



The Addictions Newsletter

The American Psychological Association, Division 50

www.addictionpsychology.org

SUMMER 2018 Vol 25 Issue 2

President's Column

Bruce S. Liese, PhD, ABPP
Division 50 President

What do we think about behavioral addictions?

I became involved in the founding of our division (*Society of Addiction Psychology*; SoAP) when it was still the *Society of Psychologists in Addictive Behaviors* (SPAB). At the time Ray Hanbury was our newsletter editor, prior to being elected second president of our newly formed division. His move to president-elect left our fledgling newsletter without an editor. As fate would have it, I became his replacement in fall of 1994, and my first action as editor was to name our publication *The Addictions Newsletter* (TAN).

In my early days as TAN editor I was fortunate to have a wonderful scoop for my very first issue (Fall, 1994). Alan Marlatt agreed to write the front-page article titled, "Harm reduction: A public health approach to addictive behaviors," one of his earliest publications on harm reduction. Besides providing a brief and cogent summary, Alan stated that a harm reduction approach would likely be helpful for a variety of risky behaviors, including heroin use, tobacco use, alcohol use, and even risky sex.

In the second issue of TAN (Spring, 1995) Carol Butler wrote an article titled simply,



Bruce Liese

"Sexual Addiction." Butler's article began, "Once upon a time, the definition of addiction was based on the concept of ingestion of a substance..." (p. 7). In her article, Butler argued for the legitimacy of sexual addiction and described symptoms of sexual addiction that included: self-destructive high-risk sexual behaviors, difficulty stopping these behaviors, severe negative consequences, mood dysregulation, tolerance, neglect of important activities, and inordinate amounts of time spent pursuing, engaging in, or recovering from sexual experiences.

As a challenge to Butler's article, Bruce Fischer wrote an article in the next issue of TAN (Summer, 1995) titled, "Sexual addiction revisited: What about compulsive sexual behavior as an alternative explanation?" Fischer's article raised concerns about the concept of behavioral addiction and sexual addiction in particular. He expressed apprehension about misapplying the addiction model, stating "I have some grave concerns regarding the overly sim-

plistic application of the disease model to sexual problems" (p. 5).

I share this history to establish that Division 50 members have expressed both *support for* and *opposition to* the concept of behavioral addictions since the beginning of our division's existence. This history has left me eager to learn more about members' current views of chemical and behavioral addictions. My interest culminated recently upon receiving a request to respond to a position statement composed by APA Division 46 (Media Psychology and Technology) regarding Internet gaming disorder. This occurred early in May, just as the World Health Organization (WHO) was about to introduce gaming disorder into the eleventh edition of the *International Classification of Disorders* (ICD-11). In their position statement, Division 46 argued that gaming disorder "may be more a product of moral panic than good science." They concluded by recommending that the WHO *not* implement the gaming disorder diagnosis. In order to respond to the Division 46 position statement I recruited volunteers for a Division 50 task force to consider questions relating to gaming disorder and behavioral addictions. Four other Division 50 members agreed to serve on this task force: Brandon Bergman, Christina Lee, Nancy Petry, and Aaron Weiner. Our task force met several times and composed a response that was unanimously approved by the Division 50 Executive Commit-

tee in mid-June, just as the WHO released ICD-11 with the official diagnosis of gaming disorder included. A copy of the Division 46 position statement regarding Internet gaming disorder and our response can be downloaded and read by clicking this link (or copying it into your web browser): <https://addictionpsychology.org/news-announcements/soap-executive-committee-approves-internet-gaming-disorder-position-statement>.

[Continued on next page...](#)

CONTENTS

President's Column	1-3
Advocate's Alcove	4
SoAP Election Results	4
ECP Member Spotlight: Darris Aase	5
Candid Conversation: Michael Amlung	6-7
2018 APA Convention	8
Student and Trainee Perspectives: APA	9
CPA 2019 Save the Date	10
Div 50 Leadership	11-12

President's Column

(President's, from page 1)

As this task force was formulating our response I was composing a survey for distribution to Division 50 members. The purpose of this survey was to learn about members' current views regarding chemical and behavioral addictions. I briefly describe this survey and report salient results in the following paragraphs. More detail will be presented at the APA 2018 convention in San Francisco, when I give my president's address.

The survey consisted of four sections containing approximately 30 items. The four sections included questions regarding respondents' (1) professional background, (2) theoretical understanding of *addiction*, (3) views regarding the addictive potential of specific chemicals and behaviors, and (4) beliefs about whether SoAP should be involved in setting diagnostic standards.

An invitation to participate in this survey was posted on our APA announcement listserv in late June and a reminder was posted one week later. Of the 236 individuals who responded, 202 identified themselves as division members (approximately 20% of total SoAP membership). The analyses that follow include only respondents who identified themselves as members. As you can see in Table 1, 55 (27.2%) respondents were students and 147 (72.8%) were doctoral-level psychologists (which closely resembles the composition of Division 50). On average, doctoral respondents were 17.9 years post-doctorate (*range* = 0-58 years).

You can also see in Table 1 that respondents were mostly involved in four primary activities: research, clinical practice, administration, and education. Respondents who indicated any involvement in these four activities were asked to estimate the percent of their work time spent in each activity. Those who indi-

cated that they conducted research estimated that their research consumed an average of 68% of their time, clinicians estimated that clinical practice consumed an average of 66.9% of their time, administrators estimated that administrative activities consumed an average of 58.9% of their time, and educators estimated that educational activities consumed an average of 50% of their time. When asked about the amount of time spent working with chemical and behavioral addictions, respondents estimated that 65.5% of their time was spent working with chemical addictions, while 16.8% of their time was spent working with behavioral addictions.

