



# The Addictions Newsletter

The American Psychological Association, Division 50

FALL/WINTER 2013

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## President's Column

### Impact = Reach x Effectiveness

John F. Kelly

Our current "Past President," Sara Jo Nixon, expressed a concern in her first column at this time last year that psychologists working in the science and practice of addictive behaviors fail to see the relevance of our Society of Addiction Psychology (SoAP). In an attempt to help make it more relevant, Sara Jo spearheaded the creation of an important new addiction-specific conference sponsored by SoAP and Division 28 (Psychopharmacology and Substance Abuse). Thanks to the efforts by Sara Jo, Jen Buckman, and many others, the inaugural conference was a success, bringing together students, post-docs, early career, and senior psychologists, for a fun, focused, informative, and inspiring conference. We want to build on this success again this coming February 2014. I'd like to ask for your help in expanding our initial success and encourage you please to submit a poster or merely come to learn and enjoy (CEUs are available)! Our second Division 28/50 conference will be held at the same W Hotel in downtown Atlanta, Georgia, February, 28<sup>th</sup>-March 1<sup>st</sup>, 2014.

As SoAP President this year, the major thrust of my initiatives is to amplify and extend Sara Jo's outstanding efforts to make our division more relevant to

more people. Addiction is not waning; we are not doing very well at preventing new cases or beating it into remission in the United States or elsewhere. **In fact, there is more urgency now than ever before.** Opiate overdose mortalities have surpassed motor vehicle accidents as the nation's number one cause of accidental death; new versions of "club drugs" claim more young lives every week; increased legalization of marijuana will mean greater access and consumption, more addiction cases, and an increased burden on public health and safety; and alcohol continues to exact an enormous and growing toll without abatement. Video gaming and the internet is opening the door to engaging new activities (e.g., gambling, sex) that act on, and can come to dominate, the brain reward circuits affected by psychoactive substances. Our expertise in these areas is needed but is perhaps not as "in demand" as it should be.

From the practice side, a part of the problem has been due to professional credentialing. The substance use disorder (SUD) treatment field is dominated by our bachelor's and master's level colleagues who are well-organized and have representation at the bargaining tables at local and state levels. Physicians, too, have influential and highly regarded organizations, such



John F. Kelly

as the American Society of Addiction Medicine (ASAM) and the American Academy of Addiction Psychiatry (AAAP) along with an American Psychiatric Association Board Certification in Addiction Psychiatry, and recently, a new Board Specialty in Addiction Medicine. For addiction counselors and master's-level therapists, there are a variety of state-specific credentials that are recognized by insurance payors and state funding bodies. Until recently, as psychologists, the sole credential available was the Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders. We recently learned, however, that this Certificate was dropped by APA without our knowledge. While supporting existing certificate holders, the door is now shut to new psychologists wanting to obtain it. We are trying to get this important certification reinstated, as without it, psychologists have no recognized objective certification standard to provide reassurance that we, too (having devised the majority of the treatments being implemented for SUD), are capable of treating individuals suffering from addiction. Also, with a growing emphasis on accountable care and parity legislation likely to have a big impact on the numbers of people able to access SUD care, formal recognition of our expertise in addiction psychology is needed now more than ever. If you have not yet signed our petition to get this Certificate reinstated **please** support it at <http://www.ipetitions.com/petition/reopening/> or contact Nancy Piotrowski.

As noted in the influential work by Glasgow and colleagues (Glasgow et al., 2001, 2003), Impact = reach x effectiveness. Thus, in making SoAP more relevant to more people, in addition to working to have our Certificate of Proficiency reinstated, I wish to increase the reach and effectiveness of addiction psychology by working toward obtaining recognition of addiction as a "specialty," so that psychologists can obtain a board certification in addiction through the American Board of Professional

Psychology (ABPP). Being "Board Certified in Addiction Psychology" has a distinguished and familiar ring to it, since it echoes the standards of our medical colleagues, and I believe will garner the objective credibility and stature that should be provided to doctoral level psychologists in addiction. I know a number of you have already expressed willingness to help in this process. I will be taking you up on your offers. If you have not yet expressed an interest, but would like to help in this initiative, please email me at the address below.

Finally, it has been well noted that one of the major differences between a "good" organization and one that is "remarkable" is the continuous assessment of its ability to fulfill its mission. Consequently, related to my theme of increasing relevance and effectiveness, I am proposing that we measure annually the impact of what we do. As psychologists this should not be difficult (right?). Our mission is threefold: to promote advances in research, clinical practice, and professional education and training. A good measure needs to be reliable and valid; it also needs to be collected. Because we do not have full-time paid staff, feasibility is key. I propose we have at least one measure for each of these three mission domains, that can be reviewed annually and our progress and impact tracked. With simplicity and feasibility as key features of any measure we choose, I would like to gather input on what you think would be good measures to assess our impact in these three areas. Please email me at [jkelly11@mg.harvard.edu](mailto:jkelly11@mg.harvard.edu).

Finally, my sincere thanks goes out also to my colleagues, past and present, on our SoAP Board and various committees for their outstanding dedication and service to our Society. I am grateful, too, to all our SoAP members, for taking the time to offer such helpful and constructive suggestions and feedback. Please keep it coming. I am honored to be serving as your president this year. Have a great Fall!

## References

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- Glasgow, R. E., McKay, H. G., Piette, J. D., & Reynolds, K. D. (2001). The RE-AIM framework for evaluating interventions: What can it tell us about approaches to chronic illness management? *Patient Educ Couns, 44*(2), 119-127.ψ

### SoAP Member Services

Join SoAP: [www.apa.org/divapp](http://www.apa.org/divapp)

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

**Website:** [www.apa.org/divisions/div50](http://www.apa.org/divisions/div50)

**Listservs:** To join the discussion listserv (discussion among members), contact Robert Leeman at [robert.leeman@yale.edu](mailto:robert.leeman@yale.edu). All members (and all new members) have been added to the announcement listserv, [div50announce@lists.apa.org](mailto:div50announce@lists.apa.org) (for division news).

**Journal:** You can access the division journal, *Psychology of Addictive Behaviors*, online at [www.apa.org](http://www.apa.org) via your myAPA profile (even if you don't belong to APA). Log in with your user ID or email and password.

**Newsletter:** *The Addictions Newsletter* is sent out on the listservs and is available on the website.

**For help with membership issues,** contact the administrative office at [division@apa.org](mailto:division@apa.org) or 202-336-6013.

# Editor's Corner

## Bettina B. Hoepfner

Welcome to the Fall/Winter 2013 issue of TAN! This is my first issue as editor of TAN—many thanks to my predecessors, Nancy Haug, Bruce Liese, Elizabeth D'Amico, and Melissa Lewis, who have created and nurtured this informative and inspiring newsletter. And thank you, Melissa, for your mentorship and training in getting me ready to take on the role of TAN editor. TAN has thrived under your editorship, and I hope to continue your momentum.



*Bettina B. Hoepfner*

Since this is my first issue as editor, allow me to introduce myself. I am an Assistant Professor of Psychology in the Psychiatry Department of Harvard Medical School and the Massachusetts General Hospital. My research interests lie in mechanisms of behavior change, where I am particularly interested in using fine-grained longitudinal methodology to explicate processes of change. Much of my work has focused on alcohol and tobacco use in adolescents and young adults, and my current K01 focuses on college student smoking. As you can see, I live in a research-oriented world, and part of the reason I am so

excited to serve as editor of TAN is this opportunity to stay in touch with the clinical and regulatory impacts of addiction psychology.

For this issue, Melissa selected a topic closely aligned with her research interests: the role of alcohol in hooking up, risky sex, sexual arousal, or sexual assault. The resulting articles are intriguing and inspiring—I hope you will enjoy them as much as I have! Excitingly, articles are written by both veteran members of Division 50 and graduate students.

In fact, our Division 50 graduate students ought to be commended for their particularly proactive contributions to this issue: Not only did they author excellent articles, they also proactively continued the discussion on self-disclosure of personal addiction history, as initiated in the “Student and Trainee Perspectives” section of the Spring 2013 issue of TAN. Our Division 50 student reps, Lauren Hoffman and David Eddie, kindly gave up their column to guest columnists Preston Greene and Christina Bradley to present additional views and perspectives: Be sure to take a look, and if you feel so inclined, offer your own opinion!

For the next issue (**submissions due on February 1<sup>st</sup>, 2014**), I would like to request articles on a topic dear to my own line of research: **the role of smartphone technology in addiction research and clinical care**. Recent discussion on our listserv has shown that there is quite some interest in what types of apps exist, and how they might be leveraged to improve substance use outcomes. For the next issue of TAN, I invite you to submit articles that, for example, showcase your app (or other apps), share research findings on the use of apps in addiction treatment and research, highlight issues that may be problematic in using smartphone technology in addiction treatment and research, or simply offer your opinion on the proliferation of smartphones and their impact on human interactions. Maybe you are even considering an APA convention submission responsive to the presidential priority on “Psychology and Technology”: If so, why not give us a sneak-peak here? Keep in mind that all TAN articles are indexed in PsycEXTRA, so you might reach a broader readership than TAN.

And, as always, for future issues of TAN, I invite you to suggest topics you would be particularly interested in reading about. Simply send me an email at [TANEditor@mgh.harvard.edu](mailto:TANEditor@mgh.harvard.edu). Happy reading!ψ

## Travel Awards

One benefit of submitting an APA Convention proposal to SoAP is the chance to receive a travel award. SoAP is anticipating offering 15 travel awards (up to \$750) to the 2014 APA Convention in Washington, DC for psychologists within seven years of their terminal degree, including current students, post-docs, and junior faculty. These awards are made possible through an R13 grant from the National Institute on Alcohol Abuse and Alcoholism (R13AA017107). **Proposals must be about alcohol use and its related problems.** Selected presentations will be showcased at an Early Career Investigators Poster Session and Social Hour sponsored by SoAP along with Division 28, NIAAA, and NIDA. Please submit proposals via APA's online submission portal to Division 50. **DEADLINE: DECEMBER 2<sup>nd</sup>.** Following submission, you will be contacted about your interest in being considered for a travel award. For more information, email us at [societyofaddictionpsychology@gmail.com](mailto:societyofaddictionpsychology@gmail.com).

# Advocate's Alcove



**Nancy A. Piotrowski**  
*SoAP Federal Advocacy Coordinator*

This fall column begins with a reminder: We still need your signatures. As we welcome health care reform that will expand addictions coverage, it is imperative that our work force be ready to go and recognized. Please sign our [petition](#) to get our Certificate of Proficiency in the Psychological Treatment of Alcohol and Other Psychoactive Substance Use Disorders reinstated so new individuals can apply for the certificate. Please also ask your colleagues who are licensed psychologists and students to do the same! Also, consider asking your local county and state associations to place an article in their newsletter about this matter. Simply let me know you need this material, and I will provide it.

Otherwise, I would like to report on the most recent federal advocacy coordinator (FAC) activity. The APA Practice Organization (APAPO) government affairs leadership held FAC field meetings in September via a conference call. Acting Associate Executive Director of Government Relations, Doug Walters, was joined by Diane Pedulla (Director of Regulatory Affairs), Laurel Stine and Scott Barstow (Directors of Congressional Affairs), Bill Tanner and Stephanie Graham (Legislative Associates), Ashton Randle (Director, Field and State Operations, Government Affairs), and Field Leaders David Hill and Nan Klein. Things we are all hearing about in the news set a backdrop—looming budget issues, debt

ceiling issues, and sequestration—with health care reform and other health legislation being our key interests.

Medicare-related items continue to be a dominant concern. One item reported was that with the 2014 Medicare Fee Schedule, it is looking like final change rules may cause psychotherapy code rates to drop anywhere from 4 to 21%. APAPO is working to fix this problem, but may need to call on us to weigh in as the issue progresses. As mentioned last issue, efforts continue to have Congress include psychologists in [Medicare's "physician" definition](#) and to make psychologists eligible for incentive payments through the [HITECH Act](#) (which will go forward, and will be called BHIT—for Behavioral Health Information Technology) that come to be so behavioral health records are not lost in the process, diminishing care. Progress on BHIT occurred this summer with House Representatives Tim Murphy (R-PA-18) and Ron Barber (D-AZ-2) introducing H.R. 2957 and gaining nine cosponsors. Similarly, progress continues on the physician definition with legislation reintroduced in both the House (Schakowsky D-IL-9, H.R. 794) and the Senate (Sherrod Brown, Ohio, S.1064) earlier in the year, gaining 42 House cosponsors and four in the Senate as of August. As before, it will be imperative for us to keep active on these matters through letters, calls, and other work with representatives to make these things happen. Do look for listserv action alerts and future *Advocate's Alcove* columns to keep you updated on these and other issues.

