



# The Addictions Newsletter

The American Psychological Association, Division 50

[www.addictionpsychology.org](http://www.addictionpsychology.org)

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## President's Column

**Bruce S. Liese, PhD, ABPP**  
Division 50 President

Spring Greetings to all!

APA Division 50, the *Society of Addiction Psychology* (SoAP) exists for one reason: to support your work in addiction psychology. Over the past few years we have grown to more than 1,000 members. We are comprised of clinicians, researchers, educators, administrators, and other professionals interested in addiction psychology. Our four membership categories (Fellow, Member, Affiliate, and Associate) enable us to include multiple disciplines in our ranks, including psychologists (both generalists and addiction specialists), sociologists, epidemiologists, administrators, social workers, drug and alcohol counselors, undergraduate and graduate students in all disciplines, and others. There's good reason for our growth: we aim to meet the diverse needs of our diverse membership.

### Bylaws Review and Proposed Amendments

Our bylaws define us and delineate how we achieve the diverse aims of our Division. In January 2018 an ad hoc six-member Bylaws Review Committee was formed to review our bylaws and propose amendments. The decision to review and propose amendments was motivated by the



Bruce Liese

fact that our bylaws hadn't been revised since 2010, and much of the content was outdated. For example, our bylaws still referred to substance use problems as "abuse and dependence." They included standing committees that hadn't met for years and several of our most active ad hoc committees had not yet converted to standing committees. There was no mention of early career psychologists (ECPs) on our board, despite the fact that ECPs contribute substantially to our Division. So amendments were needed, mostly resulting from our growth over the past eight years. It is important to describe the bylaws review process and resulting amendments because you will soon receive a ballot from APA, asking you to vote on these amendments.

It will be easiest to follow the proposed amendments described below if you first download and review a copy of the 2010 bylaws at [addictionpsychology.org/membership/bylaws](http://addictionpsychology.org/membership/bylaws) (if clicking on this URL does not take you to

the bylaws page, please copy and paste it into your web browser). Our bylaws have always been comprised of nine Articles. The Bylaws Review Committee concluded that four of these did not require amendments: Article VI (Meeting and Voting of the Society), Article VII (Nominations and Elections), Article VIII (Financials), and Article IX (Amendments). Five Articles were viewed as needing amendments. Recommended amendments are described here:

#### [Article I \(Name and Purpose\).](#)

The Bylaws Review Committee immediately noted that the term "substance abuse and dependence" needed to be replaced with "substance use disorders." The committee deliberately added the phrase "addictive behaviors" throughout our proposed amendments, recognizing that many SoAP members are interested in addictive behaviors such as gambling.

#### [Article II \(Membership\).](#)

The Bylaws Review Committee agreed to eliminate the requirement that undergraduate and graduate students be "enrolled in psychology courses." The committee agreed that students should be eligible for SoAP membership simply by being "interested in the areas of SUDs and addictive behaviors." We also made explicit that members who had not paid Division dues during a membership year would lose their membership status until dues were paid, and

those who let their memberships lapse by nonpayment would be eligible to rejoin our Division at any time by paying dues.

[Article III \(Officers\).](#) The primary responsibility of a SoAP Member-at-Large is to function as liaison between members and the board of directors. The Bylaws Review Committee recommended the addition of a fourth Member-at-Large (for Early

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# President's Column

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Career Psychologists), in addition to our three existing Members-at-Large (Practice, Science, and Public Interest). Based on a substantial increase in SoAP Early Career Psychologist (ECP) members, we thought it important to have a formal board position to focus on their unique needs and interests. The only difference between the Member-at-Large for ECPs and the other Members-at-Large would be that the Member-at-Large for ECPs would serve a two-year term, rather than a three-year term. The reasoning behind this decision was that ECPs only qualify for the status of ECP for ten years after graduation. The Bylaws Review Committee believed that limiting the term to two years would give more ECPs an opportunity to serve in this role.

**Article IV (Board of Directors).** Relatively minor changes were recommended for Article IV. Specifically, the Bylaws Review Committee recommended that the Past President preside over meetings when the President and President-elect are unavailable. It was also agreed that the choice of attendees at Board meetings should be left to "the discretion of the President."

**Article V (Committees).** Perhaps the most substantial amendments recommended by the Bylaws Review Committee were contained in Article V. The committee recommended changing the status of three committees (Science Advisory, Advocacy and Policy, and Practice) from *standing* committees to *ad hoc* committees. These formerly standing committees had not been active in committee members' recent memories. The Bylaws Review Committee added four committees that have been doing important work for years (Finance and Budget, CPA Program, APA Program, and the Technology and Communications Committees), and three new committees were converted from *ad hoc* to *standing*

committees (Grant Review, Diversity, and Outreach Committees).

Hopefully these proposed amendments make sense to our members. Some amendments may seem mundane, but we believe it important to have our bylaws accurately reflect who we are as an organization. Please vote "Yea" or "Nay" when you receive your Bylaws ballot from APA. It will take only a few minutes and we want all of our members to be involved in reviewing and voting on these amendments.

## Why do we refer to ourselves as SoAP?

Related to our Bylaws, I am sometimes asked why our Division is also known as the *Society of Addiction Psychology* or SoAP. I am happy to explain. APA permits Divisions to name their organizations in their Bylaws, as we have done, which allows for a certain sense of autonomy. Many APA Divisions have traditionally named themselves **Societies**. For example, Division 1 is the *Society for General Psychology* and Division 12 is the *Society of Clinical Psychology*. APA also permits individuals to become Division members without requiring them to become full APA members. We appreciate APA's willingness to permit such Division autonomy.