Table 2 presents respondents' theoretical understanding of addiction, their views regarding the potential for certain chemicals and behaviors to be addictive, and their beliefs about the extent to which SoAP should be involved in setting diagnostic standards.

Members' level of education	
Predoctoral student	55 (27.2%)
Doctorate (PhD or PsyD)	147 (72.8%)
Educational/Professional activities	
(choose all that apply)	
Researcher	72 (35.6%)
Clinician	66 (32.7%)
Administrator	19 (9.4%)
Educator	40 (19.8%)
Other	11 (5.4%)
Percent time spent in activities	
	Mean (SD)
Research	68.0 (26.7)
Clinical	66.9 (31.9)
Administrative	58.9 (32.3)
Educational	50.0 (25.2)
Work with chemical addictions	65.5 (32.7)
Work with behavioral addictions	16.8 (23.0)

It can be seen in Table 2 that the highest percentage of respondents view addiction as *learned behavior* (76.3%), followed by *brain disease* (64.7%), *a mental disorder* (62.4%), and *resulting from an underlying mental disorder* (55.9%). Fewer than half of respondents view addiction as a *syndrome* (45.9%) or *relating to the process of delay discounting* (41.1%).

Almost all respondents (at least 97%) view alcohol, opioids, tobacco, and gambling as having addiction potential. Internet gaming and marijuana were not far behind (at least 91%), while caffeine, binge eating, sex, and shopping were all rated as potentially addictive by more than 80% of respondents. Exercise

[Continued on next page...](#)

Addiction understood as:	Agree	Neutral	Disagree
1. Learned behavior	142 (76.3%)	15 (8.1%)	29 (15.6%)
2. Brain disease	121 (64.7%)	23 (12.3%)	43 (23.0%)
3. A mental disorder	116 (62.4%)	39 (21.0%)	31 (16.7%)
4. Resulting from an underlying mental disorder	104 (55.9%)	32 (17.2%)	50 (26.9%)
5. A syndrome	85 (45.9%)	54 (29.2%)	46 (24.9%)
6. Relating to the process of delay discounting	76 (41.1%)	49 (26.5%)	60 (32.4%)
Potential to be addictive:	Agree	Neutral	Disagree
1. Alcohol	181 (97.8%)	2 (1.1%)	2 (1.1%)
2. Opioids	181 (97.8%)	2 (1.1%)	2 (1.1%)
3. Tobacco	179 (97.8%)	2 (1.1%)	2 (1.1%)
4. Gambling	180 (97.3%)	3 (1.6%)	2 (1.1%)
5. Internet Gaming	170 (91.9%)	9 (4.9%)	6 (3.2%)
6. Marijuana	169 (91.4%)	9 (4.9%)	7 (3.8%)
7. Caffeine	162 (87.6%)	14 (7.6%)	9 (4.9%)
8. Binge eating	158 (85.4%)	18 (9.7%)	9 (4.9%)
9. Sex	152 (82.2%)	25 (13.5%)	8 (4.3%)
10. Shopping/spending	149 (81.0%)	24 (13.0%)	11 (6.0%)
11. Exercise	145 (79.2%)	22 (12.0%)	16 (8.7%)
12. Hallucinogens	124 (67.4%)	29 (15.8%)	31 (16.8%)
How strongly do you believe that:	Agree	Neutral	Disagree
1. SoAP should be involved in setting diagnostic standards	171 (95.0%)	6 (3.3%)	3 (1.7%)
2. SoAP should <i>support behavioral addiction diagnoses</i>	159 (87.8%)	17 (9.4%)	5 (2.8%)
3. SoAP should <i>advocate for behavioral addiction diagnoses</i>	144 (80.0%)	27 (15.0%)	9 (5.0%)
4. Internet gaming disorder should be in DSM	124 (68.5%)	39 (21.5%)	18 (9.9%)

President's Column

(President's, from page 2)

(79.2%) and hallucinogens (67.4%) were at the bottom of the list, though more than half of respondents agreed that both have potential to be addictive. Ninety-five percent of respondents expressed their belief that SoAP should be involved in the process of setting diagnostic standards, 87.8% believe that SoAP should *support* diagnoses involving behavioral addictions, a smaller but still substantial number (80%) believe that SoAP should *advocate* for diagnoses involving behavioral addictions, and 68.5% expressed the belief that gaming disorder should be in the DSM.

One of my hypotheses entering into this survey was that researchers and clinicians differ in their views regarding addictions. To test this hypothesis I compared respondents who spend more than 50% of their time in research to those who spend more than 50% of their time in clinical practice. No substantive differences were noted in the two groups' views regarding addiction or SoAP involvement in setting diagnostic standards. However, researchers indicated that 81.2% of their time is focused on chemical addictions, compared to clinicians who said that 60.7% of their time is focused on chemical addictions ($p < .001$). Furthermore, researchers indicated that 10.3% of their time is focused on behavioral addictions, compared to clinicians who said that 21.5% of their time is focused on behavioral addictions ($p < .018$).