As a reminder, to keep abreast of ongoing efforts by the APA Practice Organization (APAPO) you may visit the [Legislative Action Center](#) to learn how to participate in a quick and efficient manner when timely responses matter most. Please also remember that legislation moves in fits and starts, so there may be more than one alert on a particular matter to move it through one committee or another, the House, or the Senate, etc. So responding to

one alert on an issue is good, but often it may really take sending three or four emails as things work their way through the system over time.

Finally, I am happy to report some lovely collaboration with student representatives David Eddie and Lauren Hoffman. They are helping to identify students in the division who are interested in addictions advocacy. If you have students interested in such matters, please do let them know—we would love to hear from them.

## Resource Information

- APA Practice Central, [www.apapracticecentral.org](http://www.apapracticecentral.org)
- H I T E C H , <http://www.apapracticecentral.org/advocacy/state/leadership/slc-fact-hitech.aspx>
- Legislative Action Center, <http://capwiz.com/apapractice/home/>
- Medicare Physician Definition, <http://www.apapracticecentral.org/advocacy/state/leadership/slc-fact-congress.aspx>
- Petition to reopen the Certificate of Proficiency in the Psychological Treatment of Alcohol and Other Psychoactive Substance Use Disorders, <http://www.ipetitions.com/petition/reopening/ψ>

## APA Convention Deadline

The submission deadline for the 2014 APA Convention in Washington, DC, is Monday, **December 2<sup>nd</sup>, 2013**. To review the call for proposal and to submit online, please go to <http://www.apa.org/convention/proposals.aspx>.

# Student and Trainee Perspectives

**Preston Greene and  
Christina Bradley**

The Spring issue of TAN explored the issue of addiction psychologists disclosing their status as persons recovering from substance use disorders, highlighting some common concerns for such professionals, as well as offering advice on how to handle this potentially challenging situation. Based on the opinions of the persons interviewed, the article concluded that while a personal experience with addiction could be an asset, disclosure was generally not recommended. We (the authors) independently contacted the Student Representative (David Eddie) to offer our reactions, and were in turn invited to present some of those ideas here. We found graduate students and practicing psychologists who have chosen to disclose their recovery status, and asked them about their thoughts on self-disclosure, as well as their personal experiences. The following views differ from those expressed in the Spring issue by balancing the value of self-disclosing with the potential for discrimination that those choosing to disclose may experience.

As might be expected, none of the addiction psychologists we spoke with advocated disclosing as a general rule. Self-disclosure was determined on a case-by-case basis, not just with clients but also in graduate school, and in internship and early career interviews. A common theme in interviewees' responses was that one should always question their motivation behind doing so. Would disclosing improve the [clinical, research, or academic] situation in some way, or would disclosing be for the gratification of the discloser? For example, one graduate student said that she discloses when she feels it will be educational to fellow students and professors, noting a professor teaching addiction psychology who is not in recovery will understand addiction slightly differently, and by sharing her personal experience she could help foster a more enriching educational experience for everyone.

Another theme that emerged was the relevance of disclosing recovery at work. One practicing psychologist in recovery said that she disclosed her experience as part of her cover letter for her current professional position at an addictions treatment facility. For example, she says she might not have done so, noting that her experience is highly pertinent to her work with clients with addictive disorders. We also heard about a positive experience of an intern who disclosed his recovery in internship essays, "The response was overwhelmingly positive. Several internships that I interviewed for told me that my essay was a major reason that they wanted to meet me." Certainly, being open about being in recovery can be very beneficial in some instances.

Despite the positive experiences many have had when disclosing, we also heard about negative reactions or experiences to being open about one's recovery status. One practicing psychologist emphasized selectively disclosing about his recovery due to possible prejudice. He recollected his experience disclosing to a supervisor on internship, and his belief that this negatively impacted their relationship. Following that experience, he noted that he was much more careful about whom he let know about his recovery. Another practicing psychologist in recovery said, "In my professional life I am very careful about whom I disclose to. I mean VERY careful. You can't unring that bell." She also shared her perception that negative bias toward addiction remains prevalent in the very field that attempts to dispel it. Indeed, many reported that attitudes about being open about recovery varied by organization. There seems to be an organizational level attitude about the value that individuals in recovery bring that in turn influences the individual decision to disclose. While certainly many organizations create an environment that is respectful and supportive of individuals in recovery, some prejudices remain.

With National Recovery Month just ending, this is perhaps a wonderful opportunity to recognize the stigma about addiction that persists in our own field. A grad student in recovery took particular issue with this quote from the Spring 2013 article: "For instance, if a faculty member is given the choice between two graduate students who are equal on all measures, except one has a history of alcohol dependence, he or she may very well be inclined to err on the side of caution and go with the person without a history of substance dependence. Graduate students are a huge investment, which may explain a faculty member's desire to play it safe." This grad student, who also chooses to disclose situationally, had the following to say: "The terminology in these sentences is ripe with bias. 'Err on the side of caution' and 'play it safe' are phrases suggesting that a person in recovering from addiction is a ticking time bomb. It also focuses only on the 'history of alcohol dependence' and says nothing about the incredible resilience and ability to overcome, not to mention the deep empathy for another's pain that is developed by being in recovery. Sadly, I think this bias is perpetuated in our field. Instead of viewing clients (and students and professionals) in recovery from a strength-based perspective, we tend to see them as 'unsafe' and only view the negative aspects of their history instead of seeing the difference between active addiction and graduate student or early career professional. As someone who has traversed that path personally, I would venture to say that not only am I the 'safer' bet, I'm also the smarter bet." Disclosing personal experience with addiction and recovery is not an easy decision to make. Although addiction is no longer viewed as a moral shortcoming, admitting personal experience with addiction often engenders stigma and prejudice, even among psychologists. However, this stigma cannot be fought with silence. As such, self-disclosure is an important step toward ending the discrimination that both addiction psychologists in recovery and those we serve experience. ♡

# August 2013 Council

## APA's Council Takes Historic Action

*The council adopts measures to promote quality in psychology education and to make APA governance more effective.*

**Rhea K. Farberman**  
*Monitor Executive Editor*

At its meeting during APA's Annual Convention July 31-Aug. 4, the Council of Representatives took historic action in two areas: adopting measures to promote quality in multiple levels of psychology education and revising certain elements of APA governance to make it more effective.

### Good Governance Project

Following a three year period of assessment, research and engagement with members, the council voted to approve most of the changes recommended by the association's Good Governance Project. The project was formed to increase the alignment of the association's governance with APA's strategic plan, to enhance nimbleness of governance and to increase member engagement.

The changes endorsed by council will focus its time and expertise on the mission-focused issues that confront the discipline, according to GGP project leaders.

"What's exciting about these changes is the way in which they will allow council to devote more, if not all of its time, to issues that members are most concerned about, such as research funding, psychology's role in integrated health care and the future of psychology education," said APA

President Donald N. Bersoff, PhD, JD. "In essence, these changes will allow council to be more proactive about the issues and opportunities emerging within the discipline and what APA should do to address those issues," Bersoff said.

The changes endorsed by the council call for:

- Enhancing the use of technology to expand communication among governance members and between governance and the general membership.
- Developing a program that would create a new pipeline for leadership in APA governance.
- Creating a triage system that would enable governance to work efficiently and nimbly on new issues, without duplicative efforts.
- Expanding the council's scope to focus on directing and informing major policy issues and ensuring policy is aligned with APA's mission and strategic plan.
- Delegating responsibility for budget and internal policy matters to APA's Board of Directors for a three-year trial period.
- Changing the composition of APA's Board of Directors to be more representative of APA's membership. The board would include six members-at-large elected by and drawn from the membership, with the candidates selected based on a needs assessment following an open nominations process.

Council also voted that a substantive change in its structure is needed to improve the body's effectiveness and asked that an implementation work group be appointed to further develop two proposed change models in addition to other implementation issues. One model calls for modifying the current constituent-based model by providing one unit/one vote for each division and state, provincial, territorial psychological association (SPTAs) and adding seats for other perspective groups/affiliated organizations; the other model would include some elements from the first model, including one unit/one vote for divisions and SPTAs, and may add disciplinary/mission based seats (e.g., education, science, public interest practice and health) and diversity representatives (such as ethnic-minority psychological associations, early career psychologists, members of the American Psychological Association of Graduate Students). Both models would result in a smaller Council. Currently, the council has 162 members from divisions and SPTAs, plus members of the Board of Directors. It is anticipated that the new structure would include 134 to 140 members, not including the Board of Directors. The working group, which will be appointed by the APA president, is charged with developing an implementation plan for each of the motions approved by the council, in addition to further developing the two proposals to change the council's structure. The working group will begin to share its recommendations with council at its February meeting.

Any changes to the Board of Directors or Council's structure must be approved by the membership through a bylaws amendment. The bylaw ballot is expected to be sent to members for a vote next year, once the council has given any approval for structural changes. The other changes approved by the council do not require a bylaws change.

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## Quality in Psychology Education

In the realm of education, the council adopted three measures to strengthen psychology teaching and training across the continuum of psychology education. At the undergraduate level, council adopted revised guidelines for the psychology major, updating [those APA adopted](#) in 2006. The new guidelines build on the success of the original set, but now include new teaching tools as well as student learning and benchmarking measures.

At the graduate level, the council adopted a resolution on accreditation for programs that prepare psychologists to provide health services. The APA policy now states that to practice as an independent health service psychologist, candidates must graduate from an APA/Canadian Psychological Association accredited doctoral program and internship or programs accredited by an accrediting body that is recognized by the U.S. Secretary of Education for the accreditation of education and training programs that prepare students for entry into professional practice. The resolution gives unaccredited graduate programs five years to become accredited and seven years for internship programs to gain accreditation. (This policy will not impact students currently in the pipeline and allows for grandparenting of those graduates from unaccredited programs who are now licensed providers.)

“Accreditation is the process by which health professions ensure quality in education and training for students and the public,” said Cynthia Belar, PhD, APA executive director of education. “This requirement puts psychology on the same plane as other health provider professions and adds to psychology’s credibility within the health-care marketplace.”

At the professional development and continuing education level, the council adopted a resolution that details and codifies quality standards, including a call for evidence based continuing-education methods and program content.

## Psychologists’ Work in National Security Settings

Also during the meeting, the council adopted a resolution that reconciles APA’s policies against torture and other forms of cruel, inhuman or degrading treatment or punishment and those related to psychologists’ work in national security settings.

The new APA resolution does not create new policy but makes existing policy in the area more internally consistent and comprehensive. This reconciled policy rescinds the report of the APA Presidential Task Force on Psychological Ethics and National Security (PENS) and retains the Association’s 2006 policy concerning torture and the 2008 member petition on psychologists’ work in national security settings.

“APA’s policies in this area and the reconciled policy document are all grounded in the principle that torture is always a violation of human rights and a violation of the APA Ethics Code,” said Kathleen Dockett, EdD, one of five members of the member-initiated task force that created the consolidated document.

## In Other Action, the Council:

- Recognized sleep psychology and police and public safety psychology as specialties in professional psychology.
- Approved continuing recognition of counseling psychology and school psychology as specialties in professional psychology.

- Recognition of biofeedback: applied psychophysiology as a proficiency in professional psychology was extended for a period of one year.
- Recognition of clinical psychology as a specialty in professional psychology was extended for a one-year period.
- Adopted guidelines for the practice of telepsychology.
- Adopted revised standards for educational and psychological testing.
- Adopted guidelines for psychological practice with older adults.
- Adopted a resolution on counseling in HIV-testing programs.
- Approved a 2014 budget plan including a spring revenue estimate of \$111 million as outlined to serve as the revenue framework for the development of the 2014 budget.
- Elected 146 APA members to fellow status.

