The Addictions Newsletter

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President's Column

A Four-Step Approach to Promoting Addiction Research and Practice

Marsha E. Bates

As the new President of Division 50, I would like to use my first presidential column to tell you about exciting changes and growth in our Division that help reaffirm Division 50's commitment to excellence in addiction science, practice, education and public advocacy. I have the particular advantage of succeeding Carlo DiClemente, who set in motion organizational "stages of change" that have helped Division 50 transition into action on several fronts. Together with him, our President-Elect Kim Fromme, and the other members of the Board of Directors, I am in a great position to follow through on plans from Carlo's presidency, as well as to develop new initiatives that further promote the growth of the Division and interest in the field of addictions.

Marsha E. Bates

Our Division comprises an active and diverse group of practitioners and researchers brought together by their common interest in addiction treatment, prevention, research, and/or professional training. While our interests span the broad range of addictive behaviors, as psychologists we recognize the need to use the collective knowledge, experience, and talents of the membership to accomplish the Division's dual goals of best serving our profession and our members. Accordingly, my efforts as President of Division 50 commence with a focus on increasing involvement in Division activity through (1) improved practice – research relations, (2) inter-divisional collaboration building, (3) promotion of early career psychologists, and (4) increased enthusiasm for holding office on the Division's Board of Directors.

Improved Practice–Research Relations
Although Division 50 is designated a Practice Division by APA because over 50% of our members pay the practice assessment, almost as many of our members are researchers, or researcher-practitioners. In the past, practitioners and researchers were able to proceed somewhat independently—viewing their interests and goals as relatively distinct. Today, that is no longer possible or even desirable. Practitioners need evidence-based treatments, and funding agencies want addiction researchers to consider how their results can be *translated* to improve clinical practice and preventive interventions. As a Division with strong practice and science constituencies, we are ideally positioned to facilitate and support integrative and across-level collaboration. Taking advantage of the infrastructure provided by APA to help our members, we have restructured to specifically align our three Members-at-Large and Past President offices with the Practice, Science, Public Advocacy, and Education Directorates of APA. Through these liaisons, we will be able to get in on the ground floor of new

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President's Column

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policy, practice and research initiatives of APA. It also broadens our span of influence within APA by providing expertise for APA professional and scientific activities that involve addiction and promoting the inclusion of addiction in new initiatives. These activities benefit all Division 50 members by making sure that the interests of those in addiction science and practice are represented in the thinking and activity of APA as it influences the course of psychological science, practice, policy and training.

Inter-divisional Collaboration Building
APA provides a forum for forging and strengthening cross-divisional collaborations between psychologists with complementary expertise, and as Division 50 President, I strongly endorse this initiative. Due to the nature of addictions research and practice, many members of the Division benefit from collaboration with members of other divisions who have specialized knowledge in, for example, life span development, research methodology, psychology and the law, or clinical psychology. This year, together with Divisions 22 (Rehabilitation), 28 (Psychopharmacology), and 40 (Clinical Neuropsychology), we submitted applications to APA for an interdivisional grant and a cross-cutting symposium aimed at promoting effective treatment for clients with dual substance use and neurocognitive problems. In upcoming years, I hope that interest in cross-cutting activities will continue and diverge to encompass different substantive areas. By joining forces with other divisions, professional groups and constituencies, we can build strong multidisciplinary approaches to addiction problems.

Promotion of Early Career Psychologists
Another means to promote the goals of the Division and more fully capitalize on the resources of our members is to increase the involvement of, and benefits to, early career psychologists (ECPs), including graduate students and post docs as well as academicians, researchers and practitioners in the early years of their careers. ECPs offer the Division energy and new ideas. In return, the more established and experienced members of the Division offer ECPs opportunities for networking, visibility, perspective and guidance. We have operationalized this initiative as active collaborative participation and mentoring of ECPs, including opportunities to co-chair selected Division 50 committees and symposia at the upcoming APA annual meetings. In addition, increasing the involvement of ECPs aligns with an important goal of APA, and therefore benefits the Division by giving us the opportunity to nominate our young members to key association-wide task forces and special committees in areas of divisional interest. I would like to congratulate the first ECP who has been appointed to Co-Chair the Budget Committee, Jennifer Buckman, Assistant Research Professor at Rutgers University, who brings special talents to the Division with a doctorate in the neuroscience of addiction and a Master's degree in Business Administration. In addition, I would like to acknowledge the service of Angela Bethea, Postdoctoral Fellow, Columbia University, our outgoing Student Representative, who has done outstanding work for the Division.

Increasing Enthusiasm for Holding Office
We are soliciting nominations for several Division 50 offices this year, including Council Representative, Member-at-Large/ Science Directorate Liaison, Secretary/ Treasurer, and President. In this issue of *TAN*, we have included brief descriptions of the responsibilities and the benefits of holding these positions. Our current APA Council Representative, Sandra Brown, and Member-at-Large, Martin Iguchi, have served the Division well over the past 2 years, and their commitment and enthusiasm will be missed. In addition, we are grateful to Laurie Roehrich, our out-going Secretary/Treasurer, for carrying the responsibilities of this time-consuming position. Due to the increased activity and programming of Division 50 in recent years, the burden of holding this office has substantially increased. Therefore, we are calling for members to vote to change our bylaws so that the current Secretary/ Treasurer Office can be separated, creating one position for a Treasurer and one for a Secretary. Thus, the upcoming election is an important one for the Division, and I hope you will consider nominating yourself or another member for these important roles. Although becoming an officer in the Division requires time, our new structure and proactive committees are decreasing the demands on individuals by efficiently allocating tasks. I believe these changes will increase the personal and professional rewards of holding office.

As a final note, I'd like to make a plug for *TAN* and the Division 50 listserv - two good ways to find out more about what you can do for the Division, as well as what the Division might be able to do for you. *TAN* strives to bring you the latest news in addiction research, practice and policy, and highlights the work and accomplishments of our members, committees and officers. By reading this publication, you will learn more about what's being done and about ways to contribute your expertise and talents to division activities, such as by joining or chairing committees. Three active committees right now include Evidence-based Intervention Guidelines, Budget, and Education and Training. We also have an interest in becoming more active in the areas of cultural and life span dimensions of addictions, increasing member diversity, effective technology transfer, and in the international arena. We welcome additional ideas and nominations for the development of new committees.

Joining the Division 50 listserv is another excellent source for information about issues of interest to the Division, and for help from the membership. Whether your needs involve selecting the best text for an upcoming course, finding a referral for an out-of-state client, solving a research design question or finding a colleague to fill a position, the listserv will connect you to other Division 50 members with experience and ideas to guide your decisions. Just send an email with "subscribe APADiv50-Forum (your full name)" in the body of the text to listserv@csd.uwm.edu.

I hope that you find these two sources of information interesting and informative, and that you make time to nominate officers, vote on bylaw changes and enjoy the holiday season! ☙

Editor's Corner

Nancy A. Haug
University of California, San Francisco

Welcome to the Fall/Winter 2005 edition of *TAN*. Much has transpired in the past few months. Division 50 had a very strong showing at the annual APA convention in Washington, DC, at which we welcomed new President of Division 50, **Marsha Bates**. I encourage everyone to read Marsha's column. She brings enthusiasm, energy and a positive future vision to our Division. We also witnessed incredibly catastrophic natural and manmade disasters during this period: hurricanes in the Gulf of Mexico, levees breaking and evacuation struggles in New Orleans, the devastating earthquake in the Himalayas, and an increasingly brutal conflict in Iraq. These large-scale disasters, accompanied by the ongoing threat of terrorism, psychologically impact us on a daily basis. When I was in DC for APA, I remembered the vast scope of the field of psychology, and I emerged with a new respect for the role each of us plays in supporting humanity through the trials of life. I am honored to be among colleagues who have dedicated their career to the amelioration of addictions.