To summarize just a few main findings from this survey, it is apparent that SoAP members are largely receptive to the concept of behavioral addictions, though only a small percentage of clinicians work with clients struggling with behavioral addictions and even fewer researchers study behavioral addictions. A large majority of the sample believes that SoAP should be involved in setting diagnostic standards. A smaller majority

believes that SoAP should be *supporting* or *advocating* for behavioral addictions, and that Internet gaming disorder should be included in the DSM. This survey also invited members' comments, and dozens were received. These comments reflect the complexity of addictive behaviors and are consistent with members' wide range of beliefs about addiction and the diagnosis of addictive behaviors. For example:

- Addiction is an incredibly complex phenomenon and any model that pays little attention to the genetic, neurological, physiological, learned, cognitive, peer, family, neighborhood, economic, political, and cultural factors is only going to be partially correct.
- Ultimately, the disease label is not especially important because it tells us so little. The brain disease model is so reductionistic as to be very misleading and has led to very few advances in prevention and treatment.
- While the brain disease model of addiction is helpful in de-stigmatizing addiction, it fails to account for several key observations in the phenomenology of addiction. For example, the brain disease model posits that an individual struggling with addiction is "powerless" to engage in goal-directed pursuit outside of their substance of abuse.
- I think we have continually narrowed our perspective of what addiction is in order to satisfy whatever cultural and scientific belief systems are in vogue at the time and depending on whomever has the purse strings in academic science and power positions in culture...all mental health disorders including addiction are a symptom of a much larger problem, a cultural and environmental problem of disconnection and mindlessness.
- We need to educate the public that there is no such thing as a "disease" of alcoholism

and that people develop problem coping behaviors because something happened before that. It is the *something before* that needs to be addressed.

- We are seeing an increase in addiction and behavioral addictions in the university setting; especially gaming, Internet, and pornography addictions.
- I believe that it is a mistake to add things like gambling to the addictions category.
- I think too little research has been done, and too little conceptual work has been done to clarify exactly what is meant by Internet gaming disorder.
- I believe "behavioral" addictions are most definitely addictions, but the distinction between chemical and behavioral belies the vast amount of commonalities between each – to the point of drawing the distinction into question.
- If the behavior significantly increases dopaminergic, serotonergic, or other neuro-chemical means of increasing the likelihood of a behavior in comparable degrees and severity to chemical addictions, it should be considered an addiction.
- If behaviors such as gaming, shopping and binge eating lead to functional impairment equivalent to that of substance use disorders, then they should be viewed as similar disorders and treated similarly. Psychologists are best equipped to assist in these issues; SoAP should step up to the plate!

As I noted earlier, Division 50 members have expressed both *support for* and *opposition to* the concept of behavioral addictions since the beginning of our division's existence. The comments above certainly highlight some differing opinions regarding the nature of addictions and the concept of behavioral addictions.

On behalf of the entire division, I want to thank all those who completed our survey. Your feedback helps SoAP leadership appreciate the importance of including behavioral addictions in our organization's scope of work. (It should be noted that the SoAP Executive Committee unanimously approved inclusion of all addictive behaviors in our bylaws during the amendment process this year.)

This is my last SoAP President's Corner. Over my 25 years as a SoAP member I have read (and edited) more Presidents' Corners than I care to count. Most talk about how "time has flown by." Almost all say "thank you for the privilege of serving." Both statements reflect my sentiments. So much has been accomplished this year. We have made multiple changes to our bylaws, corresponding with substantial organizational enhancements. For example, we created a new elected position (Member-at-large for ECPs), added standing committees, and eliminated obsolete committees. We successfully began offering our Homestudy Continuing Education (CE) program and granted free credits to members who completed CE activity. We made substantial progress towards creating an ABPP subspecialty in Addiction Psychology and held a well-attended Town Hall meeting for members. And we responded to another division's challenging position on Internet gaming disorder (described earlier).

Yes, time has flown by. I had additional aspirations for the year that will need to be put on hold for a short while, as I get comfortable with my new role as past president. Most important in closing, I want to express my gratitude for the awesome and profound responsibility you have granted me this year. It has been an honor to serve you as president of APA Division 50 – **our Society of Addiction Psychology (SoAP)**.

Advocate's Alcove

Nancy A. Piotrowski, Ph.D.
Division 50 Federal Advocacy Coordinator

Legislation follows its own life cycle at all levels of government. As mentioned last time, early in the year there is presentation of new bills. As the year progresses, these bills work through varied committees. This allows for identification of problems, conflicts, costs, and refinements. Some bills die in those places and the idea goes back to the drawing board; others advance to yet more committees or votes by the House or Senate. And those lucky enough to make it through votes for both chambers, through debates and resolution of differences then go for a signature before coming law. [If any of this seems murky, I refer you to School House Rock for an invigorating rendition of the song about a bill on Capitol Hill (<https://www.youtube.com/watch?v=H-eYBZFEzf8>)].

Anyway, because of this cycle, you may hear about different bills several times through the year. Individuals who choose to advocate at those times may send communications such as an email or fax or make calls or visits to help get change on a bill or help a bill either advance or perish. For example, if you go to the Library of Congress (www.congress.gov) and put in the word addiction in the search and click, a page will open a listing all current legislation on addiction relevant for the current period. Use the limiter options to select type of bill (Bills) and perhaps status of the bill. You can see what bills are



Nancy Piotrowski

in which chamber or having differences resolved. You can try the same for topics like opioids, Medicaid, Medicare, mental health care. And there is no spin, just the facts.