## Our newly formed Outreach Committee

Our newly formed Outreach Committee has indeed been reaching out. The primary goal of this committee is to extend itself to Division members, non-member psychologists, and the general public. For example, the Outreach Committee has been working with the Education and Training Committee (ETC) to develop courses and workshops that meet the continuing education needs of our Division members. Partnering with the ETC,

we have been able to offer live clinical conference calls for APA CE credit (including a three-credit Ethics workshop), as well as one-credit home study continuing education workshops – both at no charge to Division members. In fact, offering these CE workshops to members has provided an incentive for non-members to join SoAP – and several have already done so.

The Outreach Committee has also been working collaboratively with the Technology and Communications Committee (TCC), using Twitter and Facebook, to increase member and public engagement and knowledge regarding addiction psychology. Kudos to members of the TCC, who have been tweeting up a storm! At last count they had tweeted more than 500 messages on topics including detoxification, stigma, the opioid crisis, e-cigarettes, brain studies, job openings, and much more. As a result of the extraordinary work of the TCC, SoAP's Twitter account ([twitter.com/apadivision50](https://twitter.com/apadivision50)) now has more than 850 followers.

It's reasonable to think of this new Outreach Committee as the marketing or public relations arm of our Division. Unfortunately, relatively few psychologists are interested in studying, treating, or researching addictions. Even in the midst of the current opioid crisis, disproportionately few psychologists understand that we may be the most qualified professionals to address the suffering associated with addictions. It is our hope that our outreach efforts will increase awareness and interest in addiction psychology among all health care professionals and the general public.

You might wonder, "How can I get more involved in our Division?" The creation of the Outreach Committee opens up new opportunities for getting involved. Our first Chair of this committee is [Christina Lee](#) at Northeastern University in Boston. Christina would be delight-

ed to hear from you and add you to our Outreach Committee.

## Big news regarding the Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders

For several decades the *Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders* has been a credential offered by the APA Practice Organization (APAPO). As of March 1, 2018 this credential no longer exists. According to a recent communication from the APA, the APAPO has "entered into an agreement with NAADAC, the Association for Addiction Professionals, and its National Certification Commission for Addiction Professionals (NCC AP) to transfer the *Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders* program to the NCC AP Master's Addiction Counselor (MAC) national credential."

The ultimate impact of this transfer is not presently known. I recently learned that fewer than 100 of our SoAP members hold this certificate. We will strive to learn as much as possible about this credential and share it with you in a timely manner. For the time being, you can get information about NAADAC and the MAC credential by visiting NAADAC's website: <https://www.naadac.org/>.

## Sixth Annual Collaborative Perspectives on Addiction conference – in just a few weeks

In my last Presidential column I wrote about our Sixth Annual *Collaborative Perspectives on Addictions* (CPA) Conference. CPA, which takes place in Tampa this year (March 15-17). This is an event you should not miss. It is our three-day midyear conference that has something to offer all SoAP members. This year's program includes more than 25 hours of activities, in-

# President's Column

cluding symposia, panels, posters, keynotes, workshops, and clinical track presentations. And it was recently announced that Dr. Arthur Evans will make a presentation at CPA. Dr. Evans has served as CEO of the American Psychological Association for one year (since March 20, 2017). He is a scientist-practitioner, clinical and com-

munity psychologist, and health care innovator. For more about Dr. Evans' presentation, you can click on [this link](#).

This meeting has been extraordinarily successful for the past five years. Those who attend have an opportunity to learn about cutting edge research, sharpen their clinical skills,

network with other psychologists who are passionate about addictions, and spend time in beautiful Tampa, Florida. I hope you have plans to be there. If you have not yet done so, it is not too late to join us: <http://www.addictionpsychology.org/cpa>. Check it out!

## In closing...

I hope you've found this column to be informative. If you have any questions or suggestions feel free to forward them to me ([bliese@kumc.edu](mailto:bliese@kumc.edu)). Please consider this a sincere invitation to become involved in all discussions and activities leading to our continued growth as an organization!

## Advocate's Alcove

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

As it is the beginning of the year, it is time to start monitoring bills as they make their way through the process of development and review. So, where is your self-efficacy related to addictions advocacy? Do you need to strengthen or broaden your skills? Are you ready to advocate on things important to APA, the division, your clients, etc.? To this end, I would like to offer to help anyone in the division learn how to watch and track legislation of interest at the federal or state level. If you have an interest in learning how to do this, please email me and I will schedule a conference call in the next six weeks with folks who are interested. On my continuing wish list for the division, I would like to have a member in each state who would do this on our addiction-related topics. If you have an interest, be in touch. I can also do a follow up informal meeting at the APA convention in San Francisco in person.

In March federal advocacy coordinators from state associations and practice divisions will gather in Washington, DC for the Practice Leadership Convention. This is where we meet with the American Psychological Association (APA) and APA Practice Organization (APAO) staff to review legislative priorities, do some skill building, and then go visit officials in their congressional offices. Most times we visit with their staff members who are most directly involved



Nancy Piotrowski

with health care, but occasionally we meet directly with members of Congress. Given the timing, for those interested in learning how to track legislation, I will be happy to share any new learning from the meeting on the call and at the convention in August.

I also wanted to provide you with some information about the structural changes proposed for APA related to membership benefits and advocacy. Ian King, Director for Membership for APA, confirms that the operations of APAPO are in review for expansion. Specifically, APA Chief Executive Officer (CEO) Arthur Evans and other elected APA leaders have proposed new expanded advocacy and member benefit opportunities to all non-practitioner members. This is to help advocate for the field in its entirety. To learn more about the proposed changes, information in varied formats is available for review. See for your information:

- (1) a video from APA CEO Arthur Evans on making APA stronger (<https://www.youtube.com/watch?v=-F3Rve-xfHw>);
- (2) a webinar on transformational change at APA (<http://psyciq.apa.org/transforming-apa-new-structures-new-era/>);
- (3) a presentation in a PDF format (<http://psyciq.apa.org/wp-content/uploads/2018/01/PublicSlidesFinal.pdf>);
- (4) or a frequently asked questions document (<http://psyciq.apa.org/wp-content/uploads/2018/01/Transforming-QA-1.pdf>).

