



# The Addictions Newsletter

The American Psychological Association, Division 50

## President's Column



Linda Carter Sobell, PhD,  
ABPP  
Division 50 President

**Great News for Our Division and the Addiction Field: Addiction Psychology has officially become a Specialty Board under the American Board of Professional Psychology (ABPP).**

This is my last column as your president, and before describing what the creation of a new ABPP specialty board, the American Board of Addiction Psychology, means for our field, I want to give a few shout-outs.

Many individuals made my year memorable and easier than I expected. Thanks to all of the hard-working SoAP Executive Board members and Committee Chairs. As with almost all professional conferences since April, SoAP's annual in-person Collaborative Perspectives on Addiction (CPA) meeting and the APA annual conference were cancelled and were conducted or will be conducted online. Many of SoAP's events and sessions that would have been conducted at the August APA convention will be occurring using Zoom. Finally, thanks to all members who voted, as we just learned we had enough votes to maintain two seats on the APA's Council of Representatives.

Lastly, outgoing presidents give presidential citations at the end of their term, and this year I gave two citations. The first to Dr. Nancy Petry who died all too young (see the "In Memoriam" column this issue). The second to Dr. John Kelly who, as SoAP's president several years ago, suggested Division 50 seek to get Addiction Psychology recognized as a specialty board under the ABPP Board.

**IT HAS BEEN A LONG TIME, BUT ADDICTION PSYCHOLOGY WAS APPROVED**

**MAY 6, 2020 AS A SPECIALTY BOARD BY THE ABPP.**

The specialty of addiction psychology is the application of psychological principles and practices to ameliorate the human suffering caused by psychoactive substance use or other highly reinforcing behaviors. With the growth of Addiction Psychology (AP) over the past 40 years, it became clear that a credential was needed that would differentiate doctoral level psychologists from a variety of other addiction professionals, many of whom lack comprehensive mental health training. Psychologists developed many of the evidence-based addiction treatments (e.g., motivational interviewing; Screening, Brief Intervention and Referral to Treatment, SBIRT; guided self-change; relapse prevention; cognitive-behavioral skills training; contingency management), and it is well known that persons who enter treatment for addictive disorders often have other mental disorders. In recognition of this need, in 2016, Division 50 submitted an application to the ABPP asking to have Addiction Psychology recognized as a specialty board.

The rationale for an ABPP specialty in Addiction Psychology is that there are vast numbers of individuals who need evidence-based addictions treatment, and psychologists are well-positioned and have the foundational skills to provide that care. Moreover, addiction psychologists can work collaboratively with primary care providers to address the co-occurring mental disorders and any related medical conditions. It is well known that drug and alcohol problems play a significant role among individuals presenting for treatment of medical conditions in primary care settings, including private practices, emergency departments, medical units in hospitals, clinics, and the like. Trained and qualified addiction psychologists are providers who can be important parts of teams providing such services. Psychologists are ideal gatekeepers and clinical supervisors in managed care systems that provide addiction-related and other mental health services.



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There is also a need for more outpatient and early intervention services for the underserved majority of individuals with addictive disorders that do not require intensive treatment. Importantly, specialty board certification in Addiction Psychology is anticipated to result in a much-needed increase in the presence of psychologists in the addictions treatment delivery system. Now that the specialty board has been established, many things need to be done before the American Board of Addiction Psychology (ABAP) will be ready to conduct exams. It is hoped that early in 2021, a call will go out for those who want to apply to the ABPP to take a specialty board examination in Addiction Psychology. Over time, the acronym ABAP will become, like other ABPP specialties, widely recognized and respected.

Lastly, besides myself, five other Division 50 members who are board certified in another area worked to make the ABAP a reality. They are John Kelly, Ray Hanbury, Bruce Liese, and Mark Sobell. The Addiction Field owes them a debt of gratitude for their perseverance and hard work over the past four years.

## Editor's Corner



**Dana Litt, PhD**  
Editor



**Victoria Votaw, MS**  
Student Editor

Needless to say, a lot has happened since our last issue of the SoAP Box. Between the far-reaching impacts of

COVID-19 on our professional and personal lives and the ongoing discourse related to racism, social inequity, and injustice in our country, I know that the past few months have been particularly taxing on all of us. While we all struggle with these historical events surrounding us, it becomes even more clear that our division has a great deal of work left to do. Please be sure to read the Diversity, Equity, and

Inclusion Committee's powerful statement on what SoAP Can and must do related to pursuing justice and equity, promoting the representation of underrepresented groups, and amplifying underrepresented voices in addiction psychology.

Related specifically to our work as a division, it is notable that both CPA and APA have gone virtual this year. Although we welcome the opportunity to present our research, there is clear sadness at what is lost when colleagues can't gather at professional conferences. Our leadership has done an exceptional job adjusting these conferences and related programming to best meet member needs, which was no small task. What has become abundantly clear through these hard times is how resilient and strong we are as a division. I am honored to be a part of it and so thankful to have the chance to work directly with so many of you.

For this issue, be sure to start with our President's Column, where Linda Sobell, PhD reflects on her past year and the fantastic news that addiction psychology's approval as a specialty board for ABPP. In this issue, we are also fortunate enough to have 3 Early Career Psychologist articles, which further reflects the growth of this division. We are also fortunate to have two great pieces reflecting on Finding Success through Failure. First, Dr. Jennifer Buckman shares her insight into dealing with difficult mentoring situations. Dr. Kate Carey also graciously shares with us the trials and tribulations of adapting research during the time of COVID-19. In addition, we have an excellent submission for the Clinical Translation column that does an excellent job applying novel research findings to clinical practice related to opioid use disorder. As always, we received great submissions for SoAP Box Sound Bites, Community Corner, and Show and Tell.