When I last submitted my column, I was heading to the Practice Leadership meeting in Washington, DC, where federal advocacy coordinators from state associations and practice divisions gathered to meet with the American Psychological Association (APA) and APA Practice Organization (APAPO) staff to review legislative priorities, do some skill building, and visit officials in congressional offices. This year attendees collectively participated in over 300 meetings with members of Congress and staff on issues important to practicing psychologists. When you go to visit, opportunities are present to educate on specific issues, identify problems, and share stories that illustrate these things. Items discussed included the need for psychologists to provide Medicare services without

unnecessary physician supervision, the importance of protecting Medicaid (which is one of the primary source of coverage for Americans' mental health and substance use disorder treatment), and problems associated with reductions in TRICARE benefits affecting mental and addictions health care. Finally, discussions addressed the need for attention to opioid use prevention and treatment, comprehensive opioid recovery centers and best practices for recovery housing services, and alternatives to opioids for pain management. What was refreshing was that this was a strong area of interest everywhere attendees went. Additionally, recognition of the costs of addiction, particularly untreated addiction issues, was palpable. Again, to stay up to date on such issues, you can find more information at the APAPO Practice Central Legislative Priorities site (<http://www.apapracticecentral.org/advocacy/index.aspx>) and the legislative action center (<http://capwiz.com/apapractice/home/>).

Advocacy of late at APA also has on some broader issues. Recent concerns about immigration have resulted in APA posting some information on their policies and concerns. For those interested APA's advocacy efforts on the ongoing immigration debate, see the recent legislative update at APA's Federal Action Network (<https://cqcengage.com/apapolicy/>). You also can sign up there for their e-newsletter to stay abreast of other advocacy

issues of interest to psychologists.

As always, please be in touch if you have questions about any of this information. Also remember, if you want to learn more about current legislative action related to psychology, you can visit <http://capwiz.com/apapractice/home/> or view legislative priorities at <http://www.apapracticecentral.org/advocacy/index.aspx>. The latter link allows you to learn who your legislators are, how they are voting, and current issues you may like to monitor. Working an advocacy project related to addictions treatment, training, or policy? I am happy to discuss ideas or help you connect to other advocates or get engaged with advocacy activities at the local, state, and federal levels. I am most easily reach at napiotrowski@yahoo.com.

Resource Information

American Psychological Association Federal Action Network, <https://cqcengage.com/apapolicy/>

American Psychological Association Practice Central - Legislative Priorities <http://www.apapracticecentral.org/advocacy/index.aspx>

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

Library of Congress www.congress.gov

SoAP Election Results

Mark Myers & Russ Marks, The SoAP Nominations and Elections Committee

Thank you to everyone that expressed an interest in running for the five offices open this election cycle. Ultimately, there were seven named candidates on the Division 50 ballot, all well qualified. One hundred seventy two votes were cast or 16% of the Division membership. Congratulations to Linda Sobell, the new President-Elect. Ray Hanbury was elected to our second APA Council Representative seat (Practice) and Kirk Bowden was elected Member-at-Large (Science). Ty Schepis was (re)-elected as Division Treasurer and Linda Skalski as Division Secretary. Congratulations to the newly elected and 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. We will be looking for President-Elect and Member-At-Large (Practice) candidates later this year; if you are interested please inform Mark Myers, Chair of the Nominations and Elections Committee (mgmyers@ucsd.edu). We are also seeking a new chair for the Nominations and Elections Committee, so please contact Mark if you're interested.

ECP Member Spotlight: Darrin Aase, Ph.D.

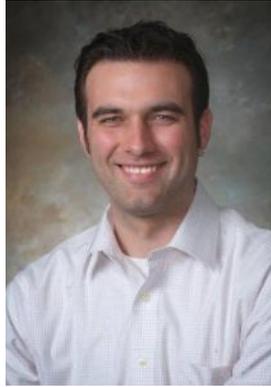
Aaron Weiner, Ph.D.
Early Career Representative
(Clinical)
Christine Vinci, Ph.D.
Early Career Representative
(Science)

Welcome to the Division 50 Early Career Psychologist Spotlight! The ECP spotlight is a chance for us to get acquainted with our Division's up-and-coming talents, helping to shape the future of our specialty.

This month our featured ECP is Dr. Darrin Aase! Dr. Aase is a tenured Associate Professor at Governors State University in University Park, Illinois within the Department of Addictions Studies & Behavioral Health. He also serves a part-time appointment at the Jesse Brown VA Medical Center working as a clinical neuropsychologist and a Co-Investigator on a VA Merit Award evaluating post-9/11 veterans, and an affiliate appointment at the University of Illinois-Chicago College of Medicine. Dr. Aase completed his Ph.D. in clinical-community psychology at DePaul University in 2010, and a 2-year postdoctoral fellowship in clinical neuropsychology at Loyola University Medical Center in Chicago in 2012.

What are your research interests?

I am involved in two general lines of research. I have collected pilot data exploring social cognition (e.g., facial emotion recognition, vocal prosody recognition) among individuals with AUD, and am attempting to secure funding to explore the potential impact of these social cognition variables on AUD treatment outcomes. Additionally, I have always been interested in issues related to AUD and other comorbid psychiatric diagnoses. I am a Co-Investigator on a VA Merit Award neuroimaging study evaluating PTSD, AUD, and recovery trajectories in post-9/11 veterans. My more recent publications have focused on AUD and PTSD and



Darrin Aase

other comorbid issues experienced by post-9/11 veterans.

What are your clinical interests?

Clinically, I am licensed and practice as a neuropsychologist. I see a wide variety of diagnoses, but my "favorite" cases to see are alcohol use disorder/dual-disorder cases, neuro-oncology cases, TBI, CVA, and dementia cases. I am presently working on the practice sample/oral exam portion of the process for obtaining board certification in clinical neuropsychology (ABPP-CN).

What are your educational / training interests? Are you currently involved with supervising students or early career professionals?

