Contents

President's Column

Frederick Rotgers

As I sit down to write my second President's Column, I am peering out my window at several feet of snow that still remain on the ground after our regular pounding by mother nature here in the Northeast. Thank goodness for snow blowers!

Although we cannot control the weather, we can adapt to it and cope with whatever happens. We can also try to predict what will happen and what the next weather event will look like, but we find our predictions (and those of the National Weather Service) are frequently either incorrect or imprecise. Organizations are the same. We often cannot predict or directly control what happens to our organization when the world around us changes (at least as members, and sometimes as officers), but we can adapt what we do to cope with changing conditions. Recently, we underwent a name change from Division 50 (Addictions) to the newly minted Society of Addiction Psychology (SoAP). From this point, we now face the task of adapting our organization to several sets of changing conditions in the world of addiction psychology.

For our members who identify primarily as researchers, the uncertainty surrounding the proposed merger of the three behavioral health institutes of the National Institutes of Health (NIH) into a single unit, is one such condition that

Frederick Rotgers

we can both attempt to influence and develop strategies to help us cope with whatever happens. The SoAP can help by lending our voice to the discussions about how the new organization, which will control the livelihoods of so many of our members, will function. We need to know what you, the members, think about the proposed merger, and what impact you believe it will have on your day to day work. So, please let us know your opinion by sending me an e-mail. I will pass everything you say on to our members who are most directly involved in trying to shape this process.
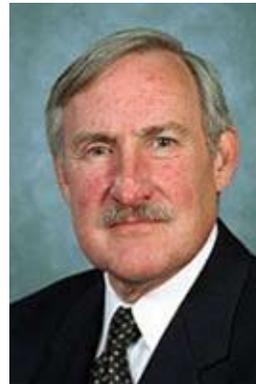
For our members who identify primarily as clinicians and healthcare providers, the uncertainty surrounding the implementation of President Obama's healthcare reform initiative is, perhaps, even greater. With Republicans in both houses of Congress girding for an attempt to repeal this initiative, it is clearly very difficult for practitioners to predict what the future will look like for them. Will Medicare remain the same and continue to reimburse for our services? What about Medicaid? How will private insurance plans react to the mandates contained in the healthcare reform legislation? We already see in news reports that some employers are reacting to the Mental Health and Substance Abuse parity legislation by dropping coverage in

President's Column

those areas, perhaps not unpredictable, as response to the parity mandate.

Finally, our members who are primarily working in academia increasingly face the possibility of budget cuts that reduce resources for the education and training of future generations of addictive behaviors professionals.

Confronting all of us are questions about such matters as how to best use technology in the service for both our members and our clients/research participants/students. Is there a way, for example, to provide excellent clinical services with complete confidentiality to persons concerned about their substance use solely via the Internet? Can new practitioners be effectively trained using distance learning technology? How can we use technological developments such as telehealth (Internet telephone and video conferencing), social networking websites, and other newly emerging technologies to bring high quality services to people in close geographic proximity who might not have them readily available?

All of these challenges (and I am certain there are many more that I have not mentioned—I would love to hear from you about those you face that I have not included!) require us as an organization to become nimble, to have a clear plan for how we want to move forward, and how best we can serve our members and our parent organization, the APA. Later this year, the Board of Directors will be holding a strategic planning retreat where we will attempt to lay out a plan for the upcoming years of the SoAP. The Board members have many ideas about what challenges need to be met, but we also need to hear from you—our members.

How can the SoAP better serve you? What role would you like the SoAP to play in your professional life? How can we make your membership more valuable and useful? What issues are emerging in your professional life that the SoAP might be able to address and have an impact upon? We need to hear from you! Please send me your thoughts about the broad-brush ideas I have mentioned in this column. By the way, I have a new e-mail address: psydoc1948@gmail.com. I hope that many of you will take a few minutes to send me your thoughts on the issues covered in this column. By doing so, you will directly help shape the course the SoAP will take in coming years. ψ

Editor's Corner

Melissa A. Lewis

We have a lot happening in this issue of *The Addictions Newsletter* (*TAN*)! Despite everyone juggling home, work, and the weather, I am happy to report that we have a very packed issue. First off, you will want to take note of our name change from Division 50 (Addictions) to the Society of Addiction Psychology (SoAP). And as a member of the newly minted SoAP, it is time to get to know your candidates for President-Elect and Member-at-Large. Please take the time to see who our candidates are and to read their statements.

Melissa A. Lewis

In the previous issue of *TAN*, I asked for article submissions relating to how social networking sites might be utilized in clinical and research settings. I am delighted to write that there are three very exciting articles on this topic in the current issue. Debra Kaysen, Kelly Cue Davis, and Jason Kilmer describe how social networking sites can be used to recruit hard to reach populations such as gay, lesbian, and bisexual young adult women. Another article, written by Dana Litt, presents research findings that suggest the more time spent using social networking sites is associated with a variety of alcohol-related risk cognitions in adolescents. Finally, Megan Moreno and Lauren Jelenchick discuss the roles of social networking sites and smartphones in Internet addiction. Also in this issue of *TAN* is an article by Elizabeth Melchor that focuses on studying substance use disorders in graduate school. Check out one or all of these interesting articles as you will not be disappointed! With several states having already banned or in the process of banning alcohol energy drinks, I would be interested in receiving articles relating to alcohol and energy drink use for the next issue of *TAN*. Of course, other topics are always welcome.

In the *Bridging the Gap* column, Nancy Piotrowski interviews Reid Hester, Michelle Drapkin, and Michael Brunner, three experienced trainers doing implementation work. Check out the column to read about the trainers' practical insights. Also insightful, is Matthew Worley's column, *Student and Trainee Perspectives*, in which he provides an initial orientation to the process of submitting an application for the National Institutes of Health pre-doctoral National Research Service Award.

And now, the much anticipated results of our cartoon caption contest! While there were several witty and hilarious entries for the contest, Jason Kilmer sent in the winning entry. Check out his winning caption on page 13. We have another cartoon caption contest in this issue of *TAN*. Please submit your original captions for the cartoon printed on page 23 to me at edtan@uw.edu. We will print the winning caption and the name of the winner in the Summer edition of *TAN*.

Thank you again to everyone for your submissions. If you would like to submit an idea for a new column, article, abstract, or announcement for the Summer edition of *TAN*, please send them to me at edtan@uw.edu by **June 1, 2011**. As always, I look forward to hearing from you! ψ

Announcing Candidates for SoAP Offices

William Zywiak, Krista Lisdahl Medina, and Tammy Chung
SoAP Nominations and Elections Committee

We are pleased to announce that Joseph Coyne and Sara Jo Nixon will be running for President-Elect. We are especially pleased to announce, that for the first time in many years, three candidates will be running for the Member-at-Large office: James Bray, Kimber Price, and Carmen Pulido. All five candidates are well qualified. Every year, one of three Member-at-Large offices is on the ballot. This election cycle is for the Member-at-Large who serves as a liaison to the APA Public Interest Directorate and works closely with the SoAP Advocacy and Policy Committee. Please review the candidates' statements and be sure to cast your ballot in May. Thank you to those who e-mailed their nominations regarding these five candidates as well as a special thanks to all the candidates for agreeing to volunteer their time and energy to promote the causes of the SoAP. We hope to see you in DC in August! ψ

Candidates for President-Elect

Joseph J. Coyne

It is my honor to be nominated for the office of President-Elect of the SoAP (Division 50). My thanks to those who have already encouraged my candidacy as well as those who will be willing to support it.
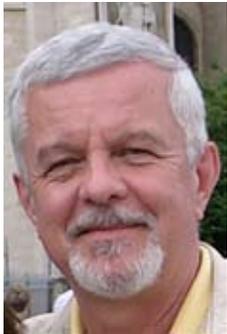
I began working in this field in the mid-1970s and became a Certified Alcoholism Counselor when the credential was first issued in New Jersey, prior to finishing my PhD at Fordham, where I am honored to be a "Distinguished Alumnus." I served for many years as a school psychologist and as an Internship Supervisor for Master's and Doctoral students in School Psychology for both Montclair State University and Fordham University.

I joined the faculty of St. Thomas Aquinas College in 1992 and I am currently Professor of Psychology and Immediate Past-Chair of the Division of Social Sciences. In addition, I am a Licensed Psychologist, a Licensed Clinical Alcoholism and Drug Abuse Counselor in New Jersey, and hold the Certificate of Proficiency from the APA. I maintain a private practice in northern New Jersey.

I have served as President of the New Jersey Association of Alcoholism and Drug Abuse Counselors and as a member of the Board of Directors of the National Association of Alcoholism and Drug Abuse Counselors. I am Immediate Past Secretary of the New Jersey Psychological Association (NJPA), Past Co-Chair of the Addictions Committee of NJPA, and have just been appointed Parliamentarian to the NJPA Executive Board.

In 1995, I was invited by President Clinton to participate in the "White House Conference on Youth, Violence, and Substance Abuse" as a representative.

President-Elect Warren Bickel has said he is deeply committed to doing something about the problem of addictions and I think this gave voice to why we are all members of the SoAP. I identify myself as a teacher of undergraduates and as a clinician, which is reflected in my following goals. First, we need to be as involved as possible in the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism merger process while maintaining our presence at the APA. Second, we need to monitor

Cartoon by Jessica A. Blayney
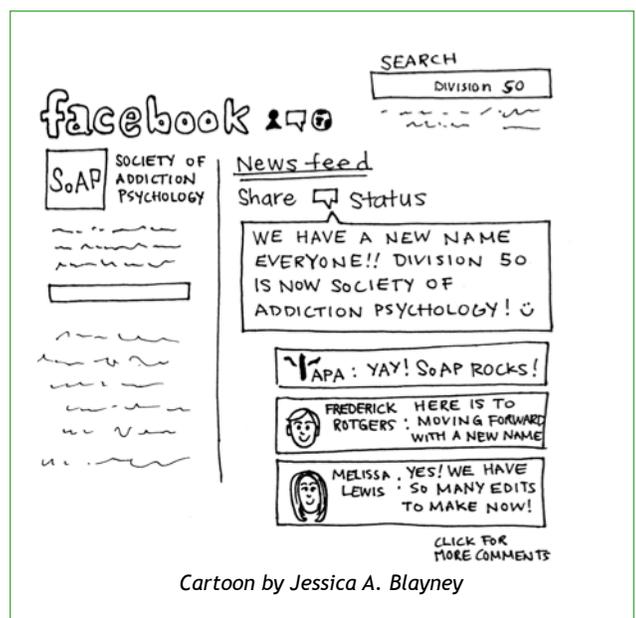
Candidates

healthcare reform and its impact on practitioners' reimbursements/services while continuing to support research into the nature of addiction. Third, the SoAP needs to become a resource for the curricular needs and teaching strategies used to inform our students, at both the undergraduate and graduate levels, about addictive behaviors and the interventions available. Fourth, following the call of several of our leaders, we must continue to craft our role as communicators of information across a wide variety of fronts, not the least of which concerns public education and our fellow (non-specialist) health practitioners. Finally, we must couple our roles as educators with our task as disseminators of knowledge to make involvement in the SoAP attractive to younger scientists and practitioners who represent the future of the profession.