Please be sure to read the several important division announcements appearing in this issue. First, we are happy to announce the recent results of the Division 50 election. We also have information on APA



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programming courtesy of Susan Collins, a powerful statement from our Diversity, Equity, and Inclusion Committee, referenced earlier, and a touching piece written by our own President, Linda Sobell, in memoriam for Dr. Nancy Petry, who we lost far too soon.

Finally, you may have noticed that we have a new student editor. Please welcome Victoria Votaw, a doctoral student at the University of New Mexico! I am so pleased to have her on board and to have the opportunity to work with one of our amazing student members. You will notice that there is a call for a new SoAP Box Editor. As much as I have enjoyed my time thus far, it is time to pass on the torch. Please read the description provided for the position and let me know if you have any questions. Being the SoAP Box editor is a wonderful way for early- and mid-career members to get involved in the division and I highly encourage anyone who is interested to strongly consider applying.

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](mailto:dana.litt@unthsc.edu)) by October 1, 2020.

*-SoAP Box Sound Bites.* In 50 words or less, please respond to the following prompt—What advice would you share with someone just starting out in the addiction psychology field?

*-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 will share lessons learned from shopping around for a paper that took a while to find a home. 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.





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## ECP Spotlight

Welcome to the SoAP Early Career Psychologist Spotlight. The ECP spotlight is a chance for us to highlight the early career members helping to shape the future of addiction psychology.



**Mark Prince, PhD**  
Colorado State University

This month our featured ECP is Dr. Mark A. Prince. Dr.

Prince is an Assistant Professor and Associate Director of Addiction Counseling in the Department of Psychology at Colorado State University. He earned his bachelor's degree from Columbia University and a master's degree from San Diego State University before completing a concurrent PhD in Clinical Psychology and MS in Applied Statistics at Syracuse University. He completed his clinical psychology internship at the Alpert Medical School of Brown University and a T32 postdoctoral fellowship at the Research Institute on Addictions at SUNY Buffalo.

*What are your research interests?*

My research is focused on identifying mechanisms of behavior change in addiction and on developing interventions targeting these mechanisms. My intervention efforts have focused on brief, individually tailored interventions that can be disseminated on a large scale. In addition, I am interested in applying advanced quantitative methods to examine relationships among context-specific psychological constructs.

*What are your clinical interests?*

My clinical work primarily focuses on treating individuals with substance use and concomitant mental health problems. In addition, I currently treat pregnant and postpartum women with mental health

problems. I received training to treat women struggling during this period of their lives while on my clinical internship and have come to appreciate that pregnant and postpartum women are an underserved population with great need for mental health services. Finally, I worked for two years at the Onondaga Nation's Family Healing Center (Ganigonhi:yoh). While there, I developed a strong passion for working with Native American adults, children, and families. I continue to serve this population through my research and, whenever possible, treating Native American clients.

*What are your educational/training interests?*

I am always learning. It is nice being done with my formal education because I have more freedom to pursue education and training in more specialized areas. Recently, I have been diving deeper into Machine Learning and I have been running an Existential and Spiritual Approaches to Psychotherapy reading group for students and faculty. This odd combination really represents the two sides of me. I like to roll up my sleeves and learn advanced quantitative methods – I am always humbled by how little I know – and I like to sit and think about deep philosophical and spiritual issues – where I am equally humbled. My favorite part of working in academia is the freedom to continually learn and grow as a person and as a scientist.

In addition, to mentoring students and supervising clinicians in the Psychological Services Center, I am lucky to teach a number of interesting classes. Each year I teach a graduate level class in Motivational Interviewing, as well as a class in individual and group therapy for addiction. I also alternate teaching undergraduate research methods and graduate level Structural Equation Modeling courses every other year. I appreciate being able to teach both clinical and quantitative courses, as they fit well with my training.

*Are you currently involved with supervising students or early career professionals?*



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Yes, I am very fortunate in this regard. I currently advise 9 doctoral students, 23 master's in addiction counseling students, and 6 undergraduate students. In addition, at any given time I supervise between 2 and 4 PhD counseling students in the Psychological Services Center here at CSU. I also serve on various thesis and dissertation committees where I help students develop their research design and analysis skills. Finally, I work with other early career professionals on grant writing and career development – though this is more mutually beneficial than me serving as a supervisor.

*How did you become interested in addictive behaviors?*

After I completed my undergraduate training, I moved to San Diego with a couple of my friends. When I got there, I started working at a group home while also applying for any job that had “psychology” in the title. A few months later, I got an interview to work in Dr. Sandy Brown’s research lab at UCSD. At that time, I was unfamiliar with the research process and did not know much about addictive behaviors. However, I managed to get the position. My job was to travel around San Diego county and conduct structured clinical interviews and neuropsychological assessments to adolescents and adults with substance use problems. Half of the participants also had comorbid mental health problems. Participants were recruited between the ages of 12-18 and followed every few years until age 35. We also interviewed a resource person, who was typically a parent. I worked on these two longitudinal research projects for two years and met people coping with the full range of addictive behaviors. I worked with adolescents who were just experimenting with substances for the first time and with parents and grandparents who had been using for decades. I interviewed people who had quit years ago, and addiction was a part of their past they barely remembered, and I interviewed people who continued to struggle for years with little reprieve. Through this work, I gained a deep respect for people struggling with addictive behaviors. Most of the

people I worked with were great people whose lives had gone astray. They tended to be seekers – looking to experience all life had to offer. And, they tended to be misunderstood and mistreated in many aspects of their lives. I believe that getting my start into the field as an observer – rather than someone with a responsibility to foster behavior change – gave me a unique and valuable perspective. When I eventually went on to complete my doctoral training and focus my career it was obvious to me that this was the problem that I wanted to dedicate my career to better understanding and treating.