I supervise master's students at Governors State University. I am also involved in the psychology internship training program at Jesse Brown VA Medical Center, and supervise students that assist with that research project. I also contribute to the clinical neuropsychology training program at the University of Illinois-Chicago College of Medicine.

Do you have any policy/advocacy interests?

In the past I have been interested in public policy regarding recovery homes and have contributed to research exploring the "Not In My Backyard" (NIMBY) phenomenon. Presently, I am focused on ethi-

cal practice and promoting the use of evidence-based treatments within the addictions arena. My efforts in this area so far are mostly confined to mentoring and training students to be good practitioners and to make appropriate referrals. I am also involved on the Practice Advisory Committee for Division 40 (clinical neuropsychology). Finally, I am hoping that my research on social cognition in AUD may eventually have an impact within the addictions treatment arena, as I don't believe the types of deficits experienced by those with AUD (and PTSD) are often recognized by first-line treatment providers.

How did you get interested in addictive behaviors?

I've always been interested in addictive behaviors as I've known people who have struggled with these problems throughout my life. My interest in pursuing an academic career as a clinical psychologist began while I worked in preclinical lab as an undergraduate student at the University of Minnesota studying neuroanatomical correlates of anxiety during opioid withdrawal.

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

I joined APA and both Divisions 40 and 50 when I completed my training, as I've desired to make connections with other psychologists working in the addictions arena as well as clinical neuropsychology. I've really enjoyed being a member of Division 50, as I've gotten to connect with some other early career psychologists as well as attend CPA conferences to benefit from the knowledge of big names in the field, and to connect with NIAAA contacts to learn more about how to successfully write grants.

How did you hear about SoAP?

I first became exposed to SoAP when joining APA at the entry

level, and have enjoyed being involved in early career activities at conferences.

What programs or initiatives would you like to see SoAP address? How can SoAP aid with your career goals and interests?

SoAP has been immensely helpful in connecting me to other early career professionals and has provided numerous opportunities for me to learn more about the NIH grant-writing process. One issue that I would like to see SoAP advocate more for is additional training for psychologists in APA-accredited programs with regard to addiction issues. Many programs do not even have a course related to addiction in their curriculum, and I think that promoting more competency with regard to addiction-related issues is an important area to understand for psychologists in training. One cannot avoid working with patients who are impacted by substance use, and understanding how to make appropriate referrals and knowing more about mutual help and evidence-based treatment modalities would greatly benefit the population we serve on a broader level.

Any other information that you would like to share about yourself with other SoAP members?

I am married and live in downtown Chicago. I have a 4-year old daughter who shares my enthusiasm for Batman, and we have another daughter on the way due in August. While we're not naming her "Robin" we expect that she will be an excellent sidekick!

Thank you for being part of Division 50, Darrin! We're grateful to have you in our community, and excited to watch how your career develops!

Candid Conversation (Michael Amlung)

TAN: *It's my great pleasure today to be speaking to [Dr. Michael Amlung](#). Dr. Amlung is an Assistant Professor in the [Department of Psychiatry and Behavioral Neurosciences](#) at the [Michael G. DeGroote School of Medicine at McMaster University](#), the [Director of the Cognitive Neuroscience of Addictions laboratory](#), the [Director of the Behavioral Sciences Core at the Peter Boris Centre for Addictions Research at McMaster University](#), and is a [research psychologist in the Concurrent Disorders Program at St Joseph's Healthcare Hamilton](#). A quick look at his vitae suggests that he has several more affiliations, but at some point I have to talk with him, so let's get on with it! In addition to your work and these various roles, I'd like that we start with you just defining the roles that you have been playing for [Division 50 of APA](#).*

Michael Amlung (MA): Yes, so I joined Division 50 as a student affiliate back when I was working on my doctorate, and over the years I have taken a variety of roles but most recently what I have been doing is being involved with the [Collaborative Perspectives on Addiction \(CPA\) conference](#). For the past three years or so, I have been on the program committee. Most recently, I was the review coordinator for the past two years and now I am one of the logistics co-chairs for the CPA 2019 meeting, which will be in Providence next April.

TAN: *Great, I often ask this question to people who find themselves volunteering for peculiar roles, has it been more or less work than you imagined?*

MA: I think at first with the review coordinator role it was a bit more work than I was expecting because I think we underestimated how much the conference had grown over the years, and so we got a record number of symposia and poster submissions. Obviously, this is a good thing, but in being the person in charge of finding all of the reviewers and sending all of the abstracts out, and making sure that each sub-



Michael Amlung

mission was reviewed at least twice, the first year was a bit of work. The nice thing is once we had the work done, the second year was a lot easier because we had all of the procedures in place.

TAN: *I can't speak for everyone but I'll just say, I thank you for your service in that role. If it's okay with you I would like to talk now a little bit about the work that you do as a researcher. I think much of your work could be characterized as behavioral economics and neuroeconomics. Could you start with discussing how you came to do research in those areas?*

MA: My interest in behavioral economics actually began as an animal researcher as an undergraduate. I was doing some work with brain lesions and looking at the impact on decision making and choices between different rewards. I didn't know it at the time, but we were using a delay discounting task with rats. Then, I went to graduate school and after I completed my master's degree, I was connected with my mentor, [James MacKillop](#), and he was doing human laboratory studies with delay discounting and also taking these tasks into the MRI scanner. So it was a nice fit between what I was doing in the past and being able to apply that now to human decision making. Then, my research expanded to look at other behavioral economic variables such as

demand, how people value various rewards, how they obtain reinforcement from various rewards, and how those processes are disrupted in addiction.

