



The Addictions Newsletter

The American Psychological Association, Division 50

www.addictionpsychology.org

SPRING 2017

President's Column

Katie Witkiewitz, Ph.D.
Division 50 President

In this issue of the TAN I am excited to share with the membership the numerous ongoing initiatives of the society, as well as describe some upcoming initiatives. As a member-based and volunteer-driven organization we have accomplished a lot in our 23 years as a Division of the American Psychological Association (APA) and we have very much grown into a relatively independent organization. We are now completely independent from APA with respect to our website, newsletter publication, and midyear meeting (Collaborative Perspectives on Addiction) planning.

New Website!

If you have not already visited our new website, please run (don't walk) to www.addictionpsychology.org. We are very happy with the new design. Special thanks to our web developer, Erik Richter, and to all of the committee chairs for helping us organize the new site and move the content from the old site to the new site. We anticipate new content types to be developed over the coming year, including plans for a job board and discussion board for students and early career psychologists. If you have ideas about other features you would like to see on the website or any other ideas about



Katie Witkiewitz

disseminating information to members then please feel free to contact me with your suggestions: katiem@unm.edu.

Collaborative Perspectives on Addiction

The 2017 Collaborative Perspectives on Addiction (CPA) meeting, in Albuquerque NM on March 24-25, will be the fifth year of our annual midyear meeting. The CPA meeting, started by the vision of SoAP past-President Sara Jo Nixon, has grown into an amazing success in a short period of time and is now one of the primary sources of income for the society. It is also a major event for training, continuing education, networking, and presenting the latest research findings by leaders in our society. In fact, the CPA meeting has now surpassed the SoAP programming allotment at the annual APA convention with respect to the quantity of presentations and I am hopeful that the CPA meeting will become the primary meeting for all SoAP members.

The 2017 meeting will highlight two keynote addresses by Division 50 members, Drs. William R. Miller and Kathleen Grant, 15 symposia, 5 clinical mini-workshops, 88 poster presentations, and numerous networking events. I personally look forward to welcoming all of you to sunny Albuquerque soon! See Appendix for more details.

Certificate of Proficiency and ABPP Subspecialty

The Certificate of Proficiency renewal application has been submitted and is now open for viewing at: <http://apaoutside.apa.org/EducCSS/Public/ProjectMenu.asp?t=105212&ProjectID=91>

We are also starting the process of applying for status as an ABPP Subspecialty in Addiction Psychology. Former Division 50 Presidents, Drs. John Kelly and Raymond Hanbury, will be leading the process and application. If you are interested in helping with the Subspecialty application or if you have any ideas for Addiction Psychology as a ABPP Subspecialty then I welcome your feedback! Please email me your thoughts and ideas at katiem@unm.edu.

Elections

We are excited to announce new candidates for SoAP leadership positions. Division elections are concurrent with APA elections each Spring. Check out the open

positions and candidate statements on [page 5](#) of this issue of the TAN.

Student and Early Career Grant Award Programs

In the past year we have also started ways of giving back to our student and early career members. Calls for Applications for the Student Grant Award Programs will be coming soon.

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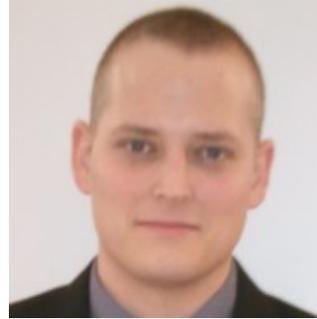
Please check-out the SoAP Listserv and website for more information. We are also looking into the possibility of starting an Early Career Grant Award program. We are very hopeful that the continued success of the Collaborative Perspectives on Addiction midyear meeting will provide sustaining support of the society so that we can begin to offer the Early Career Grant Award program. If you are interested in supporting students and early career members, then please support the Collaborative Perspectives on Addiction meeting or donate to the society in support of students and early career psychologists!

Matthew R. Pearson, Ph.D.
TAN Editor

Greetings Division 50! I want to thank everyone who contributed to this Spring issue of TAN. Thanks to Katie Witkiewitz for her President's column, Nancy Piotrowski for her Advocate's Alcove, Jennifer Merrill for her New Member Spotlight, and other members of Div. 50 leadership who provided updates.

In this issue of TAN, you will see the *Devil's Advocate* column with Jeremiah Weinstock handling questions (impressively, I

Editor's Corner



Matthew 'Mateo' Pearson

may add) about contingency management. In a new column entitled *PAB Editor Speaks*, we report a conversation with Nancy Petry discussing her role as the editor for Div. 50's journal,

Psychology of Addictive Behaviors.

For subsequent issues, we request your contributions or ideas for the Devil's Advocate column as well as other columns that report what you have learned from null results (*Positively Nothing!*), reports of intriguing preliminary findings (*Hot Off the Press*), a discussion on controversial topics (*Debates for the Decades*), and/or suggestions for future research from senior investigators in our field (*Back to the Future*). If you have any ideas or suggestions, let me know here: mateo.pearson@gmail.com

2017 APA Annual Convention: Preview of the Division 50 Program

Christian Hendershot and David Eddie, SoAP Program Co-Chairs

The 125th Annual Convention of the American Psychological Association will be held August 3-6 in Washington, DC. Once again, Division 50 will sponsor an exciting program featuring an outstanding list of sessions of broad interest to clinicians, policy makers, scientists, and trainees. This year's Division theme is *Translating Addiction Science into Practice*. Our program features several symposia relevant to this theme, spanning topics such as screening, brief intervention and referral to treatment (SBIRT), dissemination of behavioral treatments for alcohol use disorder, mechanisms of behavior change in alcohol use disorder treatment, and validation of a new clinical endpoint for randomized trials of alcohol use disorder treatments.

