



The Addictions Newsletter

The American Psychological Association, Division 50

www.addictionpsychology.org

FALL 2017

President's Column

Bruce S. Liese, PhD, ABPP
Division 50 President

The Society of Addiction Psychology (SoAP) is my professional community, and that makes you a member of my professional family.

I want to begin by thanking you for being a member of APA Division 50 (*Society of Addiction Psychology*; SoAP), electing me President of our Division, and reading this column.

I grew up in an ethnically diverse community in New York, surrounded by families of all shapes, sizes, and colors. Some families were big with lots of aunts, uncles, brothers, sisters, grandmothers, and grandfathers – and some families like mine were small. I reflect on my community here because my community taught me that my *family* extends well beyond people related by blood and marriage. My family includes those who are important to me, and over time I have come to think of SoAP as my professional community and members of SoAP as my professional *family*.

I joined APA in the early 1980s, during graduate school. Initially my membership meant little more than receiving slick plastic-wrapped publications in the mail each month. And then several years after graduate school I decided to attend my first APA convention. I don't recall the con-



Bruce Liese

vention location but I do remember that this was one of the most massive, overwhelming events I'd ever attended...until I found my way into a small meeting room full of warm, engaging professionals who were passionately discussing a novel idea: relapse prevention. As it turned out, this was a meeting of an organization with an odd name: SPAB.

SPAB was the acronym for the *Society of Psychologists in Addictive Behaviors*, predecessor to Division 50. Spending time with new SPAB friends, I found myself more intellectually stimulated than I'd felt since graduate school. And perhaps even more important, this previously overwhelming convention began to feel like an intimate event. So, for the remainder of that APA convention I followed this group of new colleagues around to every symposium, poster session, panel, and keynote, until I felt part of a community that included wonderful people like Alan Marlatt, Kim Fromme, Ray Hanbury, Jalie Tucker, Mark and Linda Sobell, Tom Horvath, Dan Kivlahan,

Sandy Brown, Gerard Connors, Ken Leonard, Barbara McCrady, Mark Goldman, Bob Zucker, Joan Zweben, Miles Cox, Maxine Stitzer, and many others.

While it's fun to be nostalgic, I'm actually sharing my personal history hoping it will inspire you to become more than just a SoAP *member*. I'm writing to persuade you to become a SoAP *family member*. If you're wondering how you might become a SoAP family member, the answer is simple: just get involved.

Whether you consider yourself an Addiction Psychology scientist, practitioner, educator, student – or generalist (clinical or scientist) with a peripheral interest in Addiction Psychology, there are many ways to get involved. Some are time-intensive, others not so much. Here's a list of potential activities, followed by details, to help you decide on those that may be right for you:

- Attend the Collaborative Perspectives on Addictions (CPA) conference in March
- Attend the APA Convention in August and spend time with your SoAP community at symposia, poster sessions, keynotes, social events, and more
- Join a SoAP committee and help address issues related to membership, education, training, technology, communications, advocacy, diversity, and more
- Become a Division 50 APA fellow

- Become an ABPP subspecialist in Addiction Psychology
- Submit an article to *The Addictions Newsletter* (TAN)
- Participate in (or just listen to) our SoAP Live Podcasts
- Post a question, comment, or concern on our listserv
- Run for a Division 50 office
- Familiarize yourself with SoAP officers and candidates for office and vote in our elections

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President's Column

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- Apply for a SoAP research grant as a student or early career psychologist
- On November 15, watch for an apportionment ballot from APA, and assign all ten of your votes to Division 50

Here are some details, for those who want to learn more about these activities...

The 6th Annual CPA conference

CPA is SoAP's own professionally enriching and personally engaging conference that features two keynote speakers, three preconference workshops, fifteen symposia, a 12-hour clinical track, poster sessions, social events, and more. This year's CPA takes place just four months from now (March 15-17, 2018) at the Le Méridien Hotel in Tampa, Florida.

CPA is a small, intimate conference that provides a rare opportunity for students and early career psychologists to meet potential mentors, faculty members, and collaborators. It also provides an opportunity for scientists and scholars to share their work. And now, for the second year in a row, it provides clinicians an opportunity to acquire cutting edge clinical knowledge and skills, while earning APA continuing education credits.

By attending CPA in Tampa this year you will:

- Experience a uniquely intimate atmosphere (typically less than 300 attendees)
- Catch up on the latest addiction psychology science
- Meet and network with some of the most influential minds in addiction psychology
- Learn clinical skills by participating in our newly developed Clinical Track
- Spend time in warm, beautiful Tampa, Florida in March
- Stay in a lovely hotel that's on the National Register of His-

toric Places – for a great price (only \$209/night, until our block of rooms sells out)

- Enjoy the SoAP community and learn how easy it is to become part of our professional family
- More about the 2018 APA Convention can be found at <http://addictionpsychology.org/cpa>

The 126th APA Convention in August

Though it is only November, preparations have been well underway for the 126th Annual APA Convention, to be held August 9-12, 2018 in San Francisco. Our Division 50 theme this year is “*The science and practice of addiction psychology: Staying current in an ever-changing world.*” It is our intention to live up to this theme by providing SoAP members with addiction-related symposia, keynotes, panels, and posters that raise awareness and address issues that are current and important, including the impact of shifting marijuana laws, an increasingly deadly opioid crisis, and more.

Two primary aims of the APA Division system are to meet members' unique topical and professional needs, and to make the APA membership experience more personal and intimate. I am confident that our Division achieves both of these aims – and this is especially evident at APA conventions, where our Division program is like a small convention within a huge convention.

More about the 2018 APA Convention can be found at <http://addictionpsychology.org/conventions/apa-annual-convention>

Join a SoAP committee

We have more than a dozen committees that focus on issues related to our Division and profession, including committees on Education and Training, Membership, Technology and

Communication, Diversity, Advocacy, International Relations, and more. We strongly encourage all SoAP members to roll up their sleeves and work with a committee that corresponds with their interests. Doing so is like being in a small community within the larger SoAP community. SoAP committees take on substantial challenges and accomplish significant successes, and these successes further contribute to high levels of group cohesiveness and strengthening of our community. So please consider joining a SoAP committee!

