



The Addictions Newsletter

The American Psychological Association, Division 50

President's Column



Linda Carter Sobell, PhD, ABPP
Division 50 President

How Old Is Division 50 (Society of Addiction Psychology)?

A few months ago our division research a milestone—1,000 members. As I thought about this, I wondered how long SoAP has existed. Even though I have been a member of Division 50 since its inception, I was not able to answer that question.

Therefore, as I started to draft

my first presidential column I thought I would school myself in our Division's history. Upon finding that SoAP in some form or fashion has been around for almost 50 years, and given that it has many new members, I thought it would be helpful to provide a brief timeline of key milestones over the years.

History, Membership Benefits, and the Success of Division 50

<https://addictionpsychology.org/membership/history>

- **1975:** Almost 50 years ago a small group of psychologists formed the Society of Psychologists in Substance Abuse “to promote human welfare through encouragement of scientific and professional activities and communication among psychologists and others working in the areas of substance use disorders and other addictive behaviors.”
- **Early 1980s:** Name changed to Society of Psychologists in Addictive Behaviors
- **Mid-1980s:** We had 600 members.
- **February 1993:** Society of Psychologists in Addictive Behaviors (SPAB) approved as a candidate division of the APA (later renamed Society of Addiction Psychology; SoAP)
- **Publications:**
 - **Late 70s:** Informal newsletter sent to members
 - **1981- 1992:** 1st scientific journal, *the Bulletin of SPAB*; retitled in 1987 *Psychology of Addictive Behaviors* (PAB)
 - **1990:** A division newsletter, now known as The Addiction Newsletter (TAN), started

- **1992:** PAB published and distributed by APA's special press
- **2005:** PAB became an official APA journal
- **Finances:** The financial position of SoAP is excellent because past Division officers and budget committees have provided the division with excellent fiscal advice
- **Collaborative Perspectives On Addiction (CPA) annual meeting was initiated in 2012 and has become a hallmark feature of our Division**
 - **What is CPA?** An addiction small boutique friendly, psychology-focused conference that fosters professional networking and offers sessions for clinicians and researchers. Very importantly, CPA supports the ‘career pipeline’, with programming specifically aimed at early career psychologists with an interest in addiction
 - We invite you to **attend CAP this year: April 2nd-4th in San Diego** where the theme will be: *Substance Use and Addictive Behaviors across the Lifespan.*

Benefits of SoAP Membership

The Addictions Newsletter: This quarterly newsletter updates you on addiction research and practice, and SoAP activities

Psychology of Addictive Behaviors: An APA peer-reviewed journal

SoAP listserv: Your connection for issues in addictions, APA updates, information or advice from members, and posting or finding job opportunities

Webinars: Webinars for CE and learn about recent advances in addictions

Collaborative Perspectives on Addiction Mid-Year Annual Meeting

Grant Opportunities: SoAP supports graduate student and early career psychologist research through an annual grant program

Maintained two seats on APA Council of

Representatives (COR): For several years our members have given our division enough votes to have one additional COR representative (divisions are only one COR representative; COR and the Board of Directors are the two main governance bodies of APA).



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As I drafted this last benefit, I was reminded that starting November 1st through December 16th APA will be sending all members their annual apportionment ballot. This ballot determines the composition of the APA Council of Representatives every year; it is where our members have given us enough votes to have two Division 50 representatives on Council for several years

In summary, I would like to send out a BIG SHOUT OUT to all members who have supported SoAP for close to almost 50 years. **Collectively, you all have helped make Division 50 a strong APA division!**

Let me close by asking each of you to take the time to cast your vote in the upcoming apportionment election determining the Council of Representatives membership. **Our division needs to be at the table!** Every member has 10 votes to allocate. **Please allocate 10 or as many votes as you can to Division 50.** Help us maintain our voice in APA governance: **VOTE 10 for 50.**

Editor's Corner

It's officially been one year since I stepped on board as the TAN editor. Reflecting on the past year, there are several things that I am thankful for.



Dana Litt, PhD
Editor



Jennifer Cadigan, PhD
Assistant Editor

First, I want to thank you all again for being so open to the new formats and content of the revamped

SoAP Box. Change is hard, but I truly believe that bringing our newsletter into the digital age has been a big step forward. Thank you for your continued readership and for exploring the articles and driving traffic to our site. For those people who prefer a more traditional newsletter, we have also compiled a very basic PDF newsletter where you can find all of the content in one place.

I am also so thankful for the members who send me their wonderful submissions and feedback. In particular, I have been thrilled with the initiative that our student and ECP members have taken to have their voices heard and hope

that the SoAP Box will continue to be a medium in which everyone can find something relevant to them. So, this is yet another plug to please submit any and all ideas and responses to calls for articles as the newsletter is only as successful as the entries we get.

Finally, I am so thankful for Jen Buckman (Past President) and Linda Sobell, President, who do so much to further our division. Jen was truly a champion for the new format and I am forever grateful for her support. As we go into the next year with Linda Sobell as our fearless leader, I am excited to see the continued growth and presence our division will make.

In this issue, I am happy to have a recap of the incredibly successful APA division programming as well as more information about the 2020 Collaborative Perspectives on Addiction (CPA) Conference. These conferences are a wonderful opportunity to get to know more about our division, our members, and the important work we all do. I highly recommend going to at least one next year! This issue we are fortunate to have several articles by student members. First, Sarah Grace Uhouse wrote a great piece on the work that inspired her to enter clinical psychology with a focus on addiction. Next, Joshua Mervis wrote a relatable piece about struggling with a new addictions-focused client. As usual, we got some really insightful and exciting submissions for "SoAP Box Soundbites", "Show and Tell", and "Community Corner". As always, Nancy Piotrowski has written another great Advocate's Alcove Column where she covers the most recent advocacy-related issues relevant to our division. We also have a great piece on APA ethical guidelines from Ray Hanbury. Finally, be sure to check out the announcements page to learn about job postings.

We are welcome to any ideas you all may have about making the SoAP box as relevant to all of our readers as possible, so please don't be shy!

For the next issue, I am hoping to continue soliciting new content. I am so excited about the submissions we received this time and I am hopeful that more people will feel comfortable submitting content in the coming issues. Please submit any of the content requested below to me (dana.litt@unthsc.edu) by February 1, 2020.