Please be in touch if you have any questions about this information above. Also remember, if you want to learn more about current legislative action related to psychology, you can visit <http://capwiz.com/apapractice/home/>. You also may view legislative priorities at <http://www.apapracticecentral.org/advocacy/index.aspx>. There you can learn who your legislators are, how they are voting, and current issues you may like to monitor. 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](mailto:napiotrowski@yahoo.com).

## Resource Information

American Psychological Association and American Psychological Practice Association, *Q&A for Transforming APA: New Structures for a New Era*, <http://psyciq.apa.org/wp-content/uploads/2018/01/Transforming-QA-1.pdf>

American Psychological Association Member Services, *Transformational Change at APA*, (<http://psyciq.apa.org/transfor>  
[ming-apa-new-structures-new-era/](http://psyciq.apa.org/transforming-apa-new-structures-new-era/))

American Psychological Association Member Services, *Transforming APA: New Structures for a New Era*, <http://psyciq.apa.org/wp-content/uploads/2018/01/PublicSlidesFinal.pdf>

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

Arthur Evans, *Making APA Stronger*, <https://www.youtube.com/watch?v=-F3Rve-xfHw>

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

# ECP Member Spotlight: Priscilla Lui, Ph.D.

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

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

Please welcome to SoAP one of our early career members, Priscilla Lui! Dr. Lui is an Assistant Professor of Psychology at the Southern Methodist University in Dallas, TX. She received her B.S. in Biology and Psychology from the University of Washington and M.A. in Psychology from the California State University—Los Angeles. She then completed her Ph.D. in Clinical Psychology from Purdue University. Her clinical psychology internship was done at the Northwestern University Feinberg School of Medicine.

## What are your research interests?

Broadly, I am interested in how people from diverse ethnocultural backgrounds make sense of the world, and how lived experiences and individual differences in culture, ethnicity, and race affect people's alcohol use and other psychopathology symptoms. In my lab, I have examined



Priscilla Lui

the influences of acculturation and intergenerational cultural conflict, overt and subtle racial discrimination, as well as personality traits and emotion experiences relate to psychological adjustment. For example, one of my manuscripts was recently accepted for publication in the *Psychology of Addictive Behaviors*. Using a meta-analytic approach, we examined the complex relations linking acculturation to alcohol consumption and related problems among Asian Americans.

The goal of my program of research is to bridge alcohol studies on individual processes and sociocultural contexts to inform a comprehensive understanding

of drinking related behaviors and outcomes in our diverse society. Along the same line of interest, my colleague, Byron L. Zamboanga, and I are guest editing a special issue ("Sociocultural Factors and Mechanisms in Alcohol Use: Epidemiology, Prevention, and Intervention among Ethnic Minority Groups") in the *American Journal of Orthopsychiatry*. Thus far we have received immense support and many excellent abstract submissions. We hope this generates even more scientific discourse about sociocultural factors that influence alcohol and substance use among ethnic minority people.

## What are your clinical interests?

I am not practicing at the moment, but I have had experiences working with patients with alcohol and substance use disorders, eating disorders, mood and anxiety disorders, chronic pain, and co-occurring personality disorders across levels of care.

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

Currently, I am teaching research methods and multicultural psychology at SMU. I am involved in supervising graduate teaching assistants and a team of research assistants. These have been very enjoyable and fruitful experiences!

## Do you have any policy/advocacy interests?

I am interested in advocating for enhanced diversity of our profession and professional development opportunities for students, researchers, and professionals of color. As a fellow in the APA's Minority Fellowship Program (sponsored partly by SAMHSA), I have helped advocate continued efforts and funding to train and support the next generation addiction and mental health stu-

dents, providers, and researchers. I am involved in the Society of Clinical Psychology (Division 12) to enhance the diversity (broadly defined) of clinical psychologists.

## How did you get interested in addictive behaviors?

My interests in addiction began when I was an undergraduate research assistant at the University of Washington. I helped out in a project examining the efficacies of various arms of treatment (including DBT and medications) for people with heroin use disorder. During graduate school, I sought out clinical practicum experiences at Indiana University School of Medicine's Pain Center. I was struck by the importance and benefits of considering psychosocial determinants of chronic pain and drug misuse. I became very interested in not only individual differences in these processes but also ethnocultural group differences, and found myself invested in studying these issues in my research.

## What is something you are looking forward to as a member of the Society on Addiction Psychology (Division 50)?

I would love to be more involved in the Society by networking with folks with shared interests and connecting for possible collaborations. I think our science is as good as our collective efforts and the participation of awesome students and colleagues who bring different expertise.

## What do you like to do outside of work?

Although I don't consider my work "work," in my spare time, I enjoy kickboxing, having game nights with friends, and exploring restaurants in Dallas (there is such a brunch culture here!). I am itching to try indoor rock climbing, too!

## Editor's Corner

**Matthew R. Pearson, Ph.D.**  
TAN Editor

Greetings Division 50!