Also during the meeting, the Raymond D. Fowler Award for Outstanding Contributions to APA was awarded to Diane Halpern, PhD. Halpern, a former APA president, has served on numerous APA governance groups. She is a nationally recognized educator and scientist conducting research in such areas as sex differences in cognitive ability, gender issues in the workplace, and critical thinking. The Fowler award is given annually to recognize a member who has had a significant and enduring impact on APA and its mission. [ψ](#)

**RENEW NOW!** Renewal notices for 2014 are being sent out now to current members and affiliates of SoAP. Everyone, even if no APA membership, may check membership status by going to [www.apa.org](http://www.apa.org) and logging in. If you hold membership in SoAP/Division 50 for 2013, you will see it listed in your divisions. If not, you can join at [www.apa.org/divapp](http://www.apa.org/divapp). If you have questions, contact the administrative office at [division@apa.org](mailto:division@apa.org) or 202-336-6013.

# SoAP Nominations and Elections Committee

## Get (More Involved): Run for an Office in the Society of Addiction Psychology!

### Amy Rubin and William Zywiak

This is your once-a-year opportunity to get more involved in the Society of Addiction Psychology (SoAP)! This year we are looking to fill two positions: (1) President-Elect and (2) Member-at-Large (Public Interest). The 3-year terms of these offices start at the close of the SoAP Business Meeting at the APA convention in 2014.

You are already devoting considerable time to treating and/or conducting research with individuals with addictive behaviors. Here is your opportunity to have an impact on the field at the national level. Self-nominations are invited and you only need 2.5% of the membership to endorse your nomination in order for you to be placed on the ballot (deadline: mid-January). I (Amy) will solicit nominations through the SoAP listserv later this year from you. Candidate biographies will run in the Spring 2014 issue of TAN. The electronic ballot will be distributed by the APA Central Office in April 2014 (with a June 1<sup>st</sup> deadline). All SoAP members and fellows are eligible to run for either office.

### President-Elect

As is true every year, we are seeking nominations for President-Elect. The term of the President-Elect will overlap with the 2013-2014 President John Kelly, the 2014-2015 President Alan Budney, and his/her own successor. The President-Elect is recognized and functions as the Vice President, spending the first year getting oriented to the current Board, observing the activities of the SoAP, contributing ideas to the strategic planning for the upcoming year, planning for the presidential year (such as identifying a convention chair for the APA 2016 convention in Denver) and participating in other activities as requested by the President and Board of Directors. After completing the President-Elect year, the President presides over all meetings of the SoAP Membership and

Board of Directors as chair-person, and performs other duties consistent with the bylaws and that s/he or the Board of Directors shall deem necessary and/or appropriate to the functioning of the SoAP. At the end of the year s/he serves as President, the President delivers the Society presidential address at the APA convention (2016 in Denver). The President's travel to APA during the year s/he gives the presidential address is reimbursed by SoAP.

### Member-At-Large (Public Interest)

This Member-at-Large (MAL) serves a liaison function between the SoAP and the APA Public Interest Directorate and works closely with the SoAP Advocacy and Policy Committee (APC). The overarching goal of this Member-at-Large is to focus on policy-related matters. This goal is accomplished through frequent communication with

APA and through efforts to educate and support members in effective advocacy practices. In particular, this position targets new initiatives, and monitors policy issues. This position is currently held by James Bray and was previously held by Kristen Anderson. Thank you to them both!

Elected Officers are expected to attend the Business Meeting and the Board Meeting at the next four APA Conventions (DC, Toronto, Denver, and DC) and to participate in monthly conference calls. We would like to thank the current officers for their time and important contributions to SoAP! If you are interested in running or would like to nominate someone, or suggest a possible candidate please email me at [rubina@bu.edu](mailto:rubina@bu.edu)

I look forward to hearing from you!ψ

### APA Grants for Internship Programs: Request for Proposals

The American Psychological Association (APA) has allocated up to \$3 million over a period of three years for seed funding under a grant application process to increase the number of APA-accredited internship programs and positions. The dual purposes are to expand the number of accredited internship positions and to promote quality training for professional practice. This grant program is one component of multifaceted efforts across the profession and APA to address the significant imbalance in supply and demand for accredited internships. These grants will be limited to applicant internship programs operated by nonprofit entities.

For the second round of funding in 2013, applications must be received by November 17, 2013 for award in December 2013. There is \$175,000 available to fund programs in this second cycle. The APA Board of Educational Affairs (BEA) Internship Grants Review Group will be reviewing applications in early December 2013 and applicants will be contacted once the review process has concluded. The next cycle of funding will be in 2014.

Programs that previously applied for the grant and were not funded are encouraged to reapply. Fifteen programs that did not receive funding in December 2012 were funded in the August 2013 cycle.

Priority will be given to programs seeking accreditation that expand the number of internship positions, serve historically underserved populations, and/or prepare psychologists to work in integrated primary care and community health care settings.

To apply please complete the application found at:

<http://apps.apa.org/internship>

For more information, please visit:

<http://www.apa.org/about/awards/internship-program-grants.aspx>

If you have any questions, contact Amber Shifflett at 202-336-5783 or [ashifflett@apa.org](mailto:ashifflett@apa.org) or Jackie Tyson at 202-336-5966 or [jtyson@apa.org](mailto:jtyson@apa.org).



## APA Convention

### APA is Back in Washington, DC, and SoAP Hopes to See You There!

Amee Patel and Kristina Jackson  
*Convention Program Chairs*

The 122<sup>nd</sup> Annual Convention of the American Psychological Association is heading back to Washington, DC and will be held August 7<sup>th</sup> - 10<sup>th</sup>, 2014. You can download the APA Call for Proposals <http://www.apa.org/convention/convention-call.pdf> and submit proposals at <http://apacustomout.apa.org/ConvCall>. The Society of Addiction Psychology (SoAP) is accepting individual presentations (i.e., poster abstracts) and symposia abstracts, and we will not be accepting proposals for individual paper presentations or conversation hours. This year's Convention will have a slightly different format, so there are two types of programming that will be accepted.

1. Collaborative programming—deadline is **November 1<sup>st</sup>, 2013**. The collaborative programming reflects APA's efforts to make the Convention more approachable by reserving part of the program for interdivisional programming, allowing for fewer events that host more attendees. Proposals that feature the 2014 Presidential

themes will be prioritized. These include: (a) Psychology and the Public Good, (b) the Psychology of Violence, (c) Psychology and Technology, (d) Health Care Integration and Reform, (e) Mechanisms and Principles of Change, (f) Internationalizing Psychology, (g) Controversies and Difficult Dialogues in Psychology, and (h) Lifelong Training and Development of Psychologists. Requirements for this type of proposal are 1- or 2-hour symposia that draw from at least two divisions (no individual presentations allowed). Proposals will be reviewed by a special group and are eligible to be considered for division programming if not accepted for collaborative programming. We encourage you to contact us ([amee@utexas.edu](mailto:amee@utexas.edu), [Kristina.Jackson@brown.edu](mailto:Kristina.Jackson@brown.edu)) if you are planning to submit a collaborative program.

2. Division programming—deadline is **December 2<sup>nd</sup>, 2013**. This programming is the standard addictions-related programming hosted by SoAP that includes individual papers, posters, and symposia. Our theme this year is "Implementation Science and the Practice of Addiction Psychology."

Although we will consider any addictions-related proposal, we will prioritize those related to this year's theme. Division 50 offers several **career and travel awards**, including new Convention-related awards. Presentations highlighting best clinical application, basic science, and demonstration of theme are prioritized. These awards are open to members at all levels, including mid- and senior career presenters. We also continue to offer our long-standing student/early career travel awards for best posters and presentations and our Distinguished Career awards. You can see more about the division programming and convention- and career-related awards on the SoAP website (<http://www.division50.org>)

As always and even more this year, we will be collaborating with Division 28 (Psychopharmacology & Substance Abuse) to bring you collaborative and addictions-focused programming. We are excited about this year's new format, look forward to receiving your proposals, and hope to see you at the Convention in Washington, DC! 

# SoAP Fellows and Awards Committee

## News From Your Fellows and Awards Committee



Lara Ray



Sara Jo Nixon (left) and Jennifer Buckman



Sandra Brown

**Sandra Brown, Chair**  
Art Blume, Kim Fromme, and Sherry McKee

It was our pleasure this year to chair the Fellows and Awards Committee for SoAP / Division 50.

### Fellows

Committee members Kim Fromme, Sherry McKee, Art Blume and I reviewed numerous applications for fellow status in the Fall of 2012 and Winter of 2013. We recommended the below candidates, all of whom were American Psychological Association Fellows in other divisions:

### *SoAP Members Nominated and Recommended for Approval to the APA Council for Fellow Status 2013*

**Michael R. Frone, PhD**  
Senior Research Scientist  
Research Institute on Addictions  
State University of New York at Buffalo

**Lee M. Cohen, PhD**  
Professor & Chair, Department of Psychology  
Adjunct Professor, Department of Psychiatry  
Texas Tech University Health Sciences Center

**William Gottdiener, PhD**  
Full Professor  
Psychology Department  
John Jay College of Criminal Justice  
The City University of New York

### Awards

Four American Psychological Association SoAP Division 50 Awards were conferred at the SoAP Business Meeting at the Annual Conference this year:

### *2013 American Psychological Association SoAP Award Winners*

Distinguished Scientific Early Career Contributions

### Lara Ray, PhD

- Faculty member, Department of Psychiatry and Biobehavioral Sciences, School of Medicine, University of California, Los Angeles
- Faculty member, Brain Research Institute, School of Medicine, University of California, Los Angeles
- Assistant Professor, Department of Psychology, University of California, Los Angeles
- Co-Director, Addiction and Behavioral Medicine Clinic, University of California, Los Angeles

Distinguished Scientific Contributions  
(Note: Sandra Brown excused herself from the process for this award)

### Sandra A. Brown, PhD

- Professor of Psychology and Psychiatry, University of California, San Diego
- Vice Chancellor for Research, University of California, San Diego

Distinguished Career Contributions to Education & Training

### Gerard J. Connors, PhD

- Research Professor, School of Social Work, State University of New York, Medical School at Buffalo
- Research Professor, Department of Psychiatry, State University of New York, Medical School at Buffalo
- Professor, Department of Psychology, State University of New York at Buffalo

Presidential Citation for Distinguished Service to SoAP, Division 50 of the American Psychological Association

### Jennifer F. Buckman, PhD

- Assistant Research Professor, Center of Alcohol Studies, Rutgers, The State University of New Jersey

# Early Career, Student, and Travel Awards

## Division 50 Outstanding Early Career Presentation Awards

**L. Cinnamon Bidwell, PhD**  
*Smoking Motivations as Novel Intermediate Phenotypes of Nicotine Dependence*  
 First Place  
 Early Career Presentation Award

**Emily Tanner-Smith, PhD**  
*A Meta-Analysis on Brief Alcohol Intervention Effectiveness for Youth*  
 Second Place  
 Early Career Presentation Award

**Fred Arne Thorberg, PhD**  
*A Prospective Study of Alexithymia and Quality of Life Among Alcohol Treatment Seekers*  
 Third Place  
 Early Career Presentation Award

## Division 50 Outstanding Student Poster Awards

**Joanna Sells**  
*Influence of Alcohol Use on Smoking Cessation: Laboratory and Ecological Momentary Assessment Data*  
 First Place  
 Student Poster Award

**Quiana Daniel**  
*Drinking, Abstaining and Limiting Motives in Young Adult Drinkers*  
 Second Place  
 Student Poster Award

**Ross MacLean**  
*Investigating Disinhibition Facets and Risk-Taking in Smokers Using Ecological Momentary Assessment*  
 Third Place  
 Student Poster Award

## NIAAA(\*)/NIDA(\*\*) Early Career Psychologist Travel Awards

*Behavioral Inhibition and Alcohol and Other Drug Addiction: A Meta-Analysis*  
 John D. Acker, MS, University of Georgia\*



Fred Arne Thorberg



Joanna Sells



Quiana Daniel



R. Ross MacLean

*Whose Post-Traumatic Stress Affects Drinking Levels? Couple-Dyad Modeling of National Guard Service Members and Their Partners*  
 Sundari Balan, PhD, Washington University\*\*