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-SoAP Box Sound Bites. In 50 words or less, please respond to the following prompt—What unique insights do you think addiction psychologists can provide to improve public health more generally?

-Show and Tell. This is the place to show off your recent accomplishments, accolades, awards and/or to and highlight the cool ways in which you promote your lab (websites, Facebook pages, Instagram accounts, etc.). Send us a link and description of your current projects, awards, or media attention you may have received, and any other information that you would like to share with our readers. Please limit responses to 200 words.

-Community Corner. For the coming issue, I want to hear about ways in which you share your research and/or clinical work to the broader community. Please limit responses to 200 words.

-Clinical Translation. Do you have any recently published work that you wish you would have had more room in the manuscript to discuss clinical implications and applications? We would love for you all to share recently published work and give us more information about how your research findings could be useful for clinicians. Please limit responses to 1,000 words.

-Finding Success in Failure. Finding Success in Failure. In line with the recent trend of prominent academics and clinicians sharing their “CVs of Failures”, we want to hear about a time in your career that things didn’t go your way. For this next issue, I am hoping someone is brave enough to share about a time that they got less-than-ideal grant reviews back from a funding agency. What was your process for managing this experience, what did you learn from the experience, and what would you recommend to others who might find themselves in a similar boat? Please limit responses to 500 words.

-Ethical Issues. In this column, we are looking for articles focused on describing ethical issues you may come across in your research and/or addiction-related clinical practice. Specifically, we want to hear what the ethical issue was, how you handled it, and lessons learned. Some examples

could be issues related to googling patients, how you handled it when a patient contacted you on social media, or what happens when you run into a research participant out in the real world. Please limit responses to 500 words.

If you have any suggestions for how we can make the SoAP Box more relevant and impactful for you, please don’t hesitate to let me know. Wanting to see articles on a specific topic? Send your topic ideas to me for upcoming issues. I am always open to ideas for new columns, hot topics to cover, or anything else you think would be useful for our readers.

Advocate’s Alcove



Nancy A. Piotrowski, PhD
Division 50 Federal Advocacy Coordinator

This column summarizes recent American Psychological Association (APA) and APA Services, Inc. (APASI) advocacy relevant to addiction psychology. You will see a broad focus on using substance specific issues to extend the reach and impact of addiction psychology for the public good, practice, and basic scientific advancement.

To start, funding for health information technology for psychologists is a long-standing interest for APA/APASI. A recent step in this direction is advocacy by the Behavioral Health Information Technology Coalition (BHIT) to the Center for Medicare and Medicaid Services (CMS) to provide funds for the use of certified electronic health records by psychologists and other behavioral health providers in addiction programs. The immediate focus is for funding to support opioid treatment demonstration programs. The direct appeal to CMS on this matter can be seen online (<http://cqrcengage.com/apapolicy/file/IjxIaPxLXZ8/attachment%201.pdf>).

Opioid issues also fueled advocacy related to pain management in several ways. First, communications with



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CMS from APA and other organizations resulted in a letter (see <http://cqrcengage.com/apapolicy/file/8Wq7aPs9F8I/Voice%20for%20Non-Opioid%20Choices.pdf>) encouraging use of evidence-based pharmacologic and nonpharmacologic treatments to address pain. Similarly, APA communicated with several agencies within the U.S. Departments of Labor, Health, and Human Services, and Agriculture to consider psychological and behavioral pain management as a first line treatment. Letters (such as this <http://cqrcengage.com/apapolicy/file/8Wq7aPs9F8I/Voice%20for%20Non-Opioid%20Choices.pdf>) argued that treatment to support substance use disorder prevention.

Alcohol, psychedelics, and cannabis research also have been a cause for action. For example, conversations were held with U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation to discuss fetal alcohol spectrum disorder research to inform policy to reduce burdens from the condition. Similarly, APA is monitoring policy-related activities on funding psychedelic and cannabis research. Information from the Food and Drug Administration (FDA) and the National Institute of Health (NIH) (see <http://cqrcengage.com/apapolicy/file/DKlml0lQJcc/Response%20from%20FDA%20and%20NIH%20re.%20psychedelic%20research,%2006.17.2019.pdf>) suggest there is a small portfolio on ketamine and MDMA and no clinical research on LSD or psilocybin. APA/APASI also noted emergence of privately funded psychedelic research (see <https://hopkinspsychedelic.org/index/#media>). Finally, communications with the FDA/NIH suggest that who have Schedule I registrations should be allowed to purchase cannabis products from state dispensaries to use in their research (see <http://cqrcengage.com/apapolicy/file/7oKsBw8kyFQ/Response%20from%20FDA%20and%20NIH%20re.%20cannabis%20research,%2009.04.2019.pdf>).

Broader actions include communications with the Substance Abuse and Mental Health Services Administration (SAMHSA) to discuss workforce development and the interface between pain management and substance use treatment. There also have been efforts to oppose CMS proposals to reduce reimbursements to psychologists by 7% in 2021. Opposition to the cuts has

been strong due to expected impacts on reduction of access to services.

So, a lot is going on with addiction psychology advocacy. Please join me in thanking the APA/APASI government affairs team for excellent work and information which allow for this summary. And remember, you can learn about current APA/APASI efforts by visiting the Federal Action Network (FAN) (<http://cqrcengage.com/apapolicy/>). You also may sign up for online updates if interested (<http://cqrcengage.com/apapolicy/app/register?1&m=11732>). Finally, be in touch if you have questions about any of this information. If you are working an advocacy project related to addictions treatment, education, training, or policy, I would like to hear about it. Reach me at napiotrowski@yahoo.com.