Sara Jo Nixon

I am humbled and honored to be considered for the office of President-Elect of the SoAP (Division 50). The following is a brief review of experiences that I feel have prepared me for this role as well as an overview of my goals for the SoAP, should I be elected.

Administrative Experience

I joined the University of Florida (UF) in 2006 where I am currently Chief of Addiction Research and Director of the Neurocognitive Laboratory in the Department of Psychiatry. I also hold a joint appointment in the Department of Psychology. Additionally, I serve as Director of the Biobehavioral Core of UF's Clinical and Translational Science Institute, a core committed to increasing the inclusion of biobehavioral methods across clinical questions. Furthermore, I serve on the Institutional Review Board for the Health Sciences and on the Dean's Promotion and Tenure Committee. I am completing my service as the Immediate Past President of the Research Society on Alcoholism. I previously served as the SoAP's Member-at-Large (Science) from 2007–2009. While at the University of Kentucky (UK) in 2003–2006, I was Associate Director for Research Programs of the Center for the Advancement of Women's Health, directed the Neurocognitive Laboratory, served as the Chair of the Scientific Review Committee for the General Clinical Research Center (for the College of Medicine), and on the Promotion and Tenure Committee for the College of Arts and Sciences. Prior to my tenure at the UK, I served as Vice Chair for Research for the Department of Psychiatry and Behavioral Sciences at the University of Oklahoma (OU) Health Sciences Center, the Associate Director of the Oklahoma Center for Alcohol and Drug Related Studies, and the interim director for the National Institutes of Health (NIH) funded T32 program. One of the highlights of my time at OU was the development and implementation of a summer training program; the Oscar A. Parsons Summer Institute. This project, funded largely through efforts made through the state legislature, allowed national and international experts in addiction treatment to provide multi-day workshops to frontline treatment providers from across the state. Prior to initiating my postdoctoral training in addiction related issues (1987-1990), I served in administration at OU where I worked with women returning to school, special populations, and served as one of the primary liaisons for students who had allegedly violated the student code, often while under the influence of alcohol.

Research Experience

For over 20 years, my team and I have conducted programmatic work regarding addictions as well as other mental health concerns. By focusing on the cognitive, psychological, and social concomitants of substance use and misuse, we have applied tasks/protocols using neuropsychological, neurocognitive, and neurophysiological methods and explored a number of potential sources of individual differences. These differences include family history, race/ethnicity, age, comorbid psychiatric disorders (i.e., schizophrenia), drug of choice, and gender. While at OU, I worked with colleagues from OU, Colorado State University, and the University of Connecticut to initiate a research program directed at the perception of prevalence and community sensitivity regarding addiction among non-reservation American Indians. In the wake of the Oklahoma City bombing, I had the opportunity to collaborate with investigators from a variety of sites including Washington University, St. Louis, Stetson University, and the Gallup Organization to ascertain the mental health sequelae within general and at-risk populations. I was delighted when these efforts were recognized through the award of the Arnold and Bess Ungerman Endowed Chair, directed to outstanding clinical research efforts at both the local and national level. We are fortunate that our work has been supported through grants and awards from a variety of private, state and national sources including the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, the Department of Veterans Affairs (VA), Flight Attendant Medical Research Institute, as well as others. I regularly review for a number of journals; a partial list includes: *Addictive Behavior; Experimental and Clinical Psychopharmacology; Alcoholism: Clinical and Experimental Research; Psychological Bulletin; Neuropsychological Review; Psychopharmacology; and Psychiatric Research: Neuroimaging.* Finally, I have had the privilege of serving on editorial boards for several addiction-related journals. I have published 112 manuscripts and co-edited two books/monographs. I have been an active reviewer of training fellowships, research applications, career

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development awards, center and training grants, and clinical and translational science awards for NIH. I chaired the VA Merit Review Chair focusing on mental health and addiction and am currently serving on the VA Merit Review Eligibility Committee.

Goals

The next several years will constitute an important period for the addiction field. Thus, one of my primary goals, if elected, is to ensure that the SoAP has an effective and compelling voice. SoAP members have long recognized that our constituencies are professionally and practically intertwined. Unfortunately, this interconnectedness is not universally understood. To approach our mission(s) regarding prevention, intervention, initial and long-term recovery, we will need to develop a compelling argument regarding our healthy interdependence. Then, we will need to apply this argument when concerns arise regarding reimbursement limits, reductions in training slots/support, and across-the-board reductions at the NIH. The SoAP has the unique opportunity to be widely engaged and I think we should be. My other (not second) goal focuses on continuing to enhance mentoring efforts within the SoAP. The SoAP has already taken essential steps in this effort, particularly in regard to engagement at the annual meeting. Our leadership and senior membership should be applauded. This said, I would like to further enhance the experience of both "mentoring" and "menteeing." Regardless of our role, we are challenged by ambiguous or changing expectations, conflicting philosophies, and differences of opinion. While there is a wealth of information available, seldom is it distributed or discussed in such a way that it finds a wide audience. Thus, I propose that we work to identify barriers and actively reduce this information-to-implementation gap through appropriate efforts.

Candidates for Member-at-Large

James H. Bray

The Society of Addiction Psychology (SoAP) is at an important juncture and needs continued strong leadership to sustain its vitality and growth. As an active clinician, educator, researcher and advocate for psychology and a former APA President, I bring a unique perspective and can represent the multiple needs of the SoAP. To continue the growth of the SoAP, I believe that we need new input and ideas.

As a Board Member, I would focus on: (1) providing leadership to expand opportunities for all psychologists who work in addiction psychology; (2) providing leadership around new practice areas, such as primary care and screening, brief intervention and referral to treatment; (3) continuing and expanding the outstanding publications from the SoAP; (4) developing advocacy both within and outside of the SoAP and the APA for our expansion; and (5) expanding membership services for the changing needs of psychologists. I have extensive experience within the APA and can work effectively to represent the SoAP as Member-at-Large. I welcome this opportunity to serve you and the SoAP at this important point in our history. I appreciate your vote for Member-at-Large.

I am an Associate Professor of Family and Community Medicine and the Director of the Family Counseling Clinic at Baylor College of Medicine. I am active in the APA governance and service as 2009 APA President, Member of the APA Council representing Division 43 (2000-05), APA Board of Educational Affairs (1996-1998), Chair of the APA Committee on Rural Health, Committee for the Advancement of Professional Psychology Primary Care Task Force, 1995 President of Division 43, Member-at-Large of Division 29, Treasurer of Division 34, 37, 43, 46, 55; APA Fellow (5, 7, 12, 29, 31, 34, 37, 38, 42, 43, 46, 55), Federal Advocacy Coordinator for APA for the State of Texas, Divisions 12 and 43, Editorial Board Member of *Psychotherapy*, *Journal of Family Psychology*, and others. I am also an active substance abuse researcher with funding from the National Institutes of Health and the Substance Abuse and Mental Health Services Administration.

Kimber Price

My research over the past 10 years has centered on motivated behavior and drugs of abuse. I received my PhD in Neuroscience; my doctoral work focused on utilizing various compounds as pharmacological probes to elucidate the mechanisms of drug-motivated behaviors, and to establish their potential as therapeutic agents. While investigating the basic neurobehavioral underpinnings of addictions, I was exposed to clinical and translational research activities and became intrigued by the idea of augmenting my basic science skills with training in clinical research. With this in mind, I earned a Master of Science in Clinical Research, which afforded me the opportunity to gain exposure to clinical research design methodology and extensive statistical knowledge critical to the successful design and analysis of clinical studies. My postdoctoral training included

Candidates

clinical coursework and didactic training focused on regulatory and ethical considerations in the conduct of clinical research, clinical skills and diagnostic assessment. My background in preclinical behavioral neuroscience has contributed a unique approach to addiction research in a human behavioral laboratory setting. I am currently a Research Instructor in the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina and Co-Investigator on several National Institute on Drug Abuse-funded patient-oriented addiction research studies investigating factors contributing to drug dependence and relapse.

Thank you for the nomination of Member-at-Large, as it is an important position that entails thorough communication with the APA Public Interest Directorate and chairing the Advocacy and Policy Committee. The history of cultural opinions' effects on earlier policy, as well as the impact of current policy on today's society, highlights the importance of dissemination of knowledge across disciplines and to the public. With my experience in basic, clinical, and translational addiction research, I am in a unique position to facilitate interdisciplinary connections across the SoAP and represent myriad perspectives as liaison with the APA Public Interest Directorate. In addition, I offer a vested interest in policy-concerning decisions based on the evidence from basic and human laboratory research, as well as on clinical trials assessing efficacy of various prevention and treatment strategies.

Carmen Pulido

I completed my PhD at the San Diego State University and the University of California San Diego Joint Doctoral Program in Clinical Psychology. As the Principal Investigator of a National Institute on Alcohol Abuse and Alcoholism-funded neuroimaging study of adolescents with substance use disorders, one of my passions is to find new ways to help adolescents change substance use habits for healthier behaviors.

I enjoy teaching and I am currently supervising a group of ethnically diverse undergraduate students and volunteers in neuroimaging research methods. I am heavily involved in my community and contribute with presentations to parents and adolescents on topics to improve communication skills in order to reduce conflict and improve family dynamics. As a bilingual and the mother of a teenager, I value my community outreach, which includes presenting at local schools to Spanish-speaking parents and to bilingual adolescents attending local community substance treatments.

As a Member-at-Large, I would continue the work of the individuals who have been in this position before me. I would like to have this opportunity to represent the SoAP (Division 50) and support and encourage communication among our members in order to better serve their interest and needs. I also seek to serve as a bridge of information between the SoAP and those families struggling with addictions. I appreciate your consideration for this position and look forward to the opportunity of working together. ψ

Call for Awards Nominations

SoAP (Division 50) seeks nominations for its 2011 awards, which will be announced at the 2011 APA Annual Convention. Awards for 2011 include (a) Distinguished Scientific Early Career Contributions; (b) Distinguished Scientific Contributions; (c) Distinguished Contributions to Education and Training; and (d) Presidential Citation for Distinguished Service to SoAP.

Information on award qualifications and nominations can be found on the SoAP website at www.apa.org/about/division/div50.html. The deadline for receipt of all award nominations and relevant materials is **May 2, 2011**.