In marking the 125th Anniversary of APA, Tony Puente, PhD (APA President) has established "Celebrating Our History and Empowering Our Future" as this year's Presidential programming

theme. Sessions relevant to this theme will include an address by our Division President, Katie Witkiewitz, titled "Addiction Treatment and Research in the 21st Century: A Look Back and Future Directions." Additionally, Drs. Meyer Glantz and Kenneth Sher will co-chair a symposium titled "Advances in Substance Use Disorder Research and the Fundamental Nature of Addiction and Recovery."

Relative to recent years, this year's programming also features some novel presentation formats that include discussion hours (including a discussion of recent developments in proficiency and sub-specialization in Addiction Psychology), a skill-building session (focusing on SBIRT clinical techniques), and a trainee "data blitz" featuring rapid communications from some of the rising stars in addiction research (to be held in collaboration with Division 28). These are just a few examples of this year's exciting programming—the full program will be announced in the coming weeks via the SoAP website.

As in previous years, Divisions



Christian Hendershot



David Eddie

50 and 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, giving our early career members the opportunity to present their work and mingle with other SoAP members. This session serves as another great opportunity to see the work of some of the newest members of the field, and everyone is encouraged to attend.

Details about the specific times and locations of these events will be published in the Summer

Issue of TAN and in the APA Convention Program. *Registration for the Convention begins April 17*. For full details on registration, Convention venues, and lodging, visit <http://www.apa.org/convention/index.aspx>

Last but not least, we would once again like to thank all of the reviewers who generously assisted with screening proposals for this year's program. Your participation in developing this year's program is greatly appreciated!

We look forward to seeing you in DC!

Advocate's Alcove

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

Hello from Washington, DC. I am writing this column from four blocks away from the White House and 14 blocks from the U.S. Capitol. This week the American Psychological Association Practice Organization (APAPO) is holding its Practice Leadership Convention (PLC), formerly known as the State Leadership Convention. The name change reflects a unification effort regarding practice issues affecting states and broader federal and professional issues in the many settings and roles where psychologists work. I am attending as your Division 50 Federal Advocacy Coordinator (FAC), serving as a liaison from the division to APAPO. The PLC this year is



Nancy Piotrowski

focusing on practice, politics, and policy. Our discussions at PLC focus on bringing evidence-based practice to the public, the development of a qualified clinical data registry for behavioral health, paying for psychology's roles in health care, the potential impact of deregulation on the profession and practice,

strategies for policy advocacy, challenges related to difficult conversations on diversity and injustice, and anticipating challenges to the profession and using science to meet those challenges. Attendees also are learning about how to talk to legislators about issues important for the professional and those we serve. Specific topics address the importance of maintaining gains in federal legislation related to the Affordable Care Act and mental health and addiction parity, as well as using psychologists effectively under Medicare. If these issues pique your interest, you can keep informed by visiting Practice Central (www.apapracticecentral.org).

I also want to encourage any division member, including students, to contact me if you are

interested in learning more about advocacy and how to do it. Similarly, if there is an issue emerging in your locale, related to addiction or other practice issues, and you need help connecting to achieve action, simply be in touch. I am happy to share resources, information, or put you in contact with folks in your local area who can help you. And again, if you are interested in being a network connection for advocacy related to addiction issues in your state, please let me know. My best contact remains napiotrowski@yahoo.com via email.

Resource Information

APA Practice Central
www.apapracticecentral.org

PAB Editor Speaks...

In this column, it was my great pleasure to speak with Dr. Nancy Petry, the editor of the *Psychology of Addictive Behaviors*. We discuss the vision that she has for the journal and how she has managed

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Nancy Petry

TAN: First off, could you just describe your current position and a little about your research program?

Petry: I'm professor at University of Connecticut School of Medicine, and I do research on treatment of addictive disorders, in particular, behavioral treatment or contingency management. I have interests in addictive disorders very broadly from non-substance addictions to substance addictions. I've also been applying some of these techniques to other adherence behaviors in general health populations as well.

TAN: You are currently the editor for *Psychology of Addictive Behaviors*. How does one become the editor of PAB?

Petry: Somebody nominated me. Every six years, APA journals switch editors so it's a 6-year term, I believe, with all the APA journals. After a nomination and the determination of a short-list, you go through a process of writing up a vision for what you wish to accomplish, and there's an external committee at APA who selects the next editor.

TAN: You seemed to have come in with a very clear vision for the journal. The review process seems to have been streamlined. Could you talk a bit about your vision for the journal?

Petry: My goal with the journal was to try to think about how people like to be treated when they are authors or reviewers. As authors, you want rapid turnaround for your paper, and you want to feel like you're being treated fairly by reviewers. I think in a lot of journals, reviewers tend to nitpick, focusing on the small issues, like did the author cite every specific paper. Reviewers want to know that their thoughts matter, but they shouldn't have to see six versions of a manuscript or be asked to review a paper every month. As an editor, we want to know if there's something of importance there. Of course, things need to be stated correctly and the analyses need to be done well, but I don't think it's necessarily useful from anyone's perspective to have to go back

and forth multiple times between reviewers and authors over minute details. I think a lot of journals have headed in that direction, and the editor won't make a decision without multiple rounds. I wanted the turnaround to be rapid, and the editors to focus on publishing high impact papers, making a decision once the big picture issues were resolved.

One of the great things about PAB is that it's such a busy journal that it warrants a lot of Associate Editors, and I think that helps immensely. There are 9 associate editors. That means that they generally get manuscripts in their own area, so they really know the literature and what's important and novel. Also, with so many Associate Editors, I can spread the workload, and if one is away for a few weeks, for example, that person won't get new papers for which he or she has to find reviewers

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New Member Spotlight: Rachel Bachrach, Ph.D.

