



# The Addictions Newsletter

The American Psychological Association, Division 50

www.addictionpsychology.org

SUMMER 2017

## President's Column

**Katie Witkiewitz, Ph.D.**  
Division 50 President

Happy Summer everyone! As my last communiqué as President of the Society of Addiction Psychology I am excited to report progress on more new initiatives and also give you a sneak peek at some upcoming initiatives. It has been a great year and we have accomplished a lot in these past 11 months. The Society is vibrant and growing. I thank our members, committee members, committee chairs, and elected officials for your continued support of the Society. It really does take a village! Below I highlight election news, exciting information about our upcoming meetings, an update on the Certificate of Proficiency and ABPP Subspecialty Application, and I am thrilled to announce our new Early Career Psychologist Grant Program.

### Election News

The votes are tallied and I am thrilled to announce that Dr. Jennifer Buckman has been elected to serve as your next President-Elect of the Society of Addiction Psychology. Dr. Buckman has previously served our Society in three terms as the Treasurer (2006-2015), the Program Chair for APA in 2013, and has been a force in organizing the Collaborative Perspectives on Addiction meeting since its inception (2013-2017). It is an



Katie Witkiewitz

honor to work with Dr. Buckman and I am very excited that she is continuing to provide service to the Society. Dr. James Bray will continue in his role as an APA Council Representative for Practice and Dr. Monica Webb-Hooper will be joining the Executive Committee as your Member-at-Large for Public Interest. Read more about the newly elected Executive Committee members at our [web-site](#).

Dr. Joel Grube's term as Member-at-Large for Public Interest is ending and we thank him for his many years of service to the Society. Given his ongoing commitment to the Society, I did not want to see him go completely so I have named him to serve as the Chair of our newly formed ad-hoc Grant Review Committee (see below for details on this committee and new grant programs). Thank you so much Dr. Grube for your continuing service to the Society of Addiction Psychology!

### SoAP Programming at the APA Convention

I hope you are all getting travel plans set for the [125<sup>th</sup> Annual American Psychological Association Convention](#) in the nation's capital (Washington DC). The theme for our Division's programming is *Translating Addiction Science into Practice* and we will be sponsoring many great speakers, symposiums, workshops, discussion panels, and poster sessions. Specifically, [our program \(which can be accessed on our website\)](#) includes 9 symposium talks, two plenary addresses, a skills building session on Screening Brief Intervention and Referral to Treatment (SBIRT), three poster sessions, and two discussion hours. We will also have a Student Data Blitz, co-sponsored by our friends in APA Division 28, and many social events.

I formally invite all members to attend our Business Meeting and Award Ceremony on Thursday August 3<sup>rd</sup> from 3-4pm, which will be followed by a Division 50 Social Hour at [City Tap in Penn Quarter](#) (901 9<sup>th</sup> St NW) at 4pm. Also, please do not miss the NIAAA/NIDA and Division 28/50 Early Career Investigators Poster Session and Social Hour on Friday August 4<sup>th</sup> from 4-5:50pm at the Marriott Marquis Hotel, Salon 5.

A huge thank you from the Division to Dr. Christian Hendershot who has served as Chair of APA Convention programming in

2016 and 2017. He has committed many hours and taken countless emails and phone calls to pull together great programming. The efforts of a program chair are often behind the scenes and Dr. Hendershot has worked tirelessly in this role. He has also trained our next Program Chair, Dr. David Eddie, who Co-Chaired the 2017 meeting, and we look forward to Dr. Eddie running the show in 2018. Thanks to both of you for all that you do!

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### **Collaborative Perspectives on Addiction: 2017 Re-Cap and Save the Date!**

The 2017 Collaborative Perspectives on Addiction (CPA) meeting, in Albuquerque NM on March 24-25, was a huge success. Special thanks to Rob Leeman, Jim Murphy, Jen Buckman, Michael Amlung, Cindi Glidden-Tracey, Brandon Bergman, Megan Kirouac, Tessa Frohe, David Eddie, and Lauren Hoffman for playing major roles in ensuring the continued growth of our mid-year meeting. I also thank all of the speakers, presenters, and especially all of our student volunteers – we owe our continued success to the many people who support the meeting by presenting and attending.

I am also extremely excited to announce the [2018 CPA meeting](#), which will be held March 15-17, 2018 at the historic Hotel Méridien in Tampa Florida. Rob Leeman and Jim Murphy have graciously agreed to stay on as Logistic Chairs and Ali Yurasek and Jennifer Merrill have agreed to serve as Program Chairs. Please visit our website for more information:

<http://addictionpsychology.org/conventions/cpa/2018-collaborative-perspectives-addiction-meeting>

### **Update on the Certificate of Proficiency and ABPP Subspecialty**

The Commission for Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) has recommended our Certificate of Proficiency in Addiction Psychology to be renewed for seven years. The APA Council of Representatives will hold a vote at the APA meeting in August. We will inform the membership as soon as we know if the Certificate of Proficiency is renewed.

We are also thick into the process of applying for status as an ABPP Subspecialty in Addiction Psychology. Former Division 50 Presidents, Drs. John Kelly and Raymond Hanbury, as well as President-Elect Bruce Liese, Council Representative Linda Sobell, long-time Division 50 member Mark Sobell, and President of American Board of Behavioral & Cognitive Psychology Tom Dowd are leading the process and application. **Please visit our Discussion Hour at the APA Convention on Sunday August 6<sup>th</sup> at 10am (Convention**

**Center Room 154A) for more information.**

### **Early Career Grant Award Program**

Given the ongoing success of the Collaborative Perspectives on Addiction conference, I am thrilled to announce that the Society has initiated an Early Career Grant Program to support small pilot research projects (up to \$5000) in the field of addiction psychology proposed by Early Career Psychologists (within 10 years of the doctoral degree). The deadline for our first round of applications is September 1<sup>st</sup>, 2017. For application materials and to learn more about our Early Career and Student Grant programs, [visit our website](#).