I want to thank Bruce Liese for his *President's Column*, Nancy Piotrowski for the *Advocate's Alcove*, and Christine Vinci and Aaron Weiner for introducing us all to Priscilla Lui in the *ECP Member Spotlight*. David Eddie and Seema Clifasefi provided us with APA 2018 updates. Tessa Frohe and Laura Banu invites you all to the student/early career social at CPA and updates us all on the Student Research Grant program. Kim Fromme

announces the 2018 SoAP award recipients. Mark Myers updates us on the Candidates for SoAP offices, and Jen Read lets us know about Call for Papers on opioids.

I want to give a special thanks to Lisa Najavits who gave her time to have a great *Candid Conversation* with me. It was thoroughly enjoyable speaking with her, and I hope you all enjoy it as well.

I hope you all appreciate the diminishing Editor's Corner. Next issue should be 140 characters or less!

# The 2018 APA Convention, San Francisco, CA:

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



David Eddie & Seema Clifasefi, 2018 SoAP Program Chairs

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

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

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

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

Some special points of interest to keep in mind as you plan your travel.

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

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

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

We can't wait to see you all in San Francisco! We also hope to see many of you at our Collaborative Perspectives on Addiction meeting in Tampa, FL, March 15-17.

# Candid Conversation (Lisa Najavits)

**TAN:** So it's my great pleasure today to be speaking with Dr. Lisa Najavits. She is Professor of Psychiatry at Boston University School of Medicine and Director of Treatment Innovations, among many other things. She's well known for originating Seeking Safety, a cognitive behavioral model for treating comorbid posttraumatic stress disorder and substance use disorder (or either one alone). I recently had the pleasure of reading her self-help book *Recovery from Trauma, Addiction, or Both: Strategies for Finding Your Best Self*, known in brief as *Best Self*. Before we get into the book I'd like to ask you a little bit about Seeking Safety. Specifically, I'm wondering if you could touch upon how Seeking Safety came about and how it has evolved over the past couple of decades.

LN: Yes, happy to. Seeking Safety came about on two levels. One level was professional. I had the great fortune of working at McLean Hospital and Harvard Medical School in the early 1990's and my mentor there, Dr. Roger Weiss, was working on treatment of co-occurring disorders. I was assigned to come up with a topic for a grant so I applied to NIDA to develop a treatment manual for PTSD and substance abuse, an area that was little-researched at that time. I got the grant and that launched the development of Seeking Safety. On a personal note, the topic of PTSD resonated with me at a deep level. I had experienced PTSD due to a violent assault while in graduate school, and my mother and grandmother, who were Hungarian, had PTSD from surviving the Holocaust. My personal empathy for PTSD combined with the newly emerging area of dual diagnosis was extremely compelling to me. But I assumed I would move on to other topics over time. Yet decades later it remains my focus. It ended up becoming a huge area, and for good reason—from a public health standpoint it's clear that trauma and addiction co-occur often and in all kinds of populations. I grew as



Lisa Najavits

the field grew, and I kept learning and refining Seeking Safety. That first grant got funded in 1993 but the book didn't come out until 2002. In that 10-year period I listened closely to clients, trying to understand how trauma and addiction played out in their lives. I drafted a first version of the Seeking Safety manual and *NIDA Notes* did a brief write-up about it, and requests started to pour in from programs wanting a copy of it. For many years we were mailing out xerox copies of the manuscript and that led to invitations all over the country to train and present on it. I met so many enormously dedicated people in the addiction field who were thirsty for information, knowledge, ideas. I came to see that it was primarily the addiction field that was interested in Seeking Safety. I think that's because the mental health (PTSD) field routinely referred out people with addiction ("Come back once you're clean and sober") but the addiction field generally couldn't refer out people with a trauma history.

By the time Seeking Safety was published in 2002 there were already quite a few programs that had been using it for a while. By traveling around and training on it for years before it was published, I had the rare opportunity to refine it through a lot of direct experience with clinicians, clients, and treatment agencies. Just to name one ex-

ample, I presented at grand rounds at the University of Connecticut and at the end of the talk someone said, "This looks really interesting. But why is there no module on anger—that's a major issue for patients we work with." I then wrote a module on anger, and am forever grateful for that type of thoughtful feedback. In truth, the book also was delayed in coming out because I am practically phobic about writing—far too perfectionistic—and it took a lot for me to wrestle with myself to write it. At one point, in desperation, I asked my mentor if I could just hire someone to write it for me; he said no.

I'll also say the topic of PTSD/SUD wasn't without controversy. I remember doing a talk in the early 90's and a substance abuse counselor was really upset and walked out, saying that it was a violation of ethics for addictions counselors to focus on trauma. It has been heartening to see how some of these big gaps between addictions and mental health have, over time, become much smaller.

As for Seeking Safety, more and more research was conducted on it, and various implementation tools were created in response to program requests—people would say, "We need a translation into Spanish," "We need videos," "We need training materials." So I just kept trying to meet the needs.

**TAN:** Great, you mentioned early on that there were issues. You mentioned it as a controversy the idea of attempting to address both simultaneously, do you feel that that battle continues or that battle has been won?

LN: That's a really good question. Certainly the landscape has changed. There have been some really positive developments but at the same time we're not far

enough along. One of the positive developments is that there is now much greater awareness of trauma and addiction in the national consciousness, the media, and in science. In the clinical realm, there's been the emergence of trauma-informed care, which SAMHSA spearheaded and which has really reached front line programs. Everyone's now much more conscious of trauma in a way that they weren't back in the early 90's. Similarly, addiction in the early 90's used to be seen as a specialty area and you didn't touch it if you came from mental health; and you didn't get training on it in psychology grad school or internship. Many new models have been developed for PTSD, SUD, or both and there have been a lot of empirical studies. So a lot of positive things have happened. That being said, there remain some major issues that we have not resolved as a field. One of the most crucial is that funding streams tend to still be separate between addiction and mental health so there's competition for resources. We can have all the models in the world and all the empirical testing but in the end, but how do you fund programs, how do you keep patients from going through the revolving door cycles, how do you give them sustained support? In the addiction field one of the most beautiful answers to that has been the 12-step movement. But there is no such movement in the trauma field. I've been working for some years now on peer-led Seeking Safety which I hope can contribute to this larger question.