TAN: *That's great. In the field of behavioral economics, what do you perceive as the failings or limitations right now in that field, and what are the next steps forward to take it to the next level?*

MA: I think a lot of what we've done with behavioral economics has been cross-sectional studies. We've done a lot of work looking at how people make decisions in this point in time, once they either have a substance use disorder or maybe they are at risk for a substance use disorder, but where we really need to go, and this is true of the field in general, is longitudinal prospective studies. We are beginning to look to see what decision-making deficits are present before the development of addiction or what are consequences of addiction. One of my colleagues is involved with several studies looking at changes over the course of emerging adulthood with some of these behavioral economic variables, whether those are related to changes in alcohol and cannabis use over those years for example. I think that will give us a much better picture of whether these important behaviors like delay discounting, demand, and relative reinforcement are risk factors or whether they are consequences (or more likely, both). It's true of the field in general, we're moving past cross-sectional studies and really starting to look at change over time and trajectories.

TAN: *In terms in looking at this throughout emerging adulthood, are you suspecting that these behavioral economic indicators of demand are going to account for the maturing out process?*

MA: I think it's probably going to be a case where for some people there will be a maturing out process, and we know that for a

subset of people that certainly does not happen. So, the question becomes does an elevated reinforcing value of alcohol at the younger ages predict a slower maturing out or decreased maturing out? I think delay discounting will also play an important role because we know that the extent to which somebody is oriented toward the future and toward future reward is related to [positive outcomes](#). It is also probably going to predict change over time as well. So, if somebody is more oriented toward the immediate time frame and immediate rewards, maybe they are going to show a blunted maturing out response over those years. I think other factors are certainly going to play a role including life transitions, employment, starting a family, etc. All of these things also play a role so it's going to be very interesting to see how the trajectories of use change and whether or not the economic variables predict those trajectories.

TAN: *What do you see as the strength of behavioral economic approaches over more traditional approaches? For example, what do you think the strength is of an indicator of demand or a delay discounting score over something like self-reported craving?*

MA: I think they shouldn't be viewed as one being superior over the other. I think they both provide complementary pieces of information. One of the things a craving measure will give you is a subject's state and their subjective urge but often it's difficult to define a set of craving items that will have uniform interpretation across individuals, because they are inherently subjective. The advantage to a behavioral economic indicator such as demand, in which you are assessing the reinforcing value of a substance, is that the units we're talking about are fairly

[Continued on next page...](#)

Candid Conversation (Michael Amlung)

(Candid, from page 6)

standard and fairly well known to people. So, we're talking about units of money and units of standard drinks, or cannabis in grams, or number of cigarettes. So, it lends itself to having a little bit more of an objective marker of value. Also, several studies have shown that craving and demand are [not typically highly correlated](#), which means they seem to be tapping into distinct motivational channels. Another advantage to behavioral economics is we can develop laboratory paradigms which will actually enable people to make choices in the laboratory for certain amounts of money and certain number of drinks. We can actually provide those drinks in the lab in a self-administration protocol, which is somewhat difficult to do if all you are doing is assessing craving items. If somebody says they are craving alcohol we don't necessarily know how many drinks they would actually consume, but with the behavioral economic paradigm, we can quantify how much they would consume. The bottom line, I don't think they should be seen as competing with each other. I think they should be seen as complementary.

TAN: Great. You mentioned that you have done this work with animals. I'm assuming that you were using some kind of real reinforcers with animals rather than hypothetical? Could you touch upon what's been found in the field so far with comparing real versus hypothet-

ical reinforcers used in these behavioral economic paradigms?

MA: You're exactly right. When we do this work with animals, we're typically dealing with sugar pellets or some other sort of food reward or consumable reward. In humans, the reward is typically money for delay discounting, and there have been a number of studies that have shown that discounting preferences that have been generated from incentivized tasks where participants actually receive one of their choices or receive multiple choices, are fairly highly correlated with performance on hypothetical measures. There has also been work in the fMRI environment showing that the neural correlates are fairly well overlapping between our real and hypothetical performance. On the side of the purchase tasks and demand, my colleagues and I have run some studies looking at hypothetical choices on an alcohol purchase task where we ask people how many drinks they would consume at a certain price, but they are told explicitly that they are not going to receive any of it, and then you also provide a different situation where you provide them with a what we call a 'bar tab', so they may have fifteen or twenty dollars to spend, and they are making the same choices. We found that the correlation between what they said they were going to consume and what they actually consumed when they were given the opportunity was around

[\$r=.87\$, demonstrating a very high correlation between the two](#). We found that in two different studies. This finding has also been shown [with smokers](#), that preferences for potentially real versus hypothetical cigarettes mapped onto each other. Certainly there are going to be some differences, but we are confident that a hypothetical purchase task provides a fairly valid estimate of a person's level of motivation.

TAN: I want to talk a little about some of your more recent work. Do you want to talk a little bit about intracortical myelin?