More about these committees can be found at <http://addictionpsychology.org/people/committee-chairs>

Become a Division 50 APA Fellow

APA describes Fellow status as, “an honor bestowed upon APA members who have shown evidence of unusual and outstanding contributions or performance in the field of psychology.” Nominations for Fellow status are initiated in Divisions, and our Division has the distinction of having approximately 150 Fellows (for a listing see <http://addictionpsychology.org/people/fellows>). We are, indeed, a Division full of exceptional psychologists! A major aim of our Division is to *promote excellence in treatment, prevention, research, and professional training across the broad range of addictive behaviors*. It therefore makes sense that we are eager to promote APA Fellows. Please consider nominating yourself or someone you know to the status of APA Fellow. The deadline for receipt of new Fellows nominations is January 8, 2018.

More about Fellow nominations can be found at: <http://addictionpsychology.org/awards/call-for-nominations>

Addiction Psychology as a subspecialty of the American Board of Professional Psychology (ABPP)

For those who are unfamiliar with ABPP, here's a quick overview: ABPP certification “provides peer and public recognition of demonstrated competence in one of its fifteen affiliated specialty areas.” It also provides “increased opportunities for career growth, including employability, mobility, and financial compensation” (<https://www.abpp.org>). ABPP offers psychologists a way of being recognized for specialties – and now *subspecialties* within psychology (like Addiction Psychology) – at a time when there are more public and professional expectations that professionals will specialize. At this time five of the current ABPP specialties have agreed to co-sponsor Addiction Psychology as a subspecialty. When this process is complete (we're hoping by May, 2018), you will be able to become an ABPP specialist with a subspecialty in Addiction Psychology.

More about ABPP can be found here: <https://www.abpp.org>

Proficiency in Addiction Psychology

Back in the 2001, Addiction Psychology became recognized as a proficiency in psychology. At the time it was actually known as the *Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders*. APA defines proficiency as “a core of psychological knowledge and skills, including specific methods for how psychologists typically acquire its knowledge and skills” (<http://www.apa.org/ed/graduate/specialize/index.aspx>).

Over the past year we succeeded at renewing our proficiency status and believe me, it was a rigorous process. This renewal was important, since proficiency status is necessary for the con

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President's Column

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tinued recognition of Addiction Psychology by APA. It should be noted that there are only four other such recognized psychological proficiencies recognized by APA, including psychopharmacology, sport psychology, serious mental illness, and personality assessment.

More about the Addiction Psychology proficiency can be found at <http://www.apa.org/ed/graduate/specialize/alcohol.aspx>

The **Certificate of Proficiency** was established back in the 1990s. This certificate provides a mechanism for informing consumers, referral sources, and third-party payers that the credentialed psychologist possesses the skills to treat people with addictions. In collaboration with the APA Practice Organization (APAPO), we are working to revise the proficiency certification process, especially since this certificate is already recognized in several states as a bona fide credential for treating people with addictions. We are pursuing a new vendor to help administer the certification program and we are making plans to revise the exam, which was written many years ago (i.e., prior to DSM-5). We will have more about Proficiency Certification in the near future.

Submit an article to The Addictions Newsletter (TAN)

Editing TAN from 1993 to 2002 was among the most rewarding experiences of my career. It provided me an opportunity to be creative, while also working with dozens, if not hundreds, of brilliant Division 50 members who submitted articles to our newsletter. While you might not aspire to be the TAN Editor, you can at least submit an article or two. It's a great opportunity to share your work with others via a relaxed community outlet.

More about writing an article for TAN can be acquired by contacting the current editor, Mateo Pearson (mateo.pearson@gmail.com).

Educational opportunities, including free homestudy courses and CE credits for SoAP members

Among the great strengths of our Division are the many high-quality educational opportunities made available to members. And perhaps the most obvious examples are the two APA and CPA annual meetings, where members have many opportunities to learn and receive credit for attending workshops, symposia, and lectures. In addition to these large-scale events, our Division has been sponsoring two different monthly Live Podcasts and a webcast series. One of these podcasts is designed to meet the needs and interests of clinicians, while the other focuses on students and early career psychologists. In fact, you can find recordings of these on our website (<http://www.addictionpsychology.org/>), under the *Education and Training* tab. But even better, you can participate in future Live Podcasts as they occur. Watch for announcements about these on our listserv. Many SoAP members know that Division 50 is an APA-approved sponsor of continuing education. This status enables us to teach and provide valuable credit for hours spent in learning. An especially exciting development is that APA recently granted us *Homestudy Sponsor* status. This is great news. For years we have had the capacity to offer APA CE credits to those who attended live, approved programs. Now we can offer credit to those who listen to designated past workshops, as long as they complete an exam and evaluation to demonstrate that they have fully participated in the workshop.

Here's some big news: Our first 1-hour Homestudy course will soon be offered to members of

our Division at no charge for CE credit. However, it will be necessary to cap the number of participants in order to make the process manageable. If you would like to earn one APA CE credit for listening to one of our recorded Live Podcasts (on *Group CBT for Addictive Behaviors*), please contact me directly (bliese@kumc.edu) and I will put you on the list.

Our Division 50 listserv

Our listserv is a real benefit to SoAP members. Do you have questions about assessing or treating addictive behaviors? Want to announce a job opening at your agency or institution? Seeking employment as an Addiction Psychologist? Want to announce a training opportunity related to Addiction Psychology? Want to be kept abreast of events and opportunities offered by our community of Addiction Psychologists? If any of these sound appealing to you, join and participate in our listserv.

More about joining and participating in our listserv can be found at: <http://addictionpsychology.org/publications/listservs>

Division 50 Leadership positions

Our Division is always looking for leaders who will move our community forward and provide a vision and leadership skills. Please familiarize yourself with SoAP officers and candidates and vote in our elections.

More about leadership positions can be found at <http://addictionpsychology.org/people/elected-officers>

Apply for a SoAP research grant as a student or early career psychologist (ECP)

Another exciting development has been the establishment of funds of almost \$10,000 to support the research efforts of students and early career psy-

chologists. We now offer grants of \$1,250 each to three graduate students and one grant of \$5,000 to an early career psychologist to conduct research in the field of Addiction Psychology.

More about student and ECP grants can be found at <http://addictionpsychology.org/awards/grant-opportunities>

The APA Council Representative apportionment ballot (this is an extremely important request!)