Nominations and related materials should be sent to the Fellows and Awards Committee at the following address:

Fellows and Awards Committee
c/o Sandra A. Brown, Chair
University of California, San Diego
Department of Psychology & Psychiatry
9500 Gilman Dr., MC0043
La Jolla, CA 92093-0043

New Member Spotlight: Mike Finn

Amee B. Patel

For this issue, we interviewed new member Mike Finn, a first-year clinical psychology graduate student working with Michael Nash at the University of Tennessee in Knoxville. He received his BA in 2009 from the University of Michigan with a double major in Psychology and Spanish Literature and Language. Mike also presented his poster "Personality traits and relapse rates: A survival analysis" at the National Institute on Drug Abuse/National Institute on Alcohol Abuse and Alcoholism Early Career Poster Session at the 2009 APA Annual Convention.

Mike Finn

What are your research interests?
I am interested in implicit mental activity, psychological distance in psychopathology, and also evolutionary psychology. Joining these interests together is the idea that much of what holds meaning for us is shaped by factors outside of our reflective awareness. Psychological distance is the sense of nearness or farness in mental representation–this may be disrupted in psychopathology, like addiction. Another potential research avenue for me would involve implicit cognition and motivation in relation to addictive behavior.

What do you hope to do after graduating?
I envision myself working for a university where I have the opportunity to do research and engage in clinical practice. I would value working somewhere that carries a productive open-mindedness toward ideas, methods, and theoretical orientations.

How did you get interested in addictions?
I found my first introduction to research through a longitudinal study of individuals with alcohol dependence as an undergraduate at the University of Michigan. I found both the research questions and working with the actual population fascinating, inspiring me to pursue a Senior Honors Thesis on personality predictors of relapse.

How did you hear about the SoAP (Division 50)?
Through my undergraduate advisor Elizabeth A. R. Robinson. She pointed me toward the SoAP as a good place for me to share my work and become a member.

What motivated you to join the SoAP?
I found the SoAP to be intellectually stimulating and very welcoming when I presented my work at the APA Annual Conference last year. I am interested in finding opportunities for engaging in multidisciplinary projects and discussions to develop my thinking and my work. Online seminars, topic-specific discussions, and contact with others interested in collaboration and critical discussion would be great. ψ

Federal Update

Kristen G. Anderson
Member-at-Large (Public Interest)
Chair, Advocacy and Policy
Committee

A number of national legislative items were put on hold in late 2010 due to the lame duck session of Congress and the change in House leadership. At present, many aspects of the healthcare reform are in flux. The House recently voted to repeal the *Patient Protection and Affordable Care Act of 2010*. While highly unlikely to succeed, this vote has reinvigorated national debate on health care reform, including numerous legal challenges to the law. The APA continues its dedication to protecting psychologists' roles in service provisions within the new

U.S. Capitol (Photo: Public Domain)

system and the protection of mental health and substance use treatment parity. To monitor progress on this issue, please visit www.apa.org/health-reform/.

The APA Public Interest Government Relations Office is working to educate the new members of Congress regarding the role of psychologists in public policy issues. Legislative priorities for this session include the reauthorization of the Substance Abuse and Mental Health Services Administration, the *Violence Against Women Act*, the *Older American Act*, the *Elementary and Secondary Education Act*, and the *Individuals with Disabilities Education Act*. For more information on current

Federal Update

legislative actions in these areas, please visit the APA-GRO website at www.apa.org/about/gr/pi/index.aspx.

As opportunities for advocacy arise regarding these priorities, we will let you know.

A continuing issue for addiction psychologists is the proposed reorganization of the National Institutes of Health (NIH). In November 2010, Francis Collins, the director of NIH, received a formal recommendation from the Scientific Management Review Board to integrate "substance use, abuse, and addiction research and related public health initiatives" under a single institute. While directly affecting the National Institutes of Alcohol Abuse and Alcoholism and Drug Abuse, attempts will be made to integrate related programs from across NIH into this new institute. The reorganization plan for the new institute is expected in Summer 2011. To see the director's comments, you can go to www.nih.gov/news/health/nov2010/od-18.htm.

The Advocacy and Policy Committee continues to develop our network of SoAP (Division 50) members interested in advocacy issues. Traffic on the network has been light with the break in legislative activities, but we anticipate opportunities to get involved in the coming months. If you are interested in joining our network, please contact me at Kristen.Anderson@reed.edu. Ψ

Report on the February 2011 Meeting of the APA Council of Representatives

Jalie A. Tucker and Raymond F. Hanbury
SoAP (Division 50) Representatives

The Council of Representatives met on February 17th–20th in Washington, DC, for the first of two Annual meetings. The meeting was chaired by APA President Melba Vasquez. Items of interest to the SoAP are summarized below.

Presidential Reports: President Vasquez summarized her six presidential initiatives, which included three task forces, developing practice guidelines for telepsychology/teletherapy, and documenting and publicizing the robust evidence-base on psychotherapy and its effectiveness. Past-President Carol Goodheart reported on her initiatives, which included the development of a now operational APA website for practitioners (psyclink.apa.org) and completion of a task force report on caregivers.

CEO Norman Anderson's Report: He presented an update on implementation of APA's first ever Strategic Plan.

Financial Affairs: CFO Archie Turner and Treasurer Bonnie Markham reported that APA's finances are in good shape with a modest positive balance, despite broader negative market conditions.

Publications and Databases: Revenues from print products continue to decline, and licensing revenues from electronic products are flattening after years of growth that had offset declining print product revenues. APA Publisher Gary VandenBos received approval to fund an investment plan to create and market innovative electronic products to psychologists, other professionals, and the public in order to expand revenues from this sector, which is APA's main revenue stream.

Membership Dues: In previous Council action in 2010, APA annual dues were to have held steady at $287 through 2013. In the interim, the APA Membership committee developed a comprehensive proposal to eliminate all dues reductions now in place for certain groups and to lower everyone's dues to $247. Council approved the decrease for all APA members. Details about dues for psychologists who are members of APA and the Canadian Psychological Association remain to be addressed. The dues for older members who have attained life status will remain unchanged.

APA Practice Organization: Executive Director Katherine Nordel gave Council an update on the APAPO, the 501.C.6 organization established to advance the interests of practicing psychologists. The organization monitors and selectively addresses legal, regulatory, and financial developments in the health care market that affect psychologists; provides practice development and management tools; and offers online learning.

Good Governance Project: Past-President Goodheart initiated this project, which is ongoing under the leadership of former APA Board of Directors members Sandra Shullman and Ron Rozensky. The project team invites broad input from stakeholders and seeks to learn about best practices in governance of professional associations, determine APA's needs, and make recommendations for change, taking into account APA's new strategic plan.

Guidelines, Resolutions, and Task Force Initiatives: Council approved guidelines for the evaluation of dementia and age-related cognitive change; guidelines for psychological practice with lesbian, gay, and bisexual clients; revised guidelines for psychological evaluations in child protection matters; and revised guidelines for psychological practice in health care delivery systems. Council approved a resolution affirming research on global climate change and psychologists' role in conducting research and educating the public about climate change. Council approved funding for the telepsychology/teletherapy task force. Ψ

Bridging the Gap

In the Trenches With Trainers

Nancy A. Piotrowski

Experienced clinical trainers fulfill a vital link in spanning the gap between clinical research and practice excellence. This column features practical insights from three experienced trainers doing implementation work. The first trainer is Reid K. Hester (RKH), Director of the Research Division of Behavior Therapy Associates in Albuquerque, New Mexico. The second trainer is Michelle L. Drapkin (MLD), Assistant Professor in Psychology at the University of Pennsylvania and the Philadelphia Department of Veterans Affairs (VA). And last, we have Michael D. Brunner (MDB) from the Fountain Centers in Albert Lea, Minnesota. Each offers valuable information on the challenges that trainers face, as well as forward-thinking directions on solutions to these challenges.

Reid K. Hester

NAP: *What is the focus of your work in addictions training related to evidence-based practices (EBP)?*

RKH: Motivational interviewing, community reinforcement approach, and the Drinker's Check Up program. I am also training on web applications of EBPs.

MLD: Telephone monitoring for continuing care, motivational interviewing, and some work on interventions related to post-traumatic stress disorder.

MDB: Common factors associated with change such the therapeutic relationship, client-counselor alliance, counselor factors such as empathy. I also have instructed our staff in motivational interviewing, cognitive-behavioral approaches, relapse prevention, and concepts from the Matrix model.

NAP: *Who are the clinicians you train?*

RKH: It varies widely. We have some who are highly experienced and have wonderful empathic skills and then others who only meet the very basic training requirements for the work involved. There is also a vast spectrum of readiness to learn.

MLD: I work with paraprofessionals, graduate students, and trainees all the way to PhD.

MDB: Virtually all of the counselors have a BA per current state law, and all have requisite credits in alcohol and drug counseling for licensing in Minnesota. Some staff only have high school degrees due to grandfathered clauses in licensing laws from years ago. A few of the supervisory staff either have or are pursuing their master's degrees. Some of the trainees are 70+ years old.

NAP: *What practical applications challenges you have encountered as a trainer?*

Michelle L. Drapkin

RKH: The turnover rate of counselors is approximately 50%. So, you can get counselors up to speed on an intervention and certified and then they are gone. This creates frustration for people who run programs. They face ongoing expense related to training. Additionally, many trainees come with minimal or poor training background to start. They also have significant caseloads, are poorly paid, and so to ask them to do more is very burdensome. Anything that can help us get better retention for the counselors would help.

MDB: I have an existing programming with staff set in their ways. Implementing evidence-based methods under these circumstances is analogous to what you see in one of those old western movies when a horseback rider pulls up alongside a fast-moving train and jumps from the horse to the train. It looks a lot easier than it is. In practice, what we do is introduce the method, for example motivational interviewing, and familiarize staff with the concepts. Then we practice the methods. This gets staff onto their horses and moving in the right direction so that when we ask them to make that leap they have a sense of how to do it and what to expect. The other challenge associated with this process is that EBPs can be unwieldy. When a counselor embraces the idea of the EBP, I expect them to take the critical concepts with them, not the whole package. The rest can come as the counselor acquires greater familiarity and confidence with the concepts.

MLD: Trainees at the doctoral level seem to be more flexible and more open to the EBPs. Buy in seems easier with them. With others, it is more fleeting. I think this is partly because those who have less training are very busy, have to remember how to do the treatment and to actually do it, and sometimes have harder habits to break.

NAP: *It sounds like you have to do motivational interviewing work with the trainees.*

MLD: Yes. Additionally, in the VA, roll-outs of new methods are very structured. So with motivational interviewing, we have training, follow up coaching, and opportunities to listen

Bridging the Gap

to taped sessions. But it is difficult to get trainees to send in tapes. There are few carrots or sticks to make that happen—incentives would be helpful. It is also helpful to keep trainees mindful of the importance of doing tapes. Even with trainees who do not send tapes, calling them to ask and remind them puts the method and task on their mind. We have even used a contract, where they signed that they would do it, to increase commitment. There was no punishment attached, just commitment, and I think that helps. Also, all along the way we have to reduce anxiety related to taping to get better compliance with this piece of training.
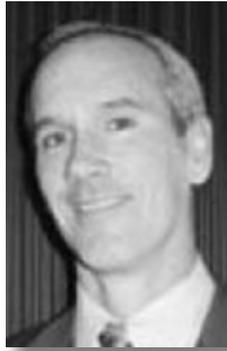
NAP: *I wonder if part of the challenge for non-doctoral trainees may be that they have not been through these kinds of training methods before.*

MLD: I think that is a good possibility. Even with training staff, we have to work on compliance; it is essential to get feedback; it is part of learning process for everyone.