Resource Information

APA Federal Action Network
<http://cqrcengage.com/apapolicy/>

FAN Sign Up for Updates
<http://cqrcengage.com/apapolicy/app/register?1&m=11732>

Information on Privately Funded Psychedelics Research
<https://hopkinspsychedelic.org/index/#media>

Letter on BHIT
<http://cqrcengage.com/apapolicy/file/IjxIaPxLXZ8/attachment%201.pdf>

Letter on Pain Management Interventions
<http://cqrcengage.com/apapolicy/file/8Wq7aPs9F8I/Voice%20for%20Non-Opioid%20Choices.pdf>

Letter on Psychedelics Research
<http://cqrcengage.com/apapolicy/file/DKlml0lQJcc/Response%20from%20FDA%20and%20NIH%20re.%20psychedelic%20research,%2006.17.2019.pdf>

Letter on Purchasing Cannabis Products for Research
<http://cqrcengage.com/apapolicy/file/7oKsBw8kyFQ/Response%20from%20FDA%20and%20NIH%20re.%20cannabis%20research,%2009.04.2019.pdf>



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Letter Supporting Opioid and Substance Use Disorder Prevention

<http://cqrengage.com/apapolicy/file/8Wq7aPs9F8I/Voice%20for%20Non-Opioid%20Choices.pdf>

Ethical Guidelines

Raymond F Hanbury, PhD, ABPP

*Chief Psychologist, Department of Psychiatry
Program Director, Pediatric Psychiatry Collaborative Program*

*Jersey Shore University Medical Center, New Jersey
Associate Professor, Department of Psychiatry & Behavioral Health and Department of Pediatrics
Hackensack Meridian School of Medicine at Seton Hall University and*

*Clinical Associate Professor, Department of Psychiatry
Rutgers University – Robert Wood Johnson Medical School*



From the beginning of our training as psychologists, we were taught the essentials of the role that ethics plays in our careers and that it is clearly an important role in the field of psychology. There are laws, regulations, principles, guidelines, code of ethics to which we must adhere. These pertain to the licenses we have to practice in our particular states. There are also standards and guidelines that some psychologists need to follow based on their work locations, such as in hospitals or other agencies and organizations. Adherence to all these components is the responsibility of the psychologist so that we adhere to the concept of “do no harm”. An essential aspect of this is to practice within the scope of practice, meaning to have the competence to work with individuals who have an addiction.

Psychologists need to follow the APA’s *Ethical Standards of Psychologists* and for those clinicians in this field of addiction, being familiar with the Federal regulations – CF 42 part 2.

Much of what is included in this article is elaborated on in these documents.

“For the first time in 30 years, the Department of Health and Human Services (HHS) updated its regulations for **42 CFR Part 2 (Part 2), Confidentiality of Substance Use Disorder Patient Records**. The updated regulations, which went into effect on March 21, 2017, intend to allow for better information sharing while balancing the privacy rights for people seeking treatment for substance use issues.

While the regulations make minor changes to align with the Health Insurance Portability and Accountability Act (HIPAA) in an effort to allow more Part 2 providers to take advantage of new models of care that promote value- and team-based care, the technological solutions needed to implement the final regulations are lacking. Until this issue is fully addressed, various components of Part 2 may continue to act as a barrier to integrated care efforts.”

When we talk about ethical issues, we are addressing the aspects of competence and responsible use of power. The American Psychological Association outlines five general ethical guidelines; namely,

- Beneficence and nonmaleficence – improve the welfare of others with the process of do no harm to those individuals who seek our help;
- Fidelity and responsibility to be truthful to our patients – both in treatment and in research;
- Integrity meaning that one is honest and consistent with adherence to moral and ethical principles and values;
- Justice in that one must demonstrate impartiality and equity; and,
- Respect for people’s rights and dignity.

As psychologists, we know that decisions can only be made when one identifies a number of factors, such as the clinical, legal, and cultural concerns as well as the options for that particular individual. We also need to have a clear understanding of our own values, biases, and principles. Working in this field of addiction is challenging and complex. There are co-occurring diagnoses and often times multiple systems like legal and judicial, treatment agencies, multi-disciplines, medical concerns, and social organizations. It is important to recognize one’s boundaries and limitations, given that so often there are issues of reporting or not when one is



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faced with a concern of infectious disease or criminal behaviors. For one to practice with competence and a true sense of responsibility, one needs to know their local, state, and federal laws and the factors of legalities (such as receiving a subpoena). Most of us do not have prescription privileges, so one needs to be cautious when discussing medications, such as naltrexone or suboxone or any of the psychotropics.

For those psychologists who are in the field of addictive behaviors, there are a myriad number of ethical dilemmas one can encounter. To name a few – duty to warn, duty to treat, dual relationships, confidentiality, end of life issues, and scarce resources are just the tip of the iceberg as to the issues, concerns or conflicts of interest that one can find themselves handling.

Many of the psychologists in our Division conduct research. What is always necessary to consider is the aspect of the potential benefit of the research regarding the well being of the individual to that of society at large. There are guidelines for research which include that the participation is voluntary; one must obtain an informed consent; one must maintain the participant's confidentiality and one must be permitted to withdraw from a study just to mention a few issues.

An area that also involves ethical behavior and which is often times omitted is that of professional well-being and self-care. As is well known of one does not care for one self – it will be difficult, if not impossible to help others, especially those who entrust themselves to our care.

For the coming issue, we are looking for articles focused on describing ethical issues you may come across in your research and/or addiction-related clinical practice. Specifically, we want to hear what the ethical issue was, how you handled it, and lessons learned. Some examples could be issues related to googling patients, how you handled it when a patient contacted you on social media, or what happens when you run into a research participant out in the real world. Please limit responses to 500 words.

Student Spotlight

63 Beers

In this issue, one of our student members shares the story behind her commitment to pursuing a clinical psychology degree with a focus on addictions.



Sarah Grace Uhouse, M.S. Rutgers University

“63 beers. That’s what I drink every day.” I looked at him, uncertain if I was understanding him correctly. He looked back at me, smiled sadly, and said, “Every day.”

I was a new post-baccalaureate research assistant at the National Institute on Alcohol Abuse and Alcoholism (NIAAA), completing the Timeline Followback Questionnaire (TLFB) independently for the first time with one of our inpatient research participants, SJ. Still unsure if his reported number was accurate, I asked him all the follow-up questions indicated by my training. Regardless of how I asked, SJ’s summation of total beers per day was always 63. As we talked, a natural conversation about the negative consequences of his drinking flowed. SJ told me that he had lost his job, and subsequently his housing, and had resorted to sleeping on his mother’s porch every night; he wasn’t allowed in the house because she no longer wanted a relationship with him. He stated that his two daughters were also refusing to speak to him, and he missed them terribly. SJ said that although he had been in treatment before, this current inpatient admission was his last hope. He didn’t know how he would survive if he didn’t stop drinking.