Every APA Division and state gets one seat on APA's Council of Representatives. On November 15 you should receive an apportionment ballot from APA. The purpose of this ballot is to determine which Divisions get more than one seat on Council. Over several years, many SoAP members have apportioned all of their votes to our Division. In doing so, we have retained two seats. This is a big deal! By having an additional seat at the table, we double the voice of Addiction Psychology on the Council. On behalf of the entire Division, I ask you to be generous with your votes by apportioning all ten to Division 50.

In closing...

Our Division has grown to more than 1,000 members for good reason. We do our best to offer as many resources as possible to our members, while also working hard to create a community of friends and colleagues that teach, learn from, and care for each other – much like a healthy family.

Please consider doing what I did many years ago, and make Division 50, the Society of Addiction Psychology, your professional *community* – and its members your professional *family*. My commitment during my presidential year is to do all I can to make you proud to be a member of this wonderful group.

Editor's Corner

Matthew R. Pearson, Ph.D.
TAN Editor

Greetings Division 50! I want to thank all the people who contributed to this Fall issue of TAN (more like Winter issue).

The Division 50 leadership contributed several columns or updates. I want to thank Bruce Liese for the President's Column, Nancy Piotrowski for the Advocate's Alcove, and both Christine Vinci and Aaron Weiner for the ECP Member Spotlight.



Matthew 'Mateo' Pearson

You will notice that we have multiple *Candid Conversation* columns in this issue. It was my great pleasure to speak with

Brandon Bergman (Div. 50's Secretary) and Ty Schepis (Div. 50's Treasurer). Brandon discussed his research on social networks and Ty discussed his research on prescription drug misuse. I learned a lot and hope you do too.

Having these conversations is great fun, transcribing them...not so much. So, I want to thank Melissa Sotelo and Aaron Baca in my lab for helping me transcribe these conversations. Their assistance was essential to my mental health.

In the next few issues of the TAN, you will see more *Candid Conversations* with Division 50 members and leaders. If you would like to be one of them, send me [an email](#) and let me know what you would like to talk about. This can take a little as 20 minutes of your time (but sometimes up to an hour), and your thoughts could be featured in the next edition of TAN. Anyone, anyone? (crickets....)

With the holiday season upon us, I hope you all have a great one! Take care.

Advocate's Alcove

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

How can I capture the last quarter in a sentence? I would have to say that there have been no dull moments. Advocacy issues related to psychology have been at the forefront with discussions pertaining to gun control, disaster relief, taking care of first responders, engaging citizens in prevention behaviors, and keeping the doors open and accessible to all for healthcare. Following up from my last column, the "Better Care Reconciliation Act" did not pass. This was in line with the position of the American Psychological Association (APA) that any legislation that cuts Medicaid or caps its funding, or eliminates the requirement that plans cover an essential health benefits package, including mental health and substance use services, will cause harm. Similarly, in September, APA opposed the Graham - Cassidy - Heller - Johnson proposal aimed at repealing and replacing major portions of our current health care system. They were part of a Mental Health Liaison group with over 50 organizations that authored an opposition letter



Nancy Piotrowski

<http://www.apapracticecentral.org/advocacy/graham-cassidy-letter.pdf>). Again, that proposal also did not pass.

Positive progress continues to support the integration of Behavioral Health Information Technology. APA was part of a coalition supporting such efforts in August (see <http://www.apapracticecentral.org/advocacy/reform/behavioral-health-information.pdf>). And as we go to press, ongoing multi-year effort continue to increase access to care by removing inappropriate supervision of psychologists. Both the House and Senate have bills in motion under the names Medicare Mental Health Access Act that will do

this (e.g., S. 448; H.R. 1173). Be sure to watch your email for action alerts. And as always, you may read more by visiting Practice Central <http://www.apapracticecentral.org/advocacy/index.aspx>.

As a reminder, if you are interested in some free continuing education related to working in integrated health care settings, the APA Practice Organization (APAPO) continues in partnership with the Center for Medicare and Medicaid Services in the Transforming Clinical Practice Initiative. APA members who take the online training connected to this initiative will be able to earn eight continuing education credits. To learn more, read about the initiative (<http://www.apapracticecentral.org/update/2017/06-15/integrated-health-care.aspx>). And you may register online http://pages.apa.org/ihca/?_ga=2.110640965.1152188423.1508442358-1700578018.1508442358

Please be in touch if you have any questions about this information above. Finally, happy holidays to you. Our division continues to be a strong force in advocacy for improved healthcare affecting clients with substance use and other addic-

tive disorders. Excellent training and science supporting evidence-based practice and its implementation matter! Please be in touch if you have an idea for an advocacy project related to addictions or something broader. I am happy to discuss ideas or help you get engaged with advocacy activities at the local, state, and federal levels. I am most easily reach at napiotrowski@yahoo.com.

Resource Information

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

Behavioral Health Information Technology Letter <http://www.apapracticecentral.org/advocacy/reform/behavioral-health-information.pdf>

Transforming Clinical Practice Initiative <http://www.apapracticecentral.org/update/2017/06-15/integrated-health-care.aspx>

Transforming Clinical Practice Initiative Registration http://pages.apa.org/ihca/?_ga=2.110640965.1152188423.1508442358-1700578018.1508442358

ECP Member Spotlight: Kevin S. Montes, Ph.D.

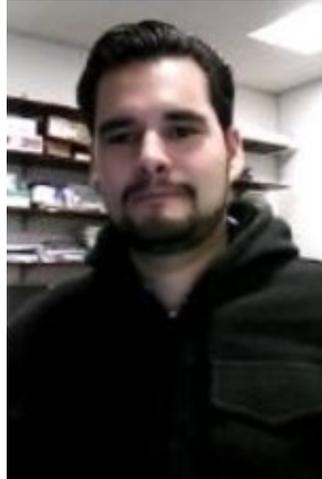
Christine Vinci, Ph.D.
Early Career Representative
(Science)

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

Please welcome to SoAP a new, early career member, Kevin Montes! Dr. Montes is a Postdoctoral Fellow funded by a T32 at the University of New Mexico's Center on Alcoholism, Substance Abuse, and Addictions (CASAA). He is currently conducting research under the mentorship of Dr. Barbara McCrady on identity change during the alcohol recovery process. He received his Ph.D. in Experimental Psychology from the University of North Dakota. After graduate school, he completed an appointment in the Heads Up research lab at Loyola Marymount University (LMU) before accepting his current postdoctoral position at CASAA.