Jennifer E. Merrill, Ph.D. Early Career Representative

Please welcome to SoAP a new member, Rachel Bachrach! Dr. Bachrach is a Postdoctoral Scholar funded by a T32 from NIAAA at the University of Pittsburgh School of Medicine. She is currently doing research under the mentorship of Dr. Tammy Chung on understanding how treatment affects changes in adolescent substance use as well as studying the longitudinal covariation between drinking and PTSD symptoms from adolescence through early adulthood. She received her B.A. in psychology from the University of Michigan. She then completed her PhD in Clinical Psychology at the University at Buffalo, State University of New York and her clinical Predoctoral internship at Western Psychiatric Institute and Clinic (WPIC).

What are your research interests?

My research interests lie in understanding mechanisms and consequences of the co-occurrence between PTSD and substance misuse, particularly risky alcohol behavior. The majority of my work has tried to uncover why young adults with trauma and PTSD

report more alcohol-related consequences than their peers. Recently I have used daily diary methods in an effort to answer this question and have found that certain peer behaviors (e.g., drink offers) put individuals with PTSD at risk for drinking and experiencing alcohol problems. I hope to eventually extend this work into modifying brief interventions for those with co-occurring psychopathology and alcohol misuse.

How did you get interested in addictive behaviors?

I have always been interested in trying to understand why individuals suffer from psychopathology. Prior to the start of my doctoral work, I joined Dr. Rob Turrissi's lab at Penn State as a project manager, which introduced me to the problem of drinking on college campuses. I was lucky enough to train in evidence-based brief interventions to reduce harm associated with drinking, and I saw how some students could actually reduce their use after one session. However, it became apparent that some individuals still struggled with drinking. In thinking about why this might be, I developed an interest in investigating moderators of treatment, which led me to Dr. Jennifer Read's lab



at Buffalo. Although Jen was not conducting an intervention study, she was trying to understand how trauma and resulting PTSD affected alcohol use in college students. I have continued this work into my postdoc and hope to eventually develop brief interventions for heavy drinkers who have experienced trauma and PTSD symptoms.

What are your clinical interests?

I have a particular interest in motivational interviewing (MI) and have received training in this therapeutic communication style both prior to graduate school and during my clinical internship at WPIC. I especially enjoy treating patients with co-occurring substance use and other pathology. Guiding these patients

towards change and instilling hope is very inspiring.

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

I heard about SoAP through my graduate advisor, Dr. Jennifer Read. I had been a member of APA since graduate school and wanted a more tailored experience now that I've graduated. Joining seemed like a great way to keep up-to-date on what was happening in the field of addiction, as well as an easy way to maintain and create collaborations with colleagues. I am hoping SoAP will continue to inform graduate students and early career psychologists about job opportunities within the addiction field.

What do you like to do outside of work?

I recently became a mom and so most of my spare time is spent with my daughter and husband. I love watching her reach various developmental milestones. Seeing someone clap and wave for the first time is pretty remarkable!

Thank you and welcome to our Division, Rachel!

PSYCHOLOGY OF ADDICTIVE BEHAVIORS encourages submissions!

Psychology of Addictive Behaviors welcomes submissions of manuscripts in all areas of addiction. The journal represents a large and general readership, and it publishes studies on a range of topics, including substance use and gambling disorders, as well as other excessive behaviors such as Internet gaming disorder, exercise, and food addiction. It includes research related to psychological, biological, epidemiological, and social aspects of addiction.

The journal is particularly interested in publishing primary outcomes from clinical trials or laboratory studies, meta-analyses, and state-of-the-art review articles. There is a rapid review track for primary outcomes articles, and the average time until decision is under 30 days. We complete the vast majority of reviews in under 60 days. Over 90% of papers that are invited back for a revision are ultimately accepted for publication. With now eight issues a year, the journal has eliminated a lengthy lag time until print.

Reviewers, and members of Division 50, play an integral role in the journal. In addition to our outstanding Consulting Editorial Board, we have a growing number of Principal Reviewers. Anyone who has completed their doctoral degree and is interested and committed to reviewing several papers per year for the journal can volunteer for this role. Please send your name and a brief biography or c.v. with your primary areas of expertise to me at npetrypab@gmail.com. I will gladly add you to our pool of regular reviewers.

I look forward to an increase in submission of high quality articles to *Psychology of Addictive Behaviors* in 2017!

Nancy Petry, Editor, *Psychology of Addictive Behaviors*

Announcing Candidates for SoAP Offices

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

We are pleased to announce that we have five candidates for three offices. We would like to thank each and every one of the candidates for agreeing to volunteer their time and energy to promote the advances in research, professional training, and clinical practice within the broad range of addictive behaviors!

Jennifer Buckman is running for President-Elect. Kirk Bowden, James Bray and Ray Hanbury are running for Council Representative (Practice). Monica Webb Hooper is running for Member-at-Large (public interest). All candidates received more than the 2.5% of the nominations required to be placed on the slate. You can view candidate statements below.

Additionally, we are seeking an additional member of the Nominations and Elections Committee to join in August and to take over as Chair in August 2018. If interested, please e-mail mgmyers@ucsd.edu.

Thanks to all of you who nominated one or more of the candidates! Please remember to vote in May!