### **Call for Members of New Grant Review Committee**

The new Student and Early Career Grant programs has necessitated the development of a new ad-hoc Grant Review Committee. The Grant Review Committee, which will be Chaired by Dr. Joel Grube, will review the Student Grants (deadline of May 1<sup>st</sup>, reviews completed in May-June) and Early Career Psychologist Grants (deadline of

September 1<sup>st</sup>, reviews completed in September-October). We are now soliciting members to serve as grant reviewers. We are interested in members in all stages of career who have experience in submitting and/or reviewing research grant proposals. Please email me at [katiw@unm.edu](mailto:katiw@unm.edu) if you are interested in serving on this new committee.

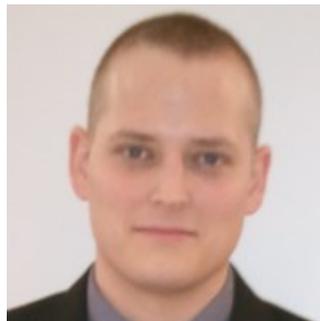
### **Updates to Website and Clinical Conference Calls**

We are continuing to add new content to our newly designed website. If you have not yet visited, please go to <http://addictionpsychology.org> for more information. We have recently posted the recordings from the prior clinical conference calls and powerpoint presentations (when available) from our Clinical Conference Call series. Special thanks to Dr. Mark Schenker for his continuing organization of the Clinical Conference Call series, to Dr. Bruce Liese for supporting our efforts in posting the calls, and to all of the speakers. For a list of the past conference calls and access to recordings visit: <http://addictionpsychology.org/education-training/conference-calls>

## **Editor's Corner**

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

Greetings Division 50! I want to thank everyone who contributed to this Summer 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 on the APA convention (Christian Hendershot, David Eddie, Tessa Frohe) and Div. 50 election results (Mark Myers and Russ Marks). I also want to thank Adam Wilson for his meticulous editing of this issue.



Matthew 'Mateo' Pearson

In this issue of TAN, you will see the *Candid Conversations* column with Patt Denning, Director of Clinical Training and Services at the Harm Reduction Treatment Center. We discuss the second edition of her book (coauthored with Jeannie Little)

*Over the Influence: The Harm Reduction Guide for Managing Drugs and Alcohol*, and many other things. I was very grateful to speak with Dr. Denning on a range of important topics so I sincerely thank her for her time.

In this summer edition of *TAN*, you will see pictures of our members enjoying the *Collaborative Perspectives on Psychology* meeting and participating in the March for Science.

The mission statement of the March for Science is as follows: "The March for Science champions robustly funded and publicly communicated science as a

pillar of human freedom and prosperity."

This is a mission that SoAP can be fully behind! I want to thank Katie Witkiewitz for providing me with these pictures and for all of you who participated in these opportunities to push the field forward.

If you would have any topics that you wish to see addressed in the *TAN* or would like to be interviewed for a column in the *TAN*, please do not hesitate to contact me at: [mateo.pearson@gmail.com](mailto:mateo.pearson@gmail.com)

Take care!

# Advocate's Alcove

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

As this issue of TAN goes to press, we are awaiting the outcome of the development and any voting to occur to the current Senate healthcare bill called the "Better Care Reconciliation Act." The vote for the bill was delayed due to continuing concerns with its content and impact. Advocacy leaders in psychology have conveyed that many psychologists have been sending in letters to their elected representatives encouraging them to vote "no" on the bill. This is because the basic position of American Psychological Association (APA) has been that any legislation that cuts Medicaid or caps its funding, or eliminates the requirement that plans cover an essential health benefits package, including mental health and substance use services, will cause harm. APA has also asserted that any legislation affecting healthcare should increase, not decrease, the number of Americans with coverage for conditions like mental health, substance use, and other behavioral services. The fight to achieve parity has taken more than 30 years of incremental change to get as much coverage as is available under the current laws. No doubt the devil is in the details of all legislation. Bills related to mental health and substance use services access, records management, and training of practitioners potentially require careful review to insure no backwards movement. So, I encourage you to keep your eyes and ears open for opportunities to help make change happen. As always, if reading legislation is new to you or you are not familiar with the current bills under consideration, you may read more by visiting Practice Central <http://www.apapracticecentral.org/advocacy/index.aspx>.



Nancy Piotrowski

Speaking of changes, as the health care industry is predicted to move away from a fee-for-service payment model, the APA Practice Organization (APAPO) is encouraging clinicians to spruce up their skills for working in integrated health care settings. Psychological science and practice offers many benefits and opportunities to healthcare for saving funds and decreasing suffering. And so APAPO has arranged to offer an online training program on psychologists working in integrated health care settings. APA members who take the online training will be able to earn eight continuing education credits. To register or learn more, visit <http://www.apapracticecentral.org/update/2017/06-15/integrated-health-care.aspx>.

No doubt we are living in an interesting time for calls to advocacy related to our profession. While my role is to focus primarily on our practice concerns, there are issues touching many areas of our work including matters of science, education, training, and policy, over and above clinical practice. As such, it is an important time to remember that things can change both at the state and federal level. APA and APAPO can provide a lot of information on the latter, but your state associations are better for the former. Often too state, provincial, and territorial psychologi-

cal associations (SPTAs) may experience challenges to the profession that may lead to federal policy challenges or changes. So you may find yourself in a position to weigh in on how and where your association may address current events affecting the field. We have seen this on broader issues such as conscious clause legislation, creation of omnibus mental health boards for regulating practice, and scope of practice. But issues specific to addiction may also arise and so we really do need eyes and ears in all states to keep ahead of this. As such, if this is of interest to you, please send me an email and we can chat about ways to get you involved. Additionally, you are going to the APA convention in August, do consider attending a special session offered by the Advocacy and Mentoring Subcommittee of the Committee of

State Leaders entitled "When and How SPTAs Should Take a Stand." This will be held on Friday, August 4<sup>th</sup> from 2:00-3:50 p.m. at the Marriott Marquis Hotel in the Mint Room. This is a supplemental session only recently added to the program.