NAP: *Do you have any useful tips on resources related to this work – things you would recommend to others, or things you wish you had?*

RKH: I recommend the book *Diffusion of Innovation* by Everett M. Rogers (2003). It is a great read related to implementation that every graduate student would benefit from reading.

MDB: I work in a rural area as the sole psychologist on the staff. This means I have few other resources or contacts. Thus, I must make decisions about which approaches would be best suited for our patients. Along these lines, I rely heavily on resources from federal sources such as the Substance Abuse and Mental Health Services Administration and the National

Institute on Drug Abuse to inform me about best practices.

MLD: I would like to see a list of what works according to more rigorous standards.

NAP: *Soon the SoAP (Division 50) will have a description of treatments meeting the Chambless et al. (1998) criteria on the Division 12 website and linked to the SoAP site.*

Michael D. Brunner

MLD: Clinicians need to know contingency contracting, motivational enhancement therapy, cognitive behavioral therapy, relapse prevention, and to be able to support 12-step approaches. These are all things being implemented in the VA. This creates an environment where individuals who are amenable to learning EBPs are going to be the ones who get hired. I think it would be nice if there were some kind of bonus offered to clinicians for staying longer – to know ahead of time that if they commit and stay after training, there will be a bonus. When we weigh things like this against the cost of saving a person even one day in a hospital setting, it is worth it.

NAP: *What things do you wish you had more of to help you train?*

RKH: I would like to see some effort to integrate online and software-based intervention tools into treatment. Protocols applied onsite through clinicians may experience a lot of drift, which affects efficacy. With protocols that are more structured and deliverable in online and software based formats, there is less drift and these might be more easily integrated as adjuncts to what is already offered. Along these lines, I also think we need to be investigating more direct outreach to the public on the web. As one example, with the Drinker's Check up, we have screened approximately 50,000 people in nine years. The interest is out there.

MDB: As the trainer I have to be adept at learning about EBPs that research says works and translate it into a language that is understandable to counselors. By understanding, I mean not only do counselors have to comprehend in the cognitive sense, but they also have to embrace the ideas at an emotional level too. As the trainer, I have to line up the EBP and the rationale for it, lay it out there, and get staff to buy in and, eventually, accept it as their own. I would like to see psychologists formally trained on these skills in our training programs, because I think it is central to the task of implementing many changes organizationally.

NAP: *Anything else you might like to share on how we can better bridge the gap, from the trainer perspective?*

MLD: We need to work with administration within organizations. They can get so excited about EBPs, but sometimes plans are not realistic for actually distributing it. Simple issues like space and employee time can become stumbling blocks. For example, if we were to do a training using prolonged exposure that required a 90-minute work space, do we have rooms to do actual clinical delivery in that amount of time, and training? Or another example–if we are doing an intervention and training requiring taped sessions, can we afford tapes and tape recorders? The systems need to be more open to these kinds of investments and changes. Often they are on board on the front end, but then need to be reminded on these kinds of items. Having signed contracts on commitment to implementation can be a real help. Finally, I want to see manuals that a real clinical can use. Manuals being developed really need to be designed so that the work can be done as written.

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The 2011 APA Convention in Washington, DC: Change and Innovation in Addictions Treatment, Research, and Policy

Jen Read and Amy Rubin
2011 APA Convention Program Co-Chairs

Get ready! The 2011 APA Convention will be held in Washington D.C. from August 4th–7th. We've got a fantastic program scheduled for this year, featuring SoAP (Division 50)-sponsored symposia and poster presentations that will be of broad interest to SoAP clinicians, policy makers, research scientists, and students. A diverse range of addictive behaviors will be covered, including alcohol, marijuana, nicotine and other drug problems, as well as disordered gambling and eating behaviors. Research and clinical presentations of relevance to populations across the lifespan and across cultures are well represented, including a special poster session dedicated to issues pertaining to addictive behaviors in adolescents and young adults.

The SoAP (Division 50) has collaborated closely with Division 28 (Psychopharmacology and Substance Abuse) to sponsor and/or co-sponsor a total of 14 symposia and 3 poster sessions, all on cutting-edge developments in basic and applied research as well as on clinical issues. One thematic thread that runs through this year's program is that of change and innovation. That is, as the addictions field advances, so too do the needs for treatment, research, and policy. Accordingly, in this year's program timely issues such as the implications of health care reform for addictions treatment, and diagnosis under the framework of the *DSM-V* will be featured topics in SoAP-sponsored symposia. Further, as research, prevention, and treatment approaches for addictive behaviors increasingly rely on the Internet and other innovative technologies, many of our presentations will be oriented around these approaches. Examples include the utilization of personal digital assistants to understand cognitive processes underlying substance use, electronic medical records, mobile interventions for addictive behaviors, and "Avatar-Based Recovery." Details regarding the location and time for these and other symposia will be published in the Summer issue of *TAN* and in the Convention Program.

Jefferson Memorial (Photo: Public Domain)

As in previous years, the SoAP and Division 28, with generous support from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA), will co-sponsor an Early Career Social Hour and Poster Session, during which early career members will have the opportunity to present their work and meet other SoAP members. The SoAP is proud to support student and early career investigators.

Our division is fortunate to receive substantial federal funding for invited speakers and travel awards from NIAAA and NIDA. The mission of the National Institutes of Health (NIH), such as NIDA and NIAAA, is to support the scientific research necessary to alleviate drug and alcohol abuse, dependence and related medical and public health problems. Many resources (e.g., assessments, prevention and treatment interventions) for substance abuse have been developed by or with the support of NIDA and NIAAA and are used by practitioners in a wide range of settings. With this in mind, the SoAP and Division 28 have collaborated with NIAAA and NIDA to cosponsor two workshops: *"Helping Patients Who Drink Too Much—Using the NIAAA Clinician's Guide,"* and our *"Grant Writing Workshop."* We anticipate these workshops will be of significant interest to SoAP members, so please pre-register by e-mailing division50apa@gmail.com. In addition, NIAAA will once again co-sponsor several SoAP special events that focus on understanding the role of self-regulation in addictive behaviors. These events emphasize both SoAP's and NIAAA's interest in promoting the exchange between the clinical practice and research communities.

This year we are especially pleased to offer a Practitioners' Town Hall meeting. The goal of this event is to provide a forum for clinical, educational, policy and other practitioners who use NIDA's and NIAAA's research findings to communicate their needs to NIH staff members from the two Institutes. This might include a need for epidemiologic information, therapy approaches and techniques, academic course material, information about substance use consequences, assessment instruments, training standards, etc.

Practitioners, rather than researchers or grantees, are the target audience for this event but of course the Town Hall meeting is open to all convention attendees. This might include clinical psychologists, human resources and workplace psychologists, educational and assessment psychologists,

2011 APA Convention

prevention and resilience program developers and implementers, policy makers, pharmacologists, teachers, supervisors, those who work in primary care settings, psychologists who work with special populations or on special issues, ethicists, organizational and industrial consultants, counselors, military psychologists, forensic psychologists, etc.

In addition to voicing questions at the event itself, practitioners also will have the opportunity to send in issues and/or questions in advance. This will allow members of the audience to have the opportunity to anonymously voice their needs and concerns.

This event will be held on Friday, August 5th. Details about the specific time and location will be posted in your Convention Program and also will be noted in the Summer issue of *TAN*. We look forward to seeing you there!

In addition to the Annual Convention, Washington, DC, boasts a huge number of attractions, including cultural and historical landmarks, and myriad forms of family entertainment. These include the world famous Smithsonian Museums; Botanic Gardens; National Cathedral; the Holocaust Museum; Capitol Hill; the National Zoo; Georgetown shopping and dining; the historic C&O Canal in Georgetown or tackling the scenic Mount Vernon trail, which begins just across the Potomac River near Arlington Cemetery; and going to theater/music performances (buy half-price same-day theater tickets at Ticket Place at 407 7th Street).

Last but certainly not least, we would like to thank members of the Program Committee whose expedient and thoughtful reviews provided important guidance in making difficult decisions as we developed this outstanding program. Committee Members include Nancy Barnett, Christopher Barrick, Clara Bradizza, Scott Coffey, Suzanne Colby, Lorraine Collins, Gerard Connors, Rina Eiden, Kerry Grohman, Denise Hein, David Hodgins, Greg Homish, Rebecca Houston, John Hustad, Kristina Jackson, Joseph LaBrie, Carl Lejuez, Steve Maisto, Sherry McKee, Matt Martens, Paige Ouimette, Damaris Rohsenow, Amy Rubin, Julie Schumacher, Jeff Simons, Paul Stasiewicz, Matthew Tull, Tamara Wall, and Ken Weingardt. Assistants to the Program Chair include Rachel Bachrach, Jeff Wardell, and Leah Vermont. As always, we would like to offer a huge thank you to Jennifer Buckman for her behind the scenes contributions to make it all happen.

Please look for additional information on upcoming events in the Summer issue of *TAN*. ψ

Student and Trainee Perspectives

Matthew Worley

While many graduate students may not consider obtaining independent funding until after obtaining their degree, there are several good reasons for searching and applying for student-focused funding opportunities. Student grants can provide funding for dissertation research and money for travel and other resources, and may enhance one's appeal for future job opportunities. In addition, the process of creating and submitting the application provides valuable grant writing experience, especially for those interested in pursuing a research career.

This article is intended to provide an initial orientation to the process of submitting an application for one relatively popular funding opportunity, the National Institutes of Health (NIH) pre-doctoral National Research Service Award (NRSA), also commonly referred to as an F31. I hope to assist students who could be interested in submitting an NRSA application, but who are currently unaware of the requirements and expectations. I will also provide a few helpful hints, based mostly on advice I received from faculty members and advanced students while completing my own NRSA application last year. While the application as a whole was intimidating at first, I found it very helpful to break it down into smaller components, and to frequently consult with others who had previously completed the process.

Purpose/Scope of the Fellowship
As stated in the current NRSA program announcement (see resource list below), the fellowship is designed to provide support for dissertation research and training to promising doctoral candidates in a field of study relevant to the mission of participating NIH institutes and centers. Participating institutes are listed in the program announcement and currently include the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute on Mental Health. Once an applicant has a general idea of their proposed research aims, a phone call to staff members at the relevant institute may be helpful, to ensure that the research fits within the institute's mission and interest.

Timeline
Deadlines for the NRSA applications currently occur three times per year (April, August, and December). Students should start developing their research plan and training goals several months ahead of the due date. The process of writing the documents is lengthy, and ideally your mentors will have time to provide feedback in one or more rounds of revisions before submission of the final product.