*What motivated you to join the Society on Addiction Psychology (Division 50)?*

I did not put much thought into joining. This is where my friends and colleagues are and where people are presenting on the state-of-the-science in addiction psychology. I look forward to CPA every year!

*Thank you for being part of SoAP, Mark! We are grateful to have you in our community, and excited to follow you in your career!*

## ECP Student Spotlight

### **Julie Cristello, MS, Florida International University:**

I have been so fortunate to serve as a Student Representative on the Executive Committee of Division 50 for the past two years. In this role, I developed an initiative to improve the way that we disseminate addiction-related content, especially content developed by students and ECPs. During this time, our Division has hosted five virtual poster sessions (3 at CPA and 2 at APA) on Twitter, including our most recent #CPA2020 virtual conference. At this virtual conference, we tweeted 64 posters, 1 panel, and





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earned 80,900 Twitter impressions – which is more than last year’s in-person CPA conference. I am so appreciative and grateful for the support of members in the Division, and the Technology & Communications Committee. Serving as a Student Representative has been such a great experience for me, and I highly encourage other students to become involved.

\*\*If you are interested in becoming involved in the Division, please email Melissa Schick ([melissa\\_schick@my.uri.edu](mailto:melissa_schick@my.uri.edu)).

**Laura Lesnewich, MS,**  
**Rutgers University-New Brunswick:**

This year, SoAP Student Representative Julie Cristello organized a new CPA panel focused on professional development for trainees. Given the health crisis, the panel was adapted to a written format and disseminated via Twitter during the virtual poster session and on the SoAP website. Here, I have adapted my contributions further for the SoAP Box in hopes of reaching a broader student audience. These questions were solicited from trainees, so hopefully our junior members and affiliates will find these topics useful as they navigate the labyrinth that is doctoral training. I am a clinical psychology PhD candidate about to embark on my sixth and final year of training as a clinical intern.



*How challenging is it for grad students to manage multiple responsibilities?*

This is the most challenging aspect of graduate school. I am still figuring this out myself, but here are some strategies I have found helpful. First, prioritize. Boggled down in classwork? Set limits and force yourself to complete classwork faster; work smart, not hard. Clinical work not your jam? Look for practica with lower hour demands. Discovering

research isn’t for you after all? Turn down extra projects. Second, configure a block schedule that minimizes role-switching and travel. Your ability to do this may vary by semester, but it can be a huge time-saver. Third, communicate early and often with mentors and supervisors to manage their expectations. Grad school will teach you to become your own best advocate. Fourth, stimulus control—it really works! Try designating distinct work environments for different tasks. Last, set reasonable boundaries to make time for fun, and only fun!

*What are tips for staying motivated in a challenging work environment?*

The best way to deal with an adverse environment is to avoid it in the first place. I am very thankful to have been “raised” academically in a series of supportive, motivating environments. Luck has no doubt played a role, but I do take some credit for the connections I have chosen to make, maintain, and prune throughout my academic career. It may be easier to let your mentor lead the way, but it is in your best interest to surround *yourself* with people who will foster your success. This includes formal and informal mentors, colleagues, and friends. Nurture supportive connections and withdraw gracefully from obstructive or destructive relationships. Also, try to maintain close relationships with people outside of the academic world. You will find that these “outsiders” can provide support in different, refreshing ways.

*How would you recommend obtaining resources that your program might not offer?*

The key here is to be creative. Think back to your undergraduate days, when you were bombarded with opportunities to learn outside of your major. These opportunities exist for graduate students as well, but they are often not well-advertised; or, we are too quick to delete those annoying emails. Some practical advice: read those annoying emails; look into courses outside of your department; sign up for





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announcements from your graduate student council to hear about free programming across other disciplines; go to conferences where you can meet researchers with access to data you want to work with—CPA is great for this; if there is a common need for additional training, work with your program director to add it to your curriculum.

*Given that most clinical internship sites offer training with SUD populations, what are tips for cutting down the list of potential sites to apply to?*

SoAP's list of "[Addiction Psychology Opportunities in APA-Accredited Predoctoral Internship Programs](#)" is an excellent resource. Talking to others in the field, both peers and superiors, can give you a good sense of where to narrow your focus. It is also helpful to look through program "brochures." Though time consuming, this gives the best indication of a program's training philosophy (do they value research training?), specific training opportunities (full or partial SUD rotations?), and general strengths/weaknesses.

*How do you balance feasibility and innovation when developing a dissertation topic?*

This depends on whether you lie more on the "overly-ambitious" or the "get me out of here" side of the spectrum. For the former, it could be helpful to have an unfettered discussion with your advisor and scale back from there. Trust when your mentor says something is not feasible! For the latter, remember that there is no quick-and-dirty way to complete a dissertation. You will be spending a lot of time on this project no matter what, so it is worth a small investment of your time to design a project that interests you. In general, making use of existing data is a good strategy.

## Clinical Translation

***Pain and craving in opioid use disorder: Gaps in measurement and clinical care.***



**R. Ross MacLean, PhD<sup>1,2</sup> and Suzanne Spinola, PhD<sup>1,2</sup>**

1. VA Connecticut Healthcare System, West Haven, CT
2. Yale University School of Medicine, New Haven, CT

The United States remains in the midst of an opioid crisis. Pain has been identified as an antecedent and consequence of opioid use disorder (OUD).