Candidate Statements

President Elect

Jennifer Buckman, PhD:

It is an honor to be nominated for President Elect of the Society of Addiction Psychology. I have been in the field of addiction for over 20 years and very active in SoAP for more than a decade as treasurer (2006-2015), program chair for the Annual APA Convention (2013), and an organizer of the society's mid-year Collaborative Perspectives on Addiction (CPA) conference since its inception. As president of the society, I would seek to continue SoAP's dedication to early career psychologists interested in addictions by expanding grant, conference, and networking opportunities. I would also seek to create new opportunities that can change societal perspectives on addiction, increase the two-way conversation between practitioners and researchers, and more deeply integrate addiction science into our public policies.

APA Council Representative - Practice

Kirk Bowden, PhD:

I have worked as an addiction professional for 27 years; as a clinician, clinical supervisor, administrator, and counselor educator. My research focus is on public policy. I currently serve on the editorial boards of two professional journals. I have served on the ASAM Coalition for National Clinical Criteria steering committee and on several SAMHSA/CSAT steering committees. I believe that my addiction public policy experience would be of value in representing SoAP. I would appreciate your support and vote for my nomination for council representative.

James Bray, PhD:

I am running for re-election to APA Council Representative to continue to get things done for YOU and our division. By electing a Council Representative who understands the broad spectrum and diversity of psychology and the unique needs of our division we can make sure that our voice is heard within the APA. As a current Council Representative of Division 50, I have learned the specific issues that APA needs to address to support our mission. I have the knowledge, experience and established working relationships to get things done for Division 50.

Unlike other candidates, there will be no learning curve for me. I know how to be an effective Council Representative and can focus efforts on getting more things accomplished for YOU and our profession. My track record as the 2009 APA President is clear and compelling—look at the [2009 APA Annual Report](http://www.apa.org/pubs/info/reports/2009-annual.pdf) (<http://www.apa.org/pubs/info/reports/2009-annual.pdf>) and I can take this experience and hit the ground running.

Raymond F Hanbury, PhD, ABPP:

I am honored to be nominated for Council Representative - Practice for SoAP. As a psychologist in both private practice and on staff of a teaching hospital, my clinical interests are in addictive behaviors, health, trauma, and police. As a clinician, I have an understanding of the practice issues that need to be addressed to promote the enhancement of professional practice.

For years I have been an active member in APA and have served in various leadership and governance positions. These include: President and Co-Founder, Division 50 -

Society of Addiction; Council Representative (Practice), 2013; Division 50's Liaison to CAPP; served as Coordinators, Disaster Response Resource Advisory;

Caucus Secretary for Association for Practicing Psychologists; Advisory Committee for Colleague Assistance; and am an APA Fellow as well as in Divisions 18,31,38,42, 50,and 56. At present, I also serve on our Committee for the Proficiency/Certificate in Addiction. I am also very in NJPA, having held several leadership positions there.

I would definitely consider it to be a privilege to serve as your Council Representative for our Division.

Member-at-Large (Public Interest)

Monica Webb Hooper, PhD:

I would be honored to serve as Member-at-Large (Public Interest) for the Society of Addiction Psychology (SoAP). I have been engaged in tobacco control research since 1999. Much of my research has focused on enhancing the efficacy of cessation interventions via individual tailoring and group-level targeting. I am also very interested in advancing health disparities science that is focused on addictions. I am experienced in the functions of this role, which include serving as a communications liaison between SoAP and the APA Public Interest Directorate, and developing new initiatives to support and educate on policy-related topics. For example, in 2009, I spent time on Capitol Hill with the APA Public Interest Directorate to lobby for mental health parity before the Affordable Care Act was passed. I view this as an opportunity to contribute to the interests of SoAP within the larger association and nationally. I would greatly appreciate your support.

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Devil's advocate:

a person who expresses a contentious opinion in order to provoke debate or test the strength of the opposing arguments.

In this issue, our resident [devil's advocate](#) attempts to take on contingency management, and we have Jeremiah Weinstock, Associate Professor of Psychology at Saint Louis University fielding the questions.

DA: What is contingency management?

JW: [Contingency management](#) is the offering of tangible rewards for completion of a target behavior. For example, in substance use disorders treatment, it can be frequently used to reinforce either drug abstinence through negative urine toxicology screens, or attendance at therapy, which is also a common problem (i.e., making treatment appointments). Contingency management can also be used to reinforce other things like smoking cessation and goal-directed behaviors, such as pro-social behaviors or recovery-oriented behaviors (e.g., attend AA meetings). Contingency management can also utilize behavioral contracting that reinforces different behaviors. For example, [in my research](#), I'm frequently reinforcing exercise as a means to help people to start and maintain sobriety.

DA: Contingency management is just paying people not to use drugs, right?

JW: Many people have that belief, that you're just paying people to not use drugs. Why should we pay patients, when they need to do this for themselves? What we really need to remember is that stopping drug use is a really hard thing to do. Many times, many clients go through repeated bouts of treatment before they are able to achieve a significant period of abstinence. What contingency management does is give people in a critical moment a concrete choice between



Jeremiah Weinstock

the reinforcer and substance use. It can make a patient pause and think when the opportunity to use occurs. Thus, it can help build a period of abstinence so that the therapist can get in there and work with empirically-supported interventions, such as [Mindfulness-Based Relapse Prevention](#), [Cognitive Behavioral Therapy](#), or [Acceptance and Commitment Therapy](#).

DA: So do you see contingency management as only an adjunctive treatment and not a singular treatment that could occur by itself?