This issue highlights the multifarious roles through which Division 50 contributes to our society. We have two articles related to Hurricane Katrina and the impact of natural disasters on addiction by **Brad Olson,** our newest Member-at-Large, and graduate student **Karla Wagner** with colleagues **Steve Sussman** and **Rob Malow**. Our Federal Advocacy Coordinator, **Rebecca Kayo,** encourages us to take political action and delineates the steps for being involved in advocacy. **Patt Denning** and **Jeannie Little** present an elucidating piece on the principles and practice Harm Reduction Treatment. Thank you Patt and Jeannie for following up on an article in Summer *TAN*. We highly encourage reactions and feedback to our articles. **Nancy Piotrowski** informs us about the Division 50's input to the Evidence-Based Practices recognized by APA. **Angela Bethea**, a blossoming new psychologist, targets the Student Perspectives column to recent graduates and doctoral students. We are pleased to support young people in addiction-focused careers and encourage trainees to become more involved in the Division either as students members or representatives. **Sandra Brown** presents a report from the APA Council meeting. Is anyone else puzzled to learn that despite ongoing surpluses APA is raising dues again next year?

This edition of *TAN* temporarily replaces Abstracts with Notable Books; we will be returning to Abstracts in the future if there are enough submissions so send us your recent pubs! The deadline for submissions to the next *TAN* is February 25, 2006. We continue to pursue a balance in article topics around clinical/practice, research/science, and public policy/advocacy, so please send your original work to TAN_Editor@comcast.net.

I feel there is truly something for everyone in this edition of *TAN*, and I hope its messages uplift you and carry you forward until 2006. ☙

APA Council Report: August, 2005

Sandra A. Brown
Division 50 Council Representative

The summer APA Council of Representatives meeting was held at the annual convention in Washington, DC, on August 17 and 21, 2005.

The American Psychological Association serves a vital role, defining the practice of Psychology, keeping the contributions of Psychologists in the public eye, integrating science and practice within the profession, and providing advocacy for science, practice, education and public policy issues. The APA governance process, of which Council activities are an important part, considers and acts on relevant issues on behalf of the organization and its members. Council has the responsibilities of overseeing the budget and expenditures of APA, hiring and evaluating the CEO, and setting the agenda, mission and policy of the organization.

The sound management of APA is reflected in the work of the superb individuals who have been selected to lead various facets of the organization including Norman Anderson, the current CEO, Jack McKay, CFO, Russell Newman, Steven Breckler, Cynthia Belar and Henry Tomes, who head the Practice, Science, Education and Public Policy Directorates respectively.

Finances of the organization are currently quite sound. A budget excess of approximately $500,000 is projected for both this year and next. APA has long maintained a large scientific publications operation whose sales constitute a primary income source. This continues to be the case, although the bulk of sales has shifted largely from print to electronic products. Sale of electronic publications and related products (e.g., Psych Abstracts) constitutes about 66% of the organization's income. The second main income source is derived from leasing space in the two buildings owned by the organization. Dues, which will be increasing for full members next year by $8, constitute a smaller portion of income. In an effort to boost membership, student and new junior members will receive a substantial and prolonged dues reduction over their first 8 years of membership.

Starting next year, a new financial benefit will be coming to APA in the form of a tax abatement on their properties as promised by the District of Columbia. In return, APA will hold its annual convention meeting every third year in DC. This should be no hardship on the membership, as Washington offers a very pleasant and convenient meeting venue.

Division 50, in collaboration with our sister Division 28: Psychopharmacology and Substance Abuse, has been very instrumental in promoting the integration of science and practice within the organization. Most notably, members of the Division worked on special task forces that produced training and testing curricula for practitioners who wish to document their competency in our specialty subject areas. Remarkably, the Psychopharmacology Education Proficiency and the Substance Abuse Treatment Certification programs are the only proficiency and certification programs currently offered through the APA Practice Directorate. This reflects the timeliness and vital importance of these topic areas within psychology and is a tribute to the Division members who contributed to these organizational initiatives. Division 50 should be very proud of its contribution to strengthening the science-practice interface within APA. ☙

An Update from the Division 50 Committee on Evidence-Based Practice

Nancy A. Piotrowski
Harold Abel School of Psychology, Capella University

In the Winter 2005 issue of *TAN*, a description of the Division 50 Committee on Evidence-Based Practice (EBP) and its activities was provided. The committee was created as a mechanism for our membership to organize and contribute to discussions at the larger organizational level of APA in response to calls for interested parties from President, Ronald Levant around the issue of EBPs in psychology. This article serves as an update on the activities of the committee over the last year, including issues discussed for future committee activities at the annual convention in Washington, DC.

First, in response to last year's *TAN* article, we received additional communication from the membership indicating support for the committee and a desire to participate. As such, the committee now numbers at more than 25 individuals who have agreed to help in a variety of ways. We welcome interest from the membership and encourage members to get involved at whatever level they are able. The different ways people have chosen to participate has included: review and comment from a Division 50 membership perspective on APA and SAMHSA documents; development of convention programming; participation in convention discussion groups; submission of suggestions for future projects; volunteering to work on projects related to specific topics; offering to send valuable information related to EBPs to the committee upon discovery; and then what we really enjoy—offering to help however needed! EBPs are a hot issue right now in the general membership of APA, and however our membership can inform the thinking on these matters will be important. EBPs may affect each of us in different ways depending on our role(s), so hearing from clinicians, researchers, professors, administrators, students, policy-makers, and those who wear more than one hat will be very helpful in this regard. Thus, like last year, we are happy to involve our membership in our work, and I encourage you to join in if this is of interest to you.

Second, in April the committee reviewed documents produced by a workgroup on EBPs developed by Ron Levant. These items were open to review by the general APA membership, but the committee made a special effort to review the information and submit comments through the Division 50 Board. These documents have since been formalized into a 30 page report and an APA statement of policy on EBPs in psychology. The policy statement is available at http://www.apa.org/practice/ebpstatement.pdf/ and the report is also available online at http://www.apa.org/practice/ebpreport.pdf/. Our committee will be using these documents to inform our thinking on future projects related to EBPs and Division 50. This will begin, however, with further review of these documents and reflection on how they interface with the special needs we all face as professionals interested in addictive behaviors. As such, the committee will welcome any additional comments you may have in response to these materials.

Third, committee members joined together to offer a symposium at the annual APA convention entitled, "Evidence-Based Practice in the Treatment of Addictive Behavior Problems." Thanks to presenters Todd C. Campbell, Arthur M. Horton, A. Tom Horvath, Fred Rotgers, Harry K. Wexler, and discussant Carlo C. DiClemente for their efforts. Our two-hour early morning symposium drew more than 65 attendees who earned CE credit for their time.

Fourth, Harry Wexler, who also just completed his Division 50 Board term as Member-at-Large, volunteered to assist with the formulation of committee projects. And so, I am happy to welcome Harry as Co-Chair of our committee. As our first activity together, we sponsored a discussion group at the annual convention as follow up to the symposium.

In terms of what brought people to the committee, our symposium, and the follow up discussion, many different perspectives were shared. Some are involved because they want to make sure our division has a voice in whatever "psychology" says about EBPs so that addictive behavior is included. For others, it is insuring that there are multiple perspectives on how EBPs may affect psychologists practicing in different settings and with different populations. Others have a desire to share experiential information of what they have seen work well—or not so well—in the balance of examining dissemination, implementation, and issues around effectiveness versus efficacy. Involvement is also seen as an opportunity to network and learn about best practices in order to improve current clinical work setting, teaching materials, and/or to develop research opportunities and ideas. And still for others, there is interest in examining this issue and how to use the information presented to influence treatment funding and policy decisions in different locales, mutually protecting science and practice. And so all in all, we have a group with diverse and vital interests for our work.

Unifying ideas derived from communications so far have focused on recognizing the diversity of what is relevant when considering evidence based work (e.g., relationships, interventions, contexts) and also exactly what practice can mean (e.g., clinical work, research, teaching, administration, policy, etc.). There is also a strong interest in insuring that EBPs in addiction do not become something that is mechanical or restrictive in nature, and that they maintain some means of promoting inquiry and creativity. The importance of implementation has also come up as a crucial issue, with an emphasis on the need for examination of implementation strategies in diverse settings, how settings make a difference (e.g., program versus individual service delivery; public versus private service delivery), and the whole issue of how we carefully consider what is meant by evidence.