Although estimated prevalence of OUD among individuals with chronic pain receiving long term opioid therapy vary considerably, recent guidelines that advocate tapering off prescription opioids stem from concerns for prescription opioid misuse and OUD. The relationship between pain and proximal factors associated with opioid use, such as opioid craving, is less understood. Importantly, reports of pain persist despite engagement in opioid agonist treatment (OAT), the first line treatment for OUD, consisting of buprenorphine or methadone. The current discussion summarizes and contextualizes a recently published review (MacLean, Spinola, Manhapra, & Sofuoglu, 2020) that highlighted a consistent relationship between pain and craving in individuals with chronic pain receiving long term opioid therapy and/or OUD. We will specifically focus on the complex relationship between pain and opioid craving, treatment considerations, and ways to improve measurement.

Following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA)



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guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009), we conducted an extensive literature search that resulted in 625 unique studies. Included manuscripts (n=16) focused on individuals diagnosed with chronic pain on long term opioid therapy and/or OUD with or without OAT that assessed both self-reported pain severity and opioid craving using appropriate measures and reported a minimum of descriptive statistics for pain and opioid craving for population(s) of interest. These were grouped by diagnostic focus: OUD (n=5), chronic pain on long term opioid therapy (n=9), or both (n=2). In general, we found a moderate positive relationship between pain severity and opioid craving that was more pronounced in studies of individuals with OUD. However, there was considerable heterogeneity in how pain and craving were assessed; this was reflected not only in use of different measures, but also the time frame (e.g., current, past 24 hours, past 7 days, etc.) of assessment.

Clinical discussions surrounding pain and opioid craving can reinforce stigma that contributes to poor treatment outcomes. For example, individuals with chronic pain may deny experiencing opioid cravings to reduce the appearance of OUD. Similarly, those with OUD may not request additional pain treatment so as not to appear drug seeking. Individuals with chronic pain and/or OUD may fear discussing these clinical topics, as the conversation may result in greater demands to attend the clinic or a reduction/removal of their prescribed pain medication. The relationship between pain and opioid craving is complex and achieving a greater understanding is complicated by the fact that they are difficult constructs to measure.

Avoiding stigmatizing language in the assessment of opioid craving in individuals with chronic pain on long term opioid therapy is particularly challenging. For example, Wasan and colleagues reported an association between never reporting opioid craving and social desirability in individuals with chronic pain

(Wasan et al., 2009). This potentially reflects the stigmatization of opioid craving and negative impact on clinical engagement. For individuals with chronic pain on long term opioid therapy, the experience of pain and subsequent motivation to take an opioid is expected during the course of treatment. When this process can be characterized as opioid craving is subject to clinical judgement, but the presence of persistent pain and clinical stability are typically present. Although phenotypically similar to OUD, these individuals may reject an OUD diagnosis because craving is primarily motivated by pain relief (i.e., not hedonic effects). Some have argued that chronic persistent opioid dependence (CPOD) may better describe this population (Manhapra, Arias, & Ballantyne, 2018). Consideration of the client's experience of pain and craving can have implications for what treatments are likely to be effective and acceptable. These conversations should be collaborative and consider the client's personal narrative to appropriately assess and guide effective treatment.

For individuals with OUD receiving OAT, pain is often superficially assessed and clinical trials of pain treatment for concurrent OUD are scarce. Clinicians treating individuals with co-occurring chronic pain and OUD tend to focus on one disorder at the expense of the other (Berg, Arnsten, Sacajiu, & Karasz, 2009). Most of the proposed strategies to address chronic pain in individuals with OUD are focused on pharmacological solutions and prescriber interventions (Alford, Barry, & Fiellin, 2013; Henningfield, Ashworth, Gerlach, Simone, & Schnoll, 2019), despite the growing literature that supports comprehensive and multimodal approaches to treating co-occurring OUD and chronic pain (Henningfield et al., 2019). There is a critical need to develop behavioral treatments that can be integrated into OAT clinical care. Given the provider and client demands inherent in treating OUD, chronic pain treatments should balance treatment burden with evidence-based care to increase access and





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engagement in individuals with OUD and chronic pain.

Additionally, both pain (May, Junghaenel, Ono, Stone, & Schneider, 2018) and opioid craving (Epstein et al., 2009) are known to be dynamic processes that can change moment to moment. As a result, asking clients to average their pain or opioid craving over a period of days or weeks may not accurately reflect the time course or relationship between pain and opioid craving. Use of surveys administered repeatedly in daily life, or ecological momentary assessment (EMA), may provide more valid measurement of pain and opioid craving compared to clinic or laboratory assessment. Responses to EMA surveys can capture nuanced, context-dependent changes in both pain and opioid craving that shed light on important precursors that could inform treatment.

Recent perspectives on pain treatment have included increased advocacy for clinicians to embrace the complexity of chronic pain and to develop a system of interventions that offer the promise of more effective treatment (Darnall, 2018). The incorporation of regular, thoughtful assessment of both pain and opioid craving will inform collaborative clinical decision making as well as the development of novel treatments to improve quality of life in patients with OUD and/or chronic pain.

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***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 and send to [dana.litt@unthsc.edu](mailto:dana.litt@unthsc.edu) by October 1, 2020.***

## SoAP Box Sound Bites

***How has COVID-19 impacted your addictions related research, clinical practice, and/or teaching?***



**Nicole M. Sell, PhD, University of Buffalo:** I am fortunate in that all aspects of my research can be done remotely, and I have a nice home office setup in a distraction-free environment. Without a daily



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commute, I have had more time and energy to write and have noticed an increase in my productivity.

**Norman Hoffmann, PhD, Western Caroline University, Evince Diagnostics, LLC:**

We are doing research on prevalence and correlates of behavioral health conditions among jail inmates using the CAAPE-5, a structured interview. Access to inmates has become very limited because visitors (e.g., research assistants) in many jails are restricted because of the COVID-19 pandemic to essential visitors, such as inmates' lawyers.