What are your research interests?

Currently, I am deeply passionate about examining identity change as a mechanism of behavior change in alcohol recovery within different recovery sub-



Kevin Montes

groups (e.g., treatment and non-treatment seekers). Specifically, I am interested in the extent to which an individual with an alcohol use disorder (AUD) leverages different identities (e.g., drinking and recovery identity) during the recovery process. This investigation holds potential to not only elucidate an underexamined mechanism of the AUD recovery process but may also shed light regarding how individuals recover from other addictions (e.g., smoking, drug use). I am also conducting research on the beneficial effect of protective behavioral strategies use within the context of potential alcohol and marijuana use.

What are your goals regarding education and training in the future?

In terms of educational interests, I am committed to taking additional coursework in advanced quantitative techniques (e.g., growth mixture modeling, Bayesian statistics, missing data approaches). Because this area is constantly evolving, I feel that I will always be a lifelong learner in this area. Regarding training interests, although my past training is in experimental psychology, I have always had a passion and respect for those who conduct clinical research. In the near future, I would like to conduct a clinical trial investigating the efficacy of an identity-based intervention to reduce alcohol use and related problems.

How did you get interested in addictive behaviors?

As an undergraduate student, I was fascinated by the proliferation of poker during the 2003 World Series of Poker main event and its potential effect on the prevalence rate of gambling addiction. My interests in gambling influenced my decision to focus on determinants of gambling behavior at UND (e.g., posi-

tive and negative reinforcement) which tied in nicely with conducting a parent-based social norms alcohol intervention research at LMU as well as conducting research on non-treatment seeking heavy drinkers at CASAA.

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

My mentors at CASAA, Drs. Katie Witkiewitz and Matthew Pearson, are active participants in the Society on Addiction Psychology. Given their participation in Division 50 and my longstanding interest in addiction research (and presenting research findings at the Collaborative Perspectives on Addiction conference), joining Division 50 was a logical decision.

What do you like to do outside of work?

In my spare time, I enjoy going to the beach and watching movies. I am also a passionate fan of the Los Angeles Dodgers (who just made it the World Series!) and the Los Angeles Lakers.

APA Apportionment Ballot For Divisional Seats

On behalf of the Board of the Society of Addiction Psychology (Division 50), we are writing to you for two reasons.

#1: Apportionment Ballot Vote for Divisional Seats

We would like to take this opportunity to remind you that APA's apportionment ballot for votes for divisional seats on APA'S Council of Representatives is **scheduled to be mailed out November 1st and will close December 15th** and we would like to ask for all members to consider giving Division 50 as many of their 10 votes as possible. For the past several years our members have been very generous and we have held two seats on Council. Giving all 10 votes (or as many as possible) will ensure that we keep our two seats on the APA Council of Representatives which allows two votes for SOAP related-issues.

VOTE 10 for Division 50!!!

#2: Become a Fellow in Division 50

For those of you that are members in Division 50 and are also a fellow in another division, we are writing to ask you if you are interested in being considered for a fellow in Division 50. If you are, **the process is much easier than when you sought fellowship in your first division**. Dr. Kim Fromme is the Chair of our fellows committee. You can email her for more information at fromme@utexas.edu

REMEMBER to VOTE 10 for 50 for 2 SEATS

Thank you for your support of the Society of Addiction Psychology!

Bruce Liese, Ph.D.,
President, Society of Addiction Psychology (APA Division 50)

Linda Carter Sobell, Ph.D., ABPP
Council Representative, Society of Addiction Psychology (APA Division 50)

2018 APA Convention San Francisco, CA August 9-12, 2018



Join us in San Francisco for the 2018 APA Convention!

Division 50 Program Chairs:

David Eddie (deddie@mgh.harvard.edu) & Seema Clifasefi (seemac@uw.edu)

The landscape of addiction psychology is changing at a rapid rate. The last decade has seen an explosion in opioid misuse and related fatalities, the legalization of cannabis in eight states (with many more to follow), and the jettison of the diagnostic criteria of 'abuse' and 'dependence' from the DSM. Even the language we use to talk about addiction is changing, with a growing movement to expunge pejorative and stigmatizing terms like 'substance abuser' and 'addict' from the vernacular. These changes have important implications for the science and practice of addiction psychology, hence the theme for the 2018 APA convention: **The science and practice of addiction psychology: Staying current in an ever-changing world.** The Society of Addiction Psychology (Division 50) is soliciting proposals that speak to or inform the rapidly changing landscape of addiction psychology. Topics of interest include, but are not limited to: substance use disorder treatment with an emphasis on cannabis and opioid use disorders, basic research on behavioral addictions such as gambling and internet gaming disorder, comparisons of chemical versus behavioral addictions, public policies and laws regarding substance use, research on diagnostic nomenclature, and stigma related to addiction. We especially encourage submissions that enhance dialogue between researchers and clinicians, integrate across APA divisions, and demonstrate a commitment to diversity. Proposals for symposia, poster presentations, discussion sessions, conversation hours, and skill-building sessions will be considered (please note that individual paper presentations will not be considered). Those submitting proposals for symposia are strongly encouraged to apply for Continuing Education (CE) review at the time of submission so CE credits can be offered for attending their session.

All division proposals including symposia, poster presentations, discussion sessions, conversation hours, and skill-building sessions are due Friday, Dec. 1, 2017. For further details and to submit go to, <http://www.apa.org/convention/proposals.aspx>.



Get (More) Involved: Run for an Office in SoAP!

Mark Myers & Russ Marks SoAP Nominations and Elections Committee

This is your once-a-year opportunity to get more involved in the Society of Addiction Psychology (SoAP)! This year we are looking to fill five positions: (1) President-Elect, (2) Member-at-Large (Science), (3) Treasurer, (4) Secretary. The 3-year terms of these offices start at the close of the SoAP Business Meeting at the APA convention in 2018. You are already devoting considerable time to treating and/or conducting research with individuals with addictive behaviors. Here is your opportunity to have an impact on the field at the national level. Self-nominations are invited and you only need 2.5% of the membership to endorse your nomination in order for you to be placed on the ballot (deadline: mid-January). Chair of the Nominations and Elections Committee will solicit nominations through the SoAP listserv later this year. Candidate biographies will run in the Spring 2018 issue of TAN. The electronic ballot will be distributed by the APA Central Office in April 2018 (with a June 1st deadline). All SoAP members and fellows are eligible to run for either office.