MA: So this work really has been a new direction for my lab. We have done a number of functional neuroimaging studies but this is taking a more structural approach looking at neuroanatomical deficits. We are interested in a particular type of tissue in the cortex known as intracortical myelin. Myelin is typically thought to be localized in the white matter in the brain but there is a certain amount of myelinated fibers in within the cerebral cortex, and we have a colleague at McMaster University that has developed an MRI sequence that allows us to segment the gray myelinated and un-myelinated portions of the cortex using noninvasive 3-Tesla MRI. We have funding now from an [R21 from NIAAA](#) to investigate this tissue in persons with alcohol use disorder compared to social drinkers (or the control group), and it's exciting because this particular type of tissue has not been investigated

in the context of addictive disorders, but there is some evidence that individuals with bipolar disorder, individuals with schizophrenia, etc., do show deficits in this particular type of tissue, and individual differences in the thickness of intracortical myelin is associated with neurocognitive performance on tasks of error monitoring and cognitive control. These are classic behavioral correlates of addictive disorders, so we are going to be doing an initial study essentially to map intracortical myelin across the entire cortex in individuals with alcohol use disorder and then we will be looking at whether it relates to addiction severity, neurocognitive performance, as well as potential sex differences between men and women.

TAN: Great! Well, do you have anything that you want to touch on before I let you go?

MA: The last thing I would say is one of the real strengths of Division 50 is that they really engage people from all levels of career starting with graduate students all the way up to early career and senior career investigators. I know my lab has really benefited from the opportunities that CPA has given in terms of having my students attend CPA and all other Division 50 events.

TAN: Same here! This was great, keep up the good work and I'll see you next April at CPA in Providence, RI!

SoAP MEMBER SERVICES

Join SoAP: Join at www.apa.org/divapp. Membership is for January-December. If you apply during August-December, your membership will be for the following January-December.

Renew SoAP: Renewal notices go out in September. Members, Associates, and Fellows may renew along with their APA membership 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.

The 2018 APA Convention, San Francisco, CA:

The Science and Practice of Addiction Psychology: Staying Current in an Ever-Changing World



David Eddie & Seema Clifasefi, 2018 SoAP Program Chairs

We are incredibly excited to invite you to the 2018 APA Convention. This year SoAP's theme, 'The science and practice of addiction psychology: Staying current in an ever-changing world' will be supported by a particularly strong lineup of talks. The program, which was created with the breadth of the SoAP membership in mind, will cover topics ranging from the opioid epidemic, and the changing landscape of cannabis use in the USA, to cutting edge research methodologies and cultural considerations in addiction psychology. Here's a preview our convention talks:

Hub and Spoke: California's targeted response to the opioid epidemic
What every psychologist should know about marijuana: Correcting myths and misperceptions
Alcohol, cigarettes, and cannabis: Trends and co-use patterns across the 'big three' legal drugs
Real-time and experimental methods to understand substance use processes and contexts
Associations between mindfulness, psychological symptoms, and addictive behaviors
Continuing care options to support recovery from alcohol and other drug problems
Alcohol screening and brief interventions: Reach, utilization, costs and outcomes
Advances in substance use disorder research: Competing perspectives on psychopathology and addiction
Beyond the books: Delving into the diversity of addiction
Protective behavioral strategies and alcohol use: Ethnic, gender, and cultural considerations
Innovations in substance use disorder treatment for adolescents and emerging adults
Career development panel discussion: Get advice and feedback from experts in the field
What exactly is an addiction? Connecting the dots. (presidential address)

SoAP is also proud to present three poster sessions at the Convention, including the Early Career Investigators Poster Session and Social Hour sponsored by SoAP, Division 28 (Psychopharmacology and Substance Abuse), NIAAA, and NIDA. These sessions will present up-to-date research on a broad range of addictive behaviors. We encourage everyone to attend. For the first time too, we'll be conducting a 'virtual poster session' over Twitter throughout the Convention – stay tuned for more details about this.

As in previous years, we have developed our program in close collaboration with Division 28. They too have an outstanding lineup planned, as do many other divisions who will be sponsoring events that will be directly relevant to SoAP members. Be sure to check out Division 28's events and all the Convention events that are co-listed by SoAP in the APA Program. Some special points of interest to keep in mind as you plan your travel.

We want to remind you that the annual SoAP Business Meeting will be held at the convention and is open to all members. At this meeting, we will discuss the past year's activities of the Executive Board and all SoAP committees, as well as distribute awards to SoAP members who have made outstanding contributions to the field.

This year, for the first time, SoAP is co-hosting a multi-divisional happy hour on Thursday August 9 from 5-7pm. Hors d'oeuvres will be served, and there will be a cash bar available. This will be a great event to kick off the Convention. All are welcome.

Also, on that Thursday night, from 7:30-10pm, please join us at the SoAP Student & Early Career Professional Social Hour. This event is an opportunity for students and early career professionals to meet their colleagues at the Convention, and also to mingle with senior clinicians and researchers. Another great event to kick off the Convention. Light food will be served. All are welcome.

We can't wait to see you all in San Francisco!

Student and Trainee Perspectives

Tesse Frohe & Laura Lesnewich, Student Representatives

The APA Convention is right around the corner, and is sure to be a great meeting!

This year, the conference will be held in San Francisco, CA. The meeting has much to offer SoAP's student members, including symposia highlighting innovative research, informative poster sessions, and invaluable networking opportunities. Student members are encouraged to take advantage of these events.

We are very excited to announce the annual Division 50 Social to take place during the APA Convention on Thursday August 9 from 7:30 PM to 10:00 PM at the Press Club near the Moscone Convention Center (APA host). All Division 50 members are welcome and encouraged to attend. This event offers a unique opportunity for student members to interact with several senior members who have often served on SoAP committees throughout the years. We highly recommend taking full advantage of this special event.