Building on these comments and efforts, the Division 50 Board has given us permission to develop a list of objectives for the committee beyond the functions we have fulfilled to date. These will be developed with oversight from the Board and in accord with the interests of the membership, committee resources, and with consideration towards the policy and research APA noted in the previously referenced documents. Our immediate future goals include offering another symposium at the 2006 annual convention and adding in more clinical perspectives on EBPs. We are also planning to develop working groups around some of the key issues noted above in order to formulate specific objectives. Two other ideas being discussed include resource development and the potential formulation of principles (or guidelines) related to EBPs in the area of addictive behavior. In terms of resources, the idea presented is to develop a means of bringing together resources related to EBPs in addiction and psychology (e.g., documents, citations, web links, databases), linking together what has already been gathered by agencies and individuals and providing a place where we can all conveniently make note of new information that might be useful. In terms of developing EBP principles (or guidelines) related to practice in the area of addictive behaviors, this is obviously a more complicated endeavor, but an idea that received notable interest in that it had the appeal of being less mechanical and potentially offering some benefit.

So again, we are organizing. If any of this is of interest to you, please let us know. As this develops, we will be looking to identify other interested parties to help. If you are interested in joining this effort, please contact Nancy.Piotrowski@capella.edu. ☙

On Being a Newly Minted Psychologist: The First Few Months

Angela R. Bethea
Graduate Student Representative

In thinking about what I wanted to share with the readership for this issue of *TAN*, I decided to take this opportunity to talk about my first experiences as a new psychologist. This article will be the first in a series of articles that Keith Morgen, Membership Committee Chair, and I will devote to issues unique to early career psychologists. Before I continue, I would like to congratulate my colleagues in Division 50 who have recently completed their doctoral degrees! This is a wonderful accomplishment, and I wish you well in your current endeavors.

Soon after completing my Counseling Psychology doctoral degree requirements in August, I began to experience some unexpected changes and new challenges as they related my early career identity as an Addictions Psychology Fellow. I found it surprising, yet comforting, that some of my newly minted psychologist colleagues were having very similar experiences. So, in the interest of normalizing these experiences, I would like to dedicate this column to recent graduates, as well as to advanced doctoral students who are close to transitioning to postdoctoral work. My advice follows.

1) Stay True to Yourself While You Grow with Your Mentors

One thing I find extremely important as an early career psychologist is to balance my professional interests in substance abuse with those of my mentors. I spent much of my predoctoral internship year working closely with supervisors to develop my style and beliefs about substance abuse therapy, as well as creating ideas for my research program. In order to meet my ultimate career goals however, I realize it is critical that I continue to be open to various perspectives. Allow your mentors to inform your career directions, expand your perspectives of addictions work and career interests, and take an inclusive approach to your work for the next few years. In my experience, it has been most valuable and rewarding to attend seminars with Postdoctoral Fellows in Health Psychology, Anesthesiology Fellows and Addictions Psychiatrists, to further understand the substance abuse population, which is my research interest. It is helpful to understand and conceptualize substance abuse issues through multiple lenses and treatment approaches.

2) Create a Support System

The first few months of the postdoctoral experience can be challenging. Along with getting your doctorate comes new hoops to jump through, new challenges, and new deadlines! For me, it has been helpful to create a support network of new psychologists so I can process my thoughts and experiences, as well as keep perspective on my work responsibilities, which seem endless and insurmountable at times. It has also been helpful for me to expand my network of colleagues and develop new working relationships. Be sure to attend professional conferences and network to expand your visibility in the field, yet remember to carve out time for yourself and your family and friends.

3) Monitor your Commitments

Whether you have found your niche in academia, psychotherapy practice, research, consulting or another area in psychology, you will most likely be asked to become involved with professional organizations, committee work or other administrative duties in your place of work. These provide wonderful opportunities to increase your visibility on the local and national levels, develop more working relationships, as well as feel engaged by contributing to the management of your institution. Beware, you can easily be overwhelmed with commitments. It is easy to say "yes," particularly when you are conscientious and want to favorably impress your co-workers. It is critical to monitor your consent to projects and be forward thinking as you select opportunities to carry out in your early career. Try not to become so involved that your own professional agenda goes under the radar. What you do now will impact the work that you do years from now, so it is important to plan carefully.

I can empathize with how exhausting it can be to reach the doctoral degree finish line and start your career. However, I challenge you to find it within yourself to approach your first job with enthusiasm and confidence. This is your new beginning, a period of renewal. Take pleasure in it! ☙

Harm Reduction Treatment: Principles and Practice

Patt Denning and Jeannie Little
The Harm Reduction Therapy Center, San Francisco

It is a cause for celebration any time a national publication, professional or otherwise, talks about harm reduction as a humane and effective *alternative* to traditional abstinence-based substance abuse treatment. When, as in Paduano, Drown and Bersamira's most recent article, the understanding of harm reduction is expanded to see it as a *new and comprehensive* treatment model, it is wonderful indeed. In that spirit, we at the Harm Reduction Therapy Center (HRTC) in San Francisco, offer an extension of their thoughts here along with a fuller explanation of harm reduction treatment.

Often, when harm reduction is mentioned, it is not clear exactly what one is referring to. The harm reduction movement actually has 3 distinct but related 'arms.' The public health arm has contributed syringe exchange and better access to medical care to active drug users without requiring abstinence as a condition of receiving services. The policy/advocacy arm focuses on changing laws and policies that discriminate against drug users. The treatment arm is the newest. Most discussions of harm reduction use either public health or advocacy language, and thus contribute to confusion about the unique contributions of harm reduction *treatment*. The reduction of drug-related harm is still the central goal of any harm reduction intervention, including treatment, but the placement of emphasis is important. In public health and advocacy, the emphasis is on protecting the safety and rights of drug users. In treatment, by contrast, people come because they recognize—or have been told—that their substance use is harmful, and they want to explore options for fixing the problem. Harm reduction treatment, collectively referred to as Harm Reduction Psychotherapy (HRP) by its developers, is client driven, collaborative, holistic, respectful and empowering. Contrary to the dominant paradigm of substance abuse treatment where abstinence is the pre-ordained goal, *harm reduction treatment does not state that abstinence either is or is not the goal of treatment*, but rather leaves the client to choose and pursue appropriate and realistic goals. These might be total abstinence, abstinence from their most problematic drug only, or some combination of reduction in frequency, in amount, or in dangerous behaviors associated with drug or alcohol use. The dichotomous and often contentious question, "*Should I do abstinence or harm reduction?"* is rendered pointless. It is our view at HRTC that all treatment should be harm reduction-informed.

Principles of Harm Reduction Psychotherapy

These principles have been developed by and are integrated into practice at the Harm Reduction Therapy Center.

- Not all drug use is abuse: people use drugs on a continuum from benign to chaotic.
- People use drugs for reasons, reasons that must be understood, appreciated, and treated, not confronted.
- Change in addictive behavior is usually gradual, relies on the resolution of ambivalence about one's relationship with drugs, and passes through a series of stages. These stages are best negotiated with the help of motivational enhancement.
- People vary widely in their ability to manage drugs. Many can and do make rational decisions while using drugs and do not necessarily have to quit to do less harm to self or others. In fact, research shows that many people manage formerly abusive or dependent drug use patterns by spontaneous recovery, moderation, or *reduction* in drug use or drug-related harms. There is no way to predict at the outset who will attain which of these goals.

Each person's relationship with drugs is unique. Therefore, harm reduction is a collaborative model in which the goals and the pace of treatment are established together between client and the therapist, not pre-ordained by "the program." Rather than a disease, we consider addiction a biopsychosocial phenomenon in which the relative importance of biology (for example, genetics, health status, age, gender), psychology (mental health/illness, identity, motivation and expectation), and environment (environmental stressors as well as setting of use) vary from individual to individual. We use the model of drug, set and setting to work with these interrelated aspects.