Another crucial issue in the field is what do we mean by evidence. The focus on evidence-based care has been an extremely healthy development. But sometimes things get calcified too quickly. Grants that tend to get funded focus on short term treatments— 12 sessions. Do 12 sessions resolve chronic issues, co-

# Candid Conversation (Lisa Najavits)

occurring disorders, severe opioid addiction, and so on? That's not realistic and so what really happens is that people cycle through many episodes of treatment and that's not taken into account when we look at the evidence base. RCTs don't identify how many prior therapies patients had, for example. Also follow up periods are often a black box where they are receiving all kinds of treatments, cycling through other evidence-based treatments. We assume the followup period is somehow related to the specific treatment episode that we studied but in fact, it's much more complex. So it seems that one of the battles still to be won is having treatment outcome studies conducted or at least interpreted with a greater sense of realism and humility around what it takes to help people in a sustained way.

**TAN: Sure, this reminds me of a conversation I had recently that we continue to treat a chronic condition as an acute condition. It would be ridiculous if diabetes treatment had to be 12-week treatments to fix diabetes and then remove the care and see how they do at follow up. We don't do that because we know that it's a chronic condition so treatment can continue for as long as it's needed, and we don't really have that so much with addiction.**

LN: Yes, absolutely. Tom McLellan was one of the first to advocate for that position, which is so incredibly important. Also, in thinking about treatment research, we need to focus more on the *level of burden* among patients who are studied in clinical trials. We compare treatments as if they're the primary mechanism of action, but who are the patients that are coming in for treatment, and how does that differ across trials? This makes a huge difference. Many trials in the PTSD field, for example, exclude people for having substance abuse (especially drug use disorders), being suicidal, violent, homeless, in a

current domestic violence relationship, and so on. These are the kind of clients that clinicians struggle with most, and who often have lack access to care, yet they are not typically studied. Instead it's these more pure studies under optimal conditions with healthier clients. We don't quantify what was the level of burden in study A versus study B? I think that's one of the next real developments that needs to happen and would also make meta-analyses more meaningful so you can compare fairly across studies. With regard to Seeking Safety, it's sometimes being critiqued for its evidence yet it's been studied across those highly burdened, vulnerable clients whereas typically PTSD models have not. So that's just another piece of the puzzle.

**TAN: That's a great point...Now, I know you described Seeking Safety as a present-focused model. I know that it's very comprehensive but if you could explain that a little bit as how that differs from a past-focused model with your newest model that you're calling Creating Change.**

LN: Yes. There's a major framework in the trauma field called the *consensus model of treatment*. It focuses on stages of recovery. I was fascinated to find out, while researching Creating Change, that the stages of recovery concept arose early in the 20<sup>th</sup> century and even, in some form, back to the 19<sup>th</sup>; it has been described over and over using different terms. (As a side-note, I was a history major in college and find it intriguing to trace ideas to their origins.) One of the most eloquent descriptions of the stages of recovery is Judith Herman's 1992 book, *Trauma and Recovery*. The stages are, in her words, *safety, mourning and remembrance, and reconnection*. The addiction field doesn't have identified stages in such a formal way, but when I received that first Seeking Safety grant in the early 90's, it occurred to me that in the addiction field, the stages of

recovery are really quite parallel.

The first stage—*safety*-- means building coping skills, learning to identify symptoms, getting out of unsafe relationships and situations as much as possible, increasing contact with supportive people, and decreasing substance use and other unsafe behavior such as isolation, bingeing, cutting and so on. It's basically creating a foundation of stabilization. So Seeking Safety was designed to address just that first stage, which is a huge task when someone has both trauma and addiction.

The second stage—*mourning and remembrance*—is basically classic PTSD therapy. It means telling the trauma narrative in detail and working through the painful feelings and memories. It's sometimes called opening Pandora's box because it's about opening up and exploring the past, and that is typically there are two major threads in the history of the trauma field: one is emotion and one is memory, and in past-focused therapy you connect the two. There are many different models for this type of work and even though they have somewhat different protocols and methods, all in one form or another take the person into the trauma narrative as a way to overcome it. In the current era the most prominent models are exposure therapy and eye movement desensitization and reprocessing (EMDR).

In the trauma field stage 1 therapies are called *non-trauma-focused* and stage 2 therapies are called *trauma focused*—but I think they are better described as *present-focused* and *past focused*. In a nutshell, Seeking Safety is present-focused and Creating Change is past-focused. Also both are integrated models, meaning that both address trauma and addiction at the same time. Currently too the idea is that the stages of recovery are not linear and they represent different types of work rather than a necessary sequence.

Some people will do just *safety* and don't need or want to do past-focused work. Others can move right into past-focused. And others may do both, perhaps at the same time, or in a sequence.

I designed Creating Change to help clients explore the past in terms of both trauma and addiction. Creating Change was designed to mirror Seeking Safety in terms of tone, format, flexibility, and ability to be implemented by any counselor with any client. It can be done on its own, concurrent with Seeking Safety or after Seeking Safety. And rather than focusing primarily on the client's painful narrative per se history it focuses on exploring themes related to the past. So where each topic in Seeking Safety focuses on a coping skills relevant to trauma and addiction; each topic in Creating Change focuses on an exploratory theme related to trauma and addiction. Examples of topics are *learning how to grieve, relationship patterns, self-protection, power dynamics, body and sexuality, working with memory*, etc. One clinician who used Creating Change described it as "a kinder, gentler approach to exposure therapy."