**Tracey Garcia, PhD, Murray State University:** COVID-19 affected my research—many of the projects I work on examine alcohol use and norms. COVID-19 led to material adaptation for changing social climates and tracking potential shifts in behavior/norms from social distancing and closing public spaces. Thus, reconceptualizations occur across projects (e.g., is the drinking solitary if the person is alone at home, but drinking virtually with others?).

*What should be the top priority of Division 50 in the coming year?*

**Angelo DiBello, PhD, CUNY**

**Brooklyn College:** A major priority for Division 50 within the next year should be a renewed focus on expanding the representation of diverse communities in our research. Furthermore, individuals working in the prevention and intervention space should aim to improve the inclusion of underrepresented diverse groups in their samples to understand for whom certain approaches may be more or less effective.



**Cassidy LoParco, BS, University of North Texas Health Science Center:**

In response to COVID-19, our ecological momentary assessment project, led by Dr. Melissa Lewis, had to consider how

quarantine may affect drinking habits and contextual factors. Accordingly, we have included several items to account for this, such as if participants left the house that day or drank while video chatting friends.

**Anne Fairlie, PhD, University of Washington:**

My advanced undergraduate statistics course underwent a swift restructuring as I determined which online tools to implement. I adapted assignments to ease students' stress and highlight central concepts. As I reflect on all that I learned, I hope students gained statistical knowledge and potentially an awareness of their own resiliency.



**Ashley Lowery, MS, University of North Texas Health Science Center:**

I feel that there is a need to prioritize the utilization of social media and digital forums as tools to stay abreast of trends in addictive behaviors, as well as socio-cultural events that correlate

with the onset and maintenance of addictive behaviors.

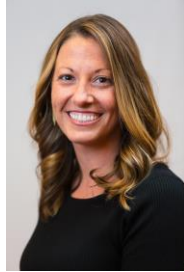


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**Lindsey Rodriguez, PhD,  
University of South Florida St.  
Petersburg:**

In the upcoming year, as a division of the American Psychological Association, I believe it is time for us to be leaders at the forefront of addressing issues related to diversity and health disparities. Substance abuse disproportionately affects and carries disproportionately more consequences for racial/ethnic minorities. Prioritizing avenues of prevention and treatment related to substance use among these vulnerable or socially disadvantaged populations can help them live longer, healthier, less stressful lives.



more in incarceration costs due to recidivism. His data provided support for almost a dozen initiatives, including a counselor in the homeless shelter located next to the jail, having every officer carry NARCAN, and more deputies for community policing. A sheriff in another state used his data to support a request to the state legislature for funding of a behavioral health initiative in his county. Not only are we able to generate important scientific and clinical information, but the findings are also supporting valuable initiatives in the local community.

*We would love to hear about ways in which you share your research and/or clinical work to the broader community. Please limit responses to 200 words.*

*For the next issue, please respond to the following prompt in 50 words or less “What advice would you share with someone just starting out in the addiction psychology field?” Please send submissions to [dana.litt@unthsc.edu](mailto:dana.litt@unthsc.edu) by October 1, 2020.*

## Community Corner



**Norman Hoffmann, PhD**  
Western Carolina University  
Evince Diagnostics, LLC

In the course of our research on the prevalence of behavioral health conditions and their relationships with recidivism and types of charges, we provide county sheriffs with the aggregate results from their institutions on prevalence rates of mental health and substance use disorders. One sheriff circulated our report to

community leaders, including county commissioners, to document the high prevalence of stimulant and opioid disorders and the fact that a third of the inmates had been injecting one or both of those drugs on a regular basis – a serious public health issue. The data also documented that those with serious stimulant and/or opioid diagnoses cost the county

## Show and Tell

**Norman Hoffmann, PhD,  
Western Carolina University,  
Evince Diagnostics, LLC:**

With the COVID-19 pandemic, county jails are limiting researchers' access to jail populations. However, federal regulations require medical and other health-related assessment of those booked into detention facilities by nurses or other medical personnel. Our newly developed online behavioral health assessments, such as the CAAPE-5, enable a nurse or other medical staff person to administer the interview even if he, or she, has no expertise in addictions or mental health. The online system presents the questions to be asked one at a time along with response options. Once the interview is completed the staff person can download a report of findings for review by an appropriately credentialed professional. A de-identified file with identification only for the facility is automatically saved for analyses and production of aggregated reports for the facility. Given appropriate IRB clearances and procedures in the jail, sequential ID codes in the de-identified file can be linked to other jail data for research purposes. This arrangement facilitates both







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meeting mandated clinical requirements and the ability of researchers to obtain necessary data.



**Kirk Bowden, PhD, Rio Salado College:** Dr. Kirk Bowden was recently awarded Fellow Status in the Western Psychological Association (WPA). Kirk was to be honored as a new Fellow at a ceremony at the WPA Annual Conference on May

1st in San Francisco. The WPA Conference was postponed due to COVID-19. Dr. Bowden serves on the WPA Council of Representatives.

*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

*What lessons can you share from mentoring experiences that were less than ideal? How did you handle this, what did you learn, and what would you recommend to others who might find themselves in a similar boat?*

A huge part of being an academic scientist is mentoring, but you'll receive no training in how to do it. Your only hope is that you've had at least one good mentor along the way to model. Mentoring has many hidden dangers and trapdoors. Mentoring will bring the best and worst out in you. Mentoring requires you to bring your best self to individuals of various ages, educational backgrounds, intelligence, and ability.... with



**Jennifer Buckman, PhD**  
Rutgers University

different habits, history, personalities, and psychological wellness. Each individual is a challenge unto themselves, and a key job as mentor is to parse what a person can do well from what they can't. This is critical to optimize lab functionality and prepare them for success.