*Specific Effects of Childhood Abuse Across the Lifespan: Psychopathology, Risky Sex, Aggression, and Emotion Dysregulation as a Function of Childhood Abuse Among Inpatient*

## Substance Users

Anne N. Banducci, MS, University of Maryland, College Park\*\*

*Predictors of Alcohol-Related Delinquent Behavior in College Freshmen*

Jessica Y. Britt, BA, Palo Alto University\*

*The Impact of College Alcohol Policy Changes on Campus Alcohol-Related Incidents and Actual Drinking*

Courtenay J. Cummings, BA, Palo Alto University\*

*College Students' Perspectives on Parental Notification and Parent-Student Communication on Student Alcohol Use*

Justin R. Gauthier, BA, University of California, Santa Barbara\*

*Refining the Neural Basis for Incentive Salience of Tobacco Cues in Smokers*  
 Joshua C. Gray, BA, University of Georgia\*\*

*Adolescent Community Reinforcement Approach: Evidence Based Substance Use Treatment for Adolescents*

Susan E. Henderson, MA, Sam Houston State University\*\*

*Differences Between Readiness to Change Item Endorsement Groups: The Thirteenth Floor of Change*  
 Larry D. Keen, PhD, University of Florida\*\*

*The 25-Second Abbreviated Temporal Discounting Task for Rapid, Accurate Assessment of Discount Rate*  
 Mikhail N. Koffarnus, PhD, Virginia Tech University\*\*

*Characterizing the Relationship Between Postpartum Cigarette Smoking and Breastfeeding Among Spontaneous Quitters*  
Alexa A. Lopez, MA, University of Vermont\*\*

*Dizocilpine-Induced Escalation of Cocaine Consumption Is Independent of Altered Protein Expression*  
Bruce H. Mandt, PhD, University of Colorado Denver\*\*

*Long-Term Treatment Outcomes for Heroin Dependence: The 11-Year Follow-up of the Post-Doc Australian Treatment Outcome Study*  
Christina A. Marel, PhD, University of New South Wales\*\*

*Genetic Markers Associated With Addiction to Opiates, Cocaine and Alcohol in Polydrug Users*  
Cesar Mateu, BA, University of Valencia\*\*

*Does Ethnicity Moderate the Alliance-Substance Abuse Outcome Relation?*  
Cindy Mena, BS, Sam Houston State University\*\*

*Age-Dependent Increases in Peripheral and Central Nervous System Inflammation in HIV-infected Subjects and Marijuana Users*  
Sody Munsaka, PhD, University of Hawaii at Manoa\*\*

*Tears in Our Beers: Gender Differences in Depressive Symptoms, Coping Drinking Motives, and Alcohol*  
Mai-Ly T. Nguyen, MA, University of Houston\*

*Social Skills Mediate the Social Anxiety—Alcohol-Related Problems Link in Undergraduates*  
Danit Nitka, MA, Concordia University\*

*Substance Abuse Treatment Outcomes: Veterans in Residential Treatment*  
Dolores Paul, BA, Adelphi University/Samaritan Village Inc.\*\*

*Readiness to Change Moderates the Effect of Social Desirability on Drinking Among Pre-Contemplators*  
Michelle C. Quist, M. Research, University of Houston\*

*Spirituality, Religiosity, and Satisfaction with Life as Predictors of Relapse Among Alcoholics*  
Joseph F. Reichmann, BS, Marywood University\*

*Mental and Physical Health Problems, Time Spent in the US, and Alcohol Use Among Latino Older Adults*  
Melanie J. Robbins, MS, Indiana University\*\*

*Influence of Alcohol Use on Smoking Cessation: Laboratory and Ecological Momentary Assessment Data*  
Joanna R. Sells, BA, Uniformed Services University of the Health Sciences\*

*Relationship Between nAChR Subtypes and Nicotine CPP in Differentially-Reared Rats*  
Dustin J. Stairs, PhD, Creighton University\*\*

*Personality Traits Predicting Nicotine Dependence and Abstinence*  
Rui Tang, BA, University of Houston\*\*

*A Meta-Analysis on Brief Alcohol Intervention Effectiveness For Youth*  
Emily E. Tanner-Smith, PhD, Vanderbilt University\*

*Drinking Behavior and Negative Sexual Consequences in College Students, A Longitudinal Study*  
Stephanie Taylor, MA, Palo Alto University\*

*A Prospective Study of Alexithymia and Quality of Life Among Alcohol Treatment Seekers*  
Fred Arne Thorberg, PhD, Inlandet Hospital Trust\*

*Substance Use Trajectories for Adults with Schizophrenia: Clinical and Treatment Implications*  
Stephen J. Tueller, PhD, RTI International\*\*

*The Relationship of Concurrent Marijuana Use and Alcohol, Cocaine, or Heroin Use Among Adult Substance Abuse Treatment Patients*  
Dennis C. Wendt, MS, University of Michigan\*\*

*Social Drinking Refusal Self-Efficacy Moderates the Effect of Intent to Drink on Drinking Abstinence*  
Chelsie M. Young, MA, University of Rhode Island\*

*Association of Tobacco Taxation and Drinking in a Longitudinal U.S. Sample*  
Kelly C. Young-Wolff, PhD, MPH, Stanford University\*<sup>ψ</sup>

### New SoAP Convention Awards

- **Theme Award:** Submission that is most closely aligned to Presidential Theme (i.e., “the science of implementation in practice”; see President’s Column)
- **Diversity Award:** Submission that best addresses needs or concerns of underserved populations
- **Headlines Award:** Submission that best aligns with current events, public discourse, etc.
- **Translation/Implementation Award:** Submission that best bridges research to practice (or vice versa)

All first authors of poster or symposium presentation submissions are eligible. Each award comes with an up to \$500 travel award. To apply, submit through the APA portal as you would normally. You will be contacted about applying for the awards after submission acceptances are sent.

# Alcohol-Involved and Intoxicated Sexual Assault Measurement

**Amanda K. Gilmore, Hollie F. Granato, and Kelly Cue Davis**  
*University of Washington*

Sexual assault victimization and perpetration rates in the United States continue to be high with up to 80% of female drinkers reporting sexual assault victimization and up to 64% of male drinkers reporting sexual assault perpetration (Abbey, Parkhill, BeShears, Clinton-Sherrod, & Zawacki, 2006; Masters et al., 2013). Sexual assault is defined as coerced sexual acts ranging from sexual contact to penetration. Event-level alcohol use has been consistently associated with sexual assault, with approximately 50% of sexual assaults involving alcohol use by the victim, perpetrator, or both (Abbey et al., 2004). Given that alcohol use is so common during sexual assaults, it is imperative to have a measurement tool that enables understanding of alcohol's involvement in sexual assault victimization and perpetration. Accurate and thorough assessments can be helpful in research settings as well as in clinical settings where precise and nuanced measurement of alcohol's involvement in sexual assault may facilitate more specific and appropriate courses of treatment. However, both conceptual issues and available measures make it difficult to gain a better understanding of alcohol-involved sexual assault.

A prevailing conceptual aspect interfering with our understanding of alcohol's role in sexual assault lies in defining this phenomenon. To date, the majority of studies on alcohol's role in sexual assault have simply examined if alcohol had been consumed or not before a sexual assault. However, increasing evidence suggests that characteristics of drinking immediately prior to an assault (e.g., rate of consumption, amount, and type of alcohol) can lead to varying degrees of assault severity (Ullman, Karabatsos, & Koss, 1999). For this reason, many researchers in

the field have emphasized the need for more specific examination of the characteristics of alcohol use during sexual assault (Ullman, 2003; Abbey et al., 2004; Testa & Parks, 1996).

In response to this need for a better understanding of alcohol's involvement in sexual assault, many overlapping terms have emerged to label the phenomenon of alcohol's role in sexual assault, including alcohol-involved sexual assault, intoxicated rape, incapacitated rape, and alcohol-facilitated rape. Alcohol-involved sexual assault refers to assault events in which the victim, the perpetrator, or both had consumed alcohol, but alcohol intoxication was not necessarily the tactic used for obtaining non-consensual sexual activity. Incapacitated/intoxicated rape (IR) has historically carried the legal implication that a person is unable to consent to sexual activity due to his/her impairment from voluntarily consuming drugs and/or alcohol (Olzewski, 2009; Brown et al., 2009), while alcohol-facilitated rape includes coerced sex that occurs after a perpetrator non-consensually gives alcohol to a victim to perpetrate the sexual assault (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007). Research has suggested that the lifetime prevalence rates for IR are comparable to forcible rape with approximately 1 in 10 women reporting an IR (Testa et al., 2003), and that the large majority of IR occurs when the person has voluntarily consumed alcohol (Lawyer et al., 2010; Tyler et al., 1998).

Regarding assessment of alcohol-induced impairment, Littleton, Grills-Taquechel, and Axsom (2009) found that when reporting on an alcohol-involved sexual assault experience, 38% of women reported not being impaired during the assault, 41% reported being impaired but not incapacitated, and 21% reported being incapacitated, suggesting that victim impairment levels

vary widely. Additionally, we know little about perpetrators' perceptions of their victims' intoxication and impairment levels. Further complicating the variability in impairment levels, unlike drunk driving, there is no legal standard that establishes the Blood Alcohol Content (BAC) at which one loses the legal ability to consent. Moreover, the extent to which intoxication level impacts both victim and perpetrator acknowledgement and understanding of their experience after the assault remains unclear. Thus, it is extremely important for research in assessment to first gain an understanding of what parameters qualify an assault as an alcohol-involved assault, and where the boundary lies between alcohol-involved assaults and IR. The first step necessary is to develop a thorough, standard assessment of alcohol-involved sexual assaults and IR.

The most widely used measurement tool for sexual assault victimization and perpetration is the Sexual Experiences Survey (SES). The original SES was the first measurement tool to assess sexual assault victimization and perpetration using behaviorally specific language (Koss & Gidycz, 1985). The initial measure did include an item assessing alcohol-facilitated rape; however, because the majority of sexual assaults involve voluntary consumption of alcohol (Lawyer et al., 2010), this measure likely resulted in artificially low estimates. Later, assessments were improved upon to include both voluntary and involuntary consumption of alcohol through items focusing primarily on impairment effects. Specifically, Abbey, Parkhill, and Koss (2005) and later the SES Collaboration (Koss et al., 2007) updated the assessment tool to include such tactics as "taking advantage of a woman when she was passed out or too intoxicated to consent" and "taking advantage of me when I was too drunk or out of it to stop what was happening."

While these refinements in the SES are an improvement, continued progress is needed. For example, current wording does not allow us to distinguish alcohol-facilitated rape from IR; that is, we only know that the victim's impairment was taken advantage of, we do not know whether her consumption was voluntary or involuntary. In addition, what constitutes being "too drunk" may vary widely across victims and may be perceived quite differently across perpetrators. Moreover, current measures typically do not allow for a more complete assessment of alcohol consumption in situations that did not involve the use of incapacitation as a tactic but may have involved alcohol consumption. Thus, there is still much to learn about how to assess sexual assaults that involve lower levels of alcohol consumption that do not result in incapacitation, but likely involve some level of impairment. Some researchers have revised the SES to follow up each tactic question with a question assessing if alcohol was involved in the sexual assault experience (e.g., Davis et al., 2012). As noted above, however, additional follow-up questions on more specific characteristics (e.g., rate and amount of consumption) would also yield informative data.

Despite growing research into both theory and prevalence of alcohol's involvement in sexual assault, many important questions remain unanswered. A major barrier in answering these questions is the absence of a comprehensive, specific, and nuanced measure of alcohol consumption variables relevant to sexual assault events. Greater precision in our assessment of event-specific alcohol variables such as consumption amount, rate, alcohol type, estimated BAC, BAC limb (ascending or descending), and perceived intoxication would provide novel information on the alcohol-sexual assault relationship. Moreover, because the alcohol-related factors relevant to sexual assault events may be somewhat different for victims and perpetrators, different versions of such an assessment tool may be required. Another potential step in improving our

understanding of the role of alcohol in sexual assault is to move beyond the immediate event-level associations and develop a more thorough assessment of how alcohol's involvement influences both perpetrator and victim post-assault responses not only immediately after the event but also over time. Through such continued efforts towards improving our assessment of alcohol's role in sexual assault, we can close the existing knowledge gap and provide new insights to prevention efforts.