Key Components
Some of the individual components of the application, along with current maximum page lengths, include:

- *Specific Aims (1 page):* The applicant succinctly describes the rationale and goals of the proposed research (similar to an abstract), and states their hypotheses for the proposed study.
- *Research strategy (6 pages):* Comprised of two sections, Significance and Approach. By reviewing relevant literature, the applicant uses the Significance section to describe the scope of the problem and develop a rationale for the proposed aims and their hypotheses. The Approach section is used to describe the research design and methods including recruitment, participants, measures, and data analysis.
- *Sponsor information (6 pages):* The applicant's mentor provides information regarding their own current grant support, former students, and current trainees. The bulk of the section is used to describe training activities that are tailored specifically to meet the applicant's training goals, explain the overall training environment, and to provide a description of the applicant's current qualifications and potential for a research career. Ideally, the training activities discussed here link directly to the research aims and the applicant's training goals.
- *Goals for Fellowship Training and Career (1 page):* The applicant lists specific goals for their training and describes how these short-term training goals propel them further towards their long-term career goals.
- *Activities Planned Under This Award (1 page): The* applicant lays out an annual timeline of specific activities planned within each relevant category (e.g., coursework, research, clinical practicum), including estimates of the percentage of time devoted to each of these activities.

Additional components of the application include but aren't limited to: letters of reference, description of prior research experience, and biosketches for the applicant and sponsor. The downloadable NIH guide for fellowship applications (see resource list below) covers all of the necessary components and is a good resource for getting started. Prior to starting any grant submission it is crucial to get the most up to date instructions and forms. Finally, remember that the NRSA is only one of many opportunities to seek dissertation funding or funding for other research.

Additional Resources
Search for active NIH funding opportunities, including the NRSA:
http://grants2.nih.gov/grants/guide/index.html

Current NIH program announcement for pre-doctoral NRSA:
http://grants.nih.gov/grants/guide/pa-files/PA-10-108.html

National Institute on Drug Abuse Information on pre-doctoral research training grants:
www.drugabuse.gov/ResearchTraining/Predocfaqs.html

NIH Guide for completing the application:
http://grants.nih.gov/grants/funding/424/index.htm#inst ψ

Caption Contest Results

Contest Entries
- "Tired of the professor's constant waste of paper by refusing to go to online consent forms, the papers phoned in a favor to a few friends and took things into their own hands."
- "Melissa Lewis was unprepared for all the contributions to *TAN* she received."
- "I don't know what's going on here, but I did stay at a Holiday Inn Express last night."
- "Lady GaGa's newest outfit was particularly hard to dance in."
- "Mark Zuckerberg worked hard to write letters to keep in touch with friends...5 minutes before coming up with the idea for Facebook."

Winner
The winning cartoon caption came from **Jason Kilmer**, Research Assistant Professor (Department of Psychiatry and Behavioral Sciences) and Assistant Director of Health and Wellness (Division of Student Life) at the University of Washington. When he is not writing humorous cartoon captions, Jason spends his time conducting research on brief interventions with college students related to alcohol and other drug use. He is also involved in implementation and delivery of empirically supported approaches on the University of Washington campus. See his winning caption below!

"Mark Zuckerberg worked hard to write letters to keep in touch with friends...5 minutes before coming up with the idea for Facebook." Cartoon by Jessica A. Blayney

Use of Social Networking Sites to Sample Lesbian and Bisexual Women

Debra Kaysen, Kelly Cue Davis, and Jason Kilmer
University of Washington

One of the major challenges in assessing small or "hidden" populations lies in recruitment. Investigators aim to recruit samples that are of adequate size and that are relatively unbiased, yet common methodological strategies come with strings attached. For example, much of the research conducted to date with lesbian and bisexual women has been hampered by difficulties with sampling related to particular settings or contexts that result in limited generalizability. Studies frequently recruit from community settings such as sexual minority-oriented community events, organizations, and gathering places (Israelstam & Lambert, 1986; Rothblum, 2007). This tends to oversample individuals who are more engaged in the gay, lesbian, and bisexual community (Meyer & Wilson, 2009). Studies of bisexuals have been especially problematic as these individuals may be less likely to be involved in gay and lesbian organizations and have traditionally been underrepresented in these community samples (Rothblum, 2010; Rust, 2003). Increasingly, large probability studies are assessing aspects of sexual orientation such as same-sex sexual behavior or sexual identification. This has greatly added to our base of knowledge regarding the experiences and health of sexual minorities. However, these studies are often hampered by inadequate measures of sexual orientation, behavior, and identification (Cochran, Ackerman, Mays, & Ross, 2004; Gilman et al., 2001; Malterud et al., 2009). Moreover, despite their overall large sample sizes, the samples of sexual minority individuals still tend to be relatively small, which then limits within group or subgroup analyses (Cochran, Sullivan, & Mays, 2003; Meyer & Wilson, 2009).

A growing body of literature has begun to use the Internet to recruit gay, lesbian, bisexual, and transgender (GLBT) samples (Alessi & Martin, 2010; Balsam, Lehavot, Beadnell, & Circo, 2010; Mustanski, 2001; Raymond et al., 2010; Ross, Tikkanen, & Mansson, 2000; Rosser et al., 2008; Szymanski & Carr, 2008). These studies utilize a variety of strategies to recruit including e-mailing GLBT listservs, recruiting from GLBT organization websites, and advertising through online classifieds or GLBT frequented discussion boards. Although these methods all yield convenience samples, they do appear to compare well to national or random samples of gay, lesbian, and bisexual (GLB) individuals in terms of demographics and drinking behaviors and provide a higher response rate than U.S. mail methodologies (Gosling, Vazire, Srivastava, & John, 2004; Koch & Emrey, 2001).

The Women's Health Update Project (WHUP; Principal Investigator Debra Kaysen) is a National Institute on Alcohol Abuse and Alcoholism-funded study evaluating models of drinking behavior among emerging adult lesbian and bisexual women that uses the social networking site Facebook to deliver targeted advertising for GLBT recruitment. Recruitment advertisements utilize site profile data to identify women who (a) live in the United States, (b) are between the ages of 18 and 25, (c) and are interested in relationships with women. We were interested in seeing whether this method of recruitment would yield wide geographic representation by including more women in less urban settings, recruit more bisexuals, and those who are less involved in the GLBT community.

Advertisements used included ones that specifically mention that the study is focused on lesbian and bisexual women, ones that emphasize that this is a study of women's health (see sample advertisement following this paragraph), and those that mention it is a study of women's social relationships. Surprisingly, we found that an advertisement that works one week may not yield the same response rate the next. Thus, varying the wording of the advertisements has increased our rates of return overall.

Thus far, advertisements have been clicked on by 3,873 people, which has resulted in 1,605 women who completed the screening for our study. Of those completing the screening, 531 lesbian and bisexual women met our inclusion criteria and have completed our baseline survey (59.0% of the target sample of 900). Of the current sample, 58.9% self-identify as bisexual and 41.1% as lesbian. Women have been recruited from all regions of the United States, with somewhat less representation from the east south central region (4.5%) and more representation from the east north central region (17.7%). Twenty seven percent are from large urban areas, 25.0% from medium sized cities, 31.0% from smaller cities and towns, 10.0% from suburban areas, and 7.0% from rural areas. Although a substantial portion of the sample reported being enrolled in four year colleges and universities (38.4%), we have also been able to recruit non-students (32.8%), and students in community colleges or vocational schools (28.0%). The sample also endorses a significant degree of stressors (e.g., 19.0% have been homeless, 23.7% have been unemployed in the past year and 29.0% have no health insurance).

One of the challenges of using Facebook advertisements are word restrictions that limit how much information investigators can give participants through the title and body of advertisements alone. In response to this, our advertisements direct participants to a project website and the screening survey for more information about the study. Another challenge with using Facebook is deciding how much to pay for advertising. Facebook

advertisements are based on a pay-per-click basis. We have found that the optimal cost-per-click varies quite a bit according to the desired sample. In the present study, setting the threshold at $1.30 per click appears to yield a relatively high rate of responses and averages out to cost the project $0.80 per response. Additionally, there are concerns about false responses or people taking the survey more than once. At the present time, we have identified only 6 individuals who attempted to take the survey twice and in response, we have eliminated their data. These individuals were identified by cross-referencing phone numbers, date of birth, and mailing addresses. Strategies we have used to reduce "professional survey takers" include having the initial screening survey be unpaid and including a number of filler questions in order to mask the study's eligibility criteria. Only individuals who meet the eligibility criteria are paid for participating in the baseline survey. We also carefully monitor screening and baseline response rates to look for large influxes of respondents as large influxes of respondents can indicate that the survey link has been passed on to professional survey takers who have ascertained the study eligibility criteria.

During the past year, we laid the foundation for data collection and have recruited more than half our sample. In the process, we refined the use of social networking sites for recruitment of a hard to reach population. The Internet is increasingly being used for the delivery of health and risk behavior information due to cost-effectiveness, opportunities to personalize information, and accessibility to and for intervention recipients. For substance use interventions, this may be especially useful given issues about stigma or access to care, especially for more marginalized populations like GLB individuals (Dillworth, Kaysen, Montoya, & Larimer, 2009).

In the current study, social networking sites on the Internet are being used for project recruitment in an effort to overcome many of the recruitment challenges discussed. Although recruitment is ongoing, this strategy has already resulted in a large sample with geographic diversity, a breadth of student and work status representation, and greater inclusion of women who identify as bisexual. Recruitment results from this study may ultimately help inform other researchers on the validity of using social networking sites to recruit more representative small or hidden populations.

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Social Networking Sites and Adolescent Alcohol Use: A Preliminary Study

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In recent years, one type of media that has grown rapidly in popularity is that of social networking sites on the Internet. Social networking websites, such as Facebook and MySpace, are member-based Internet communities that allow users to post profile information, such as demographics, interests, and photographs. These sites also allow members to communicate with others in innovative ways such as sending public and/or private online messages as well as allow them to share photos online. Recent reports on the prevalence of online activities indicate that the majority of U.S. adolescents and young adults utilize social networking sites and that the number of memberships increases with age (Corbett, 2010; Lenhart & Madden, 2007). For instance, a nationally representative survey of U.S. youth by the Pew Internet and American Life Project found that 41% of 12- and 13-year-olds and 61% of 14- to 17-year-olds are using social networking sites (Lenhart & Madden, 2007). Of the current social networking sites available, the most popular is Facebook (Corbett, 2010). Currently, there are more than 500 million active users worldwide, and of these members, the fastest growing segment of users are adolescents ages 12 through 17, with a 149% increase in new members among this age group over the past two years (Corbett, 2010). Despite growing evidence that social networking sites are playing an increasingly large role in adolescents' lives, less is known about the possible consequences of such use.