I finished the first draft of Creating Change in 2007 but before putting it out into the world I want to make sure it had empirical testing. There is now a completed RCT on it as well as two pilots and several clinical feasibility projects. The results so far have been excellent. In the RCT, for example, both Creating Change and Seeking Safety showed significant positive impact on both PTSD and substance use symptoms, which were maintained at 3-month followup. The website [www.creating-change.org](http://www.creating-change.org) has more information. I'm currently editing the 2007 manuscript to update it and the Creating Change book will come out in 2019.

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

# Candid Conversation (Lisa Najavits)

(Candid, from page 7)

**TAN: Sure great! So, let's discuss your self-health book. It's entitled, "Recovery from Trauma, Addiction, or Both: Strategies for Finding Your Best Self." Could you touch upon why you felt that recovery from either or both of these share enough overlap that the self-help book could be helpful to individuals with either or both?**

LN: Yes, certainly. First, many people with trauma issues don't realize they have addiction and vice versa many people with addiction don't realize they have trauma issues. As a field even we didn't recognize those connections until relatively recently. So building awareness is key. The new book was designed as self-help but can also be conducted by clinicians or family members; it has a broad reach. The first part of the book is education on what trauma and addiction are and how they may co-occur for some people. Second, the content, as you say, is overlapping. PTSD and addiction actually do have a lot in common—they are both marked by loss of control, secrecy, poor coping, and unsafe behavior. Both require exposure to an external event (the trauma or access to a substance). Both tend to be misunderstood by families and sometimes clinicians. Both are capable of change. Also, in general, interventions in our field are not like surgery or precision medicine where the treatment impacts only a specific disorder. Treatment studies show that PTSD therapy impacts a wide range of symptoms, not just PTSD symptoms. So too with substance abuse treatment – it can show impact on depression, anxiety, etc. So I just tried to make sure that the content of the new book would be as broadly relevant as possible.

There are 35 chapters, each short and independent of the others. Readers can dive into them in any order. Examples of chapters are, *Every child is a*

*detective; It's medical—you're not crazy, lazy or bad; Possible selves; Wish versus reality; The culture of silence; How to survive a relapse; and See the link.* Every chapter ends with "Recovery Voices"—which is a person with lived experience of trauma and/or addiction who writes about how the chapter relates to his or her own recovery. There are also a lot of exercises such as quizzes, fill-ins, etc. In all, I believe there's enough content that can apply if someone has one or both issues—trauma and/or addiction. All this being said, however, I was very disappointed that the publisher insisted on such a poor title for the book—as the author, I have no legal rights on the title. For *Seeking Safety* I was able to require them to use that title as it was the name of the treatment but on this I couldn't. Oh well.

**TAN: Great. As a researcher, the majority of our writing is written for other scientists. You've developed a treatment model, so you're writing to other clinicians or frontline treatment people. I'm curious though, is it a challenge to write a book for individuals who are not necessarily scientists or clinicians, but just individuals from various backgrounds who are trying to recover from trauma-related or substance-related disorders?**

LN: That's an interesting question. The short answer is, yes, it's a challenge for sure. The way I approach it is that the most important element is to speak from the heart. It needs to integrate scientific, clinical, technical knowledge, but if it doesn't resonate with the heart, I think it's less likely to work. A lot of change can happen if people are inspired, if they feel that you understand their experience. There's a quote I like about writing: "No tears in the writer, no tears in the reader." Writing with emotion, but in a professional way, is a challenge but a wonderful challenge. It's aiming for the highest level of idealism, trying to speak so that people will want

to hear. In trauma and addiction there's so much stigma, so much misunderstanding, so much loss of hope. One of my favorite parts of the book is chapter 3, "*Things turn out okay*". *David's Experience*. It was written by a man who lived through horrible childhood trauma and multiple severe addictions. He writes eloquently about his life and his remarkable story of recovery. Stories like his are so moving, and help inspire me to do whatever I can to try to help.

**TAN: I want to thank you for doing this. I enjoyed reading the book and looking more into your career, and I've learned a lot more about Seeking Safety. You sound very positive, but at the risk of ending on a little bit of a negative note, but I'm just fascinated by perspectives of people working in the field for 20-30 years, are you more surprised at how much progress has been made or surprised by how little things have changed?**

LN: That's a really thought-provoking question. I guess my answer is, "some of both." What I've been struck by in a positive sense have been major developments like trauma-informed care, recovery-oriented systems of care, the increased focus on peers, the use of technology to improve behavioral health, and greater rigor in empirical studies, for example. On the downside, I think what has been most disappointing and surprising to me is that it seems as if the concept of evidence-based has become overly politicized and overly narrow. There's a lot of competition among models yet after decades of "horse race" comparisons basically the consistent finding is that well-developed models work and don't outperform each other. In the substance abuse and trauma arenas, some of the best research on this topic is by Benish et al. and Imel et al. The phrase *distinctions without a difference* captures it. We need a more sophisticated consumer-

based understanding. What do clients like and dislike about certain models? Why do clinicians adopt some models more than others? What models are clients bored by? Which ones are they excited by? It's basically taking a bottom-up approach in addition to a top-down one. The top down one is to tell clinicians what models they need to adopt based on very narrow criteria (and with evidence that is not nearly as strong as is portrayed). After a model has had positive RCT results the stance seems to be, "Okay, now we've got to get people to use it." But when adoption doesn't occur you have to do is look at it more closely and respect clinicians and clients for their choices: Why do people not take to it? Why are they not moved to do it on their own? Why are they not jumping at the bit to do it? I think of 12-step as a very bottom-up approach, extraordinarily so, and it has sustained itself since 1935 with virtually no funding because it was so compelling to people who have addiction. In its own small way, *Seeking Safety* was adopted primarily on a bottom-up approach. It was clinicians trying it out and seeing response in their clients, and I think it took root because there was this groundswell of need around trauma and addiction, and they felt it spoke to them.