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# Social Lubricant: The Role of Alcohol in Sexual Hookups

**Kara Massie**  
*Suffolk University*

Despite copious media coverage, research, and discussion, there is still much the academic community does not know about “hooking up”—engaging in sexual activity without a romantic commitment. Popular media entertains readers with stories of hookup culture, speculating on what is “wrong” with the millennial generation. Meanwhile, though researchers have chronicled the frequency and correlates of hooking up, we are still determining its cultural antecedents, assessing its consequences, and fully grasping what uncommitted sex means for today’s emerging adults. One route to furthering our understanding is to examine the role alcohol plays in this behavior. This article presents a brief overview of research on alcohol use and hooking up. I will focus on college students, as the majority of studies on hooking up sample this population; relatively little is known about how the behavior plays out in other groups of emerging adults or in older age ranges.

The phrase “hooking up” serves as an umbrella term for several phenomena often referenced in the media: “one night stands,” “casual sex,” “bootie calls,” and “no strings attached” relationships. The idiom refers to a broad range of behaviors, including everything from kissing to intercourse. Additionally, hookups can occur between strangers, acquaintances, or friends. Hooking up does occur with some regularity. Depending on the precise definition that is used and the sample that is examined, approximately 50% (Fielder & Carey, 2010) to 78% (Paul, McManus, & Hayes, 2000) of college students have hooked up at least once. More fine-grained statistics, on the other hand, show that hooking up is a relatively rare event in the lives of students. Of those who do engage in this, 80% do so twice a year or less (Heldman & Wade,

2010). Furthermore, about one third of hookups go no further than kissing (Heldman & Wade, 2010).

Researchers have linked the propensity to engage in hooking up with hedonism (Richey, Knox, & Zusman, 2009) and impulsivity (Gute & Eshbaugh, 2008). This renders hooking up as a behavior—much like binge drinking—that is somewhat reckless in nature. Perhaps fittingly, the majority of hookups occur in the presence of alcohol (Fielder & Carey, 2010). Students who report higher rates of drinking also report having more sexual partners (Desiderato & Crawford, 1995; Owen, Rhoades, Stanley, & Fincham, 2008), and alcohol use discriminates students who have hooked up from those who have not (Paul et al., 2000). In fact, the increase of binge drinking in college may be at least partially responsible for the concomitant emergence of a popularized hookup culture (Bogle, 2007; Heldman & Wade, 2010).

What are the reasons for the co-occurrence of alcohol use and hooking up? Students report that alcohol helps lower their inhibitions and allows them to more easily converse with peers (Vander Ven & Beck, 2009). Intriguingly, alcohol serves as a facilitator not only for casual sex, but for sex in general. Between 52% (Desiderato & Crawford, 1995) and 65% (Grello, Welsh, & Harper, 2006) of sexually active students report that their most recent sexual encounter involved alcohol, indicating that students use alcohol as a mechanism to socialize not only with casual partners, but with committed romantic partners as well.

The presence of alcohol for most sexual encounters speaks to its prominence within the college culture. Indeed, the expectation that the college experience will involve both drinking and hooking up may promote the confluence of these behaviors. Spring break is just one of several well-known contexts in which

students both expect to and do engage in higher rates of drinking and casual sex than they do otherwise (Josiam, Hobson, Dietrich, & Smeaton, 1998; Maticka-Tyndale, Herold, & Mewhinney, 1998). Students use the prominent script of partying in college to their advantage. They employ intoxication as a justification for uncommitted sexual behavior even prior to engaging in it (Vander Ven & Beck, 2009). In this way, they seek to avoid any shame, guilt, or embarrassment that may occur from engaging in hooking up without the pretext of being intoxicated. Students cite the presence of alcohol to justify feeling no regret after hooking up, or use “you were drunk” as words of comfort toward others who are experiencing shame following a casual sexual encounter (Vander Ven & Beck, 2009).

Students may use being intoxicated to justify sexual behavior; however, the strategy is not always effective at defending against negative emotional reactions. When asked to identify their emotional responses following a hookup, the most frequent response—listed by over a third of students who had participated in a hookup—was regret (Paul & Hayes, 2002). Regret is more common among women than men (Paul & Hayes, 2002), and women are less likely than men to report that hooking up was a positive experience (Owen et al., 2008). A propensity to hook up in women has also been associated with more prolonged dissatisfaction with sexual relationships in general (Massie, 2013).

Alcohol influences students’ experiences of regret. On the minor side, students report that alcohol’s disinhibiting effects can compel them to divulge information to others that they would not otherwise share (Vander Ven & Beck, 2009). On the other end of severity, alcohol plays a significant role in unwanted sexual encounters. Of students who have engaged in hooking

up, 23% of women and 7% of men report experiencing unwanted oral, anal, or vaginal intercourse (Flack et al., 2007). A total of 62% of these incidents occur when at least one participant was under the influence of alcohol, and impaired judgment due to drinking is cited as the top reason that unwanted sexual contact occurred during a hookup encounter (Flack et al., 2007). Although students do not often identify incidents of hooking up as sexual assault, the narratives surrounding their casual encounters indicate elements of both nonconsensual and unwanted sexual activity (Flack et al., 2007).

Alcohol also plays a role in unprotected sex among emerging adults. Over 40% of sexually active students report that they are less likely to use a condom when they drink than when they do not (Desiderato & Crawford, 1995). Expectations about the interaction between alcohol and sex also affect safe-sex practices. Male students who believe drinking will disinhibit them sexually and believe alcohol will interfere with safe-sex practices are more likely than other students to not use condoms during their sexual encounters, even when controlling for the amount of alcohol consumed (LaBrie, Earleywine, Schiffman, Pederson, & Marriott, 2010).

It is clear that alcohol's place among the college culture allows hookups to occur more frequently. This happens both because alcohol provides a "social lubricant" that enables easier interactions, and because the expectations of students give a ready script for hooking up to occur when alcohol is present. Unfortunately, the intertwined relationship between alcohol and hooking up creates a context in which negative outcomes—such as regret, nonconsensual sex, the transmission of sexually transmitted infections, and unwanted pregnancies—are more likely to occur. Researchers should seek to better understand the range of roles alcohol plays in the sex lives of students and try to determine whether drinking may be interfering with students' abilities to build the

kinds of relationships they would ideally like to pursue.

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# Validation of Video Vignettes for Assessing Alcohol-Related Sexual Assault Risk Perception

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Reduced ability to perceive cues that signal risk for sexual assault, as a result of drinking (i.e., intoxication) or prior victimization experiences, has been hypothesized to increase women's likelihood for sexual assault (e.g., Cloitre, 1998; Norris, Nurius, & Dimeff, 1996). Previous research has used written and audio vignettes of heterosexual interactions imbedded with risk cues to assess women's ability to perceive sexual assault risk (e.g., Messman-Moore & Brown, 2006; Testa, Livingston, & Collins, 2000; Soler-Baillo, Marx, & Sloan, 2005). The purpose of the current study was to validate a new video measure for assessing women's perceptions of risk for alcohol-related sexual assault. This measure was designed to allow for the presentation of behavioral and

environmental risk cues during a social interaction between a young male and female meeting for the first time at a party.

## Method

**Participants.** Seventy-five young ( $M = 24.1$ ,  $SD = 2.6$ ), female social drinkers participated in the study. Nearly half (48.6%) were European-American, 37.8% were African-American, 4.1% were Asian-Pacific Islander or Native-American, and 9.5% were mixed race. Less than 10% of women were Hispanic. The majority (85.1%) had some college education, with 24.3% indicating current student status. In addition, 63.5% worked either full- or part-time over the past year, with an average household income within \$20,000-\$30,000.

**Video Measure.** Based on earlier focus group discussions (Parks, Hequembourg, Levonyan-Radloff, & Hamilton, 2012), three videos were developed depicting a male and a female meeting for the

first time at a mutual friend's party. The videos included behavioral (e.g., touch, eye contact) and environmental cues (e.g., noise level, gender ratio) at three risk levels (low, moderate, high). For example, eye contact changed from the male maintaining eye contact with the woman throughout most of the interaction during the low risk video to the male primarily focusing on the female's chest and engaging in full scans of her body (i.e., "looking her up and down") during the high risk video. Environmental cues involved escalation from a quieter, mixed gender party where the female clearly had friends with her in the low risk video to a loud, nearly all male party where the female knew only one female and none of the males in the high risk video. The videos were professionally produced and were shot from the female's first-person perspective.

**Procedures.** Women were randomly assigned to watch one video and to answer questions about their impressions of the video in general,

Table 1. Impressions of the Video by Risk Level

Variable	Risk Level		
	Low ( $M$ , $SD$ )	Moderate ( $M$ , $SD$ )	High ( $M$ , $SD$ )
Interaction Realism	5.33 (1.44)	5.78 (0.85)	4.92 (1.84)
Envision Self as Female	5.96 (1.65)	6.00 (1.41)	5.88 (1.70)
Female Realism	5.67 (1.44)	5.39 (1.41)	5.50 (1.50)
Male Realism	5.21 (1.51) <sup>a</sup>	6.22 (0.85) <sup>b</sup>	5.88(1.23) <sup>ab</sup>
Male Attractiveness to You	3.00 (1.72)	2.65 (1.70)	2.33 (1.40)
Male Attractiveness to Others	4.54 (1.41)	4.00 (1.53)	4.21 (1.47)
Male Similar to Your Friends	4.58 (1.53) <sup>a</sup>	3.04 (1.94) <sup>b</sup>	2.58 (1.84) <sup>b</sup>
Male Similar to Men You Date	3.21 (2.13)	3.09 (2.15)	2.42 (1.86)
Interaction With Male Comfortable	4.00 (1.75) <sup>a</sup>	2.48 (1.83) <sup>b</sup>	2.42 (2.02) <sup>b</sup>
Interaction Felt Good	4.00 (1.35) <sup>a</sup>	1.61 (0.99) <sup>b</sup>	1.46 (0.72) <sup>b</sup>
Party Similar to Your Experience	6.50 (0.66)	6.13 (1.42)	5.83 (1.76)
Video Enjoyable to Watch	5.88 (1.12) <sup>a</sup>	4.17 (2.41) <sup>b</sup>	4.13 (1.70) <sup>b</sup>

Note. Means with different superscripts are significantly different at  $p < .05$ . Values: 1 = No/Not at All, 4 = Unsure/Maybe, 7 = Yes/Absolutely.

the male character, their ability to envision themselves as the female character, and their comfort with the interaction between the male and female characters. All items were rated on 7-point Likert scales (1 “No/Not at all” to 7 “Yes/Absolutely”). In addition, while watching the video, women were asked to indicate (with a key press) when anything during the interaction made them feel uncomfortable or concerned. Key presses served as an indication of risk cue perception. Women rated their overall impression of the male character using a 22-item semantic differential scale originally developed by George, Gournic, and McAfee (1988). Reliability was excellent for the current study (Cronbach’s  $\alpha = .90$ ). Women also completed a computer survey about their general demographics, drinking (Daily Drinking Questionnaire; Collins, Parks, & Marlatt, 1985) and dating history, psychological symptoms (BSI-18, Derogatis, 1993), and victimization history (Childhood Sexual Abuse (CSA); Miller, Downs, & Testa, 1993; Adult, Sexual Experiences Survey; Koss, Gidycz, & Wisniewski, 1987). Data were analyzed using analysis of variance.

### Results

Differences in impressions of the videos based on risk level are provided in **Table 1**.

There were no differences in women’s ratings of the interaction realism, similarity of the party to their own experiences, and their ability to envision themselves as the female by risk level. However, women who watched the low risk video were more likely to agree that the interaction felt good and rated the video as more comfortable and enjoyable to watch compared to women who watched the moderate and high risk videos.

Women who watched the moderate and high risk videos key pressed significantly more compared to women who watched the low risk video,  $F(2,73) = 11.18, p < .001$  (**Figure 1**).