Finally, as always, if you have an idea for an advocacy project related to addictions or something broader, let me know via [napiotrowski@yahoo.com](mailto:napiotrowski@yahoo.com). I am happy to assist.

## Resource Information

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



Marching for Science in New Mexico!  
(Corey Roos, Megan Kirouac, Katie Witkiewitz, Elena Stein)

# New Member Spotlight: Samuel Acuff

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

Please welcome to SOAP a new student member, Samuel Acuff. Samuel is attending the University of Memphis, where he just completed a Master's degree in Psychology. He is a graduate research assistant in the HABIT lab, and he will begin doctoral training in Clinical Psychology in the Fall, advised by Dr. James G. Murphy.



Samuel Acuff

**What are your research interests?**

I am interested in 1) behavioral economic risk/protective factors of substance misuse and the consequences associated with heavy drinking among college students, such as deficits in academic performance, driving after drinking, and blackouts 2) mechanisms associated with behavior change; 3) the application of novel technologies to enhance both research and interventions; and 4) behavioral economic perspectives on comorbidity.

**How did you get interested in addictive behaviors?**

When I arrived at the University of Memphis, I initially wanted to pursue research in trauma and PTSD. Dr. Murphy, however, offered a position on a NIAAA fund-

ed randomized clinical trial evaluating a behavioral economic supplement to brief interventions. After reading and engaging with some of the work being done in this area, I was fascinated and decided to change my pursuit to addiction.

**What are your clinical interests?**

I am interested in working clinically with college students and with those who endorse comorbid trauma-substance misuse.

**Do you have any policy or advocacy interests?**

I try to stay keenly aware of federal funding available to science-related agencies each year. I hope we, as a field, continue to receiving adequate funding, and, if given the opportunity, would enjoy actively engaging in advocacy for this.

**How did you hear about the Society on Addiction Psychology (Division 50) and what motivated you to join?**

I heard about SOAP through my mentor, Dr. James G. Murphy. He is quite active in the Division and strongly encouraged me to join and engage with the opportunities available. I joined in preparation for the annual Collaborative Perspectives on Addiction (CPA) conference held in Albuquerque, New Mexico in March, 2017. I am now looking forward to serving as a student program committee member for the 2018 CPA meeting!

**What are your next career steps?**

After completing graduate training, I hope to obtain a postdoc position. Then I hope to join the faculty of a university to continue addiction research.

**What are your interests outside of school/work?**

In my free time, I enjoy running, biking, and listening to free music at the Levitt Shell in Memphis, TN.

**How can the Division help you advance your career or assist with your goals?**

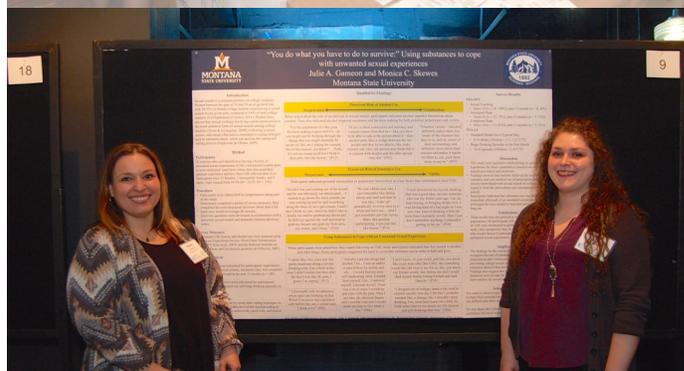
The Division already offers many opportunities for career advancement, including the student research grant, discounted

conference fees, and opportunities to engage with seasoned researchers in the field (particularly at the student luncheon at CPA). An opportunity to be paired one-on-one with an external mentor (maybe an early career researcher) would be an incredible experience for student members of Division 50.

**Great idea! We can consider this as a future initiative within our division!**



**Working Registration at CPA 2017!**  
(Tessa Frohe, Katie Witkewitz, James Murphy, Jennifer Buckman, Samuel Acuff, Fiona Conway)



**Presenting Research at CPA 2017!**  
(Monica Skewes, Julie Gameon)



**Taking in Research at CPA 2017!**  
(too many to caption)

# 125th APA Annual Convention

125th APA Annual Convention  
Washington, DC, August 3 – 6,  
2017

Christian Hendershot and David  
Eddie  
SoAP Program Co-Chairs

We hope to see many of you at the 125th Annual Convention of the American Psychological Association in Washington, DC. As in previous years, Division 50 received many high-quality proposals, and we are happy to be sponsoring an excellent program featuring an outstanding list of presenters. Below are some highlights of this year's programming and a few Convention-related announcements.

Our 2017 Division theme, *Translating Addiction Science into Practice*, is reflected in several of this year's sessions. On Thursday, August 3rd, our program features two presentations on the implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT). These sessions include a symposium on clinical implementation of SBIRT, followed by a skill-building session on SBIRT techniques (hosted in collaboration with Division 12). Our program also features two symposia sponsored by NIAAA, both of which are highly relevant to this year's theme (Dissemination of



Christian Hendershot

David Eddie

Behavioral Treatments for Alcohol Use Disorder, Saturday, August 5th, and Mechanisms of Behavior Change in Alcohol Use Disorder Treatment, Sunday, August 6th).