### Know thyself and thy enemies.

As a female, I have learned to draw a clear line between comradery and friendship, and between mentoring and mothering (FYI: "mothering" is not the female form of the word "mentoring"). Some mentees are looking for a friend, a mother, or a cheerleader; some are looking for all three. These are roles not well suited to me. I know that I work better with certain personality styles and temperaments (arrogance and entitlement need not apply). But, alas, more than once, I have found myself mentoring someone looking for something I could not provide. I can't figure out what I missed in the interview. These mentees shared nothing by way of history, personal style, or even graduate program. One came recommended from a trusted colleague. Another came with an outstanding Ivy League pedigree. Only in the long-run have I realized that they have two striking overlaps:

1. They always had excuses for what was not done (i.e., they took no responsibility).
2. They were always solely responsible for what was done (i.e., they took full credit).

This is irritating, for sure, but what's worse is that it leads to interpersonal chaos in the laboratory.

### Pick thy battles.

Perhaps my biggest lesson to date (I still have a lot to learn) is that it is not going to get better by itself. There are two ways forward: deal with it or suffer through it. Dealing with it seems like the grown-up thing to do, but brace yourself.

1. Don't say too much, but don't say too little.
2. Stay on point. Really stay on point.



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3. Don't practice what you are going to say; practice what you are NOT going to say.
4. Be honest, with as much kindness as you can.
5. Stay on point. Don't deviate or back down.

And, I think even more importantly:

6. Speak not only to the difficult mentee, but the other mentees/lab staff as well. A difficult mentee can force differential treatment by making every traditional path a challenge. Other mentees notice this and can feel angry, frustrated, and alienated (and maybe despondent?). Maybe even more importantly than trying to be a friend, mother, or cheerleader to your difficult mentee, make sure you remain an accessible mentor to your not-so-difficult mentees.

***What successes and/or failures have you had while adapting to working during the pandemic? What advice would you share? What questions do you still have?***

For those of us who study harm reduction interventions for college drinkers, the switch to remote learning this semester has been disruptive to ongoing RCTs. One of our projects designed for students mandated to interventions as a result of campus alcohol violations had to stop recruiting when students were sent home; it is unclear when students will be back on campus again to be referred to us. We were able to adapt the interventions for another ongoing RCT for remote delivery, and that initially seemed to be a good thing, as it did push us to create a delivery option that has potential for greater dissemination. But now we are doing some hard thinking about how to interpret the data we get. It appears that the



**Kate Carey, PhD**  
Brown University School of  
Public Health

students who are now living at home continue to drink but not at the peak levels characteristic of on-campus drinking and the opportunities for consequences are more limited when students are under stay-at-home orders. I do acknowledge that less drinking and fewer consequences is a good thing! But because the whole ecology of college student drinking decisions is so different now, interventions that seemed so on target a few months ago may not hit the appropriate determinants of behavior now. And if the overall level of consumption and consequences is being suppressed for everyone, we wonder how sensitive our outcome measures will be at distinguishing conditions. Follow-up surveys for participants who were already in our studies can continue via remote delivery, but the stress and lifestyle disruption associated with COVID-19 has to be introducing noise in the data; our data analysts will need to be creative to detect the signal in what is surely going to be noisy data sets. All this is a reminder that drinking behavior is contextualized within a social and physical environment; it is easier to study the psychological determinants of drinking when the environment is constant, but now the environment is changing and our studies may not have been set up to characterize those variables.

***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 will share lessons learned from shopping around for a paper that took a while to find a home. Please limit responses to 500 words and send to [dana.litt@unthsc.edu](mailto:dana.litt@unthsc.edu) by October 1, 2020.***

## Division Announcements

### *SoAP 2020 Election Results*

**SoAP Nominations & Elections Committee**  
**Chair: Lauren A. Hoffman, PhD**  
**Student Members: Christian Garcia, MS & Alan Crutchfield, MS**



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Thank you to everyone that expressed an interest in running for the three offices open this election cycle. Ultimately, there were six named candidates on the Division 50 ballot, all well qualified. Two hundred eighteen votes were cast or ~30% of the Division's voting membership. Congratulations to our newly elected officers!

Mark Sobell is our new President-Elect, Bruce Liese was elected APA Council Representative, and Lesia Ruglass was elected Member-at-Large (Public Interest).

Thanks to our voting members, our division earned a second APA Council Representative Seat. Thank you to everyone who took the time to vote and make our continued representation possible.

Thanks to the outgoing board members for their dedication and contributions to SoAP! Running for office is one way to give back to the field and increase your visibility at the national level. Later this year, we will be looking to fill the following positions: President-Elect, Secretary, Treasurer, Member-At-Large (Science), Member-At-Large (Early Career Psychologists), and APA Council Representative. If you are interested in running for one of these positions, please contact Lauren Hoffman, Chair of the Nominations and Elections Committee ([lhoffman1@mg.harvard.edu](mailto:lhoffman1@mg.harvard.edu)).

## *APA Division 50 Programming Update*

**Susan Collins & Megan Kirouac**  
**SoAP (Division 50) Co-Chairs**  
**2020 APA Convention**

Hello fellow SoAP Members,

We recognize it has been a challenging time for so many in our Division 50 Community. We know that you are working hard to support your colleagues, friends, families, students, clients, patients and communities as you navigate both the centuries-long

pandemic of anti-Black racism and the months-long pandemic of COVID-19. Thank you for all that you do.