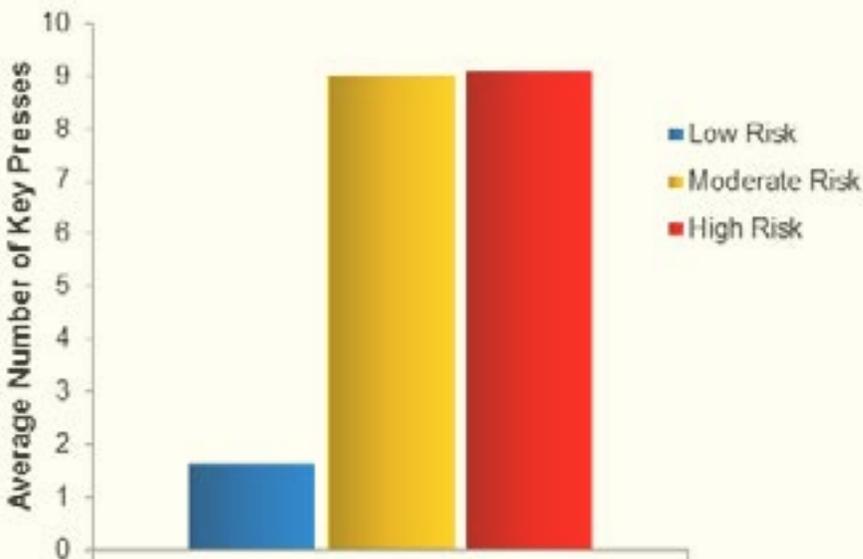


Figure 1. Number of Key Presses by Video Risk Level

Women who watched the low risk video rated the male more positively than women who watched the moderate and high risk videos,  $F(2,73) = 21.79, p < .001$  (**Figure 2**).

We found differences in women’s impression of the male character based on their history of CSA. Women who had a history of CSA rated the male character more positively than women who did not have a history of CSA,  $F(1, 73) = 8.67, p < .01$  (**Figure 3**).

### Discussion

Our findings support the development of the videos as a valid tool for assessing perception of risk cues for sexual assault with young female social drinkers. Women found the interaction depicted in the videos realistic and similar to their previous experiences. Furthermore, they found the female character realistic and could imagine themselves as this character; these findings did not differ based on risk

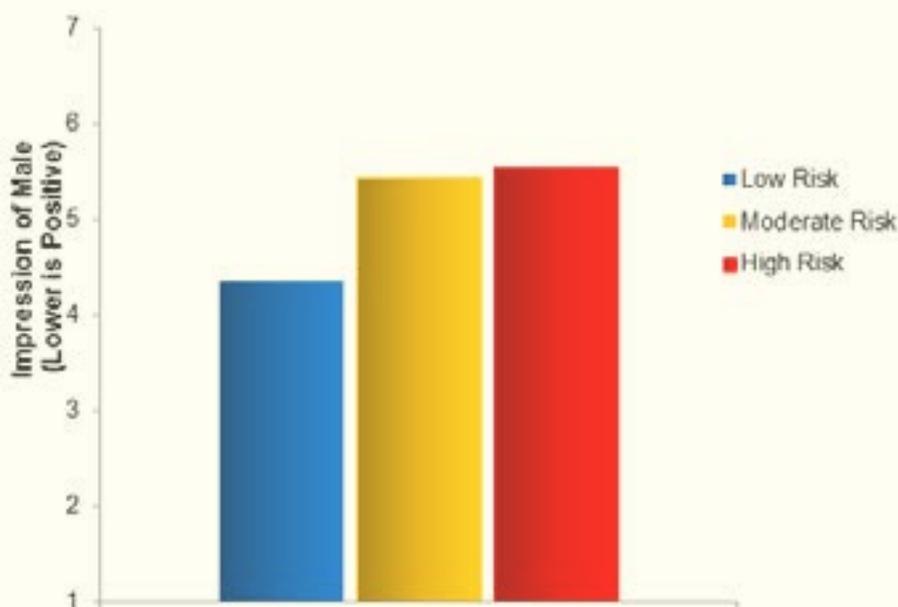


Figure 2. Impression of the Male Character by Video Risk Level

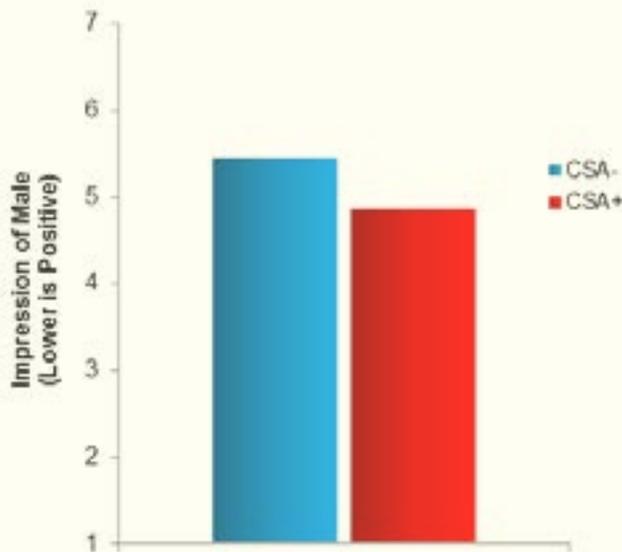


Figure 3. Impression of Male Character by CSA History

level. Differences that were found, based on risk level (e.g., comfort, key presses) suggest that the videos can be used to reliably assess differences in risk perception; however, it appears that the distinction between moderate and high risk cues is ambiguous. It may be that any risk beyond a certain point is seen as problematic.

Our findings that women with a history of CSA rated the male character more positively replicate our previous findings from an experimental alcohol administration study (Parks, Hequembourg, & Dearing, 2008). We found that female participants with a CSA history were less likely to perceive risk cues enacted by a male confederate, particularly when they rated him more positively. Perhaps previously victimized women view overtly attentive behaviors as positive attention, rather than as warning signals. This may provide insight for intervention development by suggesting specific behavior modification that might increase awareness of potential risks during social interactions, particularly those that involve alcohol consumption. However, we must caution that both of these studies involved small sample sizes; thus, further research is needed.

As with all research of this nature, the victim is never to blame for her behavior or her victimization.

It is always the responsibility of the perpetrator. However, it is our hope that with greater knowledge, we can help empower women so that their risk for sexual assault is minimized.

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# The Risk of Sexual Assault: The Role of Hyperfemininity and Alcohol-Sex Expectancies

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Despite intervention and prevention efforts, sexual assault remains a consistent problem on college campuses, with approximately one in five women sexually assaulted during their college career (Fisher, Cullen, & Turner, 2000). Drinking plays a role, with college women more likely to experience alcohol involved rape (AIR), than forcible rape (FR) not involving substance use (Lawyer, Resnick, Bakanic, Burkett, & Kilpatrick, 2010). In fact, when women enter college their risk of AIR increases, while their risk of FR actually decreases significantly (Krebs, Lindquist, Warner, Fisher, & Martin, 2009), perhaps fueling a false sense of security about drinking and heterosexual interactions. Mohler-Kuo, Dowdall, Koss, and Wechsler (2004) found that approximately 75% of rape victims in a large nationally representative sample reported being intoxicated during the attack.

High rates of college drinking might contribute to the high incidence of AIR. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2010) recently reported that 64% of students nationally had consumed alcohol in the past month. Moreover, 44% reported at least one binge drinking episode in the prior two weeks (Wechsler, Lee, Kuo, & Lee, 2000) with women's binge drinking rates significantly increasing over the past 10 years (Gruzca, Norber, & Bierut, 2009). Because of the well documented relationship between alcohol use and sexual assault (Abbey, Zawacki, Buck, Clinton & McAuslan, 2004), assessing determinants of women's drinking decisions may be an effective step towards lowering the risk of AIR among college women.

Alcohol Expectancy Theory provides one avenue for understanding why

people choose to drink in specific situations. According to expectancy theory, a person's drinking increases or decreases in likelihood based on beliefs about the expected outcome (positive or negative) (Baer, 2002; Kuntsche, Knibbe, Gmel, & Engels, 2005). Positive alcohol expectancies are associated with greater levels of drinking (Jones, Corbin, & Fromme, 2001; Parks & Grant, 2005) and negative expectancies with less drinking (Dunne, Freedlander, Coleman, & Katz, 2013; Leigh & Stacey, 2004; Thush & Wiers, 2007). When a woman expects negative outcomes from drinking in a particular situation, she may drink less to avoid them; but drink more when she desires expected positive outcomes. A frequent expectation is that alcohol enhances sexual behavior, and individuals who hold strong alcohol-sex expectancies tend to drink higher than average levels of alcohol (Benson, Gohm, & Gross, 2007).

However, drinking incapacitates women in sexual situations, both cognitively and physically, making them less able to respond effectively to unwanted sexual advances (Fromme, D'Amico, & Katz, 1999). Why, then, would a woman drink heavily under these circumstances? We suggest that women high in hyperfemininity (HF) may drink if they expect alcohol to enhance their sexual behavior, because sexual attraction is highly valued by them.

HF is a personality characteristic described as strict adherence to feminine gender role norms. Hyperfeminine women believe that having relationships with men is central to their lives. They prefer to date men who exhibit stereotypically masculine behaviors, and they use their sexuality to attract and hold men's attention (Murnen & Byrne, 1991). People perceive women who drink as more sexually available (Corcoran & Thomas, 1991; George, Gournic, & McAfee,

1988), so women higher in HF who also expect alcohol to enhance sexuality might be willing to drink to appear more sexually interested and attractive to men. This would suggest that HF may moderate the relationship between alcohol expectancies and drinking. Shin (2004) found that undergraduate females who scored higher on HF were less able to control their drinking compared to women lower in HF, but alcohol expectations were not assessed, so no moderation could be examined.

Recently our laboratory examined this moderating hypothesis using a sample of undergraduate drinking women. We found that HF was positively related to frequency and amount of drinking in the past 90 days. Further, using Abbey, McAuslan, Ross, and Zawacki's (1999) self-report measure to examine women's alcohol-sex expectancies, we found that women who were higher in HF and drank alcohol more frequently were more likely to report stronger beliefs that alcohol would increase their sexual drive, even though it would also make them more vulnerable to sexual coercion. Perhaps these women believed that they could remain in control of the sexual interaction while drinking; however, they may be at the greatest risk for AIR victimization. Moreover, for women lower in HF, we found that alcohol use and alcohol-sex expectancies were not significantly related, indicating that these women may drink for different reasons and further supporting the moderating hypothesis.

All of this research, however, relied on self-report methods, which are able only to examine explicit cognitions. Explicit cognitions may not be the most accurate predictors of a person's attitudes and/or beliefs. Explicit cognitions operate in a person's conscious awareness and can be modified to represent socially desirable responses (Greenwald &

Banaji, 1995). In contrast, implicit cognitions are not easily modified and represent automatic underlying motivational processes (Gawronski & Payne, 2010) and biases of which the person is unaware. The most common measure of implicit cognitions is the Implicit Association Task (IAT). The IAT instructs participants to classify words and/or pictures into one of two categories (e.g., alcohol or water) as quickly as possible over several trials. The assumption is that stronger memory associations between two stimuli will influence performance on the task, which will be demonstrated by shorter reaction times (Greenwald, Nosek, & Banaji, 2003) relative to non-associated stimuli. We are using an IAT paradigm to assess the hypothesis that HF moderates the relationship of sexual expectancies to women's drinking in sexual situations. In several trials participants classify pictures of alcohol or water and words related to sex or sexual abstinence. We hypothesize that with women who are high in HF, heavier drinkers will demonstrate the shortest reaction times when pairing alcohol pictures and sex related words, relative to water pictures and sex related words. For women who are low in HF, drinking levels will not be associated with such a large difference in relative reaction times. Such findings would support the hypothesis that high HF women with strong alcohol/sex expectations are those most likely to drink heavily in sexual situations. Accordingly, they would be the women who would be most vulnerable to AIR and the ones for whom rape risk reduction programs might be tailored.

In sum, women higher in HF who hold strong alcohol sexual expectations may drink more to appear more sexually available and flirtatious. However, although they might not necessarily want to engage in intercourse, drinking increases their risk of sexual assault. Using implicit measures to examine the relationship between alcohol and sexual behaviors may increase our ability to predict who is most vulnerable to AIR.

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## Annual SoAP Call for New Fellows Nominations

### NEW MANDATORY ONLINE PLATFORM FOR NOMINATIONS AND ENDORSEMENTS

**HARD DEADLINE: Friday, January 10, 2014**

The SoAP Fellows and Awards Committee invites applications of SoAP Division 50 members for potential election to Fellow status in the American Psychological Association.