Division 50 will once again co-host (with Division 28) the NIDA/NIAAA Early Career Investigators Poster Session and Social Hour, to take place on Friday August 4th. This session is co-organized with generous support from the National Institutes on Alcohol Abuse and Alcoholism (NIAAA) and Drug Abuse (NIDA). The NIDA/NIAAA session features poster presentations from students and early career scientists, and is open to all Convention attendees. The goal of this session is to provide unique opportunities for early career investigators to interact with more established researchers and clinicians in the field. In

addition to the NIDA/NIAAA session, Division 50 poster sessions (to be held August 3rd and 4th) will feature over 50 poster presentations from SoAP researchers and trainees. These poster sessions are a great way to learn about the ongoing research of premier addictions groups

(and to identify potential students, interns, and post-doctoral fellows).

Other "don't miss" events include the Division 50 Presidential Address by Dr. Katie Witkiewitz (August 3rd) and the Distinguished Scientist Plenary by Dr. Cora Lee Wetherington (August 4th), and the New Fellows Symposium (August 5th). Our Presidential Address will be followed by the SoAP business meeting, at which we will announce this year's SoAP awards for students, early career members, and distinguished researchers and clinicians. All are welcome to attend the business meeting. Immediately following the business meeting is the Division 50 Social Hour, which is also open to all. Finally, this year's programming features some new event categories, including a Discussion Hour (focusing on

recent developments in proficiency and sub-specialization in Addiction Psychology) and a "data blitz" session (featuring rapid communications from some of the rising stars from Divisions 50 and 28). These are just a few examples of this year's exciting programming; full program details can be found on the following pages. The Division 50 program can be downloaded from the SoAP [web-site](#), and the full APA online program can be found on the Convention website (<http://www.apa.org/convention>).

The wide range of presentations in this year's program reflect SoAP's longstanding goal of enhancing discussion and dialogue between researchers and clinicians. As in previous years, we have developed our program in close collaboration with Division 28. They too have an outstanding program planned (as do many other divisions who will be co-listing several of our events this year). Finally, we'd like to express appreciation to all of the Division 50 members and colleagues whose collaboration has helped to make this year's program possible.

We look forward to seeing you in Washington, DC!



Marching for Science in Rhode Island!  
(too many to caption ;)



Marching for Science in South Dakota!  
(Lauren Henning, Noah Emery)

# Candid Conversation

In this issue, we have a candid conversation with Patt Denning. Hope you enjoy!

**TAN: Good morning, it is my great pleasure today to talk with Patt Denning who coauthored the book with Jeannie Little, [Over the Influence: The Harm Reduction Guide to Controlling Your Drug and Alcohol Use](#). So, could you tell us just a little bit about yourself and the work that you do?**

Patt Denning (PD): I'm a psychologist and psychopharmacologist and I'm the Director of Clinical Services and Training at the [Center for Harm Reduction Therapy](#) in San Francisco and Oakland. The center is one that [Jeannie Little and I](#) co-founded in 2000. We provide therapy services for people who have drug and alcohol problems and those people often have complicating psychiatric or social issues as well and often medical conditions so, we operate both a private fee for service center and we also offer community-based free drop-in services for folks. So, we've been doing that for quite a while and developing over that time the psychotherapy model of harm reduction therapy.

**TAN: Okay great, so could you tell me a little bit about the second edition of your [Over the Influence](#) book that is being released right now I believe?**

PD: Yes, it has just come off the press. The second edition of *Over the Influence* is not a departure exactly, but quite an improvement over the first book. Like the first edition, it is written and directed toward people who are using alcohol or drugs and may be questioning whether or not they have a problem with it. That's the first intended audience, and what we communicate throughout the book is an attitude of respect for people's self-determination and respect for people's ability and willingness to really take a look at their own use. The other really important message is that people change



Patt Denning

gradually over time. It's a kind of anti-rehab message if you will that I like to call the "miracle of 28 days" where people somehow think that you go away for 28 days and you come back and your life is supposed to be different. So, the book in general is really countering that socially-sanctioned and socially-approved idea that addiction, if you want to use that term, which we don't like that term, it's the same for everyone and that all you have to do is basically get over it and the way you get over it is with rehab and life-long abstinence and life-long participation in 12-step recovery. The entire book is really meant to critique, to take down that paradigm and to offer people what we think is a much more sophisticated and realistic and pragmatic way of both looking at substance misuse and working with it for yourself. While the first audience is really people who are using alcohol and drugs, it's also really meant for therapists as a way of helping them guide the treatment they may be collaborating with for a client, and drug and alcohol counselors who don't often get a lot of theoretical orientation. It's really for a wide audience. Our other book which is [Practicing Harm Reduction Psychotherapy](#) is the book that has all of the clinical research and the clinical models and lays out the psychotherapeutic approach. This one is very much a self-guided book. It's based on exactly the same therapeutic and research principles as our professional book is, but

it's really meant to be a user-friendly version of that or a version for people who aren't clinically trained but are working a lot with people with substance use problems. Case managers, hotel and housing staff, are all people who have found this book in the past really helpful and I think the second edition is going to be a good addition to it.

**TAN: You mention a point that resonated with me in the book throughout, you talk about the use of terms like "abuse", "alcoholic", "alcoholism", etc. and you prefer to use some different terms. Can you talk a little bit about that?**

PD: Right, yes I think that we do use different terms. The standard terms are "addiction", "addict", "alcoholic", "alcoholism", "substance abuse", and those are terms that first of all are extremely stigmatizing. Every time I hear the word "addict" I just want to cringe. It's like, who do you think you're talking to or talking about? These are people! I think that this language is very stigmatizing. It also is part of that paradigm that makes us think that there's something different about people with drug and alcohol problems than the rest of us, that there's an "us" and "them". And that those people, those "addicts," those "alcoholics" need to be treated somehow differently from the rest of us who may have other kinds of difficulties in living. So we're really trying to change the entire paradigm of how people look at and treat substance misuse, and part of that change in the paradigm is changing the language that we use. So we use "misuse" generally.