Be sure not to miss both Division 50 Poster Sessions on Addictive Behaviors in the Moscone Center, Halls ABC. They will be held on Thursday August 9 (1:00 PM to 1:50 PM) and Friday August 10 (11:00 AM to 11:50 AM). Stop by and support the work of your fellow students! Mingle with SoAP members at the Division 50 Business and Award Ceremony on Friday August 10 from 5:00 PM to 5:50 PM in the Moscone Center, Room 151. Afterwards, join us for the joint Divisions 28/50 NIDA/NIAAA Early Career Investigators Poster Session and Social Hour at the San Francisco Marriott Marquis Hotel, Yerba Buena, Salon 8 on Friday August 10 (6:00 PM to 8:00 PM). This social hour is open to all convention attendees and will offer great networking opportunities; meet some of the most well-known addiction researchers and enjoy the free food!

Finally, finish the great conference off with a panel discussion on Saturday August 11 from 8:00 AM to 8:50 AM. There will be a great discussion on career development where you can get advice and feedback from experts within our addictions field.

For more information on conference symposia and events relevant to Division 50's interests, visit our program on Division 50's website at: <https://addictionpsychology.org/sites/default/files/public/2018%20SoAP%20APA%20Convention%20Program.pdf>

Our senior student representative, Tessa Frohe, will be attending this year and would love to meet you there! Please send any questions to her (at: tfrohe@ufl.edu) or our junior representative, Laura Lesnewich, (at: Imbanu91@gmail.com).

Thanks and we look forward to seeing you in the Golden Gate City!

Please Join Us at APA in San Francisco for the

Annual Student & Early Career Social Event

Sponsored by Division 50
The Society of Addiction Psychology (SoAP)



Thursday, August 9th
7:30-10:00PM
The Press Club
20 Yerba Buena Lane

All are welcome!





SAVE THE DATE CPA 2019

**APRIL 4-6, 2019
PROVIDENCE, RI**

“Addictive Behaviors across Diverse Populations: Innovations in Science and Practice”

We hope to see you at the upcoming Collaborative Perspectives on Addiction meeting at the Hotel Providence in beautiful, historic Providence, RI!



Submission Deadlines

Symposia & Workshops: September 21, 2018

Posters: November 1, 2018

<https://www.addictionpsychology.org/cpa>

COLLABORATIVE
PERSPECTIVES on
ADDICTION



ELECTED OFFICERS



President

[Bruce S. Liese](#)

Family Medicine, Psychiatry, and Psychology,
University of Kansas



President-Elect

[Jennifer Buckman](#)

Department of Kinesiology and Health
Rutgers, The State University of New Jersey



Past President

[Katie Witkiewitz](#)

Psychology, Center on Alcoholism, Substance Abuse, &
Addictions, University of New Mexico



Secretary

[Brandon G. Bergman](#)

MGH/Harvard Center for Addiction Medicine



Treasurer

[Ty Schepis](#)

Department of Psychology, Texas State University



Members-at-Large (Public Interest)

[Monica Webb Hooper](#)

Office of Cancer Disparities Research, Case Western Reserve



Members-at-Large (Practice)

[Paul Stasiewicz](#)

Clinical Research Center, Research Institute on Addictions (RIA)



Members-at-Large (Science)

[Jennifer P. Read](#)

Department of Psychology, University at Buffalo,
State University of New York Buffalo



Council Representative (Practice)

[James H. Bray](#)

Department of Family & Community Medicine,
Baylor College of Medicine



Council Representative (Science)

[Linda Sobell](#)

ABPP Center for Psychological Studies Nova Southeastern
University

COMMITTEE CHAIRS/SPECIAL POSITIONS

Advocacy & Policy

[Joel Grube](#)

Archives

[Nancy A. Piotrowski](#)

APA Convention 2017-2018

[David Eddie](#)

[Seema Clifasefi](#)

Communication and Technology

[Brandon Bergman](#)

CPA Meeting 2017-2018

[Robert Leeman](#)

[James Murphy](#)

Education & Training/CE

[Cynthia Glidden-Tracey](#)

Fellows & Awards

[Kim Fromme](#)

Finance & Budget

[Marsha Bates](#)

Listserv

[Robert Leeman](#)

Membership

[David Eddie](#)

Nominations & Elections

[Mark Myers](#)

Population and Diversity Issues

[Ezemenari Obasi](#)

Science Advisory

[Jennifer P. Read](#)

TAN Editor

[Mateo Pearson](#)

Technology & Communications

[Brandon Bergman](#)

LIAISONS

APA Education Directorate

[Bruce S. Liese](#)

APA Practice Directorate

[Paul Stasiewicz](#)

APA Public Interest Directorate

[Joel Grube](#)

APA Science Directorate

[Jennifer P. Read](#)

APAGS Division Student Representative Network (DSRN)

[Laura Lesnewich](#)

Association for Behavioral & Cognitive Therapy (Addictive Behaviors SIG)

[Clayton Neighbors](#)

College of Professional Psychology

[Sandy Brown](#)

Committee on Advancement of Professional Practice (CAPP)

[Ray Hanbury](#)

Early Career Psychologist Network

[Christine Vinci](#)

[Aaron Weiner](#)

Federal Advocacy Coordinator (FAC)

[Nancy A. Piotrowski](#)

Friends of NIAAA

[Carlo DiClemente](#)

International Relations in Psychology (CIRP)

[Sharon Wilsnack](#)

Research Society on Alcoholism (RSA)

[Sara Jo Nixon](#)

Women in Psychology Network

[Maria Felix-Ortiz](#)

STUDENT AND EARLY CAREER LEADERSHIP

Early Career Representatives to the Board

[Christine Vinci](#)

[Aaron Weiner](#)

Student Representatives to the Board

[Laura Lesnewich](#)

[Tessa Frohe](#)