**NOTE:** As per APA regulations new this year, all SoAP fellow applications must be submitted exclusively via the APA ONLINE PLATFORM in order to qualify. We direct you to <http://www.apa.org/membership/fellows/index.aspx>

Instructions (the portal is now open):

1. Open the link <http://www.apa.org/membership/fellows/index.aspx>;
2. Log into MyAPA using your APA username and password ;
3. You will be taken to the Applicant Welcome Page which will be pre-populated with your membership information;
4. Select the division (SoAP Division 50) from the drop-down menu;
5. You will be asked to fill out an **Application** with your educational history, and to state how you meet the criteria for fellow status. You will be asked to attach your curriculum vitae to the Application;
6. You will then be instructed to enter the names and email addresses of your required **three endorsers**. Once you finish the Application, a link is sent to each endorser asking them to complete a worksheet and upload their endorsement statement.

**DEADLINE for all materials:** Again, your SoAP Division 50 Fellows and Awards Committee will only consider applications when all materials, including endorsements, are received by the **HARD DEADLINE FOR ALL APPLICATIONS AND ENDORSEMENTS: Friday, January 10, 2014.**

In order to be considered for Fellow status, members must meet both APA and SoAP requirements. APA requirements include: (a) the receipt of a doctoral degree based in part upon a psychological dissertation, or from a program primarily psychological in nature, and conferred by a graduate school of recognized standing; (b) prior APA membership for at least one year and membership in the SoAP through which the nomination is made; (c) active engagement at the time of nomination in the advancement of psychology in any of its aspects; and (d) five years of acceptable professional experience subsequent to the granting of the doctoral degree. The SoAP additionally requires: (a) current engagement in education and training, practice or research in addictive behaviors; (b) at least three of the five years of postdoctoral professional experience in addictive behaviors; and (c) membership in the SoAP for at least one year.

Completed applications are reviewed by the SoAP Fellows and Awards Committee, which submits its recommendations to the SoAP's Executive Board. Nominations are then sent forward to the APA's Membership Committee for final approval. Members of the Fellows and Awards Committee or Executive Board who submit evaluations of a nominee do not vote on that nominee. New Fellows are announced at the SoAP's annual business meeting during the APA Convention.

For further information, please contact Sandra Brown at [sandrabrown@ucsd.edu](mailto:sandrabrown@ucsd.edu), with a copy to [lfitzpatrick@ucsd.edu](mailto:lfitzpatrick@ucsd.edu).

# Integrating Alcohol Use Intervention and Sexual Assault Prevention Programs Among College Men

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Heavy alcohol use and sexual assault are prevalent and highly interrelated problems on college campuses. Yet, college campuses traditionally administer alcohol and sexual assault preventive interventions in isolation of one another. Here we delineate the rationale for integrating alcohol use intervention and sexual assault prevention for men on college campuses.

## The Need to Target College Men in Sexual Assault Prevention

The vast majority of sexual assaults are perpetrated by men against women, and only perpetrators of violence can truly “prevent” its occurrence. Thus, researchers emphasize the importance of engaging men in sexual assault prevention (Schewe, 2002). The high rates of campus-based sexual assaults underscore the importance of developing effective prevention programs for college men. At four-year colleges, an estimated 10-17% of men perpetrate sexual aggression over a three-month period (Gidycz, Warkentin, & Orchowski, 2007; Loh, Gidycz, Lobo, & Luthra, 2005).

## Risk Factors for Sexual Aggression by College Men

There are multiple influences that increase risk for sexual aggression (for a review see Abbey, 2008). According to the Integrated Model of Sexual Assault, a perpetrator’s attitudes, socialization and peer group relationships interact to determine the conditions under which he would be willing to perpetrate (Berkowitz, 2002). Men who accept rape myths, hold adversarial views about relationships with women, condone violence against women, or hold traditional attitudes about sex roles are at increased risk to perpetrate (Muehlenhard & Linton, 1987). Misperceptions rape myth endorsement by other men, and beliefs that other men are more sexually active than they are allow perpetrators to justify their behavior and perceive it as normative while causing non-perpetrating men to feel pressure to be sexually active and suppress their discomfort with other men’s inappropriate behavior (Berkowitz, 2003). In numerous ways, alcohol can serve as a situational variable to increase risk for sexual aggression (Abbey, 2008). For example, men who hold adversarial views towards women may use alcohol in order to facilitate engaging in sexually aggressive behavior by impairing and/or disabling their victims.

## Current Criticisms of Sexual Assault Prevention Programs for College Men

While engaging men in efforts to raise awareness about sexual assault is one component of prevention, such efforts likely do not reach the riskiest of men, or engage large male audiences in *skills-based* learning. Furthermore, awareness-campaigns rarely undergo systematic evaluations. Outcome evaluations of existing prevention programs for college men are also limited. An alarming paucity of the empirically

tested sexual assault prevention programs (8%) are geared towards men (Morrison, Hardison, Mathew, & O’Neil, 2004). Evaluations are often limited by small sample sizes, non-random assignment, and short-term follow-ups (for a review see Gidycz, Orchowski, & Edwards, 2011). Further, only a few studies have examined whether the programs reduce rates of assault (for a review see Orchowski, Gidycz, & Murphy, 2010). Finally, studies often report short-term changes in attitudes that later return to baseline (see Foubert, 2000; Foubert & Perry, 2007, for example). To date, only one study has reported a reduction in rates of sexual aggression among college men following program participation (Gidycz, Orchowski, & Berkowitz, 2011).

Although a relatively small group of men commit the majority of assaults (Lisak & Miller, 2002), most prevention programs are universal in their nature (Anderson & Whiston, 2005). High risk men are generally unaffected by universal approaches (Stephens & George, 2009), and thus need more intensive intervention than lower risk men. Further, programs are almost exclusively delivered in a group format (Anderson & Whiston, 2005). Given that the majority of men do not perpetrate, universal prevention, leveraging group influence by focusing on bystander intervention may be effective in groups. However, since the multiple risk factors for sexual aggression vary between men (Parkhill & Abbey, 2008), it is likely that “one-size-fits-all” interventions are not flexible enough for high risk men.

## Why Target Alcohol Use in Sexual Assault Prevention for College Men?

Heavy episodic drinking is a well-documented problem at colleges (Gruca, Norberg, & Bierut, 2009). Numerous studies document both global and event-level associations between alcohol use and sexual assault

(Abbey, Clinton, McAuslan, Zawacki, & Buck, 2002; Abbey, Zawacki, Buck, Clinton, & McAuslan, 2001, 2004; Zawacki et al., 2005). At a global level, men who perpetrate are more likely than non-sexually aggressive men to report problematic drinking patterns, including daily alcohol use (Borowsky, Hogan, & Ireland, 1997), heavy drinking (Neal & Fromme, 2007), and alcohol problems (Abbey, Saenz, Buck, Parkhill, & Hayman, 2006). At the event level, alcohol is consumed by the perpetrator in 50-75% of assaults (Abbey et al., 2002; Hingson, Heeren, Zakocs, Kopstein, & Wechsler, 2002), and is often used instrumentally to increase victim vulnerability.

There are several factors that can be targeted in prevention programs to address the role of alcohol as a risk factor for sexual assault. When drinking, decreases in the ability to appraise cues (Sayette, 1993), reductions in the capacity to make decisions (Curtin & Fairchild, 2003), and lowered levels of tension (Greeley & Oei, 1999) may allow men to justify disregarding women's refusals for sexual activity (Abbey et al., 2004). Men may also use alcohol as a way to facilitate engaging in aggressive behavior (George & Stoner, 2000). Bystanders may also be less likely to notice and intervene when witnessing a risky situation if intoxicated. Expectancies regarding sexual and aggressive behavior when intoxicated also increase risk for sexual aggression and allow perpetrators to rationalize their behavior (Abbey, McAuslan, & Ross, 1998). Misperceptions of social norms regarding alcohol use and sexual activity may increase the likelihood that men overestimate the extent to which other men engage in substance use and sexual activity (Berkowitz, 2003; 2010). Feeling pressured to engage in sexual activity can increase men's proclivity both to engage in and to justify sexually coercive and aggressive acts (Berkowitz, 2002, 2010). Men may also perceive that culpability for aggressive acts is mitigated by use of alcohol (Abbey et al., 2004). When intoxicated, men are more likely to interpret women's behavior as a sign that she is sexually interested (Abbey,

Zawacki, & Buck, 2005; George, Stoner, Norris, Lopez, & Lehman, 2000; Parkhill & Abbey, 2008). Misperceptions of sexual intent are positively related to sexual assault perpetration in college men (Muehlenhard & Linton, 1987). Men with antisocial traits or impulsivity are likely to both consume alcohol and engage in sexual aggression (Lansford, Rabiner, Miller-Johnson, Golonka, & Hendren, 2003). Although many sexual assault prevention programs include some focus on the role of alcohol in sexual consent, the emphasis on alcohol should be greater given the research cited above.

### Conclusion and Future Directions

To summarize, it is evident that sexual assault prevention programs for college men warrant further development and evaluation. There is also evidence to suggest that alcohol has complex relations with risk for sexual aggression. Supported by funding from NIAAA, our research group is currently piloting an integrated alcohol and sexual assault intervention among college men who are heavy drinkers (R34AA020852) that includes individual brief motivational interviewing, personalized feedback, and theoretically driven group-based instruction to increase skills in bystander intervention, understanding of consent, and awareness of the discrepancy between perceived and actual social norms regarding alcohol use and sexual behavior. It is hoped that integrating alcohol use and sexual assault preventive interventions may be an effective strategy for reducing perpetration of violence among high risk college men.

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### Seeking Members for the Committee on Populations and Diversity Issues

The Committee on Populations and Diversity Issues (CPDI) has at its core a focus on addiction among varied populations. These include diverse clinical groups (e.g., individuals with co-occurring mental health and substance use disorders, individuals with medical comorbidities, war veterans) and demographic groups (e.g., racial/ethnic minorities; Lesbian, Gay, Bisexual, Transgendered; children and adolescents; elders; religious minorities, individuals with disabilities). Specifically, the CPDI aims to increase the visibility of population-specific public health issues in the practice of research, clinical activities, and policy relevant to psychologists in addiction psychology. This includes attention to competent and responsible assessment, intervention, publication, research practices, and policy. Further, CPDI assists the division in its pursuit of research and training opportunities that promote development of population-specific competence among members of the Society of Addiction Psychology.

The CPDI committee currently is seeking committee members. If you are interested, please contact Dr. Ezemenari M. Obasi, Committee Chair, at [emobasi@Central.UH.EDU](mailto:emobasi@Central.UH.EDU) with a statement of interest. Early-career professionals and student members are encouraged!

# Alcohol and Sex: Arousal and Risk-Taking Experiments

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## Introduction

Alcohol and sex are commonly paired. With alcohol being the most widely used recreational intoxicant and sexuality being an evolutionarily essential motive, this pairing is unsurprising. Our culture abounds with images fusing alcohol with sexual pleasure: e.g., wedding night champagne, romantic dinner wine, club scenes, spring break keggers, etc. If one's knowledge and understanding of alcohol and sex were based solely on mainstream media, the conclusion that drinking and sexuality are complementary and salutary indulgences would be inescapable.

However, this seemingly simplistic equation belies two important scientific questions for which the answers are less simple: Are drinking and sexual responses causally related and does the relationship between them manifest in problematic outcomes? To address these questions, we will summarize recent findings from controlled laboratory experiments examining alcohol's effects on sexual arousal and sexual risk-taking.

## Sexual Arousal

Alcohol's effects on sexual arousal can be delineated on the basis of acute versus chronic effects and gender. Most current knowledge about chronic effects comes from non-experimental studies indicating that heavy chronic consumption impairs sexual arousal, but that low-to-moderate chronic consumption does not (George et al., 2013). Although there are both experimental and non-experimental studies assessing acute effects (George & Gilmore, 2013), we review only experiments, which permit more definitive causal inferences.