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

Here's what will happen:

- The Chair of the Nominations and Elections Committee will solicit nominations through the SoAP listserv.
- Candidate biographies will run in the Spring 2018 issue of TAN.
- The electronic ballot will be distributed by the APA Central Office in April 2018 (with a June 1st deadline).

All SoAP members and fellows are eligible to run for either office.

President-Elect

The President-Elect functions as the Vice President for the first year. They become President in the second year of their term, then Past President in the third year. The President-Elect spends the first year getting oriented to the current Board, observing the activities of the SoAP, participating in various

initiatives, and contributing ideas to the strategic planning for the upcoming year (the year they become President). After completing the President-Elect year, the President presides at all meetings of the SoAP Membership and Board of Directors as Chairperson and implements any new strategic initiatives. The President performs other duties consistent with the Bylaws or decided upon by the Board of Directors. The President also gives the Society's Presidential Address at the APA convention (2018 in San Francisco). The Past President then serves as advisor to the current President. The term of the President-Elect will overlap with the 2017-2018 Past President Bruce Liese, and the 2018-2019 President Jennifer Buckman and his/her own successor.

Member-At-Large (Science)

The Member-at-Large (MAL) (Science) serves as liaison between SoAP and the APA Science Directorate, through APA science directorate briefings and the Science Directorate's planning retreat in December. MAL (Science) represents the interests of SoAP members to the APA Science Directorate. Additionally, this position serves as a liaison between SoAP and Division 28 and other "science" divisions. Jennifer Read currently holds this position.

Treasurer

The overarching function of the Treasurer is to manage the financial operations of the organization. Specifically, functions of the treasurer include collecting dues, keeping financial records, managing reimbursements for members and third parties for approved SoAP expenses, preparing annual reports and tax returns, and managing expenses and income from the Collaborative Perspectives on Addiction (CPA) midyear meeting. The Treasurer works directly with the Finance Committee and is a standing member of the CPA organizing committee. This position is currently held by Ty Schepis.

Secretary

The primary role of the Secretary is to assist in managing communications and maintaining records for the organization. The Secretary records minutes of all meetings of the SoAP and submits these minutes to the SoAP President and Board. Additionally, the Secretary assists in e-mail reminders and distributing electronic material for upcoming Board meetings, helps maintain archives of the SoAP, and serves as a voting member of the Board. This position is currently held by Brandon Bergman.

SoAP Early Career Psychologist Research Grant Awarded!!!

Jennifer E. Merrill

This marked the inaugural year for the Early Career Psychologist (ECP) Research Grant program. Of my contributions during my recently completed two-year term as SoAP's ECP rep, starting this program is something I am especially proud of and excited about. Notably, the Student Research Grant program (now in its second year) provided a great model for developing the ECP grant program. Our goals for the ECP grant program are to honor an ECP whose research reflects excellence in addiction psychology, and to perhaps provide an ECP with the opportunity to collect pilot data that could maximize chances of obtaining additional grants. We think this is an excellent benefit of membership for our ECPs!

This year, we received 7 applications for the ECP Research Grant. The competition was stiff, and reviewers were impressed with each and every submission! A team of grant reviewers was assembled and led by Dr. Joel Grube. The decision was difficult, but ultimately we chose to fund an application received from **Dr. Michael Bernstein** from the Center of Alcohol and Addiction Studies at Brown University. Dr. Bernstein, a promising early career investigator, proposes to examine whether a conditioning model (pairing placebo with pain medication) is feasible in clinical pain patients and associated with greater pain reduction than treatment as usual. His ideas were innovative, with great potential to impact the opioid epidemic. Congratulations Dr. Bernstein! We look forward to seeing your findings at an upcoming conference!



Candid Conversation (Ty Schepis)

TAN: It's my great pleasure today speaking with Ty Schepis, who is the treasurer for Society of Addiction Psychology, APA's Division 50. Will you start with telling me your current position?

TS: I am an [associate professor of psychology at Texas State University](#).

TAN: Great, can you tell me a little bit about what your area of research is?

TS: Most of what I do at this point is prescription misuse research. I'm more of an epidemiology and etiology researcher than a treatment researcher. In grad school and during post-doc, I did treatment stuff, but I have moved away from that. I'm really focused on the who and the why of prescription misuse, mainly in adolescents and young adults. But I have a grant now to look at older adults as well, so I'm expanding into that age range.

TAN: Great, how did you get specifically interested in prescription misuse?

TS: When I was in [grad school](#), I had the opportunity through my mentor who knew somebody to do an outside project looking at [internet availability of controlled prescription medication](#), websites that would offer prescriptions for purchase. Usually, these are overseas websites. They do seem to exist, but the reality is people don't tend to use them for controlled medications. Good national data indicates folks just don't do that, so it's out there and it's been out there. It's also unclear whether you actually get what you order. There's some data that indicates that actually you're often not getting what you're ordering. And I just became interested in the topic because it seemed like something that people were increasingly doing when I looked into it a little more than a decade ago. And it was also an area where there were fewer people, so I felt like I



Ty Schepis

could do some cool stuff. I originally was doing [tobacco research](#) and lots of people do tobacco research, for good reason. And, it felt like the stuff that I was doing there was looking at these tiny subpopulations or these really specific variables, and I was interested in some bigger questions, and you can do that more with prescription misuse just because there's fewer people doing it.

TAN: Sure. Yeah in terms of the prescriptions that are misused, how does it break down in terms of drug class or category?

TS: So, most of what we're looking at is opioids. Everybody's pretty focused on that right now because of the public health crisis and increased attention, increased funding, all of that, but you can also look at stimulant medication which is really important in young adults in school. For most age groups, opioids are the most prevalently misused medication. For college students, for young adult college graduates as well, [it is actually stimulants](#). And then things like benzodiazepines, sedatives, and tranquilizers, and I tend to group those together, although some people will separate them. So that can be anything from benzodiazepines to sleep aids like Ambien or sedatives like barbiturates, but barbiturates aren't very commonly used and those

aren't really around much anymore.

TAN: How would you say the typical adolescent or young adult, and it might be different for those groups, attain the medications that they're misusing?