About 9 months into my training at NIAAA, I had the opportunity to shadow one of the nightly inpatient groups. I was already certain that I would be applying to doctoral Clinical Psychology programs the following year, and I was excited to see a group therapy process. At the start of group, the clinician announced that we had a guest speaker, someone who had been through the program and wanted to share his story. SJ walked in, smiled at me, and began. He shared that after discharge, he had never drunk again. Through his sobriety, he had obtained a job and saved enough for low-income housing. Tears were in his eyes as he spoke about how recently he had invited his mother and daughters over to his apartment for dinner.



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They were wary, but had enjoyed their evening, and had said they were proud of him. SJ stated that he knew he still had a long journey ahead of him, but he was beginning to believe that he was someone worth saving.

I knew in that moment that I would become a clinical scientist in the addictions field. Throughout my time at NIAAA, I had conducted research to understand the development and treatment of alcohol use disorders (AUDs). While fascinating, the science had never truly inspired me. In hearing this man's journey, I had realized that treating one individual with AUD could create a beautiful domino effect. All the lives that touched his were also bettered. It wasn't just that SJ got his family back; his mother got her son, and his daughters got their father. Entire communities could be altered by appropriately understanding this disorder and working with these individuals.

Since that night at group, I have never wavered from my dream of becoming an addictions clinical scientist. I am currently pursuing my PhD in Clinical Psychology under the mentorship of Dr. Marsha Bates at the Rutgers Center of Alcohol Studies. My research and clinical training have centered around substance-using populations, and my belief in the purpose of this work has continuously been reinforced with stories of women in treatment getting custody of their children again, or veterans working to be better partners or parents. Like SJ, I know I have a long journey ahead of me, but I can imagine nothing more inspiring than contributing to this broader impact.

SoAP Box Sound Bites

"What do you think is the most interesting or important area of research in addiction psychology and why?"



David Eddie, PhD, Harvard Medical School: For me, the application of mobile health technology to support substance use disorder recovery is presently the most interesting and possibly most important area of addiction research. These technologies have the potential to cover critical gaps across the continuum of addiction care and support individuals with limited access to treatment.



Susan F. Tapert, PhD, University of California San Diego: I think young people's use of social media and video games are a highly impactful aspect of development at this point in time. For some youth, these behaviors are excessive at times, and get in the way of them meeting their goals in life, with adverse effects on emotional wellbeing. Using screens is inevitable for communication, school work, and recreation, and some handle this access differently than others. I think this is an interesting and important area of research.

Ricarda Pritschmann, PhD Candidate, University of Florida:

One of the most important areas is the prevention of nicotine and marijuana dependence in the next generation. Perceived risk of marijuana is decreasing, and the nicotine and marijuana product industry is rapidly evolving and heavily marketed, but academic publishing and dissemination of evidence-based treatments is comparatively slow.



Melissa Lewis, PhD, University of North Texas Health Science Center: There are so many exciting and novel interventions being developed and tested right now! But, we need to include dissemination and implementation as part of the research process. It is essential to determine how an intervention can be rolled out in the real world in a feasible and acceptable way so that we can impact public health.

Brandon G. Bergman, PhD, Harvard Medical School:

Substance use-related behavior change in online contexts. The ubiquity and scalability of social network sites - though not without their ethical problems - offer new methodological and intervention opportunities. There is great potential to leverage this immersion not only to enhance our understanding of





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substance use but also to test the utility of easy-to-access online resources and services.

For the next issue, please respond to the following prompt in 50 words or less “What unique insights do you think addiction psychologists can provide to improve public health more generally” Please send submissions to dana.litt@unthsc.edu by February 1, 2020.

Show and Tell



Kirk Bowden, PhD
Rio Salado College
This award recognized Dr. Bowden for his outstanding service as an addiction educator, leader, mentor, role model and national advocate. Dr. Bowden is the chair of the Addiction and Substance Use Disorder Program at Rio Salado College. He is a past president of NAADAC the Association for Addiction Professionals

On September 20th, NAADAC, celebrated National Addiction Professionals Day by announcing their 2019 national award winners. Dr. Kirk Bowden was awarded the Addiction Educator of the Year Award.

The Cofrin Logan Center for Addiction Research and Treatment at the University of Kansas welcomed the public to celebrate the center’s first year of community programs, new research initiatives, and expanded staff and facilities during an open house reception on September 13th.



Richard Yi, PhD
Director of Cofrin Logan Center

This is the place to show off your recent accomplishments, accolades, awards and/or to and highlight the cool ways in which you promote your lab (websites, Facebook pages, Instagram accounts, etc.). Send us a link and description of your current projects, awards, or media attention you may have received, and any other information that you would like to share with our readers. Please limit responses to 200 words.

Finding Success in Failure

Don’t Let Psychosis Go Up in Smoke

As a clinician in training you worry a lot about how you’re doing when you first start out. I remember one of my early clients in treatment for psychosis talked a lot about his desire to quit smoking cigarettes. He had Schizoaffective disorder and smoked several packs a day; we worked together for several months before cessation came up as a serious clinical target. The client was incredibly intelligent, and it was easy and satisfying chatting about existential issues. I often found myself falling into that routine, finding relief from the pressures of early clinical training.



Joshua E. Mervis,
PhD Candidate
University of Minnesota, Twin Cities

I did not know anything about how to help someone stop any form of substance use and doubted whether I could be of any help with so little experience. What was clear to me was the false assumption that this was a “medical” problem and was not relevant to our work, but at the same time it felt totally out of my league. I didn’t know what to do!

My client often took a smoke break when he felt drained from applying to jobs and told me that it usually made him feel better afterwards. I lacked training in the treatment of co-occurring substance use with serious mental illness—it was a huge blind spot for me.

When we treat psychosis, clinicians work to reduce the intensity of symptoms like hallucinations and delusions, which get in the way of getting back to living a valued life. My client’s voices derided his smoking as something “sure to kill him” and cited it as clear evidence that he was a failure. I kept feeling like I failed him, as if I’d missed an opportunity to really help someone. I beat myself up in the same way my client did himself.