JW: It is primarily used as an adjunctive treatment because patients or clients need a lot of other skills and support to maintain sobriety over the long term. Honestly, what I believe contingency management really does is set the stage for the internal or intrinsic reasons for abstinence, it gives the window of opportunity for those reinforcers to develop and maintain abstinence. With contingency management you can get a period of one to three months of abstinence. Contingency management protocols typically go three months, maybe as long as six months, but are typically around three months, and that gives a window of opportunity for abstinence to take hold. Maybe your family begins to trust or believe in you again. Maybe you start to perform better at work. Maybe you find other enjoyable things to do with your time. Maybe your body begins to adjust and the cravings are manageable.

DA: So, I understand if you have a grant and you have funding to

pay for the contingency management during a trial, that's where it comes from. But how do providers and clinicians pay for this in "the real world"?

JW: That has been a little bit of a stumbling block. [The VA has implemented contingency management nationwide](#). In a closed system like the VA, the health benefits of providing contingency management potentially generate cost savings in terms of reduced future health expenditures. For private practice settings or agencies that do not have a budget like the VA, there's some really good studies that show contingency management pays for itself, through increased attendance. Increased attendance leads to more reimbursement for services, and therefore a clinic can recoup the costs of contingency management. For example, [Lott and Jencius](#) have a great article on this, they implemented contingency management in an adolescent substance use disorder treatment program and found patients were retained in treatment longer. I have [a paper](#) from a while ago where we looked at treatment attendance while reinforcing drug abstinence and people receiving contingency management stayed in treatment longer especially as psychiatric severity increased.

DA: But contingency management is certainly more costly than another behavioral treatments or attending mutual help groups, right?

JW: Sure, there are the costs of the incentives and costs associated with staff time to implement contingency management. There are various contingency management interventions, it's not one size fits all. Alternative low cost methods such as [prize-based contingency management](#) or [group-based contingency management](#) exist. Group-based contingency management basically consists of putting names in the hat for those attending the group and the therapist pulls out several names. [Nancy Petry](#) led a

[study](#) where we did that and it was an effective adjunctive intervention.

DA: I feel that there are a few really strong contingency management advocates in the field keeping this approach alive, if it was so efficacious and cost-effective, why does it need to be sold so strongly by its advocates? Doesn't the best product sell itself?

JW: It's the classic dissemination fall down. There is a [meta-analysis from 2008](#) that shows that contingency management is one of the most robust substance use disorder treatment protocols around, and that was how many years, [5, 7 years ago](#), and it still took a while longer for the VA to engage and to do a roll out. [Carla Rash](#) has [a great piece on provider beliefs](#). Initially providers are skeptical and see many barriers to implementation; however, beliefs about contingency management change dramatically after going through the training workshop and it bodes well for implementation. An important component of dissemination for contingency management is ensuring providers are implementing it with fidelity. It's just like with any psychological intervention where therapists believe they have been trained on how to do the intervention and they know how to do it, and then you actually watch them do it and it's not really the intervention.

DA: Do you think it's perceived to be impersonal because you get people to pee in a cup and pay them accordingly?

JW: That could be part of it, but one of the things that I love about contingency management is when else do you get to sit there and cheer and celebrate with your clients about their successes. Contingency management requires that you do that! It's not just the money, but you're sitting there and someone provides a negative urine
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(devil's, from page 6)

toxicology screen, and you're like, "Great Job! Way to Go! Keep it up!" It's another form of reinforcement. It is a different way of interacting with clients than is typical for the 50-minute psychotherapy session or group. That's one of the things I really love about contingency management is that it's slightly different than the others things that we do.

DA: *What about the notion that if you provide someone with an extrinsic reinforcer for something that it may actually interfere with intrinsic reinforcers?*

JW: That's a great question! There are a couple of studies, one specifically on contingency management for substance use disorders and another meta-analysis on financial incentives for health behaviors. You'll like this, [Dave Ledgerwood](#) has a paper, he refers to it as [his Seinfeld paper](#), it's a paper about nothing, in the sense that he went back and looked at people who went through a contingency management protocol for drug abstinence and examined whether that changed their motivation to become abstinent. He found that there was no change in motivation to become abstinent after being exposed to contingency management, so it was

not detrimental to their desire to quit. [Promberger and Marteau in 2013](#) looked at financial incentives and whether incentives hurt intrinsic motivation for health behaviors. They found that incentives do not negatively impact intrinsic motivation whatsoever for health behaviors that people are not currently doing. In my own world with exercise, there is a [strong literature](#) that shows that extrinsic motivation helps people start the behavior, but what's key for long term adherence and adoption of exercise is intrinsic motivation. I think that's where contingency management needs to do some more work – how does this intervention help people build intrinsic motivation to remain abstinent. I believe it does, but we need the data.

DA: *After contingency management has been in place, when the monetary payments or reinforcers are removed, do you see a spike in relapse rates?*

JW: No, there is not a spike that is any different than other substance use disorders treatments. [Steve Higgins](#) has a [paper in 2000](#) that shows that the best predictor of long-term abstinence is abstinence during treatment. What engenders the highest rates of abstinence during treatment? In his studies, it was

contingency management, it was always contingency management layered on top of another treatment, but the addition of contingency management brought out longer durations of abstinence during treatment which then predicted long-term abstinence.

DA: *How much do you feel that the barriers to wider spread dissemination of contingency management is related to politics, the notion that you're paying people to not do something that should already be not doing?*

JW: With anything, there's politics. If you want to take a zero-sum game attitude, there are stakeholders who will benefit and there are stakeholders who will lose. I don't want to take that zero-sum game approach. There are a lot of providers out there, and we each have different things to add. I think the leaders in the contingency management field are recognizing that we have to do more on the dissemination side. Currently, contingency management does not have anything comparable to the [Motivational Interviewing Network of Trainers](#) or the Beck Institute in terms of training and dissemination. The literature is still nascent around how to ef-

fectively train people in contingency management and ensure long-term adherence and competency. [Bryan Hartzler at UW](#) is starting to do some of that work and really push [contingency management out into the communities](#), so I'm a big fan of his work.