**TAN: Sure, and this allows for the fact that one might actually just use a substance and not misuse that substance.**

PD: Right, exactly. And the majority of people who use substances, legal or illegal, don't end up having a problem with them. And that is again something that in

our society we don't make much news about the fact that there are more people using drugs and not getting into trouble with them then there are people who have problems.

**TAN: Yes, and that kind of segues to another point that you make in the book. I founded a research organization called the [Research Society on Marijuana](#) and acting in the role of the president of the organization I still continue to get emails, phone calls, and have discussions about marijuana as a "gateway," and you mentioned that it's more likely an "exit" than a gateway. Could you talk a little bit about the acceptance of using marijuana or another drug that's less harmful than someone's primary drug of choice as a way to reduce harm?**

PD: Yeah, you know I think that in some ways the term "medically assisted" treatment makes sense for marijuana, even though marijuana is often self-regulated as opposed to medically regulated in terms of treatment. We know that helping people manage the problems they've run into with drug use by offering substitutes has been extremely helpful and life-saving. Methadone and buprenorphine are the ones we know most about that have really helped people to regain their life. I think that marijuana really is more complicated partly because it is such a universally known drug, and the public debate has been pretty robust about it, that people don't tend to think of it as a medicine...except for those of us who think of it as a medicine. But, we have seen people be able to reduce or quit the other drugs that are causing them much more harm like crack or heroin in particular, by using marijuana as a way of soothing whatever it is that those other drugs were soothing. It's controversial in just the same way that methadone and buprenorphine is, it's that people think, and people with drug problems think

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

# Candid Conversation

(Candid, from page 6)

this too, but society in general thinks that you're cheating if you use a drug to substitute for another drug. Despite the fact that we use psychiatric medications all the time to relieve depression and anxiety, we don't seem to stigmatize people by saying that they're cheating, that you're not really recovering from depression or anxiety if you're using medications. But we do say that about opioid replacement treatment and we're saying it now about cannabis. Cannabis has so many different active properties to it that it's astounding the variety of therapeutic effects that people can get from it. I've just learned, as I'd learned with psychiatric medications, I've learned especially with marijuana that anything a person says about marijuana that they think is good for them is absolutely true. For some people it makes them less anxious and for some people it makes them more anxious so they don't use it, but it's a very individualized drug. And I think the other thing that I don't really want to get lost is that marijuana is a psychoactive drug and it can be misused, and people can run into trouble with it, I do think that's getting lost. We see a lot of people for whom marijuana has become a significant problem for them. None of those people, though, are using marijuana as a medicine, they're using it as their primary drug. We have not seen anybody, so far, run into trouble with using marijuana as a medicine or as a substitute for another drug that's been causing them more harm. It kind of worries me that we're not entering into the cannabis discussion allowing for a lot of nuance, you kind of have to take sides, you're either for it or against it. So if we cannot get into a more nuanced conversation, I'm just going to say that I'm for it.

**TAN: One thing that resonated as I read through the book was the way current practice is political, and definitely not based on science. For example, you mentioned the "miracle" of 28 days,**

**which has more to do with what insurance companies were deciding to cover, rather than this being an actual good idea. Similarly, because alcohol is legal, there's a lot of talk about how to moderate your alcohol use, how you could be a moderate user, and that maybe it could have some positive effects (e.g., some heart protective effects) at lower doses. However, largely because it is illegal to use these other drugs, they don't get discussed that way.**

PD: Right, and I think what is hidden under that is our very puritanical attitudes. We grudgingly allow people to have fun with alcohol; we do not even imagine that people have fun with other drugs. We think of other drugs as, you know, people use them because they are either out of control or not responsible, or they're using them because they have some brain disease, some mythical brain disease, but we don't like to talk about the fact that people use drugs like heroin and cocaine recreationally, that we use those drugs for fun. That's a discussion that our puritanical society does really not want to engage in. We can barely allow that people use alcohol for fun.

**TAN: You mentioned something, the idea of a "mythical brain disease." I believe you attribute it to someone else, but you mentioned that just because drugs impact the brain does not mean that drug misuse is a brain disease any more than heavy drinking is liver disease. Could you talk about this logical misstep?**

PD: Yeah, I think that the brain disease theory is again just that, a theory, despite the fact that it's been canonized by our federal drug policy and drug treatment organizations. I think that it misses a lot. First of all, just because something acts on the brain doesn't make it a brain disease. Everything we do has an action on the brain. And every experience that we have, especially repeated experiences, cause brain changes. So learning to

play the guitar, becoming a long distance runner, studying music, memorizing the multiplication tables, all of those are activities that, like drug use, have very direct and very specific actions on the brain. If those behaviors and activities are repeated over time, they cause significant changes in the brain. So, the fact that there are brain changes does not necessarily mean that that's pathological. Yeah, everything causes a brain change, so why are we pulling out drug use as somehow operating differently in the brain? There's a sort of correlation versus causation problem then. The other thing is that we forget that while supposedly this is a brain disease, the only treatment for it really are psychosocial treatments, and this is where we get into a lot of the political stuff. Just like the "miracle" of 28-days" that was really about the insurance reimbursements. I believe the brain disease theory is part of the continuing effort on the medical establishment to medicalize all kinds of human suffering. To call everything "depression", "anxiety", to call those brain diseases, it's a way of supposedly legitimizing and destigmatizing these conditions, it doesn't work that way for drug problems, it does not destigmatize them, and it puts physicians and pharmaceutical companies at the head of treatment for drug and alcohol problems. We really cannot be naïve about the influence of the pharmaceutical companies on the proliferation of the brain disease theory. They're set to make lots of money from people who think that all you really need is a pill or a shot. The medicalization of psychosocial problems for people is a real danger. Brain disease theory is an oversimplification. In our book, we talk about biopsychosocial and the relative influences of each of those factors can be different for different people. For some people, their brain is running the show, and that may be true for all sorts of behaviors, not just drug use. That does not mean that the origins of the