After he left sessions, he would hear **my** voice in his head saying “Look at him, he can’t even stop smoking, he’ll never get better.” I wished there was a way that I could



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change his voices—it was one of the first times I related to a client’s voices in a similar way to their own experience.

We worked hard to chip away at the intensity of his voices and his lack of motivation to adopt healthier habits, where he expected to failure in any such attempt. We adopted an errorless learning approach to treatment, meaning any gain is a good gain. Over time his psychosis symptoms improved, but I felt like we never really dealt with his smoking.

As I trained over the years since, I sought supervision from a mentor that specialized in working with people who had psychosis and a substance use issue. This wasn’t until I was much farther along in my training when I had access to specialist supervisors, but she worked with me to help me understand more about co-occurring disorders. We talked about how cigarette smoking doesn’t relieve psychosis symptoms, as some think, but noted that some estimates suggest as many as two-thirds of people with schizophrenia-spectrum illnesses smoke cigarettes (Vermeulen et al., 2019).

She cited a few key findings that helped me contextualize the importance of treating co-occurring disorders. Heart-related early death is more common in those with psychosis (Brown, et al., 2010) and smoking cigarettes substantially increases the likelihood that that will happen (Kelly et al., 2009; Olfson et al., 2015). That is unambiguously important.

I learned that I needed to work on my blind spots, but that sometimes it’s hard to know where they are or what to do about them as a trainee. I found seeking expert supervision and continued education helped me understand the issues better. There was someone out there that I could turn to for advice who supported my desire to learn and to do better. It’s my hope that when that moment happens for you, you’ll be compassionate with yourself. There is a phrase I’m fond of: “When the student is ready, the teacher appears.” I hope you encounter many teachers on your path to clinical work and serving others.

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schizophrenia. *The British journal of psychiatry*, 196(2), 116-121.

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Community Corner

Lindsey Rodriguez, PhD
University of South Florida St.

Petersburg: I have found that promoting research on television, radio, social media, and the internet more broadly has been successful in engaging the community. Researching alcohol and substance use and romantic relationships is a topic with which many (if not most) people have experience and can identify. I recently promoted my research on television (Fox News Morning Show) and radio (WUSF/WEDU). I was excited to see that





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after both segments went live, I received emails from people all over the community asking for additional resources. I was happy to point them in the right direction each time. I also have a research-based Facebook page – Life Lessons with Dr. Lindsey Rodriguez – that showcases research on life and love and is written in a way that is easy for readers to digest. Finally, contributing for Scienceofrelationships.com has been a wonderful resource to get easy-to-read empirical information out to the community. We are hoping to get people away from reading Cosmopolitan magazine or Yahoo questions when they have an inquiry about a relationship topic! In conclusion, showcasing research across electronic media sources – television, radio, social media, and the internet -- leverages tremendous opportunities to engage people across the community and society at large.

For the coming issue, I want to hear about ways in which you share your research and/or clinical work to the broader community. Please limit responses to 200 words.

Division Announcements

SoAP Special Election Results: Early Career Psychologist Member-At-Large

Lauren Hoffman & Christian Garcia

SoAP Nominations and Elections Committee

Thank you to everyone that expressed an interest in running for the Early Career Psychologist (ECP) Member-At-Large position during this special election cycle. Ultimately, there were six named candidates on the Division 50 ballot, all well qualified. One hundred and twenty votes were cast or 32.5% of the Division's voting membership. Congratulations to **Noah Emery**, the new ECP Member-At-Large. Thanks to the outgoing board members for their dedication and contributions to SoAP, and to the voting membership who contributed to this election! Running for office is one way to give back to the field and increase your visibility at the national level. We are currently looking for President-Elect, Member-At-Large (Public Interest), and APA Council Representative

candidates for the 2020 election. We are also seeking a new chair for the Nominations and Elections Committee to start in August of 2020. If you are interested please contact Lauren Hoffman, Chair of the Nominations and Elections Committee (lhoffman1@mg.harvard.edu).

APA 2019 Recap



Seema L. Clifasefi, PhD
Diversity Committee Chair

As things are well underway in preparation for the 2020 Annual convention, it's hard to believe it's only been two months since the 2019 APA Convention wrapped up in Chicago this past August. Division 50 was proud to represent and host high quality programming that covered outside the box approaches to studying and treating substance use behaviors—laying the groundwork nicely for the upcoming 2020 theme: “50 Years of Harm Reduction: Past, Present and Future” (Calls for Proposals open now:

<https://addictionpsychology.org/conventions/apa-annual-convention>). The 2019 programming kicked off with Dr. Patt Denning and Jeannie Little offering a harm reduction psychotherapy workshop orienting attendees to this humanizing, empowering, social justice and public health approach to helping people choose how to resolve substance misuse, and closed with a timely presentation by Dr. Thomas Eissenberg and his team of interdisciplinary scientists discussing tobacco regulation and informing the FDA about electronic cigarettes and vaping.

In between these powerful bookend presentations, conference attendees were lucky to have had the Chicago Recovery Alliance (CRA)—one of the oldest, and largest harm reduction programs in the country—curate and



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present an informative panel on research, practice, policy and advocacy around Safer Consumption Sites (SCS's). The research is clear: Use of SCS's is associated with fewer overdoses, fewer needles littering public spaces, less drug related crime, and an overall increase in people being connected to treatment. CRA also generously hosted an off-site visit and provided a hands-on exploration of their full-scale high-fidelity prototype of an SCS, and a first-hand look at the on-the-ground harm reduction practices and services they offer to the Chicago drug user community.