One final note about contingency management, while I am huge believer in this intervention, it is not a panacea. Substance use can be incredibly reinforcing and incentives, even high magnitude incentives, are sometimes not enough to engender change. Another one of my favorite contingency management studies highlights this point in that [they](#) took individuals who had already failed a contingency management protocol and offered high magnitude reinforcement (~\$3,400 over 9 weeks) and only about half of urine toxicology samples collected were negative. What does that say about the power of using substances?

DA: *I want to thank Jeremiah Weinstock for taking on these questions about contingency management. If you would like take on a contentious issue in a future issue of TAN, send me an email.*

STUDENT RESEARCH GRANT PROGRAM

The Society of Addiction Psychology (SoAP; Division 50 of the American Psychological Association) offers the Student Research Grant Program to support graduate student research in the field of addiction psychology. Three Student Research Grants of up to \$1250.00 each will be awarded each year. One proposal will be funded in each of the following categories.

President's Selection: One proposal will be selected by the sitting President-Elect of SoAP based on how closely the project fits/integrates with that year's presidential theme. This year's presidential theme is focused on *Bridging the Gap: Unifying Addiction Science and Addiction Practice*.

Clinical Significance: One proposal will be selected based on its potential impact on the practical application of addiction treatment, services, or preventative interventions.

Innovation: One proposal will be selected for its potential to shift current research or clinical practice paradigms through novel theoretical concepts, approaches or methodologies, instrumentation, or interventions.

These annual awards will be presented to students whose research reflects excellence in addiction psychology and will be evaluated on the criteria detailed in the attached brochure. The award winners will be required to attend and present the study's findings at either the annual American Psychological Association Convention or the annual Collaborative Perspectives on Addiction Conference after the study's conclusion. As part of the award, recipients will have their conference registration fee provided and will receive up to \$500.00 in travel funds. This travel allocation is in addition to the allotted \$1250.00 and does not need to be deducted from the project's budget.

Applications are due May 1, 2017. If you have any questions, please email [Megan Kirouac](#).

2017 SoAP Award Recipients

Kim Fromme, Chair, Fellows and Awards Committee Members: Thomas Brandon, Gerard Connors, and Tamara Wall

The SoAP Fellows and Awards Committee is pleased to announce the following 2017 Award Recipients.

Stephen A. Maisto: Distinguished Scientific Contributions Award

Dr. Stephen Maisto is the richly deserving 2017 recipient of the Distinguished Scientific Contributions Award. Dr. Maisto has made seminal and sustained contributions to the field of addictions, beginning as early as his dissertation, under the mentorship of Vince Adesso, on the mechanisms underlying blood alcohol level discrimination training. While a postdoctoral fellow mentored by Drs. Mark and Linda Sobell, Dr. Maisto began a program of research on self-report methodology which included collaborating on the development of the Timeline Followback Interview, now the gold standard for retrospective assessment of substance use. He subsequently published several important review papers on self-report methodology and screening for alcohol problems. This work led Dr. Maisto to next examine the degree of influence that alcohol treatment assessment might have on the



Stephen Maisto

findings of clinical trials for alcohol treatment. This line of research indicated that both the frequency and comprehensiveness of alcohol treatment assessment cause changes in alcohol use, other drug use, alcohol-related consequences, and treatment engagement and involvement outcomes. These contributions continue to influence the way the addictions field views clinical assessments in relation to treatment outcomes.

Dr. Maisto has also made major contributions to the understanding of substance use disorders treatment process, course, and outcomes. In collaboration with Drs. Jim McKay and Tim O'Farrell, he extended Dr. Alan Marlatt's relapse model by incorporating a wider array of relapse precipitants, and ones that were targeted toward particular populations, such as those undergoing marital therapy. Taking a broader view of relapse, Dr. Maisto began to consider posttreatment, multivariate influences on outcomes, which is consistent with the most current views on addiction relapse. This also led him to examine the general area of clinical course through studies of both problem and non-problem drinking in clinical samples of adolescents and adults. Dr. Maisto has continued to conduct empirical studies of the clinical course and relapse for alcohol use disorders, as well as to provide theoretical papers on these important topics.

As further testimony to his breadth as an addiction scientist, Dr. Maisto has also contributed major findings through human alcohol challenge research. His earlier work proposed a "reference level model" of acute alcohol intoxication which was heavily influenced by literatures on alcohol use determinants and effects, social cognitive theory, and cognitive approaches to personality. Later in his career, Dr. Maisto applied his alcohol challenge

research skills and substantive knowledge to the effects of alcohol intoxication on HIV-related risk perception and behavioral skills in analog sexual risk situations. In collaboration with Drs. Mike and Kate Carey, Dr. Maisto began conducting clinical trials of HIV interventions which continue to inform HIV prevention.

Dr. Maisto's exceptional theoretical and empirical contributions have been recognized through multiple NIH Career Awards, including his current K05 Senior Scientist Research and Mentoring Award. In addition to mentoring pre-doctoral and postdoctoral trainees and junior colleagues, Dr. Maisto has held Editorial Board positions on the leading journals in our field. In 2014, he completed a six-year term as Editor of Division 50's *Psychology of Addictive Behaviors*. Dr. Maisto is a distinguished and remarkable research scientist who fully embodies the spirit and substance of this award.