So I've been surprised that it feels like we're still sort of playing out what seems like very mathematical approaches to things that aren't necessarily always mathematical. We have to expand the range of which studies get funded, which models get identified as evidence-based, and what the criteria are for "evidence-based." Personally I think it should include how engaging the model is—how likely is it that people want to do it?—rather than just the classic RCT outcomes. There's still a level of oversimplification and that doesn't help move the field forward as fast as it could.

# Candid Conversation (Lisa Najavits)

TAN: I couldn't agree more. I use the analogy with diet. So a new diet comes out, "Oh, there is this new diet, this is how you lose weight!" It's like, "No, there are no new shocking diet revelations," there are lots of ways that you can have a healthy diet, and the different healthy diets don't necessarily have to compete with each other. One lifestyle of eating works for me, another lifestyle works for you,

but I do wonder sometimes that thirty years from now, I'm going to look back and we're going to be having the same conversation about how the field is still engaged in a horse race of "is treatment A better than treatment B," rather than what I think we should do, which is to just focus on expanding the menu.

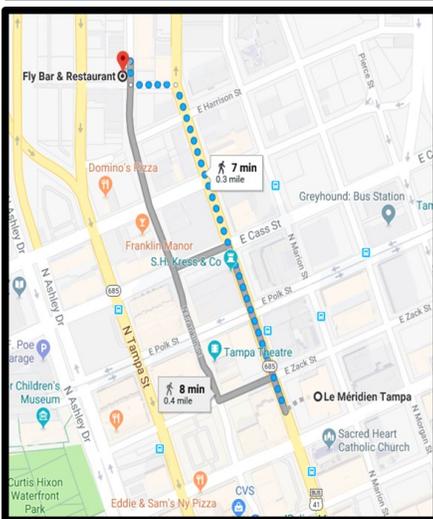
LN: Well put! Absolutely.

TAN: It is kind of interesting that we think of doing the initial trials of these as being very scientific, that's where the science ends, and then everything else is just politics of dissemination, but no, there is also a science to that, there is marketing to that. I think that you're excellent at branding with Seeking Safety and Creating Change. Your alliterative acronyms for these, I think they're just perfect. Let's not

make it too complicated, two words, gets right to the point.

LN: Thanks! By the way, your questions and your comments throughout have been terrific.

TAN: It's been really great talking to you!



## Please join us at CPA in Tampa for our **Annual Student and Early Career Social Event**

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

Friday night, March 16<sup>th</sup> from 8-10 pm  
@Fly Bar (N. Franklin St & Royal St.)



## 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. Please see our website for more details: <http://addictionpsychology.org/news-announcements/2017-soap-student-research-grant-program>. Also, feel free to email your Division 50 Student Reps with any questions you may have ([tfrohe@ufl.edu](mailto:tfrohe@ufl.edu) & [laura.banu@rutgers.edu](mailto:laura.banu@rutgers.edu))

### SoAP MEMBER SERVICES

**Join SoAP:** Join at [www.apa.org/divapp](http://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](http://www.apa.org/membership/renew.aspx). Professional Affiliates (professionals with no membership in APA) and Student Affiliates may renew at [www.apa.org/divapp](http://www.apa.org/divapp).

# 2018 Award Recipients for the SoAP!

**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 2018 Award Recipients.

## [Carlo DiClemente: Distinguished Scientific Contributions to the Application of Psychology](#)

Dr. Carlo DiClemente is the richly deserving 2018 recipient of the award for Distinguish Scientific Contributions to the Application of Psychology. Dr. DiClemente's contributions to the development and refinement of the transtheoretical model of change has had a substantial impact on understanding and facilitating personal behavior change. His impressive list of over 200 peer-reviewed publications and several books attest to the dissemination of his work to a broad audience of addiction scientists. He has influenced hundreds of professional careers and, by extension, the lives of countless people who are struggling to change their patterns of addictive behaviors. Elements of the transtheoretical model, such as the stages of change, been applied to virtually all social science disciplines, providing further support for Dr. DiClemente receiving this award for the application of psychology.



Carlo DiClemente

## [Jennifer Merrill: Distinguished Scientific Early Career Contributions](#)

Dr. Jennifer Merrill is the 2018 recipient of the award for Distinguished Scientific Early Career Contributions. Dr. Merrill received her Ph.D. in Clinical Psychology from The State University of New York at Buffalo in 2012, after completing a Clinical Psychology Residency at the Medical University of South Carolina. She went on to complete a postdoctoral Fellowship at Brown University, where she is currently an Assistant Professor in the Department of Behavioral and Social Sciences. Dr. Merrill is building a strong program of research to examine the cognitive, affective, and environmental processes that contribute to behavioral choices regarding alcohol consumption in young adults. Dr. Merrill is a highly productive young scientist, with 54 peer-reviewed publications and demonstrated success in obtaining grants from NIAAA, including a KO1 Award to support her work using ecological momentary assessment to study the contextual and normative influences on drinking decisions. Dr. Merrill is a distinguished early career scientist who is richly deserving of this award.