Meanwhile, back at the convention center, conference goers heard from members of the community with lived experience of homelessness and substance use problems about their role in helping researchers to develop, evidence based harm reduction oriented treatments for both alcohol and smoking. Students and early career psychologists presented their excellent research at a joint Division 28/50 social hour poster session, coordinated and supported in large part by Drs. Bettina Hoepfner (PI: R13 NIAAA) and Meyer Glantz and his team at NIDA. Dr. John Kelly challenged his audience in his master lecture to think about the importance of language in stigma, discrimination, problem conceptualization, and remission; and cutting edge research around MDMA assisted therapy (Dr. Harriet De Wit and colleagues) and psychedelics as behavior change agents (Dr. Roland Griffiths and colleagues) were introduced, followed by a fascinating conversation around psychedelic therapy featuring renowned author, Michael Pollan. And, these are just a few of the 2019 highlights—the list goes on. As the outgoing program chair, I want to thank everyone who contributed to making Division 50 programming such a success, including, Division 50's executive board and committee members, Division 28's

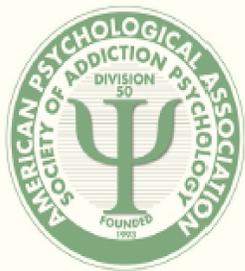
Jennifer Buckman) for having the vision, foresight and leadership to step 'outside the box' and give us an amazing theme to work with. I look forward to what 2020 will bring.

And, speaking of 2020... I am honored to step into a new role for Division 50 this year, as your Diversity Committee Chair. I am currently working to better understand where we are as an organization in relation to diversity, equity and inclusion across multiple arenas, including membership, representation in research, and general Division 50 policies. My goal is to work both within our own division and across APA divisions to build a more inclusive and equitable Division 50 which fosters diversity of thought and perspectives across multiple domains. For example, according to our most recent APA reports provided to our esteemed Division 50 Membership & Program Chair, Dr. Susan Collins, our Division 50 population is approximately 60% male, 0.1% American Indian/Alaska Native, 1.8% Hispanic/Latinx, 2.5% Asian, 1.6% Black/African American, 0.8% Multiracial; and 0.7% under 30. As Dr. Collins noted in her introduction as Membership Committee Chair, we need to do better in terms of engaging ECPs and non-male identifying folks from diverse racial and ethnic backgrounds. And, focusing on membership is just one facet to increase our representation. We also need to be encouraging a diverse research portfolio that addresses these issues in our programming, as well as continually examining our Division 50 policies and practices to ensure that we are moving forward in an inclusive and equitable way. Luckily, Dr. Collins and I have a long history of successfully working together to address some of these issues in our work together over the past 13 years.

I have been deeply appreciative of those of you who have reached out to share your thought and ideas thus far (still getting my bearings—thank you for your patience), particularly members of the CPA Diversity Committee. THANK YOU! I would love to hear from more of our membership about what you see as your top priorities for this committee moving forward (seemac@uw.edu). Also, we are recruiting committee members, so please join us in these efforts. Finally, I have created a 3-5-minute anonymous survey (<https://www.surveymonkey.com/r/Y5Q92QJ>) to garner a



program chair (Dr. Meredith Berry), Division 50's co-program chair (Dr. Susan Collins) and most of all, Division 50's past president (Dr.



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snapshot of what you all feel should be top priorities for our committee as we set our priorities for this year (add link here). I look forward to working with you all to create a Division 50 that we are all proud to be a part of and can serve as a role model for our fellow colleagues.

Seema L. Clifasefi, PhD, is an associate professor and codirector of the Harm Reduction Research and Treatment (HaRRT) Center in the Department of Psychiatry and Behavioral Sciences at the University of Washington-Harborview Medical Center in Seattle, WA. Her research lies at the intersection of substance use, mental health, criminal justice and housing policy, with an emphasis on populations with lived experience of homelessness, substance use and/or involvement in the criminal justice system. Over the past decade, she has worked collaboratively with diverse communities to develop, evaluate and disseminate programs and interventions that aim to reduce substance related harm, improve quality of life, and promote social, racial and economic justice.

2020 APA Convention Call for Proposals

50 Years of Harm Reduction: Past, Present and Future



Susan E. Collins, PhD
2020 APA Convention Program Chair

Hello and happy fall! I wanted to take this opportunity to introduce myself as this year's APA Convention Program Chair. I am honored to be working with Division 50 President, Dr. Linda Sobell, Program Cochair, Dr. Megan Kirouac, and with the guidance of last year's Chair, Dr. Seema Clifasefi, to put together a thought-provoking, scientifically informed and clinically relevant program for the 2020 APA Convention in Washington, DC.

This is a time of great upheaval in the field. Population-based data have indicated that many of our existing and efficacious treatments are not reaching or engaging the

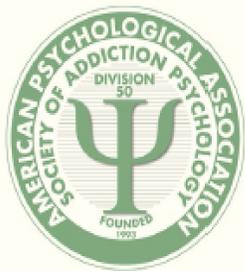
vast majority of people with substance use disorder in this country. There are also big questions about how to best move forward with substance-use research, treatment and policy to address public health crises involving opioids, methamphetamines, cannabis and vaping (among others) that sometimes divide the field. And ongoing marginalization of people who use substances, particularly in Communities of Color, rural areas and socioeconomically depressed communities, are an additional and disturbing manifestation of growing health disparities in the US.

However, these challenges offer opportunities for addiction psychologists to light a path with scientific and clinical advances that can address these topics and help alleviate substance-related harm for people who use substances, their families and their communities.

To this end, the 2020 SoAP program committee is seeking proposals on research and clinical advances addressing the Division 50 President's theme of "50 Years of Harm Reduction: Past, Present and Future." Harm reduction refers to compassionate and pragmatic approaches that aim to reduce substance-related harm and improve quality of life for people who use substances, their families and their communities. Dr. Sobell has intimated to me that, with this theme, she is honoring the memory and contributions of Dr. G. Alan Marlatt, trailblazer in the field and mentor to many. I am grateful that many of you reading this have also shaped the last 50 years of work in this area, and many early career addiction psychologists are continuing this work and making strides in this area. We hope you will all come out and share your wisdom at APA 2020!

In keeping with this theme, we encourage submission of programming for the 2020 APA Convention that:

- Operationalizes, documents and/or evaluates substance-related harm;
- Addresses socioeconomic, racial and ethnic disparities in the experience of substance-related harm;
- Introduces community- and individual-level strengths that can support harm reduction;
- Emphasizes natural recovery and self-change;
- Centers harm-reduction programming, interventions and treatments.



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We are also looking forward to receiving submissions from members who are doing cutting-edge work on various topics across the field, including those emphasizing priorities of APA's 2020 President and Past President. These priorities include contributions of students and early career folks, diversity and inclusion, collaboration across divisions and disciplines, and "Deep Poverty."