problems were necessarily brain-based; it does not mean that the solutions are necessarily brain-based. I'm a psychopharmacologist. I was part of the [first class that graduated](#) trying to get psychologists prescription privileges. So I've been studying psychopharmacology a lot and have a lot of respect for it. I'm not one of these people against biologically-based interventions, but I do think that they have to take their place when you're talking about psychosocial issues like drug and alcohol problems. They have to be put alongside psychosocial treatments.

**TAN: I've done some research in the area of questioning what we want to make our endpoint in studies. To the extent that we want our treatments to be evidence-based, we rely on randomized controlled trials that test one treatment against another treatment. For example, for alcohol, we rely on metrics like percent days abstinent and perhaps a slight improvement with percent heavy drinking days. But again, we're ignoring actual functioning. In my own research, we focus on looking at consequences. I wonder if you have thoughts on whether within a harm reduction model, should the outcomes that you care about be different?**

PD: That's a great question. The outcome of harm reduction treatment is harm reduction. That can be measured any number of ways. Actually, a great measure that we have used in-house is [the Inventory of Drug Use Consequences](#). It lists every kind of possible psychosocial negative consequence that somebody might experience. Those are the kinds of objective measures that I think we could and should be using in terms of outcomes. It's interesting to me that most of the official research that comes out is

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

# Candid Conversation

(Candid, from page 7)  
abstinence-based research, yet what they report on are usually harm-reduction outcomes. They are hiding the fact that abstinence-based outcomes are very low. So, if they didn't report on all of these other harm-reduction outcomes, they wouldn't have many positive results. The other thing that I have to say every time I have a chance is that the reliance on double-blind controlled studies as the way to develop treatment is incredibly over-valued and over-respected. When I think of what are called "evidence-based treatments" ...first of all, a lot of them are manualized, which is impossible to use in this kind of a framework because the model of harm reduction therapy is individualized and often client-directed. Right there, the usefulness of any manualized treatment is greatly diminished. What it means is that we have to pick and choose what we think will be useful out of the manual and start using that. So we're not doing an evidence-based treatment the minute we go away from it. The other point is the criteria for choosing subjects of

those double-blind studies are so restrictive that the groupings are so homogeneous that they are not immediately applicable to any of the clients that I see. When you think of [Project MATCH](#), I may not remember it exactly, but you couldn't have a psychiatric disorder or be taking psychiatric medications, you couldn't take any drug other than alcohol, and you had to have a stable address. I have probably seen a handful of clients over the last 35 years who could meet that criteria, so none of those people were part of the largest study on comparative treatments for alcohol. I think we have to be very careful. What I say to my staff is that evidence-based treatments are a really nice place to start. They at least tell you this particular thing works for some people, but that's all that it tells you. If you don't know anything else, those are good places to start, but you can't be looking at them like the Bible. I think we are really misdirected in terms of relying on double-blind. I think we are privileging that kind of empirical science in the same way that the medical profession is privileging

brain physiology. I think that we need to make sure that we use evidence that comes from qualitative studies, evidence that comes out of clinical practice, and evidence that comes from client input, and that we not privilege these empirical studies in the way that we are now. I think it is not a good direction. I know that APA has been in the forefront of asking and requiring these kinds of studies. I've stopped reading most of my journals. I read the abstract so that I have the information but I don't really read the article because I know that it is not going to be applicable to most of the clients that we see.

**TAN: I always refer to these as [alien inclusion criteria](#) because we seem to be looking for a person that doesn't exist. If you want to do a treatment for someone who has problems with alcohol, why not get the typical person who has a problem with alcohol. That typical person is probably using some other drugs and they probably have some other issues going on. It's interesting how in an effort to im-**

**prove the internal validity, we just lose all the external validity.**

PD: Also, just the use of the word "typical." We assume that there is a typical person who has a problem with alcohol, and we use the term "alcoholic" for that typical person. I think we have to be really careful to not fall into the same scientific blind spots that have been there all along. There is only one good thing about being old and that is that I have 45 years of professional experience to look back on and I can see the repetition. I can see our field striving to have more legitimacy as a true science, which I'm like, "why, why do we need that?" Well, we need it for insurance reimbursement probably. I think there is no typical person with a problem with alcohol just like there is no typical person who is dependent on heroin. If we try to define who those are, we are going to get stuck again missing out the complexity of people that can only be understood by using a biopsychosocial lens.

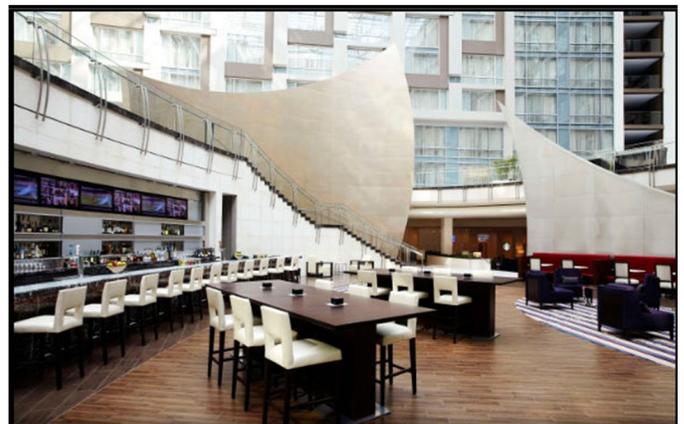
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## Please join us at APA in D.C. for our **Annual Student and Early Career Social Event**