A Harm Reduction Treatment Model

Based on the principles outlined above and on empirically-validated approaches, harm reduction psychotherapy uses multiple interventions, depending on the precise problems (harms) suffered by each individual and the goals agreed upon by client and clinician. Most individuals want to rid themselves of the grip of compulsive drug use. All want to eliminate the harms from drug use. Our methods are as varied as the individuals we are trying to help. Following is an overview of our treatment approach:

- Low-threshold entry: We assume that when someone calls us, they want to change *something*. We welcome them and do not demand any changes as a precondition of treatment.
- Biopsychosocial assessment: We base our assessment on a biopsychosocial model in order to determine *with the client* the full complexity of the problems that brought them into treatment.
- Challenging dangerous behaviors: If it becomes clear that any drug-using or other behavior poses an acute risk to the client or others, we challenge the client to change those behaviors immediately. The focus of treatment remains on those behaviors and on resistance to changing them until immediate danger is alleviated.
- Treating co-existing psychiatric problems simultaneously, often with psychotropic medications.
- We conduct a cost/benefit analysis (a decisional balance) of each drug in order to help the client understand the complexity of his or her relationship with substances and to understand what gains and losses s/he will incur

by changing and/or giving up any or all.
- We work extensively with *ambivalence*, or a person's mixed feelings about changing.
- Setting goals: It is important to make specific and realistic decisions about change in order to minimize failure and maximize success. One change can lead to another, so any change in a positive direction is more important than determining the ultimate outcome of treatment at the outset.
- Skill-building is an important part of treatment for many people, in areas such as stress reduction, coping skills training, and relapse prevention.
- Trauma work, nutrition, psychiatric medication, family therapy, and drug substitution (methadone, etc.) are essential for many people.
- Substance Use Management (SUM): For clients who are not immediately considering abstinence, SUM helps people to manage drug use by increasing safety and control or decreasing negative consequences. SUM also helps to determine whether a client will be able to manage his use of drugs or will need to eventually consider abstinence as the best way to ensure safety and successful functioning.
- Redefining success: Since successful actions lead to improved self-efficacy, and since self-efficacy is a predictor of further success, we congratulate *any positive change,* knowing that it is the start of a life-changing cycle of events. "Any positive change" is the harm reduction version of "one step at a time."

Outcomes of Harm Reduction Treatment

HRTC is currently conducting outcome research. Preliminary archival data (in a sample of 60 clients) shows dramatic decreases in drug use, including a 42.5% abstinence rate from clients' primary problem drugs and total elimination of chaotic drug use. We are currently seeking funding for a post- doctoral fellowship for a clinician-researcher to continue this effort. www.harmreductiontherapy.org

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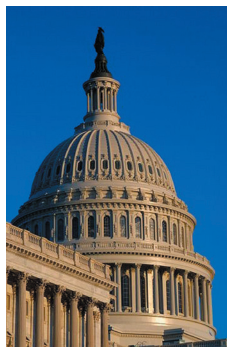
Division 50 Federal Advocacy

Rebecca Kayo
Division 50 Federal Advocacy Coordinator

Do you ever find yourself frustrated with insurance companies or managed care? Do you find yourself wishing for changes with Medicare/Medicaid? It seems you can't be a provider in today's behavioral health environment without wishing something was different! It is time to learn how you *can* make a difference for yourself and for your clients. It is time to get motivated to participate in the great legislative process of our country! Many of you know that the American Psychological Association Practice Organization is very involved with state and federal advocacy. What you may not know is that the APA Practice Organization wants you to be involved as well! In order to facilitate this process, an extraordinary system has been developed. Every state has a federal advocacy coordinator, and every practice division has a federal advocacy coordinator (FAC). Generally, the FAC is responsible for organizing and supervising grassroots initiatives for federal issues designated by the APA Practice Organization. Advocacy activity may take the form of letters or calls to Congress, meetings with members of Congress, attendance at town hall meetings, op-eds, or letters-to-the-editor. More specifically, when an important and relevant bill comes to the House or Senate, the Practice Organization sends an **Action Alert** to FACs across the country. It is then their job to send this **Action Alert** to you to provide you with the necessary information about this bill and to encourage you to take action. In addition, FACs are also responsible for the following activities:



- Advocacy related communication between the division and the APA Practice Organization.
- Identifying key contacts for members of Congress.
- Updating psychologists in your division on the status of current legislative initiatives.
- Recruiting psychologists to join the Association for the Advancement of Psychology, which sponsors a federal political action committee.
- Educating volunteers on the value of political giving and the importance of political action to the legislative agenda.
- Encouraging all those who have an interest in being more active in advocacy to contact the FAC in order to facilitate a closer grassroots network.
- Honoring grassroots volunteers who show initiative and leadership in federal advocacy.

As members of Division 50 you have direct access to a Federal Advocacy Coordinator who is available for all questions or

comments. We can all find many reasons in which to avoid participating in the legislative process (e.g., I'm too busy, I won't make a difference anyway, I don't know what to do). However, the APA Practice Organization, Division 50, and your clients are here to tell you that your voice is needed. It is now extremely easy to take part in the legislative process and lend your support for bills such as Mental Health Parity, Graduate School Medical education funding or Managed Care Reform. Every **Action Alert** that you receive from your FAC will include easy instructions on how to participate. Below you will find sample directions that are attached to every **Action Alert**.

Sample Directions

Customize a pre-written letter at **<www. APApractice.org>** with just a few clicks of your mouse.

1. Enter your zip-code in the **Legislative Action Center** box located on the right side of the screen.
2. Select the link "House Parity Bill"
3. Confirm your Congressional District by entering your zip-code in the "Take Action Now" box.
4. Edit the pre-written letter and select "Send Message" after entering your name and address.

Following the instructions on an **Action Alert** is extremely simple and fast! There will be instructions every step of the way. Try it for yourself and see how easy it is for you to speak out and help change the field of behavioral health.

In addition to receiving and following up on Action Alerts via Division 50 list serve membership, there is another very important way in which you can learn more about advocacy or participate in the legislative process. The APA Practice Organization has developed a **Legislative Action Center** on its home-page to enable all psychologists to quickly and easily communicate with Members of Congress. A more comprehensive **Legislative Action Center** is available to Practice Assessment payers and includes several additional features, such as:

- Guide to Congress: Psychologists can look up their federal legislators, find out who key staff members are, and check voting records and committee assignments.
- Issues and Legislation: Users can find detailed information about legislative issues the Practice Organization is working on. They can also look up individual bills, find a bill's status and learn how it might affect their practices.
- Capitol Hill Basics**:** This link provides Members with tips on how to communicate with elected officials and how to plan visits to Capitol Hill. It also offers information about congressional staff and a summary of the legislative process.
- Media Guide**:** Psychologists can look up all national and local media organizations by zip code: newspapers, political publications, online services, columnists, magazines, television networks and stations, and radio stations. Users can find information about each media outlet and can compose messages to send to as many outlets as they choose.
- Elections and Candidates**:** Through this section, psychologists can learn about every candidate running for state and local offices. The section includes links to candidates' Web sites, voter registration forms and polling information.
- Congress Today**:** Keep up with the daily activities on Capitol Hill by checking times and locations of committee meetings and hearings.

This website, www.APApractice.org, has everything you need to understand or participate in the legislative process. Please visit this website to explore your advocacy opportunities.

We hope that this article helped you understand the role of the Federal Advocacy Coordinator, demonstrated how easy it is for you to be involved in advocacy, and above all encouraged you to take the time to participate in the legislative process. The Federal Advocacy Coordinator for Division 50 is Rebecca Kayo. If you have any questions or comments, please contact Rkayo33@aol.com.

FEDERAL UPDATE

Important New Resource for Treatment of Older Adults With Substance Use Disorders from the Substance Abuse and Mental Health Services Administration (SAMHSA)

Substance Abuse Relapse Prevention for Older Adults: A Group Treatment Approach
SAMHSA announces the publication of a relapse-prevention manual for use by counselors and other treatment providers working in outpatient group treatment settings with older men and women who have substance use disorders. Substance Abuse Relapse Prevention for Older Adults: A Group Treatment Approach emphasizes cognitive-behavioral and self-management interventions (CB/SM). The approach begins with a thorough individual assessment of each client, using the questionnaire provided. From these results, an analysis of the client's "substance use behavior chain" is produced. Clients then meet in 16 counselor-led group sessions directed toward mastery of CB/SM relapse prevention skills.

Clients demonstrate mastery of CB/SM skills by (1) being able to diagram, understand, and interrupt their individual substance use behavior chains and (2) using the appropriate skills learned in treatment sessions to manage high-risk situations in real life. For many older adults, CB/SM offers a more attractive and positive intervention than more traditional approaches. Success is equated with reaching individual goals, mastery of the relapse-prevention skills, and the absence of relapses.