Convention Proposal Submission details

- The submission portal is now open: <https://convention.apa.org/proposals>
- The deadline for CE workshops is 11/12/19 and for Division submissions is 12/2/19.
- Submissions should be relevant to the division's researchers and clinicians, demonstrate a commitment to diversity, and be positioned to disseminate cutting-edge information to psychologists from other APA division.
- Proposals for symposia, poster presentations, data blitz, discussion sessions, and skill-building sessions will be considered. Individual paper presentations will *not* be considered.
- All symposium/discussion submitters are strongly encouraged to apply for Continuing Education review when submitting.
- The division offers numerous merit-based travel awards for students and early career psychologists. If your submitted abstract is accepted, you can contact Hannah Carlon to be considered (hcarlon@mg.harvard.edu).
- Further details and the submission portal can be found at <https://convention.apa.org/proposals>.
- Please contact 2020 Program Chair, Dr. Susan Collins (susan.collins@wsu.edu), with questions.

Run for an Office in the Society of Addiction Psychology!

This is your once-a-year opportunity to get more involved in the Society of Addiction Psychology (SoAP)! **This year we are looking to fill three elected positions: (1) President-Elect, (2) APA Council Representative, (3) Member-at-Large (Public Interest).** The 3-year terms of these offices start at the close of the SoAP Business Meeting at the APA convention in 2020, with the exception of Council Representative (see term dates below).

You are already devoting considerable time to treating and/or conducting research with individuals with addictive behaviors. Here is your opportunity to have an impact on the field at the national level. Self-nominations are invited and you only need 2.5% of the membership to endorse your nomination in order for you to be placed on the ballot (deadline: mid-January).

If you are interested in running for one of these positions, please email Lauren Hoffman at lhoffman1@mg.harvard.edu or Christian C. Garcia at christiangarcia@ufl.edu.

Here's what will happen:

- The Chair of the Nominations and Elections Committee will solicit nominations through the SoAP listserv.
- Candidate statements will run in the Spring 2020 issue of TAN.
- The electronic ballot will be distributed by the APA Central Office in April 2020 (with a June 1st deadline).

All SoAP members and fellows are eligible to run for these open positions.

President-Elect

Term: Aug. 2020 – July 2023

Minimum professional status: Recommended mid-career status or history of extensive involvement with the division.

3 year term. During year 1, you will serve as *President-Elect* getting oriented to the board activities and responsibilities. You will have the opportunity to



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participate in various initiatives and contribute to the strategic planning for the division. In Year 2, you will serve as *President*. You will preside over all in-person and phone board meetings and guides the division in new initiatives. The president performs other duties consistent with the Bylaws, such as appointing committee chairs. The Presidential year ends with an invited Presidential Address at the APA convention. In Year 3, you will serve as *Past-President*. Your main responsibility is to serve as advisor to the current president.

APA Council Representative

Term: Jan. 2020 – Dec. 2022

Minimum professional status: Recommended established career.

Division 50 has two representatives who represent the division at the APA Council of Representatives meetings. As a council representative, you will observe APA leadership in action. You will serve as a voice for the division in all major policy decisions made by APA. The council meets twice per year (February in Washington DC and August at the APA Convention). Issues are also handled via conference calls and emails throughout the year. You will also serve as part of the SoAP executive board to report ongoing and upcoming APA activities and policies that may affect the division and its membership.

Member-At-Large (Public Interest)

Term: Aug. 2020 – July 2023

Minimum professional status: Recommended mid-career status or history of extensive involvement with the division.

This senior addiction researcher serves a liaison between SoAP and the APA Public Interest Directorate to keep the board abreast of all addiction-relevant policy matters. Specific responsibilities include grant assignments, articles for *SoAP Box*, and committee assignments.

Additionally, we are seeking a new chair for the Nominations and Elections Committee to start in August of 2020, so please contact Lauren at lhoffman1@mg.harvard.edu if you're interested.

Call for Awards and Nominations

The SoAP Fellows and Awards Committee (F&A) invites nominations of Division members for potential election to Fellow status in the American Psychological Association. Descriptions for the criteria to become a fellow may be found by clicking on the following link: <http://www.apa.org/membership/fellows/division-50.pdf>

- **DEADLINE** for receipt of New Fellows nominations, (including all nominees' materials and endorsers' letters) is **January 6, 2020**
- Late applications will not be considered in the current review cycle
- Nominations may be made by any member or Fellow of the Division
- Self-nominations are acceptable
- Initial fellows
 - Those seeking to become APA fellows through Division 50 must submit via the online portal (APA login required) <http://apps.apa.org/Fellows/default.aspx>.
 - The portal is currently open for submissions
- Existing APA fellows – those who are currently fellows in one or more divisions of APA
 - Existing APA fellows seeking to become Division 50 fellows must submit via email
 - Nominations are sent to the Fellows and Awards Committee through the Division 50 F&A Committee Chair, Sherry McKee at sherry.mckee@yale.edu
 - Deadline for submission is **January 6, 2020**
 - Subject line must include: APA Fellow Application – First and Last Name of Applicant

SoAP (Addictions) seeks nominations for its 2020 awards, which will be announced in the spring TAN and awarded at APA's 2020 Annual Convention in Washington DC. Awards for 2020 include:

- Distinguished Scientific Early Career Contributions
- Distinguished Scientific Contributions to the Application of Psychology
- Distinguished Scientific Contributions to Public Interest
- Outstanding Contributions to Advancing the Understanding of Addictions



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- **DEADLINE** for receipt of Awards nominations, (including all nominees' materials and endorsers' letters) is **January 13, 2020**. Information on award qualifications and nominations can be found on the [Awards & Recipients page](#).
- Nominations must be submitted via email
- Nominations are sent to the Fellows and Awards Committee (F&A) through the Division 50 F&A Chair, Sherry McKee at sherry.mckee@yale.edu
- Subject line must include: APA Award Nomination - First and Last Name of Applicant

Faculty Position Opening in Tobacco Regulatory Science at the University of Southern California