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

**Saturday night, August 5<sup>th</sup> at 7 pm**  
In the Lobby of the Washington  
Marriott Marquis



# Candid Conversation

(Candid, from page 8)

**TAN: Before I let you go, I want to hit on this concept of ‘Just Say Know’, could you describe that a little bit.**

PD: I’m not sure that actually made that up. I think it came from [Marsha Rosenbaum](#) and the [Drug Policy Alliance](#) when she came out with a parent’s guide to talking to adolescents. I think she may have been the one who came up with it but I’m going to claim it as being part of the movement anyway. It is essential for everyone, especially adolescents. We want people to have knowledge. We want you to know what drug you are using, why you are using it at this particular time, you should also know what you want to get out of it, what the particular dangers or risks might be. It is that knowledge of what you want to get out of this experience and with the safeguard knowledge of what it is that you are using makes people able to use drugs and not get into trouble with them. I think “Just Say Know” is a really a model for all of us. I had a 16 or 17-year old client once whose parents sent him because he was getting really drunk. I asked him “What do you want to feel? What do you want to get out of it? Do you want to get wasted or do you want to get buzzed?” He said he wanted to get a good buzz on. So, I ask “How much did you drink?” He said he drank about 10 tallboys. So I ask, “how did you feel?” He says “Well, I was wasted.” So I say, “Gee, you didn’t want to get wasted, you wanted to get buzzed. So could we talk about an experiment of getting buzzed rather than getting wasted?” So, I did a lot of behavioral planning with the person. Thank goodness the parents were harm reductionists or I would have been in big trouble, but they wanted me to teach their kid how to be more responsible. And that’s the only way to do it, “Just Say Know”! I think this is true for all of us sometimes. We don’t know why we just ordered a cocktail instead of iced tea. We just did it. There’s not that momentary

pause of “Huh, what do I really want right now?” or “Huh, I’m driving tonight.” There is often not that momentary pause and we have these automatic behaviors. So, “Just Say Know” is about getting rid of automatic behaviors and having our drug use be much more conscious.

**TAN: So what changes do you think are most notable between the first and second edition of *Over the Influence*?**

PD: The second edition of the book has a lot more in there about trauma and a lot more about a social justice perspective, and how drug use gets seen and the legal aspects of it. So there is a lot more sophistication both in terms of psychological and sociocultural perspectives. I think that shows especially in the chapter of why some people get into trouble and others don’t, and the chapter about taking care of yourself while still using. The idea that people deserve to be as happy and healthy as possible and that people with drug and alcohol problems take a while to get ahold of those, and in the meantime what can you do to stay safer and stay happier. Those sections have been greatly expanded because it’s been 12 years since *Over the Influence* came out, and we’ve worked with 1000s of people since then. So, our knowledge base is greatly expanded so we include things like violence and poverty as well as trauma in our understanding of what drives substance use, and we do that much more explicitly in this book than in the first edition.

**TAN: You mentioned your 45 years of experience, it is surprising to you where the field is in terms of abstinence-only and 12-step ideology.**

PD: Yeah, it is surprising and very depressing to me. When I first started developing HRT and dedicated myself to changing the paradigm, I really thought that we would see a lot more movement than we have seen. The incredible disrespect that is paid

to people with drug and alcohol problems remains, almost unchanged in some places. People are being called “addicts” and say “Addicts lie, you can’t trust an addict.” In San Francisco, the Department of Public Health declared that harm reduction had to be the underlying [foundation of all public health programs](#) and this happened over 15 years ago, maybe 20 years ago. To this day, you would be hard-pressed to find a drug or alcohol treatment program that doesn’t still use the word “addict”, that doesn’t humiliate people, and that doesn’t still require 12-step. Even though in their contract language, they are required to write “harm reduction.” There is this other thing that I’m calling “Harm Reduction-Lite”, which are programs that use a “three strikes and you’re out” policy instead of “one strike and you’re out”, and that’s their definition of “harm reduction”. You get three chances to get it right before we kick you out of treatment. That’s really discouraging to see how little has changed on the ground in terms of treatment programs. On the other hand, we also train hundreds of non-clinicians a year. We train desk clerks and maintenance staff of chief SRO hotels, we train case managers of all different levels of education, nursing assistants, etc.. So there are a lot of people who are not clinicians and the change in those groups has been phenomenal, and the change in public health programs has been phenomenal in terms of the use of harm reduction. So that is really encouraging so I like to spend a lot more of my time with people who are not psychologists because I think they are much more open to what works, and more open to seeing people as more complicated, and seeing change as something that happens over time. Most of us clinicians have just not been trained in that long-term viewpoint because we are not going to do long-term treatment. Unless you take a long-range view, you can’t treat drug and alcohol problems. I love the research that came

out about five years ago on the studies on the efficacy of different kinds of therapy, and what they found was that [psychodynamic-oriented therapies were not only as effective as so-called evidence-based practices](#), but patients continued to improve over time after they ended therapy, and it’s the only form of therapy where that’s the case. Which is as it should be because that’s what we psychodynamic people think, we are helping people get healthier so that they can continue to develop over time, and that seems to be what the research indicates. We are really looking at long-term approaches and approaches that have a psychodynamic aspect to them if we really are going to see consistent change. The problem is that it takes time. We have no time limit in our program. We have some people who have stayed 6 months and some people who have stayed 10 years. When I talk with other clinicians, I preface my remarks that you have to understand that I work in paradise and I know that you don’t. I work in paradise because I started this organization with Jeannie and we’re the bosses, so we get to make all the critical decisions. So we get to be a living experiment in how people go about making changes, how people develop problems with drugs and alcohol, what is the story behind it. When I say I work in paradise, that is my acknowledging that people are not going to be able to implement the kinds of treatments that we do without an enormous amount of support behind them and that includes financial support.