Internet use is a pervasive presence in the lives of U.S. adolescents (e.g., Corbett, 2010; Lenhart & Madden, 2007) and online interactions may influence behavior through exposure to peer risk behaviors. Moreover, online social networking sites may provide avenues through which adolescents can determine how normative and acceptable certain risk behaviors are. An analysis of public content displayed on MySpace, a popular social networking site, found that 41% of 18-year-olds had profiles that contained references to alcohol (Moreno, Parks, Zimmerman, Brito, & Christakis, 2009). It has yet to be determined if mere exposure to alcohol-related content via social networking sites can influence an adolescents' perceptions of whether or not their peers engage in alcohol use as well as other alcohol-related risk cognitions.

The data for the current study were collected as part of an experimental study that examined the role of descriptive norms, as portrayed via a popular social networking site, on alcohol-related risks cognitions (Litt & Stock, 2011). Because of the experimental nature of the data set, the present analyses controlled for experimental condition.

One hundred and ninety seven participants completed the study (47% males). The average age of participants was 14.5 years (*SD* = .77). Of these participants, 73% reported ever drinking alcohol. Eighty-eight percent reported that they had a current Facebook account and the modal response for time spent on Facebook was at least one hour per day. In addition, participants reported, on average, that 18% of their friends' Facebook profiles explicitly discussed or showed images of alcohol use.

Participants completed measures that assessed a series of risk cognitions that have been shown to predict alcohol use in adolescents, including willingness to use alcohol perceived favorability of the typical person their age and gender who uses alcohol, attitudes toward alcohol use, and perceptions of alcohol use among peers (Gerrard, Gibbons, Houlihan, Stock, & Pomery, 2008). In addition, participants were asked to report on their own alcohol use (frequency and quantity) within the past 6 months. In addition, participants reported on their own Facebook behavior, specifically how much time per day (on average, over the past 3 months) they spend on Facebook and how many of their friends' profiles contain references and/or images of alcohol.

In order to determine whether the amount of time an adolescent spends on Facebook independently predicts alcohol-related cognitions and behavior, a series of hierarchical regressions were conducted. Results indicated that greater time on Facebook (controlling for experimental condition, age, and gender) predicted past alcohol use (ß = .16, *t* = 2.17, *p* < .05, *d* = .38). In other words, greater time spent on Facebook predicted greater likelihood of using alcohol in the past 6 months. Results also indicated that time spent on Facebook, controlling for condition, age, gender, and past alcohol use, also significantly predicted normative perceptions of student alcohol use (ß = .16, *t* = 2.25, *p* < .05, *d* = .40) such that spending more time on Facebook predicted perceiving that a greater number of their peers used alcohol. Time spent on Facebook also predicted more favorable images of typical alcohol users (ß = .13, *t* = 1.97, *p* < .05, *d* = .35), as well as more positive attitudes toward alcohol use (ß = .12, *t* = 1.98, *p* < .05, *d* = .32).

The present study indicates that greater time spent using social networking sites, such as Facebook, was associated with a variety of alcohol-related risk cognitions in adolescents. As adolescent use of social networking sites continues to rise, it is imperative that research focuses on potential negative consequences tied to the use of such sites. The results of the present study provide further evidence for the notion that adolescents are spending increasing amounts of time on social networking sites (Corbett, 2010) and

that social networking site profiles often contain references to substance use (Moreno et al., 2009). Specifically, we found that adolescents ages 13 to 15 report that they spend at least 1 hour per day on social networking sites, and that nearly 20% of the social networking profiles they regularly view contain references to alcohol use. This is an important contribution to the literature as it shows that there are potential alcohol-related risk cognitions related to the increased use of social networking sites. These results point to a need for more research to examine the mechanisms through which Facebook use may influence alcohol-related risk cognitions as well as research that can determine causal pathways.

Although the present study is a good first step in documenting the potential relationship between social networking sites and alcohol use in adolescents, there are several limitations. First, the study sample was fairly homogenous. Future research should focus on obtaining a nationally representative sample in which to test these associations. Additionally, although Facebook is the most commonly used site, it is possible that other social networking sites, such as MySpace and Twitter, may present different results. Future studies should determine if certain social networking sites are more likely to promote alcohol use than others. Finally, because of the cross-sectional nature of this study, inferences about causality cannot be made. Despite these limitations, the present study provides evidence suggesting that social networking site use may be a risk factor for adolescent alcohol use.

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Internet Addiction: Old Controversies and New Challenges

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Today, Internet use is nearly ubiquitous among U.S. adolescents and young adults. Recent data suggests that over 90% of this population is online and most report daily use (Lenhart, Purcell, Smith, & Zickuhr, 2010). The majority of college students report spending at least two hours a day online (Jones, Johnson-Yale, Millermaier, & Pérez, 2009). An emerging concern with this escalating Internet use, particularly among the adolescent and young adult population, is Internet addiction. Internet addiction, also called problematic Internet use (PIU), is characterized by recurrent, excessive Internet use that becomes pathological in nature (Holden, 2010a). Past research in Internet addiction has shown associations with health concerns such as dysthymia, excessive daytime sleepiness, problematic alcohol use, personal injury, as well as poor social adjustment and academic achievement (Chen & Tzeng, 2010; Choi et al., 2009; Ko, Yen, Chen, Chen, & Yen, 2008; Ko, Yen, Chen, Yeh, & Yen, 2009; Ko et al., 2008; Kubey, Lavin, & Barrows, 2001; Lam, Peng, Mai, & Jing, 2009; Young, 1999). Approaches to categorizing and defining Internet addiction began in the 1990s. Currently, Internet addiction is proposed as a disorder in need of further study for the appendix of the *Diagnostic and Statistical Manual V* (*DSM-V*; Holden, 2010b). However, controversies regarding conceptual approach, measurement and view of Internet addiction still exist. These controversies deserve reconsideration today given shifts in both use and access to two Internet-related phenomena: social networking sites and smartphones.

The first controversy regarding Internet addiction is its conceptual approach. Two early conceptual approaches to Internet addiction were based on existing *DSM-IV* disorders to encompass the aspects of addiction: (1) substance abuse and dependency and (2) pathologic gambling (Young, 1996; 1998). Other proposed models included describing Internet addiction as a general behavioral addiction, or as an impulse control disorder, as well as a model that separated Internet addiction into generalized Internet addiction and specific Internet addiction (dependence on a specific function of the Internet; Griffiths, 1999; Grant, Potenza, Weinstein, & Gorelick, 2010; Shapira et al., 2003). Not surprisingly perhaps, given the numerous conceptual frameworks guiding the evaluation of Internet addiction, there are at least thirteen instruments designed to measure Internet addiction.

The second controversy in Internet addiction is the wide range of reported prevalences. The prevalence of PIU in the U.S. within adolescents and young adults has been estimated to be between 8-25%,(Anderson, 2001; Iacovelli & Valenti, 2009; Lavin, Marvin, McLarney, Nola, & Scott, 1999; Yuen & Lavin, 2004; Morahan-Martin & Schumacher, 2000; Scherer, 1997) placing it on a comparable scale with both substance use disorders and pathological gambling (Shaffer & Hall, 1996; Slutske, 2005). In studies focused

Internet Addiction

on adolescents, European prevalence estimates are reported as between 1-9% (Kaltiala-Heino, Lintonen, & Rimpela, 2004; Pallanti, Bernardi, & Quercioli, 2006; Siomos, Dafouli, Braimiotis, Mouzas, & Angelopoulos, 2008; Villella et al., 2010; Zboralski et al., 2009). Middle Eastern prevalence estimates are between 1–12% (Canan, Ataoglu, Nichols, Yildirim, & Ozturk, 2010; Canbaz, Sunter, Peksen, & Canbaz, 2009; Ghassemzadeh, Shahraray, & Moradi, 2008) while Asian prevalence estimates are reported between 2-18% (Cao & Su, 2007; Deng, Hu, Hu, Wang, & Sun, 2007; Ko, Yen, Yen, Lin, & Yang, 2007; Park, Kim, & Cho, 2008; Song, Zheng, Li, Yu, & Wang, 2010; Wang, Wang, & Fu, 2008; Wu, Lin, & Lin, 2007; Xu et al., 2008). This lack of consensus in conceptual approach may be a major contributing factor for the wide range of reported prevalence of Internet addiction.

Gender difference in Internet addiction are another potential source of controversy, in that these differences highlight concerns about whether Internet addiction represents pathological use of the Internet itself, or pathological use of one component of the Internet. Similar to other addictions, males have consistently been reported to more commonly suffer from Internet addiction (Anderson, 2001; Morahan-Martin & Schumacher, 2000; Scherer, 1997). Males more frequently report using the Internet for entertainment purposes, checking sports scores, and downloading or streaming music and videos (Colley & Maltby, 2008; Jones et al., 2009). In contrast, females are more likely to use the Internet to communicate and to maintain, renew, or form relationships. These social behaviors are most commonly associated with social networking sites (SNSs; Colley & Maltby, 2008; Pempek, Yermolayeva, & Calvert, 2009).

While early study of Internet addiction focused on chat rooms and online gaming, social networking sites now represent one of the major types of Internet use. The majority of adolescents report having a social networking site (SNS) profile (Lenhart et al., 2010). At present, the most popular SNS is Facebook, which currently boasts 130 million U.S. users and 17 billion total yearly visits (Google, 2010). SNS members are able to choose and modify their profiles' content on a moment-to-moment basis. SNS content may include audio, visual images (e.g., pictures and video) and text (e.g., blogs and personal descriptions). These sites allow opportunities for self-expression, act as a means of peer communication and feedback, as well form a social network (Livingstone, 2008; Moreno, Brockman, Rogers, & Christakis, 2010; Pempek et al., 2009; Subrahmanyam, Reich, Waechter, & Espinoza, 2008). More recently, these sites are becoming portals for civic involvement, academic access, and even family support. Thus, SNSs may play a key role in the future of Internet addiction's conceptual framework and approaches to measurement.

Another major shift in Internet use is the growing popularity of "handheld wireless devices," or smartphones. These devices thus dramatically increase access to the Internet, and SNSs such as Facebook, in that access is achievable in most any setting at most any time of day. Approximately half of adolescents and young adults report use of a smartphone for Internet access (Horrigan, 2009). The ubiquitous use of Facebook and everpresent access to the Internet via smartphones suggests that this is a critical time to re-examine Internet addiction. The omnipresent nature of Internet use in our society means a large population is at risk. If Internet use has potential to lead to addiction, this suggests that up to 93% of U.S. adolescents and young adults are at exposure to risk, dwarfing exposure rates for any other behavioral or substance-based addiction (Lenhart et al., 2010). Most existing behaviors or substances that are associated with addiction, such as alcohol, gambling or drugs, have societal constraints on their use by either law or etiquette. Drinking or gambling at the office can get one into trouble, but instant messaging on Facebook is not likely to do so. Internet use is woven into the fabric of our society, as well as many jobs. Thus, if one is labeled as having Internet addiction and told to abstain, avoiding the Internet is nearly impossible and in many instances it may preclude one from office employment.