TS: Most folks get it from friends or family. So when you break those age groups apart, there are some data that indicates that for adolescents, family matters more, for young adults, friends matter more, but as you get older, more and more people are misusing their own medications. So they're misusing medication from the doctor, they're taking it more often than they're supposed to, or they're doubling up on the dose, those sorts of things. And, we're still working on this but the data we're working on indicates that in 65+ folks, physicians are actually the most common source, and in folks that are about 50-64, physicians versus friends and family, it's pretty close at that point. For younger groups, it's friends and family by far and usually for free. Frankly, they just get it, they just grab one, or they ask and they get one for free.

TAN: I've always been interested in how misuse is defined. On the one hand, you can have a medication that is prescribed to you for what you would assume is a legitimate medical purpose, but you're taking more than you're supposed to take. On the other hand, you have instances where it isn't even your medication and you just like the way, Adderall for example, makes you feel. How would you say it breaks down among the young adults in terms of motivation? So would you say by and large, the purpose is to essentially get high versus treating a condition?

TS: That probably varies by the medication class. For stimulants in young adults, most of it is,

broadly speaking, what we call "self-treatment". It's using the medication in a way that is consistent with one of its indications, or in the way that it's intended to be used - it helps me concentrate, it helps me focus, I use it to study. [So somebody with ADHD](#) using it appropriately would say, "Oh yeah, I need it before I go to class at 10 so I can pay attention and take notes and then, because it's for the next 4-6 hours while it's really active, that's when I do a lot of my studying and project stuff, and then by late afternoon, I'm pretty fuzzy so at that point my productivity goes away." It's unclear though with stimulants, how much people are self-treating actual ADHD symptoms or how much people are using it because they are trying to catch up from having bad study skills or procrastinating. It's a little unclear. I've got an EMA study going right now in college students, and it does seem like their level of ADHD symptoms does matter, but it's unclear. We're still looking at that. For opioids, I don't have numbers off the top of my head, but there's a hefty amount of self-treatment. For opioids though, it's probably more for recreational purposes, like to get high or to counteract another drug, than in stimulants. For stimulants, you hear the stories of, "I use Adderall so I can stay out and drink longer," because it counteracts the depressant effects of alcohol. That does happen, but generally speaking, most folks are using it to study, to concentrate, to focus, that stuff.

TAN: So, again, perhaps there's two answers to this, so maybe I'll ask for stimulants first and last opiates. What do you think are the strategies to try to curb people using stimulants that are not prescribed to them or over-using stimulants that are prescribed to them?

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

Candid Conversation (Ty Schepis)

TS: There's not a lot of good stuff right now and stimulants are not getting the focus that opioids are. There's a big push right now with opioids to have providers prescribe fewer doses over a shorter time period, at the lowest effective dose, and checking prescription drug monitoring program databases to make sure that people aren't doctor shopping. There's a real push to restrict supply on the opioid side. For stimulants, the focus just isn't there right now largely because there is less misuse and the consequences are not as stark. There's a lot of evidence that a stimulant is not an effective study tool, that people who misuse stimulants either have worse GPAs or are no better, as one example. But a lot of what we would do on a college campus is education about what I'm describing. A, it doesn't help, B, there are side effects and dangerous effects if you are taking someone else's medication because you're not used to that dose. And then, we do try to educate providers about how to prescribe and how to monitor and things like that. But there's just not a lot of push to restrict stimulant prescriptions or supply like there is for opioids.

TAN: So regarding the opiates, I hesitate to call it the "opiate use epidemic," I think we jump down into sensationalizing all problems just the way the media does, and as a researcher, I take exception to it. But obviously, there's been an increase of overdose deaths related to opiate use. To what extent do you feel this is something that can be helped by focusing on the supply side (e.g., educating doctors to prescribe less like you mentioned) versus education (e.g., educating individuals not to mix opiates with alcohol or benzodiazepines or other depressants on the central nervous system, which can make for a deadly combination)? Every problem has solutions from all different angles, and it just feels like all I hear is that the problem is over prescription, the cost the expen-

sive opiates, and then people turn towards cheaper opiates on the street and that leads to poor dosing, etc.

TS: I agree. There is a case to be made to restrict supply but that downside, especially if you do it as a really blunt instrument, that you can take people who are very careful, appropriate, but long-term users of opioids for chronic pain. These people are still getting benefits and not experiencing any serious consequences, not misusing it. They might have some very mild side effects, like constipation, but if you restrict their opioid supply, now you're not adequately treating their pain and you're punishing them for things other people have done. And so, no, I totally agree. Co-use of opioids and benzodiazepines is a real particular concern in older adults because of the consequences. Benzodiazepine use in older adults is just generally speaking not a great idea, but because of the consequences it is particularly dangerous for them. I totally agree, it is important to counsel folks that use of two depressants together, whether that's alcohol and opioids or a benzodiazepine, or a sleep aid, any of those combinations is particularly dangerous. And that's why it is important for prescribers to be careful about prescribing two of those three medications together, but it's also very important to put some personal responsibility on those prescribed and make sure that they are clear that if they do engage in that behavior, it is very dangerous.

TAN: Is there anything else you want to touch upon in terms of perhaps current studies that you're working on right now?

TS: Sure, I've been fortunate enough to get grant funding recently so we're just really working on that EMA study with college students. I actually submitted something to present that as a poster at CPA coming up, so we can we can preview that and

tease out a little bit and say, "Hey, come see it!" And then, I have a couple of funded projects on prescription misuse, again more from an epidemiological standpoint, looking at adolescents and young adults and looking at older adults, so I'm just trying to keep it all relatively under control, which is not the easiest always, but that's most of it.

TAN: Before we go, could you touch upon a little bit about your current position with Division 50 and what it is that you're doing for the division?

TS: Sure. I am the treasurer of Division 50. I am in my third year as treasurer, so first term. And I, as treasurer, in a more technical sense, I am a gatekeeper who helps people get reimbursements, when they need reimbursement if they pay for things, if we pay for things in advance, I process all of that. The division now has some grants and grant funding, so I help disperse those. And then really my main role I think is just making sure that we are, as a division, appropriately balancing expenditures with income. It's good to save money but at the same time we want to make sure that we are spending to attract new members and to retain the members that we have. So one of my jobs is to help keep that in balance and guide the division in terms of what is possible and what is not possible.