In addition to the assessment questionnaire, the contents include an overview of the older adult treatment population, a thorough explanation of CB/SM, and detailed descriptions of the group sessions. Also provided are quizzes to evaluate clients' understanding and progress and activity handouts for photocopying.

ORDERING INFORMATION:
This manual may be ordered free of charge from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI). Ask for publication order number BKD525. Phone: 800-729-6686 or 301-468-2600; TDD (for hearing impaired): 800-487-4889; toll free (Hablamos Español): 877-767-8432. www.ncadi.samhsa.gov

Utilizing Clinical And Research Skills to Map Addiction-Related Responses to Katrina

Brad Olson
Member-at-Large
Liaison to Public Interest Directorate

Since Katrina landed on the Gulf Coast and disrupted a wide region of the U.S., Americans from all areas and all disciplines have rushed to help. Many substance abuse professionals are among them, recognizing and reacting to the severe addiction-related needs and substance-related harms attributable to Katrina. Such work will be needed for some time. While those in our field continue to provide aid, they simultaneously reflect on what could have been done to reduce these specific effects of the disaster.

It is clear that despite the heroic addiction-related helping, it is necessary to be better prepared for future events, whether they take the form of hurricanes, earthquakes, medical contagions or terrorist attacks. This preparation will be necessary throughout the continuum of prevention, intervention and maintenance. Research remains one of our primary modes of reflection, and hopefully the research that we conduct will attempt to fully elucidate what occurred before, during and after the disaster from an addictions perspective. It appears certain that a more effective future response will require strengthening our present clinical and research skills, and expanding them beyond their traditional roles to encompass more macro, multi-level, community-based approaches. One of the most pressing areas for us to address includes enhanced communication: among ourselves, to individuals whose addiction-related problems are likely to be worsened during such disasters, to the general public, and to policy makers.

Perhaps clinical and research strengths can first be expanded by simply listening to other Division 50 members who—as part of treatment facilities, state and federal facilities, and on their own—helped formally and informally in the days following Katrina. Some of them linked available practitioners to individuals struggling with recovery. Others provided hours upon hours of pro bono therapy, and many ensured 12-step meeting were held in shelters throughout the affected region. There were also Division 50 members who located methadone programs for those with opiate-based problems to prevent severe withdrawal and to protect them from predatory dealers attempting to capitalize on the disaster. Others took to training volunteer workers and service providers, trying to pass on more strengths-based multicultural approaches toward prevention and treatment.
One of the most significant addiction-related themes to emerge from Katrina was that despite this effective informal helping and the clever utilization of existing networks, communication could improve across multiple levels and multiple communities. A fortunate aspect is that such improvements require the exact research and clinical skills that are so prevalent in our Division. Furthermore, few of us have not had to think about more streamlined communication systems, more integrated forms of care, and more connected continuums of care. Moreover, we have thought about how to achieve these goals when resources were limited. Improved communication systems should not only connect addiction professionals and community-based providers in difficult circumstances but also locate (and reach out to) those most-at-risk for worsening addiction problems. Additionally, an effective system must incorporate mechanisms to localize and identify people who are impacted at varying stages of use and recovery and match them to the most appropriate programs.

Disasters like Katrina will naturally affect people differently. They will also differentially bring about new addiction problems in people with no prior use of illegal substances and will negatively impact those in various stages of recovery. These psychologically devastating events will often exceed the coping tools of the average American, whose cognitive resources will be burdened at all levels and stages. Adolescents, the disabled, pregnant mothers and the elderly can all experience reductions in cognitive, emotional, and tangible resources, particularly when social support is psychologically and geographically out of reach. One-third of Louisiana's treatment facilities were located in New Orleans, and many professionals were therefore understandably too preoccupied with their own subsistence to help rebuild the lives of clients. Despite the heroic stretching of time and resources of psychologists in surrounding regions, little progress could be achieved through traditional one-on-one therapeutic relationships alone—multi-level, community-based approaches were necessary, and well-utilized. Those professionals who organized mutual-help groups in shelters and took advantage of informal internet communications may provide the most auspicious models for the preparation, prevention and organization of future responses.

Communication among addiction specialists, across various systems, providing aid to those in need is just one step. We must equally expand our skills to make our messages more accessible, convincing and clear to both the public and policymakers. In this respect, we may feel somewhat encouraged by the media and the average American each of whom professes new realizations of *poverty* and *trauma* in the wake of Katrina. It remains uncertain what must transpire before similar awakenings occur in regard to *addiction*. Our current understandings can shed some light on the role substance abuse plays as a consequent of disasters and how it contributes to additional societal harms during such crises. Its place

The Faces of Displaced Addiction: a New Orleans resident accompanies a woman floating on a piece of plywood laden with Bud Light, Budweiser, Keystone Ice, Red Dog and Natural Ice beer, along with two bottles of hard liquor, 7Up, mustard and toilet paper.

in these events is a significant one. Some data exists from the Oklahoma bombing, the war in Iraq and 9-11 that when a strained addiction treatment system is further burdened a storm, terrorist attack, or, in the future, perhaps a medical contagion, that many substance abuse dangers exist. Nevertheless, substance abuse trends are likely to be complex and elusive, particularly when problems remain below threshold for significant periods. More naturalistic research will be required, examining not only overall trends in substance use but also how they interact with numerous pressures, including poverty and trauma. Through research and dissemination, the average American and policy makers can be led to better understand the dangers when natural disasters and addictions converge. Their simultaneous presence compounds the loss of cognitive, emotional, social, and tangible resources, and moreover, the resource loss from one breeds exponentially more loss when combined with the other.

The full communication of these messages requires us to naturalistically map the Katrina-related formal and informal helping, and then to build on these attempts by understanding how to better match varying stages of intervention, of risk, and of recovery to appropriate prevention or treatment options. More effective communication channels must not only be built among ourselves and for those most at-risk but for the general public and policymakers as well. In addition, as much as we should investigate long-term interventions to promote the maintenance of recovery, we must understand our own motivations toward long-term helping responses in cases like Katrina. As stated earlier, help will be needed for some time for those in and around New Orleans and for those impacted by similar events in the future.

Mechanism to Study Effects of Katrina

NIH has issued a notice to inform the scientific community that the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse wish to encourage meritorious applications to study the effects of Hurricane Katrina in order to learn how to prevent and treat complications related to alcohol and drug use, misuse, and disorders more effectively. Researchers investigating alcohol and drug-related outcomes from the effects of Hurricane Katrina are requested to use the PAR-05-150 Mechanism for Time-Sensitive Research Opportunities. At present, PAR-05-150 is co-sponsored by NIDA and the National Institute of Mental Health and is limited to services research. This announcement extends this PAR to include NIAAA and NIDA for studies examining the impact of Hurricane Katrina on alcohol and drug use, misuse and disorders.

Notice Number: NOT-DA-05-013

Released: September 15, 2005

The Aftermath of Hurricane Katrina Among Adolescents

Karla D. Wagner and Steve Sussman
University of Southern California

Robert Malow
Florida International University

Disasters have notable implications for public and mental health outcomes. In many cases, the psychosocial morbidity following a disaster may exceed that caused by physical injury. These outcomes manifest themselves in teens as well as adults, although most such research has been on adults. One area of concern among adolescents exposed to disasters includes development of Post Traumatic Stress Disorder (PTSD) and increased substance abuse. Both have been documented to complicate HIV risks and increase unprotected sexual activity (Brief et al., 2004)

Post Traumatic Stress Disorder (PTSD)

The pathogenesis of PTSD symptoms following disasters is well documented. Among adolescents, PTSD is associated with victimization (Kilpatrick, Saunders, & Smith, 2003) and accidents (Zink & McCain, 2003), as well as with natural disasters such as hurricanes (Garrison et al., 1995) and dam collapses (Green et al., 1991). Rates of PTSD are generally higher after human-made disasters than after natural disasters. However, estimates of PTSD after natural disasters may still range from 5 to 60% (Galea, Nandi, & Vlahov, 2005) up to 90% (La Greca & Prinstein, 2002), though the preponderance of reports falls into the lower half of this range. While Katrina was a natural disaster, flooding in the area is accounted for in part by breakage of the levees and may be interpreted as a human-made issue.