Several urgent needs are thus identified. First, before we can fully understand this important phenomenon, we must first have consistency and consensus in the approach to its evaluation. Agreement on an instrument and systematic studies to determine prevalence and risk factors are needed. Second, a better understanding of newer technologies, such as SNSs and smartphones, in the context of Internet addiction are also needed. There is reason to be optimistic that these challenges can be met. Decades of research by scientists focusing on addictions has given us a rich literature from which to examine Internet addiction. The time to do so is at hand.

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The Graduate Student, Substance Use Disorders, and Stigma

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A couple of days ago, I went to my first Bay Area Practicum Information Collective fair. I am a first-year doctoral student and while I will not be applying to practicum until next year, I wanted to check out my future opportunities. My plan was to collect brochures to read at home later and to stay in the background in order to slip from table to table. I wanted to avoid talking to representatives since I did not yet have to make an impression and there were plenty of eager students vying for their attention. However, I quickly found myself lingering at certain tables and chatting with those behind them because their programs so closely matched my interests.

In conversation with these practicum directors, I introduced myself by briefly telling them of what led me to graduate school and my training as a drug and alcohol peer counselor. To my surprise, this brief introduction turned heads in the best of ways. I could debate the merits of harm reduction versus traditional strictly abstinent-based methodologies with them. One woman stopped her conversation with a friend to yell after me because she "had" to meet me after overhearing my conversation with her colleague. In a room full of eager graduate students, I felt popular because of my strong passion for the treatment of substance use disorders (SUDs).

This was different feeling than usual as my graduate school class has 91 people in it. At the beginning of the year, when people collectively stated their interests, well over 15 hands would go up for forensic psychology or neuropsychology. For substance use disorders, only two hands went up. This lack of interest is not exactly surprising but it is something to worry about. When nicotine dependence is included, lifetime prevalence rates put SUDs as the most prevalent disorder in the United States, above both depressive and anxiety disorders (Kessler, Berglund, Demler, Jin, Merikangas, & Walters, 2005). Evidenced-based practices for treating SUDs, while in existence, seem to have difficulty in dissemination as many treatment centers still use confrontation and call "denial" when strong directives are met with even slight resistance.

However, change cannot happen without more graduate students who will soon be clinicians getting interested in SUDs. The path of a graduate student in clinical psychology is getting more and more competitive. The current internship crisis means 23% of all applicants did not match last year. However, SUDs are regarded as at least a minor specialty area at 417 of the 467 APA approved internship sites. This ubiquitous presence at APA training sites, the high rates of comorbidity, plus prevalence of local practicum opportunities in substance use treatment centers would suggest strong interest from graduate students. So why are they not interested? Why only two hands out of 91?

From an anecdotal point of view, both the social, and at times professional dialogue, around SUDs highly stigmatizes the client. In the last few years, television has shown a proliferation of shows about addiction. Dr. Drew, a psychiatrist who chooses to treat celebrities with SUDs on television and perhaps the most visible addiction treatment specialists, recently said in an interview, "This is what addicts do. They treat each other like s***, they behave crazily…they're obfuscating, manipulating and lying, like addicts do" (Juzwiak, 2011). Choices of language promote a tone towards those with SUDs. This is not relegated simply to popular culture. Take for example this sentence in a recent peer-reviewed research article about the meaning of suffering in addiction by Chen (2010): "Typically addicts receive no support from their community and continue to delude themselves regarding the severity of their addiction-related problems." While perhaps not overtly

stigmatizing, consider the change in tone from a possible rewrite of the sentence: "Typically the community fails to give support to those with SUDs; individuals with SUDs struggle to recognize the severity of their symptoms." Often current language choice reflects a certain distancing, a certain treatment of those with SUDs as '*other,*' and as individuals deserving of much distrust and disdain. Given this pervasive attitude, no wonder I hear in the halls, "addicts? I don't want to treat *them.*"

Specializing either in the treatment or research of SUDs should be an attractive prospect to graduate students. In a field where funds can be scarce, it is where the money is at. The federal government with the help of the Substance Abuse and Mental Health Services Administration, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism have distributed a large amount of funding for research on SUDs. SUDs are highly prevalent and have repercussions both on individuals and the public as a whole. Addiction is a field still developing, within its first decades of real evidenced-based practices. Many areas still need to be fleshed out as well as much territory remains unchartered. The opportunities to work in treating SUDs is ample both at local practicum sites and in nationally accredited APA training sites. Additionally, working with individuals with SUDs is rewarding. Recovery can and does happen; being with individuals at any point along the journey can be fun, tiring, or exhilarating. So fellow graduate students, I ask you to join me.

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Abstracts

Cronce, J. M., & Corbin, W. R. (2010). Effects of alcohol and initial gambling outcomes on within-session gambling behavior. *Experimental and Clinical Psychopharmacology, 18*(2), 145-157. doi:10.1037/a0019114

Concurrent drinking and gambling is prevalent among young adults and may increase negative consequences associated with each behavior. The effects of alcohol, initial gambling outcomes, gambling-related cognitions and impulsivity on gambling behavior were evaluated. Initial gambling outcomes, gambling-related cognitions and impulsivity were also assessed as potential moderators of the relation between alcohol and gambling behavior. Participants (N = 130) were randomly assigned to receive active placebo or alcohol (0.84 g/kg and 0.76 g/kg for men and women, respectively) and were invited to wager on a simulated slot machine programmed to produce 1 of 3 initial outcomes (win, breakeven, or loss) before beginning a progressive loss schedule. Alcohol consumption was associated with larger average bets and more rapid loss of all available funds, though no evidence was found for predicted main effects and interactions for gambling persistence. The effect of impulsivity was moderated by beverage condition, such that higher levels of impulsivity were associated with larger average bets for participants in the placebo but not the alcohol group. Results have direct implications for individual-focused and public-health interventions.

Heckman, B. W., Ditre, J. W., & Brandon, T. H. (in press). The restorative effects of smoking upon self-control resources: A negative reinforcement pathway. *Journal of Abnormal Psychology*.

Based on a model that considers self-control (SC) to be a limited resource, research suggests that diminished SC resources may increase the likelihood of tobacco smoking. Yet, no study has tested the inverse—how smoking may influence SC resources. This study utilized a randomized, 2 x 2 crossed-factorial (SC depletion manipulation x smoking manipulation), between-subjects design to test the hypothesis that smoking restores depleted SC resources. To manipulate SC depletion, half of 132 nicotine dependent smokers were instructed to suppress their emotional reaction to a brief video depicting environmental damage (i.e., Depletion), whereas the other half were instructed to "act natural" (i.e., No Depletion) during viewing. Half of the participants in each condition then smoked a cigarette, whereas the other half sat patiently, without smoking (i.e., Smoke vs. No Smoke). All participants then completed behavioral measures of SC. As hypothesized, an interaction occurred between the Depletion and Smoking manipulations for duration of time spent on a frustrating mirror tracing task. That is, Depletion reduced persistence on the task, unless it was followed by smoking. This effect was mediated by positive affect (PA). Thus, smoking appeared to restore depleted SC resources via modulation of PA, but independent of negative affect or smoking urges. These findings suggest that restoration

Abstracts

of SC resources may represent another means by which smoking is negatively reinforced. The application of the Self-Control Strength Model to the study of nicotine dependence may inform the development of novel treatment modalities.

Kiluk, B. D., Nich, C., Babuscio, T., & Carroll, K. M. (2010). Quality versus quantity: Acquisition of coping skills following computerized cognitive behavioral therapy for substance use disorders. *Addiction, 105*(12), 2120-2127. doi:10.1111/j.1360-0443.2010.03076.x

Aims: To evaluate the changes over time in quality and quantity of coping skills acquired following cognitive behavioral therapy (CBT), and examine potential mediating effects on substance use outcomes. Design: A randomized controlled trial (RCT) evaluating the effectiveness of a computerized version of CBT (CBT4CBT) as an adjunct to standard out-patient treatment over an 8-week period. Setting: Data were collected from individuals seeking treatment for substance dependence in an out-patient community setting. Participants: Fifty-two substance abusing individuals (50% African American), with an average age of 42 years, and a majority reporting cocaine as their primary drug of choice. Measurements: Participants' responses to behavioral role-plays of situations associated with high risk for drug and alcohol use were audio-taped and rated independently to assess their coping responses. Findings: There were statistically significant increases in mean ratings of the quality of participants' coping responses for those assigned to CBT4CBT compared to treatment as usual, and these differences remained significant 3 months after treatment completion. Moreover, quality of coping responses mediated the effect of treatment on participants' duration of abstinence during the follow-up period. Conclusions: These findings suggest that assignment to the computerized CBT program improved participants' coping skills, as measured by independent ratings of a role-playing task. It is also the first study to test and support quality of coping skills acquired as a mediator of the effect of CBT for substance use.

O'Connell, K. A., Shiffman, S., & DeCarlo, L. T. (2011). Does extinction of responses to cigarette cues occur during smoking cessation? *Addiction, 106*, 410-417. doi: 10.1111/j.1360-0443.2010.03172.x

Aims: This study investigated whether Pavlovian extinction occurs during smoking cessation by determining whether experience abstaining from smoking in the presence of cigarette cues leads to decreased probability of lapsing and whether this effect is mediated by craving. Design Secondary analyses were carried out with data sets from two studies with correlational/observational designs. Setting: Data were collected in smokers' natural environments using ecological momentary assessment techniques. Participants: Sixty-one and 207 smokers who were attempting cessation participated. Measurements: Multi-level path models were used to examine effects of prior experience abstaining in the presence of available cigarettes and while others were smoking on subsequent craving intensity and the probability of lapsing. Control variables included current cigarette availability, current exposure to others smoking, number of prior lapses and time in the study. Findings: Both currently available cigarettes [odds ratios (OR) = 36.60, 11.59] and the current presence of other smoking (OR = 5.00, 1.52) were powerful predictors of smoking lapse. Repeated exposure to available cigarettes without smoking was associated with a significantly lower probability of lapse in subsequent episodes (OR = 0.44, 0.52). However, exposure to others smoking was not a reliable predictor, being significant only in the smaller study (OR = 0.30). Craving functioned as a mediator between extinction of available cigarettes and lapsing only in the smaller study and was not a mediator for extinction of others smoking in either study. Conclusions: This study showed that exposure to available cigarettes is a large risk factor for lapsing, but that this risk can also be reduced over time by repeated exposures without smoking. Smoking cessation interventions should attempt to reduce cigarette exposure (by training cigarette avoidance) but recognize the potential advantage of unreinforced exposure to available cigarettes.

