of objectifying those that engage in addictive behaviors. This anthropological perspective re-humanizes these members of society. This book will serve as a rich complement to the readings of any course on addictive behaviors. Diverse topics include alcohol use and culture change, cigarettes as currency, ethnographic research in response to the HIV epidemic, and impediments to treatment diffusion.

Cost: \$14.95. Visit www.waveland.com or call (847) 634-0081 for information or to purchase.

Faculty Positions Available

Two faculty positions are available at the Associate or Professor level with a 12-month appointment in the Department of Health Behavior, School of Public Health at the University of Alabama—Birmingham (UAB). The Department has established research programs on health-related behavior risk factors including tobacco control, substance misuse, behavioral economics, obesity and physical activity, STI/HIV prevention, child health, family care-giving, and risk/resilience in emerging adults.

Candidates with theoretical frameworks relevant to health behaviors (e.g., behavioral economics, experience with multidisciplinary collaboration, strong quantitative skills) are encouraged to apply. Requirements include a PhD, DrPH, or ScD in social, behavioral, or related sciences, a record of publications, extramural funding, and teaching excellence for appointment at the Associate or Professor level. Rank, tenure status, and salary will be commensurate with qualifications. Positions will remain open until filled. Visit www.soph.uab.edu/hb/facultyposition2012 for details and application instructions.

UAB is an Equal Opportunity/Affirmative Action Employer.

Postdoctoral Positions Available

One- to two-year NIH/NIDA-funded positions for postdoctoral scholars in drug abuse treatment and services research are available in a multidisciplinary environment at 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 as well as select a specific area of focus for independent research. Director James Sorensen and Co-Directors Steven Batki, Kevin Delucchi, Joseph Gudysh, Sharon Hall, Carmen Masson, and Constance Weisner are all involved with either the NIDA Clinical Trials Network or Treatment Research Center. Training of psychiatrists, women, and minorities for academic research careers is a priority. Send CV, research statement, samples of work, and two letters of recommendation to Barbara Paschke, 2727 Mariposa St., STE 100, San Francisco, CA 94110; (415) 437-3032; barbara.paschke@ucsf.edu. Additional information including faculty research interests is available at <http://addiction.ucsf.edu/education/postdoctoral-training>.ψ

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The Addictions Newsletter

The American Psychological Association, Division 50

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