TAN: Great and you said your first term? Are there term limits to this position?

TS: Not that I'm aware of, I think we've had folks do it for up to nine years. I plan to run for a second term and if I do get elected again, I will do a second term and then I will turn limit myself at two terms. I think that's more than enough for anybody, partially because it's been a good experience. I've met lots of folks who work with the division and so I

know a lot more folks in the substance use field than I would have known had I not taken on this position, and that's been really neat. I think is a good opportunity for earlier career faculty. I'm technically no longer early career, but I was when I started. For those folks, it's good to get involved in the division and it's good to get to know people. So while I am happily committed to running again, I would encourage younger members of the division to consider running. If they want to challenge me, that's great. I'm totally cool with that, and if they want to think about it for three years from now, I would definitely encourage them.

TAN: Well, I'll tell you as a person who has benefitted from you doing a great job and has been paid as the TAN editor, thank you!

TS: You're welcome. It's an important job. People do appreciate it when they get paid and certainly as somebody who is waiting on reimbursements from my university, I usually take it seriously because it's not always fun to sit there and wait. And for most folks, you legitimately need that reimbursement sooner rather than later.

TAN: Great, well I think I've taken up enough of your time. I've really enjoyed speaking with you about some of these issues that I'm less familiar with. Take care.



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Call for Nominations of Fellows and Awards 2018

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

- **DEADLINE** for receipt of New Fellows nominations, (including all nominees' materials and endorsers' letters) is **January 8, 2018**
- Late applications will not be considered in the current review cycle
- Nominations may be made by any member or Fellow of the Division
- Self-nominations are acceptable
- Initial fellows
 - Those seeking to become APA fellows through Division 50 must submit via the online portal <http://apps.apa.org/Fellows/default.aspx>.
 - The portal is currently open for submissions
- Existing APA fellows – those who are currently fellows in one or more divisions of APA
 - Existing APA fellows seeking to become Division 50 fellows must submit via email
 - Nominations are sent to the Fellows and Awards Committee through the Division 50 F&A Committee Chair, Kim Fromme at Fromme@utexas.edu
 - Deadline for submission is **January 8, 2018**
 - Subject line must include: APA Fellow Application – First and Last Name of Applicant

SoAP (Addictions) seeks nominations for its 2018 awards, which will be announced in the spring TAN and awarded at APA's 2016 Annual Convention. Awards for 2018 include:

- *Distinguished Scientific Early Career Contributions*
- *Distinguished Scientific Contributions to the Application of Psychology*
- *Distinguished Scientific Contributions to Public Interest*
- *Outstanding Contributions to Advancing the Understanding of Addictions (for a non-SoAP member).*
- **DEADLINE** for receipt of Awards nominations, (including all nominees' materials and endorsers' letters) is **January 15, 2018.**
- Information on award qualifications and nominations can be found on SoAP's web site at http://www.apa.org/divisions/div50/awards_descriptions.html
- Nominations must be submitted via email
- Nominations are sent to the Fellows and Awards Committee (F&A) through the Division 50 F&A Chair, Kim Fromme at Fromme@utexas.edu
- Subject line must include: APA Award Nomination - First and Last Name of Applicant

EARLY CAREER TRAVEL AWARD FOR 2018 APA CONVENTION

One benefit of submitting an APA Convention proposal to SoAP is the chance to receive a travel award. Division 50, in collaboration with Division 28, is once again offering travel awards for presenters within seven years of their terminal degree, including current students, post-docs, and junior faculty. These awards are made possible through funding from the National Institute on Alcohol Abuse and Alcoholism (R13 AA022858; PI: Hoepfner). To be eligible, proposals must focus on alcohol use or related problems. Additional travel awards for submissions related to drug use other than alcohol will be made available through the National Institute on Drug Abuse (R13 DA038955; PI: Obasi). Selected presentations will be showcased at an Early Career Investigators Poster Session and Social Hour sponsored by SoAP along with Division 28, NIAAA, and NIDA. Please submit proposals via APA's online submission portal to Division 50, <http://www.apa.org/convention/proposals.aspx?tab=3> (deadline: December 1, 2017). Student members are asked to indicate their student status in the APA submission portal when submitting their abstract. Following submission, you may be contacted about your interest in being considered for a travel award. For more information contact Bettina Hoepfner, bhoepfner@mgh.harvard.edu, or Ezemenari Obasi, emobasi@central.uh.edu.

SoAP MEMBER SERVICES

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

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

Candid Conversation (Brandon Bergman)

TAN: It is my great pleasure today to be speaking with [Dr. Brandon Bergman](#), who is the secretary of the [Society of Addiction Psychology](#), Division 50 of APA. Could you start off with telling me your position other than our loyal secretary?

BB: Sure, Hey mateo! In my day-to-day professional role, I'm the associate director of the [Recovery Research Institute \(or RRI\)](#), which is part of the Department of Psychiatry at [Massachusetts General Hospital](#). In that role, I am both starting my own independent program of research, which I'm sure you'll ask me more about, and we also do a lot of work trying to take the current science on treatment and recovery from substance use disorder and turn it into formats that are a bit more engaging and consumable by not only lay individuals but also clinicians, policy makers, and other scientists as well. We have this [monthly bulletin](#) where we choose some of the latest, neatest articles and create summaries so that people can, really, we hope, make it easier to access and understand and enjoy the science.

TAN: Let's start with some of your research on social networks and recovery-specific social networks. I know that you have done some work on [intherooms.com](#), could you tell us a little bit about that?