Rates of clinical PTSD vary, however findings indicate that morbidity due to the existence of sub-clinical PTSD symptoms is highly prevalent among disaster survivors, and that symptoms lasting more than six months may be common (La Greca & Prinstein, 2002). Approximately 10% of New York City school children reported symptoms consistent with probable PTSD six months after the September 11th attacks (Hoven et al., 2005). In a population-based sample of adolescents exposed to Hurricane Andrew, 7.3% reached the diagnostic threshold for PTSD, and findings indicate that, similar to the New York City sample, a substantial proportion experienced sub-clinical PTSD symptoms during the six months after the event (Garrison et al., 1995). Yule and colleagues (2000) found that approximately half of children who survived the sinking of a cruise ship developed PTSD. Ninety percent of cases manifested within six months of the disaster; however, there were several late onset cases, and a quarter of cases lasted for more than five years.

Substance Use

Substance use is associated with PTSD symptoms among adolescents (Giaconia, Reinherz, Paradis, & Stashwick, 2003), indicating an association between exposure to traumatic events and substance use. A review by Giaconia et al. (2003) indicates that the quality and quantity of both the trauma and substance use may be associated with the development of PTSD and substance use disorders among adolescents. The order of precedence has yet to be established; however, a review by Chilcoat and Menard (2003) suggests that substances may be used for self-medication after a trauma rather than serving as a predisposing factor to trauma exposure or experience.

Youth in Louisiana are significantly more likely than the entire U.S. sample of adolescents to report cigarette smoking, drinking, marijuana use and cocaine use (Centers for Disease Control and Prevention, 2005). Consequently, psychosocial function may be greatly impaired among adolescents who have been affected by Hurricane Katrina and attention should be paid to the possibility of co-occurring conditions.

HIV Risk

The relationship between serious mental health problems and HIV risk is well established, particularly for individuals living with persistent socioeconomic challenges (Blank et al., 2002). Much of the attention on the role of PTSD by HIV prevention researchers has focused on risk behaviors exacerbated by traumatic symptoms stemming from childhood sexual abuse (CSA). A number of studies now exist that support the role of such PTSD symptoms in HIV risk (Brief et al., 2004). However, adult trauma is also implicated in HIV risk, particularly for ethnic minority women (Wyatt et al., 2004) and women in shelters (Tucker et al., 2004). Moreover, adverse life events are highly associated with HIV risk in surveillance work such as the HERS study (Moore et al., 1999).

These studies have not examined the factor of disasters; however, there are important indications that deserve such investigation. Although the evidence on negative affect and HIV risk is mixed, it is still significant that the relationship may prove stronger among more vulnerable populations, such as adolescent offenders (Lucenko et al., 2003). Stall et al. (2003) reinforced this suspicion with their work on the syndemic character of HIV risk, explaining how certain populations may be especially subject to an additive effect of risks.

The Importance of Economic and Racial Inequality

Media coverage of Hurricane Katrina suggests that certain groups (primarily poor, elderly, infirmed, and African American residents of New Orleans) were more heavily impacted by the disaster than others. It is known that different groups experience more negative outcomes associated with traumatic experiences than others. Children are particularly vulnerable and, among adolescents, a resumption of normal activities is recommended to help mitigate the psychosocial consequences of a disaster (Landesman, 2005). This may prove particularly difficult given the prolonged evacuation and disruption of services in the areas affected by Hurricane Katrina.

The racial makeup of Louisiana differs dramatically from that of the rest of the United States; 67.3% of New Orleans residents and 37.5% of residents of the New Orleans Metropolitan Statistical Area (MSA) are Black, compared with 17.2% of the New York-New Jersey-Long Island MSA and 26.2% of the Washington DC – Baltimore – Virginia – West Virginia MSA (U.S. Census Bureau, 2000). Poverty

in this area is high - 14.9% of Louisiana and 14.5% of New Orleans families live below the poverty line, compared with 10.1% in the U.S. as a whole (U.S. Census Bureau, 2004). African American youth may be at elevated risk of experiencing PTSD after a disaster based on lack of resources and chaotic events ensuing subsequent to the event. Among adolescent survivors of Hurricane Andrew in Florida, Black non-Hispanic and Hispanic youth had the highest rates of PTSD (8.3% and 6.1%, respectively) compared to other non-Hispanics (2.5%) and white non-Hispanics (4.9%) (Garrison et al., 1995). Since this analysis did not control for socioeconomic status, the authors caution that these findings may not be supported by others in the literature. In the case of communities affected by Hurricane Katrina, the effects of race and socioeconomic status on PTSD may be confounded.

It is known that the negative effects of a disaster are often more far-reaching than anticipated. The potential for biopsychosocial consequences such as PTSD and substance abuse may be imminent for the vulnerable population of youth who remained in the immediate area throughout the hurricane, those who were successfully evacuated and those residing in surrounding areas that were less directly affected by the storm.

Given that substance abuse and PTSD symptoms frequently co-occur after a disaster and assessment and treatment services should be made available to triage youth with comorbidities. The unknown effects, however, are those associated with the political and social events surrounding a disaster. With Katrina for example, the purportedly slow Federal and State response and recovery efforts in the initial days, the implications of racial and class segregation and disproportionate mortality experienced by African American residents of the Gulf Coast, the lasting contamination in the area and destruction of social infrastructure, and the effects of experiencing another hurricane almost immediately after Katrina (Hurricane Rita) that forced evacuees to flee from their temporary locations and prohibited re-population of New Orleans and surrounding areas, all present opportunities for exploration of the effects of this disaster. This exploration is essential because these youth represent the future of southern Louisiana and Mississippi.

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Annual Division 50 Call for Fellows and Awards Nominations

The Division 50 Fellows and Awards Committee invites nominations of Division members for potential election to Fellow status in the American Psychological Association.

The DEADLINE for receipt of nominations is December 28, 2005. The DEADLINE for receipt of application materials (i.e., nominee's materials and endorsers' letters) is January 18, 2006.

Late applications will not be considered in the current review cycle. Nominations may be made by any member or Fellow of the Division; self-nominations are acceptable.

Under the Bylaws of the American Psychological Association, Fellowship is an honor bestowed upon members who have made an "unusual and outstanding contribution or performance in the field of psychology." Division 50 wishes to recognize its members who have had a significant impact on the specialty of addictive behaviors within the areas of science, teaching and training, service delivery, administration, policy development, and/or advocacy. Seniority or professional competence alone is insufficient to achieve Fellowship. Fellows' contributions are seen as having enriched or advanced the field of addictive behaviors well beyond that normally expected of a professional psychologist.

In order to be considered for Fellow status, members must meet both APA and Division requirements. APA requirements include: (a) the receipt of a doctoral degree based in part upon a psychological dissertation, or from a program primarily psychological in nature, and conferred by a graduate school of recognized standing; (b) prior membership as an APA member for at least one year and membership in the Division through which the nomination is made; (c) active engagement at the time of nomination in the advancement of psychology in any of its aspects; and (d) five years of acceptable professional experience subsequent to the granting of the doctoral degree. Division 50 additionally requires: (a) current engagement in education and training, practice, or research in addictive behaviors; (b) at least three of the five years of postdoctoral professional experience in addictive behaviors; and (c) membership in the Division for at least one year.

Nominees for Fellow status will be asked to complete the APA's Uniform Fellow Application and related materials, and to solicit evaluations from three or more APA Fellows, at least two of whom must be Fellows in Division 50. Completed applications are reviewed by the Fellowship Committee, which submits its recommendations to the Division's Executive Board; nominations are sent forward to the APA's Membership Committee for final approval. Members of the Fellowship Committee or Executive Board who submit evaluations of a nominee do not vote on that nominee. New Fellows are announced at the Division's annual business meeting during the APA Convention.