Robert C. Schlauch: Distinguished Scientific Early Career Contributions

Dr. Robert Schlauch is the 2017 recipient of the award for Distinguished Scientific Early Career Contributions. Dr. Schlauch received his Ph.D. in clinical psychology from Florida State University under the mentorship of Dr. Alan R. Lang. After a predoctoral internship at Yale University School of Medicine, Dr. Schlauch completed a postdoctoral fellowship at the Research Institute on Addictions. During that time, he was awarded a NIAAA-funded K23 Mentored Patient-Oriented Research Career Development Award, which reflected both his early career accomplishments as well as his potential to be a significant contributor to the field of addiction science. Dr. Schlauch is currently an Assistant Professor of Psychology at the University of South Florida,

where he has continued to make significant scientific contributions regarding the role of craving in alcohol-related treatment outcomes.



Robert Schlauch

With a recognition of the importance of multidimensional assessments of subjective craving, Dr. Schlauch has been applying the Ambivalence Model of Craving to understand how both desires to use (approach) and desires to not use (avoidance) contribute to the complex construct of craving. He has applied this model to both non-clinical and clinical samples, demonstrating incremental prediction of substance-related variables. This work has resulted in over two dozen peer-reviewed articles which have been published in leading journals, including *Psychology of Addictive Behaviors*, the *Journal of Consulting and Clinical Psychology*, and *Alcoholism: Clinical and Experimental Research*. In addition to his K23 Award activities, Dr. Schlauch has been examining the relationship of pre-treatment changes in drinking to treatment process and treatment outcome variables. This latter work challenges the notion that changes in drinking begin only after treatment entry and suggests that treatment is only part of the process of behavior change. Dr. Schlauch is a distinguished early career scientist who is richly deserving of this award.

2017 SoAP Award Recipients (continued)

Kirk Bowden: Distinguished Career Contribution to Education and Training Award

Kirk Bowden is the 2017 recipient of the award for Distinguished Career Contribution to Education and Training. Dr. Bowden is currently the Chair of the Addiction and Substance Use Disorders Program and Behavioral Health Services at Rio Salado College. For over 25 years, he has been committed to the education and training of chemical dependency counselors, for which he has received numerous awards. As examples, Dr. Bowden in 2015 was awarded the Lifetime Achievement Award from the California Association for Alcohol and Drug Educators and in 2016 he received a Teaching Resources Award from the American Psychological Association. Dr. Bowden's leadership in the area of addictions training is further supported by serving as the Immediate Past President of NAADAC, the Association for Addiction Profes-



Kirk Bowden

sionals. The breath of his leadership is also reflected in being past president and current member of the board of directors of the International Coalition for Addiction Studies Education, as well as a member of the steering committees for both SAMHSA/CSAT's Partner for Recovery and the American Society of Addiction Medicine (ASAM) Coalition for National Clinical Criteria.

During his tenure at Rio Salado College, Dr. Bowden developed and wrote more than 20 distance learning courses and developed an online Associate of Applied Sciences degree. Thanks to Dr. Bowden's efforts when he was appointed chair of the Chemical Dependency Program at Rio Salado College, the once failing program now boasts over 2800 students, producing the second most graduates annually from Rio Salado College. Dr. Bowden's expertise in addiction education and training extends to the Addiction Counseling Program at Ottawa University, the Substance Abuse Academic Review Committee for the Arizona Board of Behavioral Health Examiners, and his provision of testimony to the U.S. Food and Drug Administration regarding the addiction counseling profession. Dr. Bowden's career is devoted to excellence in the education and training of addiction counselors, making him an ideal recipient of this award.

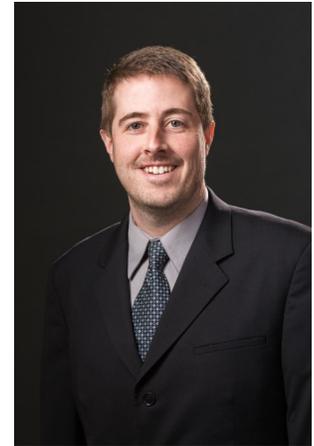
Jason Cherkis: Outstanding Contributions to Advancing the Understanding of Addictions

Mr. Cherkis is the 2017 recipient of the award for Outstanding Contributions to Advancing the Understanding of Addictions. As a Huffington Post journalist, Mr. Cherkis was a 2016 Pulitzer Prize Finalist for his deeply researched multimedia reporting on opioid addiction. *Dying to be Free* challenges conventional treatment models, suggesting that many overdose deaths may have been preventable through use of empirically-supported medications, such as Buprenorphine-naloxone, Suboxone, or other synthetic opioids. *Dying to be Free* is a poignant, powerful vehicle for further understanding the escalating problem of opioid addiction and its treatment. See <http://projects.huffingtonpost.com/dying-to-be-free-heroin-treatment>



Jason Cherkis

Robert Leeman: Presidential Citation for Distinguished Service to the Society of Addiction Psychology



Robert Leeman

Robert Leeman is the 2017 recipient of the Presidential Citation for Distinguished Service to the Society of Addiction Psychology. Dr. Leeman has unselfishly provided significant service to the Society, including being the Listserv moderator since 2013, serving on the Nominations and Elections committee in 2014-2015, and has been on the Collaborative Perspective on Addiction planning committee since 2014. In addition, Dr. Leeman has served as Program Co-Chair of the Collaborative Perspectives on Addiction meeting from 2015 through 2017 and has been instrumental in the ongoing success of that meeting. Dr. Leeman further provides ad-hoc reviews for the Division's *Psychology of Addictive Behaviors*, as well as reviewing conference submissions for the Collaborative Perspectives on Addiction meeting. The Society is deeply grateful for the sustained service and commitment of Dr. Leeman to our division.

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 begin going 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.