BB: So, for me, when I think about the role of social networks, social interactions on addiction recovery processes and addiction recovery outcomes, there are decades of work on the role of social influence and social interactions and social networks. For example, there is research on social network composition like the percent of people in one's network that are drinkers or drug users, or on the flip side in recovery themselves potentially. Or you can even think about some, more recently, people have talked about [egocentric social network analyses](#), thinking about structures. I'm certainly not the first one to start to think about the issues of social influ-



Brandon Bergman

ence and so I'm able to draw on decades of research in these areas. So, for me, the challenge and the exciting thing that I'm looking forward to studying is our modern kind of ethos of socialization. As we all know, it certainly involves not just face-to-face interaction now but lots of digital interaction. Sometimes digital interaction is facilitated by some technology platform, like text messaging, that's just one-to-one, but also social network sites, which facilitates interactions among big, large communities of people. The social network sites that most people know and love are [Facebook](#), [Instagram](#), [Twitter](#), some with more specific purposes like [LinkedIn](#) for professional networks, and things like that. And so there are social network sites that are dedicated specifically for individuals who are in recovery from SUD or seeking recovery from SUD, like [intherooms.com](#). There are others but that is the largest recovery-specific social network site. So people are using these sites, but we just know very little scientifically about a) whether can we get people that are in-treatment to use it as a kind of treatment adjunct, b) whether it might have some role as a stand-alone recovery resource, and then c) for people who do use it over time, how does it help people over time, how does it help them build an online recovery network, does it interface with their face-to-face recovery social network,

and then ultimately does that improve outcomes over time. I'm also interested not only in recovery social network sites and the benefits, but also potentially, especially when it comes to young people, the risks of being on the more traditional, conventional social network sites. People are starting to collect some data around social media use as part of a young person's day-to-day social life. Their exposure to pro-alcohol and other drug content and how that might impact their perceptions of their built-in norms about substance use. [You guys](#), and other people, have been studying norms for a long time. Building from this, I'm interested in supplementing or building a more modern model of social influence that accounts for both the benefits and potential risks of social networks.

TAN: It's interesting looking at social networks supportive of recovery because largely the modal experience with social networks seems to be pro-alcohol use and pro-drug use. I know the dominant thing you would find on the internet in terms of number of pages and amount of content would be pro-substance use. Could you discuss that?

BB: One of my other major interests scientifically and clinically, as a clinical psychologist that does quite a bit of clinical work, all of my research is really about clinical work, and treatment and recovery specifically from substance use disorder. I really have an interest in young people. I think a lot about the life stage of [emerging adulthood](#), which people define differently in terms of the age range, sometimes it's 18-25, sometimes 18-29, but it's about this period of one's life between adolescence and established adulthood where somebody's got an established career, relationships, etc. It's sort of this [in-between stage](#). So when I think about people in that life stage and their social lives, 90% of them are using social work sites, and when we

talk in terms of their day-to-day social life, you're looking at 1 to 2 hours a day of active use. I did a [survey](#) looking at 18-25 year olds that were in treatment that were presenting for an evaluation at our outpatient substance use disorder treatment program at Mass General hospital, and 95% of them had used social network sites and they were using them for about an hour every time that they were logging on, and they were logging on multiple times a week usually. So their social lives certainly include quite a bit of time on social network sites. Now, there is this whole emerging field of research really looking at the risks of spending lots of time on social networks sites for young people, both adolescents and young adults. A lot of this work has occurred in college settings, but you're starting to see it expand to young people outside college settings. As you might expect, it's really common for young people to be exposed to lots of content about alcohol and even other drugs. Like [marijuana](#), it's becoming more and more important to think about given the changing legal landscape. So yeah, they are being exposed to lots of pro-alcohol and marijuana content, and some of the more rigorous research that is looking at this longitudinally is seeing at least statistical associations between how much young people are exposed to this pro-alcohol and other drug content and their actual drinking and other drug use controlling for what that use looked like at [baseline](#). So, I think it's important in my work and I'm really interested in thinking about this both in the context of young people who are seeking treatment or have substance use disorder who want to make a change in their use, but also just about young people more generally. I think social technologies have almost limitless potential benefits. It's ubiquitous, young people are always walking around [Continued on next page..](#)

Candid Conversation (Brandon Bergman)

with smart phones with access to social networks, so we can really start to think about whether we can address young people's more limited motivation to make changes by making it really easy to access online recovery communities or other kinds of communities that can help support change. I do obviously get very excited when I talk about it because I do think there are lots of potential benefits that are important for us to study. At the same time, I think it's important for us to contextualize all of these potential benefits in the context of risk and any risks that come along with young people spending more time on social network sites. So if I'm going to encourage a young adult in treatment to spend more time on recovery-specific social networks sites, I also want to ask them more generally about their social network site use and their exposure to alcohol or drug content so I can couch that in the way that people have already been studying the role of social influence on substance-related risk to kind of make it so that those variables that I'm studying reflect the current cultural ethos which involves both face-to-face

and digitally-assisted socialization.

TAN: Let's talk about your role as the Associate Director of the RRI. It sounds like you're focused on translating the research to the community. Could you talk about your role there?

BB: In terms of us moving the needle as a society like improving outcomes or reducing the number of people in any given year who have substance use disorder, figuring out how to reduce the number of deaths, reduce the number of people whose lives are being negatively affected by substance use disorder, a really big piece of that is partnering and collaborating with people in the community. I don't think this is a problem unique to addiction research, but the question is, "where is the bridge between science and clinical work and work in the community and sort of actual people making change?" If we are doing all of this great research, but it doesn't have any application to the real world, or maybe it is scientifically rigorous but if ultimately clinicians don't find it useful or people in the commu-

nity don't find it useful, then I just don't think we are doing the best we can as clinical scientists. Obviously, we have a structure in which we are publishing in [peer-reviewed journals](#) and it's important for our writing to be highly scientific and speak to a scientific audience so that we can talk with each other. But the language of science doesn't always translate for everybody. So if we want our science to have the largest impact that it can, it's really important for us to be thinking about how that work is being received. Is it engaging? Do people in the community understand what we are trying to communicate? It's not up to them to become scientifically literate. That's up to us to be able to take our science and translate it to formats that are engaging to people in the community and make it more consumable. If there is too much scientific jargon in there, it is up to us to be translating that for a wider audience if what we want to do or what we expect is for policy makers or community members to be informed by the science that we do. It behooves us to be thinking of how our work more easily translates to

those folks. In my role at the RRI, I have really been lucky to be a research scientist at the RRI, the associate director of the RRI, and to work with the [director John Kelly](#) to help further the mission of the RRI, which is really aligned completely with how I see the field of science. We're really trying to bridge the gap, not just between science and practice, but science and the community.

I want to thank Brandon Bergman for his service to SoAP as the secretary and appreciate him discussing a few things about his work.



Why hide it, I put these pics here because I had white space here...
David Eddie and Brandon Bergman



TAN Editor (mateo) and our spotlighted ECP member (Kevin Montes)...what do you think? Should I bring back that hairstyle?

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