Letters of nomination should be sent to the Fellows and Awards Committee at the following address:

Fellows and Awards Committee
c/o Kathleen M. Carroll, Chair
Yale University School of Medicine
Division of Substance Abuse
950 Campbell Avenue (151D)
West Haven CT 06516

For further information, please contact kathleen.carroll@yale.edu

Call for Nominations
Division 50 Officers

Division 50 is soliciting nominations for four offices (see position descriptions on next page):

President-Elect
Secretary-Treasurer
Member-at-Large of the Executive Committee
Division Representative to the APA Council of Representatives

The President-Elect serves for 3 years, as President-Elect, President, and Past-President. The other officers also serve for 3 years. The duties for each position are as described in the Division by-laws, and officers are expected to attend the annual APA convention and the mid-winter Board of Directors Meeting (some funding is available for travel to the mid-winter meeting).

Division by-laws state that a nomination “must be supported by the signatures of at least two and one-half percent” of the members. Thus, each nomination should be supported by at least 29 members of the Division. Nominations of women and ethnic minority members are especially encouraged.

Candidate biographies will appear in the spring issue of *The Addictions Newsletter*, and the ballot for officers will be mailed from the APA Central Office in mid-April.

Make nominations by indicating nominee and office below. Nominations may be sent by e-mail. Please provide nominator’s address, and phone number to permit verification.

THE DEADLINE FOR NOMINATIONS IS JANUARY 31, 2006.

I nominate ______________________________ for ______________________________ of Division 50.

I nominate ______________________________ for ______________________________ of Division 50.

I nominate ______________________________ for ______________________________ of Division 50.

I nominate ______________________________ for ______________________________ of Division 50.

Nominating member’s name, address, and phone number (for verification):

Name ____ Phone __________________________

Street ____

City ____ State ________ Zip __________

Nominator’s signature ____

Send nominations to: Ronald Kadden, Division 50 Nominations and Elections Chair
Department of Psychiatry
UConn School of Medicine
Farmington, CT 06030-3944
kadden@psychiatry.uchc.edu
FAX: (860) 679-1312
Phone: (860) 679-4249

THE DEADLINE FOR NOMINATIONS IS JANUARY 31, 2006

Division 50 Position Descriptions

Member-at-Large, Science

This position serves a liaison function between Division 50 and the more "science"-oriented divisions such as Division 28 (psychopharmacology) as well as APA's science directorate. The role involves regular communication with Division 28 leadership, science directorate briefings, and the science directorate's planning retreat in December. These responsibilities are in addition to involvement in the more generic leadership responsibilities shared by the entire executive committee of Division 50. Taking part in a leadership position has its rewards in seeing membership grow, finances stabilize, and hearing from Division 50 members that the academic activities such as symposia, the newsletter, and the journal are all appreciated and valued. While direct contributions are relatively small, it is one of the parts supporting the whole.

Division 50 Council Representative

The responsibilities of this office include attendance at the two APA Council meetings each year. One meeting coincides with APA's Annual Convention and is held the day before and the day after the convention. The winter meeting is held for two days in early December in Washington DC and expenses are covered by APA. The meetings involve all major policy decisions made by our professional organization. Additionally, the representative gets to see the APA leadership in action and participate in funding decisions. At each Council of Representatives meeting, interest groups meet to discuss and develop proposals that are brought before the Board. It is through these caucuses that the position statements and policy proposals are negotiated. Thus, the Representative can have a strong voice for our Division. Our Council Representative provides a brief written summary of important aspects of the meeting for TAN and, as a member of the Executive Committee, presents this information to Division 50 leadership.

President-Elect

The office of President encompasses three sequential one-year terms as President-Elect, President, and Past President. The President-Elect year is primarily one of orientation, observing how the division works, and contributing ideas to strategic planning for the upcoming year. The active presidency starts at the close of the business meeting at the following year's APA annual meeting. The president presides at membership and Board of Directors meetings at the APA conference. For the past two years, we've had monthly teleconferences that have been great for moving agenda items forward, checking on committee progress and division activities, delegating tasks, and responding to requests from APA. The president submits a year-end report to APA and contributes the President's column to The Addictions Newsletter three times a year. The year ends with the opportunity to present a Presidential Address at APA (which have been very well attended in recent years) and bestow awards to colleagues for their achievements. The Past President year involves giving sage advice from all you've learned in the preceding two years, as well as coordinating division activities with APA's Education Directorate. This later task primarily involves oversight of the Education and Training Committee. The Presidency of Division 50 gives you an opportunity to help create an organization that works to improve the practice and science of addiction psychology at both the local and national levels.

Secretary

(see proposed bylaw change)

The duties of the secretary are to keep records of all meetings of the Division and to issue calls and notices of meetings.

Treasurer

(see proposed bylaw change)

The duties of the treasurer are to collect dues and special assessments; to keep financial records; to reimburse members and third parties for approved division expenses, and to prepare annual financial reports and tax returns. ☙

Congratulations to New Division 50 Fellows

- Marsha Bates
- Daniel Kivlahan
- Sara Jo Nixon

Congratulations to Division 50's 2005 Award Winners

- Keith Humphreys—Presidential Citation for Distinguished Service
- Sharon C. Wilsnack—Distinguished Scientific Contributions
- Thomas M. Piasecki—Distinguished Scientific Early Contributions
- Kathleen M. Carroll—Distinguished Scientific Contributions to Education and Training
- David Sheff—Outstanding Contributions to Advancing the Understanding of Addictions

Congratulations to Division 50's Student Poster Award Winners

- *First Place*: Alicia M. Wendler, University of Missouri-Kansas City—"Addiction Counselors' Self-Efficacy and Job Satisfaction"
- *Second Place*: Roy C. Jerome, New York University / Center for HIV/AIDS Educational Studies—"Seropositive Conversion among Gay and Bisexual Club Drug Users"
- *Third Place*: Carmella Walker, Albert Einstein College of Medicine—"Religiosity and Substance Use among Adolescents: A Multidimensional Approach"

NOTABLE BOOKS

Freimuth, Marilyn (2005). *Hidden Addictions.* NY: Jason Aronson.

Media portrayals and diagnostic criteria convey an image of an addicted person as someone whose deficient coping skills and severely compromised functioning are readily apparent. Yet addictions remain some of the most frequently missed diagnoses in health and mental health care settings. This occurs, in large part, because most people with addictions do not fit the stereotype. In the context of psychotherapy, the typical patient with an addiction will present depression, anxiety, marital problems or a general sense that life is not working. This book addresses how addictions can be recognized more often and accurately assessed in the context of psychotherapy. Along with learning about the standard assessment instruments, the reader is introduced to methods for asking the appropriate questions and listening to the clinical dialogue for signs of a undisclosed addiction. This book provides a great deal of knowledge about addictions and their assessment in a way that is relevant to clinical practice.

Tatarsky, Andrew (2002). *Harm Reduction Psychotherapy: A New Treatment for Drug and Alcohol Problems*. Northvale, NJ: Jason Aronson.

This volume provides readers with an overview of harm reduction therapy and a series of ten case studies that illustrate this approach with a wide variety of clients, treated individually and in groups by different therapists. The stories are framed by commentary from Dr. Tatarsky, who draws out their therapeutic features and builds a powerful argument for harm reduction as an approach that meets clients where they live. Though written primarily for clinicians, Dr. Tatarsky's book provides valuable perspectives for laypersons who are considering moderating their drinking or abstaining from alcohol altogether. Many will identify with one or more of the individuals portrayed in the case studies. About half of the individuals portrayed choose moderation over abstinence. Those in search of professional guidance will be encouraged to learn that there are clinicians out there who will help them to set and meet realistic and healthy goals, and do so with understanding and compassion.

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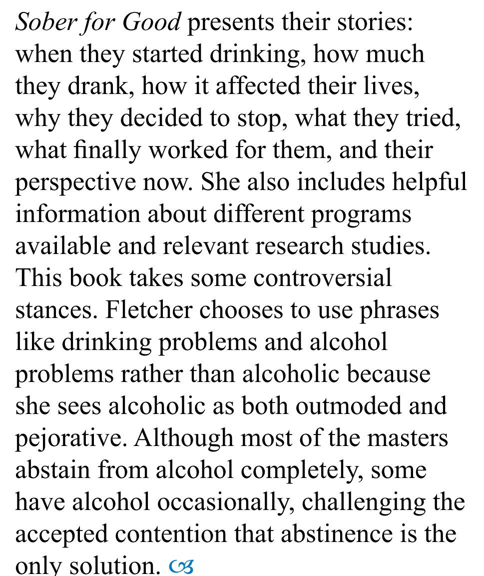
Fletcher, Anne M. (2001). *Sober for Good: New Solutions For Drinking Problems—Advice From Those Who Have Succeeded.* New York: Houghton Mifflin.
*Spanish version now available.