The Department of Preventive Medicine of the University of Southern California (USC) Keck School of Medicine invites applications for a research-track faculty position at the rank of assistant or associate professor. We seek a faculty member with expertise in behavioral or social science to join the USC Tobacco Center of Regulatory Science (USC-TCORS; tcors.usc.edu), a multidisciplinary team of faculty, students, and staff that conducts research to inform U.S. federal regulation of tobacco products. This faculty member will dedicate the majority of their research program to tobacco regulatory science; thus, a track record or strong interest in tobacco regulatory science is required. We are interested in outstanding applicants from all areas of tobacco regulatory science, although we especially encourage applications from those whose research can complement existing strengths in e-cigarette use, adolescent and young adult tobacco product use, health disparities and diversity science, statistical methods, social media analysis, the tobacco retail outlet setting, longitudinal behavioral epidemiology, and human laboratory behavioral pharmacology. Expectations include collaborating on and leading papers in the USC-TCORS, working on grant applications and obtaining external funding, mentoring postdoctoral, doctoral, masters, and undergraduate level research trainees, and teaching undergraduate or graduate courses. The candidate will be recruited to join the Division of Health Behavior Research within the Department of Preventive Medicine. This multidisciplinary department of behavioral scientists, epidemiologists, environmental health scientists, and biostatisticians has a long history of conducting innovative externally-funded research and currently holds active research centers on tobacco, obesity, cancer genetic epidemiology, air pollution, and other public health issues. The candidate will also become a member of the Institute for Prevention Research (IPR) and the Institute for Addiction Science (IAS)—a multi-school initiative within USC aimed to support transdisciplinary addiction research and education (ias.usc.edu)—and will be encouraged to develop collaborations with IAS members in other departments within the Keck School of Medicine and other schools across the university.

COLLABORATIVE
PERSPECTIVES on
ADDICTION



April 2-4, 2020

San Diego, CA

Substance Use and Addictive
Behaviors Across the Lifespan



CALL FOR PROPOSALS

Poster Proposals Due November 5, 2019

Visit <http://addictionpsychology.org/cpa> for meeting registration and proposal submission.





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To apply, please submit a letter of intent, curriculum vitae, description of research program, three representative reprints, and three letters of reference to: Lilit Aladadyan., Administrative Director of USC-TCORS, aladadya@med.usc.edu. We will begin reviewing applications immediately and continue until the position is filled.

The University of Southern California strongly values diversity and is committed to equal opportunity in employment. Women and men, and members of all racial and ethnic groups, people with disabilities, and veterans are encouraged to apply.

Postdoctoral Traineeship in Substance Use Disorder Treatment and Services Research, University of California, San Francisco

Positions as NIDA-funded Postdoctoral Scholars in substance use treatment and services research are available beginning **July 1st, 2019** in the Department of Psychiatry at UCSF.

- _Postdoctoral Scholars work with a mentor to design and implement studies on the treatment of drug and alcohol use disorders.
- _Scholars have the opportunity to select specific areas of focus for independent research projects while working with core faculty members. Faculty have strong histories of mentorship, obtaining extramural funding, and ongoing research productivity.
- _Current faculty research interests include: trials of efficacy and effectiveness of psychosocial and pharmacologic treatments of substance use disorders; research on treatments tailored for people living with HIV, people with other comorbid medical and psychiatric conditions; research on provision of services; digital health and other innovative methodology; and treatment of complex patients in innovative settings.
- _Traineeships are usually for two years, with a possible third year.

How to Apply

To be considered for a traineeship, please email your cover letter, CV, statement of research interests, and

samples of representative work to jaime.smith@ucsf.edu. Two letters of recommendation must be emailed as signed PDF documents

For more information:

Website: <http://psych.ucsf.edu/SUDTSR>

E-mail: jaime.smith@ucsf.edu

Phone: 415-206-4453



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Elected Officers

Monica Webb Hooper (Member-at-Large, Public Interest)

<https://addictionpsychology.org/people/elected-officers>

monica.hooper@case.edu

Linda Sobell (President)

James H. Bray (APA Council Representative, Practice)

sobell@nova.edu

jbray@bcm.edu

Joel Grube (President-Elect)

Laura Lesnewich (Senior Student Representative)

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Jennifer Buckman (Past President)

Christine Vinci (Early Career Representative)

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Ty Schepis (Treasurer)

Aaron Weiner (Early Career Representative)

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weiner.aaron@gmail.com

Linda Skalski (Secretary)

lskalski@umn.edu

Kirk Bowden (Member-at-Large, Science)

kirk.bowden@riosalado.edu

Paul Stasiewicz (Member-at-Large, Practice)

stasiewi@ria.buffalo.edu



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SoAP Member Services

Join SoAP: www.apa.org/divapp

Renew SoAP: APA Members, Associates, and Fellows may renew at www.apa.org/membership/renew.aspx. Professional Affiliates (professionals with no membership in APA) and Student Affiliates may renew at www.apa.org/divapp.

Listservs: To join the discussion listserv (discussion among members), contact Bruce Liese at bliese@kumc.edu. All members (and all new members) are added to the announcement listserv, div50announce@lists.apa.org (for division news).

Journal: You can access the division journal, Psychology of Addictive Behaviors, online at <https://www.apa.org/pubs/journals/adb/> via your myAPA profile (even if you don't belong to APA). Log in with your user ID or email and password.

Newsletter: The Addictions Newsletter is sent out on the listservs and is [available on the website](#). For help with membership issues, contact the administrative office at division@apa.org or 202-336-6013.



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APA Practice Directorate

[Paul Stasiewicz](#)

APA Science Directorate

[Kirk Bowden](#)

APAGS Division Student Representative Network
(DSRN)

[Laura Lesnewich](#)

Association for Behavioral & Cognitive Therapy
(Addictive Behaviors SIG)

[Clayton Neighbors](#)

College of Professional Psychology

[Sandra Brown](#)

Committee on Advancement of Professional
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Federal Advocacy Coordinator (FAC)

[Nancy Piotrowski](#)

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International Relations in Psychology (CIRP)

[Sharon Wilsnack](#)

Research Society on Alcoholism (RSA)

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Women in Psychology Network

[Maria Felix-Ortiz](#)

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[Julie Cristello](#)

[Laura Lesnewich](#)

Early Career Representative

[Christine Vinci](#)

[Aaron Weiner](#)