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I really want to thank Patt Denning for taking the time to speak with me. If you would like to be featured in *TAN*, email me at: [mateo.pearson@gmail.com](mailto:mateo.pearson@gmail.com)

# Congratulations SoAP Office Winners!

**Mark Myers (Chair) and Russ Marks (Student Representative), Nominations and Election Committee**

This year we had three positions open for voting. 173 SoAP members (out of over 1,000) voted in the election. Next year we have five positions coming open for voting so please participate either by running for a position or by voting. All full members, fellows, and associate members in good standing for at least 5 years are eligible to vote.

Our President-Elect for this coming year is **Jennifer Buckman, Ph.D.** Jennifer is an Associate Professor at Rutgers University in the Department of Kinesiology and Health and the Center of Alcohol Studies. She has been in the field of addiction for over 20 years. Her primary research interest is in understanding the how brain-body connections influence substance use behavior. She also directs an addiction education program aimed at infusing the addiction counseling field with training in the latest, empirically-supported interventions. Jennifer has been active in Division 50 for more than a decade as treasurer and as program chair for the Annual APA Convention and the society's mid-year Collaborative Perspectives on Addiction (CPA) conference. Her priorities as President are to continue SoAP's outreach to early and mid-career psychologists interested in addictions by expanding grant, conference, and networking opportunities. She also wants to create new opportunities for increasing communication between practitioners and researchers.



*Jennifer Buckman*

**James Bray, Ph.D.** has been reelected as APA Council Representative (Practice). James is Associate Professor of Family and Community Medicine and Psychiatry, Baylor College of Medicine. He has a wealth of experience with leadership positions in the APA, having been the APA President in 2009 and serving as Division 50 APA Council Representative since 2014. He teaches psychology students, resident physicians, and medical students and directs faculty development. James is a pioneer in collaborative healthcare and primary care psychology. He maintains an active clinical practice specializing in children and families and behavioral medicine. He has been active in APA and TPA governance for over 20 years involved in practice, science, education, and state issues. He is a fellow of 12 APA Divisions (5, 7, 12, 29, 31, 34, 37, 38, 42, 43, 46, 55).



*James Bray*

Our new Member at Large (Public Interest) is **Monica Webb Hooper, Ph.D.** Monica is Director of the Office of Cancer Disparities Research at the Case Comprehensive Cancer Center. She is also Professor of Oncology, Family Medicine & Community Health, and Psychological Sciences at Case Western Reserve University. Monica has been engaged in tobacco control research since 1999, focused on enhancing the efficacy of cessation interventions via individual tailoring and group-level targeting, and understanding biobehavioral and cultural factors that influence intervention response. She is also very interested in advancing addiction-focused health disparities science. She is currently PI on two R01-level grants (Florida Department of Health Biomedical Research Program and the American Cancer Society) to continue and extend programmatic research focusing on reducing/eliminating racial/ethnic disparities in smoking cessation. These trials undertake novel, theory-based approaches to understanding and enhancing treatment outcomes, with specific foci on modifiable mechanisms of change. In 2015, she was also a member of the NCI Tobacco Control Research Priorities Workgroup, which set the field's priorities for the next decade. Her prior experience includes lobbying with the APA Public Interest Directorate for parity in mental healthcare in the Affordable Care Act, and developing new initiatives to support and educate on policy-related topics as Communications co-chair for the Health Disparities Network of the Society for Research on Nicotine

and Tobacco (SRNT). Monica views her new role in Division 50 as an opportunity to contribute to the interests of SoAP within the larger association and nationally.



*Monica Webb Hooper*

We want to thank Kirk Chambers and Ray Hanbury for volunteering to run for office. We appreciate their willingness to commit time and energy to support and advocate for the rest of us.

Thank you to Katie Witkiewitz for her work as President this past year. Katie will serve as Past President, advising our new President, Bruce Liese, and the Board. Running for office is one way to give back to the field and increase your visibility at the national level. We will be looking for a President-Elect, Member at Large (Public Interest) and an APA Council Representative this year. We are also looking for volunteers to join the Nominations and Election Committee for the upcoming election cycle. In addition to telling your colleagues that you are interested in being nominated next year, please also inform a member of the Nominations and Elections Committee (email addresses: mgmyers@ucsd.edu, russmmarks@gmail.com).

## 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 begin going 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).



*You are cordially invited to the*

***Society of Addiction Psychology  
(SoAP: APA Division 50)  
Social Hour***

***Thursday August 3<sup>rd</sup>  
4 – 6 pm  
City Tap (Penn Quarter), 901 9<sup>th</sup> St NW***

*This division social hour is open to all division members.*

*We look forward to seeing you in Denver!*

**Katie Witkiewitz, Ph.D.  
Past-President**

**Bruce S. Liese, Ph.D.  
President**

**Jennifer Buckman, Ph.D.  
President-Elect**

Join us for the 2018 Society of Addiction Psychology Meeting

# COLLABORATIVE PERSPECTIVES on ADDICTION

March 15<sup>th</sup> – 17<sup>th</sup> 2018

Tampa, Florida

**Contextual Influences on the  
Etiology and Treatment of Addiction**



## CALL FOR PROPOSALS

**Symposia Proposals**      Due September 22, 2017

**Poster Proposals**      Due November 10, 2017

Visit <http://addictionpsychology.org/convention/cpa/2018-collaborative-perspectives-addiction-meeting>



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[James H. Bray](#)

Department of Family & Community Medicine, Baylor College of Medicine



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[Linda Sobell](#)

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[Tessa Frohe](#)