Anne Fletcher resolved her own drinking problem without Alcoholics Anonymous and was fascinated by other people who had found alternative methods to stop drinking. She decided to find people who formerly had drinking problems and learn how they got and stayed sober. She interviewed a range of ex-drinkers, from high-functioning people with mild or moderate alcohol problems to hardcore cases who had hit bottom. Almost all these 222 "masters" had stayed sober for 5 years or more, averaging 13 years of sobriety.



Sober for Good presents their stories: when they started drinking, how much they drank, how it affected their lives, why they decided to stop, what they tried, what finally worked for them, and their perspective now. She also includes helpful information about different programs available and relevant research studies. This book takes some controversial stances. Fletcher chooses to use phrases like drinking problems and alcohol problems rather than alcoholic because she sees alcoholic as both outmoded and pejorative. Although most of the masters abstain from alcohol completely, some have alcohol occasionally, challenging the accepted contention that abstinence is the only solution.

BYLAW CHANGE BALLOT

Proposed Amendment to the Bylaws of Division 50

The Division's original Bylaws specify that one member serve in the elected office of Secretary-Treasurer for a three-year term. The professional, scientific, and financial activities of the Division have become more extensive over the years as the Division has grown and become more active. This increased activity places an undue burden on one member to perform the duties of both Secretary and Treasurer. The Board of Directors thus unanimously voted to request that the membership amend the Bylaws by separating the Offices of Secretary and Treasurer. This amendment will serve to decrease the time and effort that an elected member will need to dedicate to the office, and to enhance the efficient operation of the division. In line with Article IX of the Bylaws, this notice provides a written explanation to the membership of the proposed change. This amendment to the Bylaws can be approved by an affirmative vote of two-thirds of the ballots that are valid and returned by mail by **January 2, 2006** to:

Division 50 Administrative Office
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242

Bylaw Article III OFFICERS

E. The Secretary-Treasurer shall be a Member or Fellow and shall serve a three (3) year term. He/she will take office at he close of the annual meeting following his/her election. The duties of the secretary-treasurer shall be to keep records of all meetings of the Division; to issue calls and notices of meetings; to collect dues and special assessments; to keep financial records; and to prepare annual financial reports and tax returns.

Proposed Change:

- The Secretary shall be a Member or Fellow and shall serve a three (3) year term. He/she will take office at he close of the annual meeting following his/her election. The duties of the secretary shall be to keep records of all meetings of the Division and to issue calls and notices of meetings.
- The Treasurer shall be a Member or Fellow and shall serve a three (3) year term. He/she will take office at he close of the annual meeting following his/her election. The duties of the treasurer shall be to collect dues and special assessments; to keep financial records; to reimburse members and third parties for approved division expenses, and to prepare annual financial reports and tax returns.

Please check one of the following and sign below:

☐ I am in favor of the proposed change.

☐ I am against the proposed change.

Signature: ______________________________

Print name: ______________________________

Please support the efficient operation of Division 50 by returning your signed ballot by **January 2, 2006**.

PLACE
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Division 50 Administrative Office
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242

Bylaw Change Ballot Mailer

Tear out page, fold at the dotted lines, tape the top, include postage, and mail.
(Please do not staple.)

Announcements

Postdoctoral Fellows and Faculty Level Positions
The Yale University School of Medicine invites applications for a junior faculty position with up to 5 years of funding available concentrating on use of fMRI to study addiction OR a one-year renewable post-doctoral research fellowship in the same area. Successful applicants will have the opportunity to join an internationally recognized, NIDA-funded, multidisciplinary research group to participate in studies of drug and gambling addictions. Research projects involve fMRI, behavioral and pharmacological clinical trial, molecular genetic, and gender-focused approaches and their intersections. Modern imaging facilities include 1.5T, 3T, and 4T magnets devoted full-time to human research. Experience in fMRI, gender-focused or clinical trial research is desired. Required qualifications include MD or PhD in a clinical field, a commitment to addiction research, and US citizenship or permanent resident status. Salary determined on the basis of experience and qualifications. Yale is an Equal Opportunity/Affirmative Action Employer. Women and minority group members are encouraged to apply. Send CV or direct inquiry to: Bruce J. Rounsaville, MD, Professor of Psychiatry, Yale University School of Medicine, VA Connecticut, 950 Campbell Ave. (151D), West Haven, CT 06516, e-mail Bruce.Rounsaville@yale.edu

Postdoctoral Positions In Drug Abuse Research
The University of Vermont announces the availability of three post-doctoral research fellowships in an internationally recognized center of excellence for the study of drug abuse. Fellows have opportunities for training in a wide range of epidemiological, human laboratory and treatment-outcome research. Current openings are with STEPHEN HIGGINS (stephen.higgins@uvm.edu, 802-656-9614) in delineating behavioral and pharmacological processes central to understanding and effectively treating cocaine dependence as well as cigarette smoking among pregnant women, and JOHN HUGHES (john.hughes@uvm.edu, 802-656-9610) in clinical, laboratory and epidemiology research on (a) gradual reduction with NRT as a method of smoking cessation and (b) understanding why smokers do not access free treatments for smoking cessation. Applicants must have completed doctoral training in psychology or a related discipline and be U.S. citizens or permanent residents. Salary is competitive commensurate with experience (PGY 1 to PGY 7) and supported by an NIDA/NIH Institutional Training Award. For more details on the positions please contact the investigators directly at the e-mail addresses/phone numbers shown above. To apply please forward a curriculum vitae, statement of research interests, and three letters of reference in c/o Ms. Diana Cain, University of Vermont, Dept. of Psychiatry, 38 Fletcher Place, Burlington, VT 05401-1419. The University of Vermont is an affirmative action and equal opportunity employer.

APF Award Nominations
The American Psychological Foundation seeks to support gifted and creative psychologists who work on some of society's most challenging issues. Some of these issues include forging understanding and seeking cures for serious mental illness; creating effective, healthy, and compassionate organizations for managers and employees; promoting innovation in community mental health that inspires the participation of the local community; and making the link between psychological and physical health. APF recognizes innovation at all career stages. To learn more about specific APF awards, including *APF Gold Medal Awards* and the *APF Charles L. Brewer Distinguished Teaching of Psychology Award, please visit: www.apa.org/apf/awards.html.* Both of these awards are given annually at the APA Convention. The deadline for 2006 nominations is December 1, 2005.

APA Expert Summit on Immigration
"Global Realities: Intersections and Transitions" will be held in San Antonio, Texas on February 2, 2006. Through his "focus on family" platform, APA President-Elect Dr. Gerry Koocher plans to spotlight three areas that span all of psychology's constituencies, one of which is: Diversity in Psychology: "Our society is becoming diverse in ways that couldn't have been imagined 20 years ago," says Koocher, noting that not only are minority populations growing, but so are transracial marriages and international adoptions. "Psychology has the potential to help to move America in greater acceptance of multiculturalism." Registration is available beginning 9/1/05 at www.Reisman-White.com. Earlybird Rate: $135 (before 12/15/05), Regular and On-Site Rate: $150 (on or after 12/15/05).

Harm Reduction Conference
The 1st National Harm Reduction Treatment Conference: Bringing us Together will be held May 5-6, 2006 at the University of Washington in Seattle, following the International Harm Reduction conference in Vancouver (May 1-4). The conference will highlight the development of clinical principles and techniques in substance abuse treatment by the major developers of harm reduction psychotherapy (e.g., Marlatt, Denning, Tatarsky, Rotgers, Little and others). Contact Michelle Garner at mdgarner@u.washington.edu for more information. Also visit: www.harmreductiontherapy.org

National Council for Problem Gambling Awards
The International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University was the recipient of the National Council for Problem Gambling (Washington, DC) 2005 Distinguished Program Award. Isabelle Lussier won the outstanding Master's Thesis Award and Laurie Dickson won the outstanding Doctoral Dissertation.

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