Osberg, T. M., Insana, M., Eggert, M., & Billingsley, K. (in press). Incremental validity of college alcohol beliefs in the prediction of freshman drinking and its consequences: A prospective study. *Addictive Behaviors.*

Osberg et al. (2010) recently developed the *College Life Alcohol Salience Scale* (CLASS), which assesses the extent to which students identify with the college drinking culture. Using a prospective design, we explored the incremental and predictive validity of the new measure in a sample of 479 college freshmen. Scores obtained on the new measure at Time 1 demonstrated strong positive associations with concurrently assessed drinking patterns and alcohol consequences, as well as those collected at Time 2 one month later. The college alcohol beliefs measured by the CLASS also explained significant additional variance in drinking and its consequences at Time 2 beyond that accounted for by gender, perceived descriptive and injunctive norms, and positive and negative alcohol expectancies. Moreover, CLASS scores predicted typical drinking levels and alcohol consequences at Time 2, even when baseline levels of these drinking indices were controlled. Potential future lines of research with the CLASS are discussed.

Patrick, M. E., & Schulenberg, J. E. (in press). How trajectories of reasons for alcohol use relate to trajectories of binge drinking: National panel data spanning late adolescence to early adulthood. *Developmental Psychology*.

Developmental changes in both alcohol use behaviors and self-reported reasons for alcohol use were investigated. Participants were surveyed every two years from ages 18 to 30 as part of the Monitoring the Future national study (analytic weighted sample size N = 9,308; 53% women; 40% college attenders). Latent growth models were used to examine correlations among trajectories of binge drinking and trajectories of self-reported reasons for alcohol use across young adulthood. Results revealed developmental changes in reasons for use and correlations between the patterns of within-person change in frequency of binge drinking and within-person change in reasons for use. In particular, an increase in binge drinking between ages 18 and 22 was most positively correlated with slopes of using alcohol to get high and because of boredom. Continued binge drinking between ages 22 and 30 was most strongly correlated with using alcohol to get away from problems. Almost no moderation by gender, race, college attendance, employment, or marital status was found. Binge drinking and reasons for alcohol use traveled together, illustrating the ongoing and dynamic connections between changes in binge drinking and changes in reasons for use across late adolescence and early adulthood.

Proctor, S. L., Hoffmann, N. G., & Corwin, C. J. (in press). Response bias in screening county jail inmates for addictions. *Journal of Drug Issues*.

Despite the value of accurately identifying inmates with substance use disorders, little attention has been given to response bias in routine screening. Although individuals with likely substance use disorders are contributing to overcrowding and increased incarceration costs in correctional systems, a lack of accurate routine screening precludes the efficient implementation of programs to address these conditions and thereby reduce criminal recidivism. This study explored the accuracy of inmates' responses on an addiction screen used during standard classification procedures in a county jail. The UNCOPE screen for addictions, validated on arrestee and prison populations, was used to determine risk for substance dependence. Results indicated that inmates significantly underreported their substance use issues on the addiction screen when administered by a correctional officer, but were much more candid when interviewed by an individual not identified as a law enforcement or correctional officer. Recommendations for accurate routine screening are provided.

Reimuller, A., Shadur, J., & Hussong, A. (in press). Parental social support as a moderator of self-medication in adolescents. *Addictive Behaviors*.

We examined the moderating effects of parenting on the temporal relationship between negative affect and subsequent alcohol use in adolescents as an indicator of self-medication. Specifically, we tested whether youth are more likely to self-medicate if they receive less parental social support. We used a multi-method, multi-reporter strategy and an experience sampling paradigm to examine these mechanisms in an elevated-risk sample preparing for the transition to high school. Seventy-one adolescents and their parents completed home-based interviews and adolescents completed a 21-day experience sampling protocol in which they reported their alcohol use daily and their affect thrice daily. Parent-reported family communication, though no other parental support indicators, moderated the relation between daily negative affect and alcohol use. Plotting of interactions showed a greater likelihood of drinking on days characterized by greater negative affect only in adolescents with higher levels of parent-reported family communication. This study offers tentative support for parental support as a moderator of the relation between daily negative affect and alcohol use. Parental support may be a response to alcohol use and self-medication in teens such that parents become more involved and open in talking with their teens when they notice these patterns of behavior. ψ

Cartoon Caption Contest: Here we go again! We provide the cartoon and you, the reader, provide the caption. Entries for the contest will be accepted until June 1, 2011 at edtan@uw.edu. We'll print the name of the winner and the winning caption entry in the Summer edition of *TAN*.

Cartoon by Jessica A. Blayney

Announcements

Upcoming Conferences

Bring It to the Beach

Plan on packing your flip-flops for a great beach event! The Crisis Intervention Team (CIT) International Conference will be taking place in Virginia Beach, VA, September 11th-14th, 2011. To register, please visit our website at www.citi2011.com.

CIT International is calling for presenters for the CIT International Conference. Conference participants include law enforcement personnel, behavioral health professionals, judges, court personnel, public defenders/prosecutors, family members, advocates and consumers. You will receive an invitation if your presentation is accepted. To submit your presentation proposal, please go to http://citi2011.com/Call_for_Presentations.html.

Positions Available

Clinical Research Scientist Wanted

The Center on Addiction and Substance Abuse (CASA; www.casacolumbia.org) at Columbia University seeks an early to mid-career health services researcher to join a successful research unit that develops and tests treatment system strategies for improving care in addictions. This position will oversee a brief intervention project in two primary care clinics in the Bronx. The position also entails assisting in management of other projects, writing federal grant applications and papers, presenting at professional conferences, data analysis, and reporting. The ideal candidate will have a doctoral level degree in a clinical discipline or health services research, health services research training and experience, experience with substance abuse treatment interventions, familiarity with large databases, and a strong quantitative research background. Training and experience in cost and cost-effectiveness methods is highly desired. Excellent benefits. E/O/E. Send cover letter, resume and salary requirements to employment@casacolumbia.org or by fax at (212) 956-8020.

Research Project Director, Brief Alcohol Interventions for College Drinkers

Syracuse University seeks a Project Director for a NIAAA-funded trial on brief alcohol interventions for mandated college students. The Project Director will work with Principal Investigator Kate Carey to train and supervise research staff, maintain project records and IRB approvals, communicate with recruitment partners, and prepare progress reports. Duties may also include intervention delivery, data analyses, and manuscript preparation, with opportunities for publications and presentations available. Preferred start date is July 1st, 2011. The ideal applicant will have a PhD in Psychology (or related discipline), strong organizational and interpersonal skills, experience with brief interventions, motivational interviewing, and research with adolescents or young adults, interest in alcohol use/health behaviors, and data management/analytic skills. Apply online at https://www.sujobopps.com (job #027286). Applications are accepted until position is filled. Syracuse University is an Affirmative Action/Equal Opportunity employer.

Postdoctoral Positions

Postdoctoral Training in Behavioral Oncology—Including Tobacco Research

The H. Lee Moffitt Cancer Center & Research Institute, a National Cancer Institute (NCI) designated Comprehensive Cancer Center in Tampa, Florida, invites applications to its postdoctoral training program in behavioral oncology. This NCI-funded interdisciplinary training program prepares fellows for careers as independent investigators on behavioral aspects of cancer prevention, detection, and control. The program combines a specialized curriculum with research experience. Among areas of faculty research are nicotine dependence and tobacco control, with Thomas Brandon and David Drobes as training faculty. Review of applications will continue until positions are filled. Applicants must be U.S. citizens or permanent residents. To apply, send application form (from our website), CV, and two letters of reference to: Christine A. Marsella, Research Program Associate, Moffitt Cancer Center, 12902 Magnolia Drive, MRC-PSY, Tampa, Florida 33612; e-mail: christine.marsella@moffitt.org. For more information about the program, go to www.moffitt.org/behavioraloncology.

Postdoctoral Opening in Brief Alcohol Interventions Research

The Center for Health and Behavior anticipates a postdoctoral opening with Kate Carey. This research team investigates psychosocial influences on drinking and other risk behaviors in young adults, including social norms and network variables; current projects include refinement of brief motivational interventions, implementation of screening and brief interventions, and exploration of mediators and moderators of change. The successful candidate will participate in ongoing NIH-funded research, with opportunities for publication and proposal writing. Anticipated start in Summer 2011; appointment is for one year with additional years contingent upon funding. Applicants should have a PhD (or equivalent) in social or behavioral science, strong statistical and writing skills, experience with longitudinal datasets, and ability to work as part of a team. Apply online at https://www.sujobopps.com (job #025779). Applications will be accepted until the position is filled. Syracuse University is an Affirmative Action/Equal Opportunity employer.

Postdoctoral Fellowship in Addiction Research at University of Southern California

Postdoctoral fellowships are available at the University of Southern California's Health, Emotion, & Addiction Laboratory. Fellows will have the

opportunity to be involved in NIH-funded research examining the emotional determinants of addiction. Studies extend outward from this area to include (a) addiction psychopharmacology; (b) cognitive processes in addiction; (c) smoking cessation; and (d) emotional determinants of other health behaviors (e.g., diet, exercise, sexual risk-taking). The position provides ample opportunities to participate in publishing, grant writing, and career development activities as well as mentored training in research. Candidates should have strong prior research training and have an interest in pursuing a career in addiction research. Fellowships are 2 to 3 years and are funded by an NIH T32 training program. Review of applications begins immediately and will continue until the position is filled. Additional information can be found at http://hsc.usc. edu/~amlevent/. Interested candidates should send an inquiry e-mail and CV to adam.leventhal@usc.edu.

Postdoctoral Scholars

One- to two-year NIH/NIDA-funded positions for postdoctoral scholars in drug abuse treatment and services research are available in a multi-disciplinary environment at the Department of Psychiatry, University of California, San Francisco. Scholars work with a preceptor to design and implement studies on the treatment of drug dependence as well as select a specific area of focus for independent research. Director James Sorensen and Co-Directors Steven Batki, Kevin Delucchi, Joseph Guydish, Sharon Hall, Carmen Masson, and Constance Weisner are all involved with either the NIDA Clinical Trials Network or Treatment Research Center. Training of psychiatrists, women, and minorities for academic research careers is a priority. Send CV, research statement, samples of work, and two letters of recommendation to: Barbara Paschke, 2727 Mariposa St., STE 100, San Francisco, CA 94110; (415) 437-3032; barbara.paschke@ucsf. edu. Additional information including faculty research interests is available at http://ucsftrc.autoupdate.com/ post_doctoral_program.vp.html.

Hot off the Press!

Kelly, J. F., & White, W. L. (2010). *Addiction Recovery Management: Theory, Research and Practice*. New York: Humana Press.

Addiction Recovery Management: Theory, Research, and Practice is the first book examining the recovery management approach to addiction treatment and post-treatment support services. Distinctive in its combination of theory, research, and practice, this ground-breaking book includes contributions from authors who are the major theoreticians, researchers, systems administrators, clinicians and recovery advocates within the field. This volume is a definitive text on orienting treatment and treatment systems to better match the undulating and chronic nature of addiction and is highly recommended for clinicians and all professionals who work with addiction patients at all stages of the recovery process. ψ

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The Addictions Newsletter

The American Psychological Association, Division 50

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