Jennifer Merrill

## [Ricky Bluthenthal: Distinguished Scientific Contributions to Public Interest](#)

Dr. Bluthenthal is the 2018 recipient of the award for Distinguished Scientific Contributions to Public Interest. He has had a profound impact on public awareness and policy as a result of his research, program development, and advocacy activities, especially in the areas of injection drug use and syringe ex-

change programs. As testament to the wide ranging impact of Dr. Bluthenthal's work, his research has been funded by the Centers for Disease Control and Prevention, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Minority Health and Health Disparities, and the Robert Wood Johnson Foundation. Dr. Bluthenthal has also testified numerous times to local, county, and state government legislative committees in support of harm reduction, making him an ideal recipient of this award.



Ricky Bluthenthal

## [Carlton Erickson: Outstanding Contributions to Advancing the Understanding of Addictions](#)

Dr. Erickson is the 2018 recipient of the award for Outstanding Contributions to Advancing the Understanding of Addictions. As a research scientist, Dr. Erickson has studied the effects of alcohol on the brain for over 45 years. Having a broad knowledge of the neurobiology of alcohol and other drugs, he has widely disseminated that knowledge. He presents approximately 8-10 lectures annually to health professionals, and provides a another valuable service through Grand Rounds at health science centers to update pharmacy, nursing, social work, and medical faculty and students about the latest neurobiological research on addiction. As a science educator, Carl has spoken to approximately 88,000 health professionals and people in

recovery since 1978. He is clearly the ideal person to receive this award, and we hope he will proudly include it among his many other prestigious awards, including the Betty Ford Center Visionary Award, the John P. McGovern Award for Excellence in Medical Education, and the Annual Award from the American Society of Addiction Medicine.



Carlton Erickson

## [Mark Schenker: Presidential Citation for Distinguished Service to the Society of Addiction Psychology](#)

Dr. Schenker is the 2018 recipient of the Presidential Citation for Distinguished Service to the Society of Addiction Psychology. In addition to his previous service as Member at Large, Dr. Schenker has worked tirelessly to implement and coordinate monthly Clinical Conference Calls for the Division. His sustained commitment to the mission of APA and the goals of SoAP contribute to his recognition with this award. You can find the fruits of Dr. Schenker's labors on our website, at <https://addictionpsychology.org/education-training/conference-calls>.



Mark Schenker

# Candidates for SoAP

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

Every third year in the election cycle is a busy one, and this is that year. We are pleased to announce that we have seven candidates for five offices. Importantly, once again the SoAP will have two Council Representatives! Thank you to everyone who made this possible by sending in their apportionment ballots in favor of the SoAP last Fall! We would also 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!

Linda Sobell is running for President-Elect. Ray Hanbury and Jeff Parsons are running for APA Council Representative. Kirk Bowden and Joel Grube are running for Member-at-Large (Science). Linda Skalski is running for Secretary and Ty Schepis is running for Treasurer. All candidates received more than the 2.5% of the nominations required to be placed on the slate.

Additionally, we are seeking a third 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](mailto:mgmyers@ucsd.edu).

## Call for Papers: Responding to the Opioid Crisis

### Guest Editors: Jennnifer P. Read, Brian Borsari

We are assembling a special issue on the opioid crisis in an effort to facilitate effective responding within the field of clinical psychology to the rapidly emerging challenges of this crisis.

The objective of this special issue is to shed light on critical issues regarding the opioid crisis within the field of clinical psychology, to identify gaps in the knowledge base and directions for future investigations, and to enhance our ability to provide effective and compassionate care for those personally affected by this epidemic.

Accordingly, we are seeking original contributions on the following topics:

- Etiological studies of opioid use in a variety of populations, including but not limited to medical patients, pain patients, ethnic minorities, youth, persons with serious mental illness, and community samples.

- Studies of treatment that have a cross-cultural or demographic focus.

- The development, validity, and use of techniques for assessment, diagnosis and treatment of opioid misuse.

- Studies of opioid use and of its assessment and development where these have a clear bearing on problems of clinical dysfunction and treatment.

- Studies of gender, ethnicity, or sexual orientation that have a clear bearing on diagnosis, assessment, and treatment.

- Studies of psychosocial aspects of opioid use.

- Studies of theory-based interventions of opioid use, especially those that investigate mechanisms of change (e.g., adoption of alternative pain management strategies), Pharmacology (methadone/naltrexone and other alternatives to opioids), and/or tapering.

- Studies of universal prevention or intervention efforts.

- Studies of innovative treatment approaches.

- Studies of dissemination and effectiveness of opioid treatments in real-world settings.

- Commentary on policy and controversies in the field.

The above list is not exhaustive, and other original contributions also are welcome.

### Submission Details

Though empirical papers will be prioritized, theoretical or review papers also will be considered, particularly insofar as they are consistent with the overarching objectives of the special issue.

Interested authors are encouraged to contact the guest editors to discuss potential contributions to the special issue.

Before submitting your manuscript, please send an abstract(s), with an inquiry, to the Guest Editors, [Jennifer P. Read](#) and [Brian Borsari](#).

Full-length manuscripts should not exceed 35 double-spaced pages total (including cover page, abstract, text, references, tables, and figures), Brief Reports should not exceed 265 lines of text including references.

These limits do not include the title page, abstract, author note, footnotes, tables, or figures.

See the [Journal of Consulting and Clinical Psychology manuscript submission instructions](#) for more details.

Papers should be submitted to the guest editors by **August 3, 2018** for consideration.

### Background

Opioid prescribing for non-cancer pain has increased dramatically in the U.S. during the past decade, both in the number of persons treated and in the mean dose of morphine equivalents prescribed per person.

Parallel to this increase in opioid prescribing has been an alarming increase in opioid-related adverse events and deaths, with accidental opioid-related overdoses overtaking motor vehicle accidents as a leading cause of preventable death among young people in the U.S.

The result is one of the most significant public and mental health, social, and economic burdens that the U.S. has faced in decades.

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