For our part as APA 2020 Convention Program Committee Co-Chairs, we acknowledge we must do more to ensure our programming:

- Sheds light on the systemic racism inherent in US drug policy and its vast and indelible harm to Black, Indigenous and other Communities of Color.
- Acknowledges that we, through our roles within interlocking institutions of oppression – academic, research and treatment systems— have been complicit in this marginalization, violence and mass incarceration, and
- Reflects the important work being done by and in Communities of Color and other marginalized communities.

In collaboration with the Diversity, Equity and Inclusion (DEI) Committee, we are doing our part to build positive, systemic changes into our committee's processes. First, we have requested that APA's Board of Convention Affairs instate programming review criteria that positively weights diversity, equity and inclusiveness in program submissions. Second, we have ensured that this year's Program Committee Awards highlight the work being done by students and early career psychologists of color. Third, we are working with the DEI Committee to hone and manualize our committee's processes to ensure our division's APA Convention content serves as a platform for work being done by and in communities of color and other marginalized communities affected by substance-related harm.

This year's virtual programming includes divisional and collaborative symposia, posters, and skill-building sessions that are moving towards these principles. We will be elevating SoAP's 2020 theme, "*50 Years of Harm Reduction: Past, Present and Future*," and highlighting APA and Division 50





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priorities, including early career and student contributions, diversity and inclusion, collaboration across divisions, and APA's focus on "Deep Poverty."

## That's right, the APA 2020 Convention has gone virtual!

Paraphrasing APA President, Dr. Sandy Shullman, we view this as an opportunity, not a consolation prize. Our content will be more accessible than ever. **The registration fees have been lowered by 85% (\$50 for members, \$15 for student members).** All APA programming may be viewed on-demand for a year, meaning even more exposure for the important work you all have been conducting. Convention program content will begin streaming at 12pm ET on Thursday, August 6. We will be in touch through the listserv and on the SoAP website to provide links to up-to-date convention information and material.

## So, what's in store at the APA 2020 Virtual Convention?

- See your colleagues and support students and early career folks at our Big Live Event! The Early Career Investigators Poster Session and Social Hours will be hosted live on Zoom by Dr. Bettina Hoepfner (sponsored through her R13 from NIDA and NIAAA). It will feature a welcome from Division 28 and 50 presidents, acknowledgment of our division's award winners, poster presentations, and live presenter/audience Q&A. Mark your calendars and join us on Friday, August 7<sup>th</sup> from 4-6pm ET!
- View on-demand Division 50 symposia and posters that amplify the lived experience of people who use substances, inclusive harm-reduction strategies, and interventions in diverse populations, including:
  - *Deconstructing "Treatment": Importance of harm reduction in criminal justice reform*
  - *Paradigm shift: Research on the introduction of harm reduction into diverse settings and populations*
  - *The traditional gender-role hypothesis: Alcohol use and other health risk behaviors among Latinas*
  - *Mobile assessment and intervention in addiction: Recent advances (sponsored by Division 28)*
  - *E-cigarette use among youth: An examination of behaviors, motives and policies*
  - *Ethical considerations of court-ordered treatment*
  - *Advances in substance use disorder research: Comorbidity and its underestimated implications*
  - *An update on alcohol use disorder: From etiology to treatment*
- Brush up your clinical skills with harm-reduction trainings
  - *User-driven harm reduction 101: Naloxone, clean works and safer-use strategies*
  - *Loving people who love alcohol and drugs: Harm reduction psychotherapy for family, friends and community*
  - *Integrative Harm Reduction Psychotherapy: Bringing relational, psychodynamic, cognitive, behavioral and mindfulness strategies together in a harm-reduction frame*
- Cross-cutting Collaborative Symposia for the main APA program:
  - *Harm reduction or harm induction? Exploring the current research on e-cigarettes and vaping*



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- *Diverse translational perspectives in the development of opioid and substance use disorders*
- *The past, present and future of NIH sex as a biological variable policy*
- *A push and a nudge: Leveraging behavioral economics to improve scientific health*

We hope to see you virtually in August! Until then, we wish you and your communities strength, healing and wellness.

## **APA Division 50 DEI Committee Statement**

On behalf of the Society of Addiction Psychology (Division 50) and with the full support of its Executive Committee, we, the members of the Diversity, Equity and Inclusion (DEI) Committee, affirm the following.

We stand with the Black and African American community in the fight against systemic racial injustice and police brutality. We condemn the oppression of Black communities. We fully support structural and policy changes that will decrease and eliminate the incidence of police brutality and state-sanctioned violence against communities of color.

We recognize that all lives do not matter until Black lives matter.

As substance use researchers and treatment professionals, we acknowledge the institutional and structural racism that is inherent in the US drug policy and the disproportionate harm inflicted onto the Black and other minoritized and marginalized communities. Through our roles and work within interlocking institutions of oppression (e.g., academic, research and treatment systems), we acknowledge that we can be complicit in systemic oppression. We are committed to using our platforms to pursue justice and equity in substance use research and treatment.

We also acknowledge that while some of us, as individuals, have sought to be allies for Black, Indigenous, and other People of Color (BIPOC) and LGBTQIA communities, we have not done enough as a Division and thus must continue to fight for equity. We must confront White supremacy, anti-Blackness, and systemic racism in ourselves and our institutions to more fully align and ally with communities of color. As members of Division 50, we commit to examining our own relationship to anti-Blackness and systemic racism and to continually work toward being an anti-racist organization.

Over the past year, the DEI Committee has identified three priority areas and have been working toward fostering a more diverse, equitable and inclusive environment in Division 50:

1. Embed DEI focused policies into all aspects of Division 50;
2. Increase the Division's profile of research on diversity, inclusion, equity and social justice causes and honor the contributions of scientists from underrepresented minority backgrounds, through diversity-themed research programming and awards; and
3. Work closely with the Division 50 Membership Committee on recruitment and retention of underrepresented minority groups.