PAB Editor Speaks... (continued)

(PAB Editor, from page 3)

right away. Finding reviewers is the main rate limiting step, and by accomplishing this step quickly we've been able to achieve a reasonable turnaround the vast majority of the time.

We also have a large board of consulting editors who have been doing great in terms of agreeing to review when asked, and that's helped keep the turnaround rapid as well. We usually try to get one consulting editor to review each paper, and these tend to be people who are quite experienced reviewers so they also can know to focus on big picture items instead of some of the small details. So that's our goal is to keep reviews rapid and also fair and constructive. I think 95% of the reviews have come back as helpful, and they improve the manuscript. The goal is for the editor to make a decision about whether a manuscript is moving forth the field, and if it is, let's move it through the process rapidly. We've also gone up to 8 issues a year so the lag time to publication has been greatly diminished, and it's now down to 6 months or less.

TAN: You mentioned the help of all the associate editors, how do you go about having them help implement your vision. What kind of contact do you have with Associate editors so that they are contacting reviewers in line with your vision.

Petry: I selected the associate editors carefully based on what I knew of their work. I wanted different people across the scope of papers that come into the journal. I think we have a good representation of areas of expertise amongst the associate editors. I spoke with them all by phone at length prior to them agreeing to take on this role. All of them were completely in agreement with me about the importance of the rapid reviews. To achieve that goal,

when a new manuscript comes in, the editor has to find reviewers right away, and try to minimize delays at each of the steps. Of course, it doesn't always work perfectly, but for the most part, reviewers are identified rapidly, and if they agree quickly and the reviews come in on time, the whole process is usually done in under a month. Clearly, there are sometimes issues with reviewers not getting their reviews in on time. But the associate editors were all in agreement that this was critical, so we sometimes prompt reviewers to remind them to send in their reviews, and the goal is for reviewers to focus on big picture items.

Most importantly, from an author's perspective, you don't want to be spending a lot of time revising a manuscript that isn't going to be accepted ultimately in the journal. So, I wanted to be sure that all the associate editors would not ask for revisions unless they thought there was a very good chance that the authors can address the concerns and that the paper will eventually make it to the bar for publication. We do err on the side of giving the author the chance if we're unsure and the changes requested may, for example, really alter the paper. Then, we're really clear with the author in the revision letter that this might be an unusual case,

and we leave it up to them to make the decision whether or not they want to spend time revising.

We're not afraid to make decisions either. I think at some journals the editor just keeps on sending papers back to reviewers every time until the reviewers finally say, "This is fine." That can take one into the sixth and seventh revisions, and we are not aiming for that! We ideally want to get things settled after one or two revisions. If the requests for changes by the reviewers are relatively minimal and the authors address it, the associate editor or myself will accept the paper when the revision comes back. That's really helped move things along as well, and it eases the burden both on the authors and the reviewers.

TAN: In terms of the amount of workload involved being the editor of PAB, how has reality compared to what you expected?

Petry: It has been similar to what I expected, because I know what I was getting into. There are about 400 submissions a year, which is on average, more than one new submission a day, and I was expecting that. I don't think a day goes by when I don't log into the account and deal with a

manuscript in one way or another. As long as I keep up with my end, and the associate editors and agreed reviewers keep up with their end, it keeps things moving in a steady manner. It is what I expected and it's been going well.

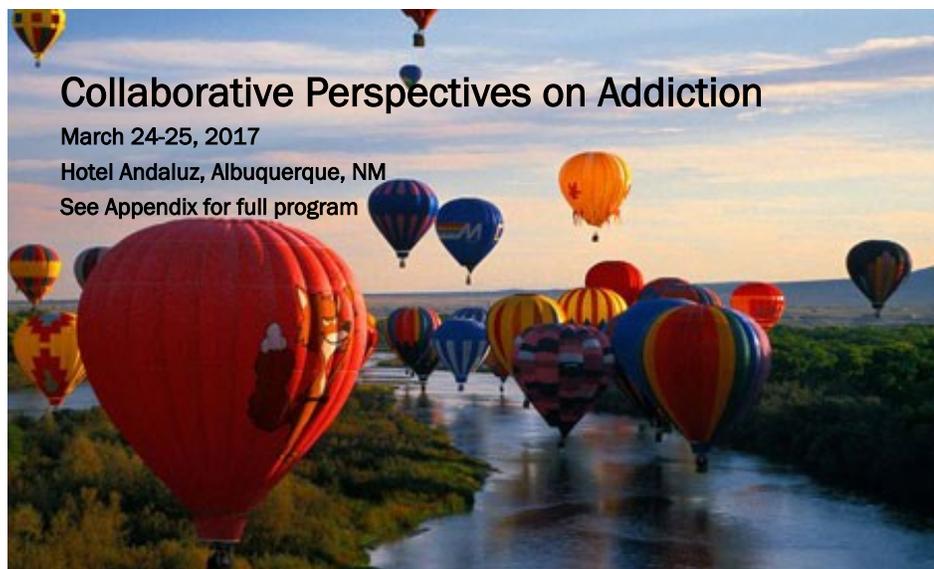
TAN: Is there is a special section coming up?

Petry: Yes, we're going to have a special section. It's part of an APA initiative for the 125th anniversary. We're requesting reviews and meta-analyses of effective treatments for addictive behaviors. That will probably end up coming out in the December issue of 2017.

TAN: Is there anything different that you would like to see more of at PAB?

Petry: One thing we're really looking for in PAB is high-quality review articles and meta-analyses, so I'm encouraging those, as well as the primary results of randomized trials.

I really want to thank Dr. Petry for speaking with me and for her service to Division 50 as the editor of *Psychology of Addictive Behaviors*.



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