The DEI Committee priority areas received support from the Division 50 Executive Committee. In the past year, we engaged in actions to support these goals:

- Challenge the existing APA programming review criteria and ensure DEI-focused criteria are built into the convention programming review process;
- Secure DEI committee representation at Executive Council meetings;



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- Establish diversity-themed awards to ensure members from underrepresented minority groups are honored for their work;
- Make changes to existing grants for students to ensure dedicated line of grant funding for research on issues of diversity, health equity, and disparities in addiction;
- Create a mentorship program for BIPOC students and early career professionals; and,
- Increase outreach to BIPOC students and members through social media, cross-division collaboration and podcasts that are inclusive and representative.

In addition to these efforts, a Conference Diversity Committee at the Collaborative Perspectives on Addiction (CPA) was established in 2019 to ensure that the conference fosters an inclusive and supportive environment for attendees from underrepresented minority groups, and welcomes representations from diverse backgrounds. The CPA 2019 Program Committee established new diversity travel awards for graduate students and postdoctoral researchers. The Division 50 DEI Committee will continue to coordinate with the CPA Program Committee in the future.

We have made solid strides toward these priority areas over the past year, and we vow to continue building on the current momentum toward pursuing justice and equity, promoting representation of underrepresented minority groups, and amplifying BIPOC voices in addiction psychology.

Sincerely,

The Diversity, Equity and Inclusion Committee

With the full support of the Division 50 Executive Committee

Members of the DEI committee (and co-authors of this statement):

Seema L. Clifasefi, Chair  
Susan E. Collins  
Noah N. Emery  
Silvi Goldstein  
Thomas Le  
Christina Lee  
P. Priscilla Lui  
Dennis C. Wendt  
Byron L. Zamboanga

#### Members of the Executive Committee:

Linda Carter Sobell, Current President (2019-2020)  
James H. Bray  
Jen Buckman, Past President (2018-2019)  
Julie V. Cristello  
Noah N. Emery  
Joel Grube, Incoming President (2020-2021)  
Raymond F. Hanbury, Past President (1994-1995)  
Bruce S. Liese, Past President (2017-2018)  
Linda Rinehart  
Ty S. Schepis  
Melissa Schick  
Mark Sobell, President Elect (2021-2022)

#### Committee Chairs:

Michael Amlung  
Elizabeth Aston  
Clara M. Bradizza  
Susan E. Collins  
David Eddie  
Lauren A. Hoffman  
Megan Kirouac  
Christina Lee  
Dana Litt  
Sherry McKee, Past President (2015-2016)  
Ellen L. Vaughan  
Katie Witkiewitz, Past President (2016-2017)

Please reach out to Seema Clifasefi ([seemac@uw.edu](mailto:seemac@uw.edu)) if you have any questions or wish to learn more about the APA Division 50 DEI committee.





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## ***IN MEMORIAM: Remembering Nancy Petry*** **An Incredible Scientist Leaves Us Too Early**

Nancy Petry, an incredibly productive scientist and very giving person whom everyone liked, died in July of 2018 at the age of 49. While maintaining a very demanding and busy academic career, Nancy was a loving and dedicated mother. Besides her husband, Dr. Willam (Billy) White, she leaves a 9-year-old son, Noah White, and a 11-year-old daughter, Hannah White. Nancy was born in Aberdeen, South Dakota and was raised in Jamestown, New York. She went to Randolph-Macon College in Lynchburg, Virginia, received her PhD from Harvard University, and completed a postdoctoral fellowship in clinical addiction research at the University of Vermont School of Medicine. She joined the faculty of the University of Connecticut School of Medicine in 1996. At the UConn School of Medicine, she became an academic superstar developing unique methodologies to treat addictive disorders using contingency management. At the young age of 34, she became the youngest full professor with tenure in the School's history. She was internationally known for her work in behavioral treatments and impulsivity disorders. During her career at UConn she received \$40 million in funding as a PI from the NIH, published over 300 original articles, and wrote several books in the areas of pathological gambling, contingency management and internet gaming disorders. Her novel treatment methods for addiction disorders were successfully disseminated to the Veterans Administration Medical Centers and internationally. At the time of her death, she was the Editor of *Psychology of Addictive Behaviors*. Lastly, even with her busy schedule, Nancy found time to train a large number of post-doctoral fellows, many of whom became successful faculty members at universities around the country. Nancy will be dearly missed. The addictions field has lost one of its giants.

Linda C. Sobell, Ph.D., ABPP  
President of Division 50 (SoAP), APA

## ***Get More Involved in Division 50!*** **Submit your application for the position of SoAP Box Editor!**

It's that time again! The Board is recruiting for a new editor to take over *The SoAP Box* from Dana Litt in Fall 2021. If you are early- to mid-career and 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, proofreading skills, and creativity are a must (and these are sure to improve in this position)!

With the new online format of the *SoAP Box*, the requirements for formatting and layout are mostly 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 *SoAP Box* editor, please email a brief letter of interest and Curriculum Vitae to the SoAP President-Elect, Joel Grube ([grube@PREV.org](mailto:grube@PREV.org)), and Dana Litt ([dana.litt@unthsc.edu](mailto:dana.litt@unthsc.edu)).

A candidate will be chosen by Fall/Winter 2020 so that the new editor can work with Dana Litt on the Spring 2021 and Summer 2021 issues and be prepared to take over in Fall/Winter 2021. Feel free to contact Dana Litt at [dana.litt@unthsc.edu](mailto:dana.litt@unthsc.edu) if you would like more information about the position.