## Acute Effects on Men

Approximately 24 experiments have evaluated alcohol's acute effects using alcohol administration, exposure to erotic material, and assessments of self-reported and genital arousal. Initial experiments indicated that (1) moderate-to-high doses attenuated erectile responding, known as attenuation; but, (2) in no-alcohol and low-dose conditions, the belief that one had consumed an alcoholic drink (regardless of actual content) led to increased self-reported and genital arousal, known as expectancy (see reviews by Crowe & George, 1989; George & Norris, 1991; Wilson, 1977). These contrasting attenuation and expectancy effects fit a narrative reflecting the Shakespearean paradox: "Lechery, sir, it [drink] provokes, and unprovokes: it provokes the desire, but it takes away the performance" (*Macbeth*, 2.3.32). Alcohol's "provoking" effect seemed attributable to psychological properties—a self-fulfilling prophecy of expecting and then, as a result, experiencing alcohol-enhanced sexual responding (George et al., 2000). Whereas, alcohol's "unprovoking" effects were attributable to pharmacologically attenuating properties.

The above narrative stood as the established scientific conclusion about alcohol's acute effects on men's arousal until non-replication findings began to accrue. The attenuation effect was not universal (e.g., George & Stoner, 2000), occurring in less than half of the relevant experiments. When evaluating the highest blood alcohol level (BAL) investigated to date (.15%), alcohol attenuation was not evident during sleep (Morlet et al., 1990). Furthermore, methodological problems which may have contributed to apparent attenuation effects were identified (George, Norris, & Schacht, 2003).

Contrary to earlier findings, recent findings addressing previous methodological problems suggest that relatively high dosages of alcohol have a limited impact, with only certain types of attenuation (peak arousal) and only at very high doses (e.g., George et al., 2006). Generally, it now appears that there is little basis to view alcohol as necessarily interfering with sexual response for sexually functional men. It may be that a more robust attenuation effect holds true but only at higher degrees of intoxication, much higher than .10%, which—while relatively rare in laboratory experimentation—may be common in real life encounters.

## Acute Effects on Women

For women, the picture is somewhat different, perhaps in part because (1) self-reported and genital arousal correspond to a lesser degree in women than men ( $r = .26$  vs.  $.66$ , respectively, Chivers et al., 2010) and (2) menstrual phases can affect alcohol's acute effects on arousal. More than 12 experiments have examined alcohol's acute effects on self-reported arousal and the majority found that alcohol increased self-reported arousal. Of ten experiments on genital arousal, six (e.g., Gilmore et al., 2010) found that alcohol attenuated genital arousal and four (e.g., Prause et al., 2011) found no evidence of attenuation.

Looking across both the self-report and genital arousal studies it appears reasonable to contend that until the BAL exceeds .08%, women are likely to exhibit an arousal response pattern characterized by enhanced self-reported sexual arousal, no alcohol-induced diminution in genital arousal, and an effective capability to control their arousal response volitionally. Also, women's responses can be moderated by sexual victimization history (Schacht et al., 2007). These considerations suggest that women's post-drinking sexual

responses are subject to considerable variability, perhaps more so than men's, and are not dictated by physiological imperatives or limits.

### Sexual Risk Taking

Alcohol affects other aspects of sexuality, including sexual risk taking, defined as unprotected anal or vaginal intercourse with partners of unknown infection status. Sexual risk taking is an important aspect of sexual behavior to examine because it is the leading cause of sexually transmitted infection (STI) transmission and HIV risk (CDC, 2009).

Global and situational co-variation surveys addressing the question "Does alcohol consumption co-occur with and/or contribute to sexual risk taking?" have found that indeed alcohol was associated with increased risk (e.g., Cooper, 2002; Leigh & Morrison, 1991). However, event-level and daily diary studies (e.g., Leigh et al., 2008) showed this relationship is not reliably evident and certainly not unequivocally causal. These mixed findings highlighted alcohol's complex linkage with real-world sexual risk taking, underscoring the importance of moderating contextual factors such as the risk level and relationship status of sexual partners (Leigh, 2002; Weinhardt & Carey, 2000).

Experimental researchers have addressed a different and arguably more fundamental question of internal validity: "Is alcohol even capable of exerting a causal impact on sexual risk taking, and, if so, how can this best be explained?" Contrary to the ambiguity about alcohol's causal role from survey data, experiments from multiple independent investigative teams (e.g., Abbey et al., 2005; Cho & Span, 2010; Fromme et al., 1999; George et al., 2009; Maisto et al., 2004; MacDonald et al., 1996; Murphy et al., 1998; Prause et al., 2011) have established that alcohol can and does have a causal impact on intentions to engage in unprotected intercourse with new and casual partners (see reviews by George & Stoner, 2000; Hendershot & George, 2007; Rehm et al., 2012) and

on men's intention to resist condom use (Davis et al., 2012).

Furthermore, experiments using eroticized heat-of-the-moment scenarios indicated that alcohol's effects are mediated by subjective—but not physiological—sexual arousal (e.g., George et al., 2009), appraisals of impelling versus inhibiting cognitions (e.g., Norris et al., 2009), and disproportionate attention to arousal over risk concerns (Davis et al., 2007); all mechanisms which are consistent with an alcohol myopia theory (Steele & Josephs, 1990) explanation. Finally, experiments have shown that alcohol effects are moderated by whether BAL is ascending or descending (Davis et al., 2009) and that post-drinking sexual risk is affected by individual differences, such as alcohol expectancies (Davis, 2010), sexual sensation seeking (e.g., Maisto et al., 2004) and sexual victimization history (George et al., in press; Masters et al., in press; Schacht et al., 2010).

### Conclusions

Overall, alcohol affects both sexual arousal and sexual risk taking for men and women, with chronic heavy drinking impairing sexual arousal. Acute intoxication attenuates genital arousal at dosages beyond .08, generally increases subjective arousal, and increases sexual risk intentions via subjective arousal and alcohol myopia mechanisms. Additionally, alcohol's sexual effects are complicated by various important moderating factors, warranting further research.

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# The Expansion of Study Abroad Programs Highlights the Need for Empirically Validated Alcohol Reduction Programs for Students Studying Abroad

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Study abroad programs have experienced dramatic growth in recent years. A large majority of institutions of higher education have study abroad programs and the growing internationalization of curriculum has led to a renewed focus on these programs. Nearly 274,000 students studied abroad for credit towards their U.S. institution degree program in the 2010/11 academic year, a number that has more than tripled in the past decade and is expected to continue climbing (Institute of International Education, 2012). Students studying abroad benefit in countless ways: broadening their global perspectives, increasing cross-cultural skills, boosting confidence and self-esteem, preparing for international careers in an increasingly global economy, developing second language skills, and cultivating a deeper respect and appreciation for people in other cultures. Universities benefit through expanded student perspectives and enriched experiences of diversity on their own campuses, as well as by gaining respect and credibility as leaders in internationalization. Research also points to the connection of study abroad to retention and success on campus (Dwyer, 2004; Sutton & Rubin, 2004, 2010). Further, schools are making efforts to increase the number of ethnic minority students studying abroad and are creating more opportunities for those from lower socioeconomic backgrounds.

Despite the benefits, there are a number of risks for both students and institutions while abroad. For example, recent media attention has centered on accidental student deaths and high profile court trials. Students can be injured, get in legal trouble with foreign authorities, and be subject to diseases and illnesses. Liabilities to schools can include legal action from parents, cancellation of programs, loss of revenue from tuition, and severed partnerships with foreign institutions. Although accorded little attention, drinking may play a significant role in increasing risks associated with these programs.

Recent research from our labs has detailed increased and problematic drinking among college students studying abroad. Our work involves the assessment of students prior to departure, while abroad, and after returning home. We have found that students double the amount of alcohol they consume per week while studying abroad. Moreover, the students who drink the most abroad report drinking more heavily upon returning to their home campus, compared to their pre-abroad drinking levels (Pedersen, Larimer, & Lee, 2010). As a result of this increased drinking abroad, many students report experiencing a number of significant negative alcohol-related consequences. For example, within only a one-month time frame, upwards of one-third of male and female students reported drinking on nights they had not planned to drink, taking foolish risks when drinking, embarrassing themselves, noticing changes in their tolerance level, engaging in regretted sex, and not being able to remember large stretches of time when drinking (Hummer, Pedersen, Mirza, & LaBrie, 2010). Endorsements of regretted sexual situations are particularly troublesome due to the wide spectrum of possibilities that

range in gravity from having sex while still in a relationship with someone in one's hometown to sexual assault and rape. In fact, because they had been drinking, approximately 10% of men and women neglected to use birth control during sex or protect themselves from sexually transmitted diseases. Other unfortunate risks reported by at least 1 in 10 students include drinking to the point of passing out, missing classes, feeling guilty or bad about themselves due to their drinking, finding themselves in a dangerous situation they would not have been in if sober, and alcohol-related injuries (Pedersen, Neighbors, Lee, & Larimer, 2012).

Other highlights from our work include a self-selection bias for heavier drinkers towards studying abroad found for both White and ethnic minority students (Pedersen, LaBrie, Hummer, Larimer, & Lee, 2010), higher normative beliefs about drinking while abroad (Pedersen, LaBrie, & Hummer, 2009), and an effect for how much engagement students have with the host culture such that students in engaged the host culture less drank more (Hummer et al., 2010; Pedersen, Cruz, LaBrie, Hummer, 2011; Pedersen et al., 2012). Students who intend to study abroad drink more and experience more consequences on home campuses than those with no intentions to study abroad. Both prior to departure and while abroad, students believe that other students and their host country peers drink more than they actually do, which in turn predicts increased individual drinking. Furthermore, students who make fewer attempts to engage with their host culture while abroad drink more heavily and experience more negative consequences.

In addition to the research community, personnel working with study abroad recognize the need for targeted efforts to address the problem of study abroad

drinking. Recently we surveyed 154 personnel who work in study abroad programs representing 152 institutions. Nearly half of these respondents were directors of their study abroad office. Their responses illuminate the problems that alcohol poses to students and program officials in study abroad contexts. Over half of respondents reported that drinking poses one of the most serious potential negative impacts for the abroad experience, placing students at risk for physical and emotional harm and programs at risk for serious liabilities. Also, a quarter of these personnel reported that alcohol was involved in the most serious negative incidents they have had to deal with in the past year. In open-ended responses, respondents pointed to the need for empirical data on alcohol harm reduction programs that work in study abroad contexts, as well as the need for more professionals that have specific expertise in this area. Nearly all (90%) reported that it would be important for their program to have access to a risk reduction alcohol awareness program that is supported by evidence and that can be easily administered. These data confirm other reports from study abroad professionals that drinking abroad is a serious unaddressed problem in need of targeted intervention efforts. For example, personnel from over 130 study abroad programs ranked alcohol and substance use second only to student mental health issues as their programs' top health and safety concern for students; more concerning even than pandemics, terrorism, crime, and access to appropriate medical care (Forum on Education Abroad, 2009).

Taken together, the reports by professionals working in study abroad programs along with our data from students suggest that significantly more needs to be done to address the harmful role of alcohol in study abroad experiences to reduce both the harms to students and institutions' liability. Despite the clear need for concrete strategies to reduce the risk for detrimental outcomes as a result of student alcohol misuse abroad, there are currently no published empirically

tested prevention programs addressing this issue. Twenty years of focused research on college student drinking have developed many empirically supported prevention and intervention programs, some general and some targeted directly for the specific needs of specific high risk drinking groups. Based on our work, we believe that students studying abroad should be added to the list of at-risk drinkers. It is important that college personnel and particularly prevention researchers take what we've learned with students on campus and test novel applications of it to the study abroad context. Targeted harm-reduction prevention programs will likely need to be tailored to the specific cultural experience in which students will be placed. Given the growing number of students that are studying abroad and the liabilities that heavy drinking poses for both students and universities, the need to develop and test such prevention programs is of utmost importance.

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# Abstracts

Balan, S., Widner, G., Shroff, M., van den Berk-Clark, C., Scherrer, J., & Price, R.K. (2013). Drug use disorders and post-traumatic stress disorder over 25 adult years: Role of psychopathology in relational networks. *Drug Alcohol Depend*, 133(1), 228-234. doi: 10.1016/j.drugalcdep.2013.04.030

**BACKGROUND:** In traumatized populations, drug use disorders and post-traumatic stress disorder (PTSD) persist for many years. Relational factors that mediate this persistence have rarely been systematically examined. Our aim is to examine the relative effects of psychopathology in familial and non-familial networks on the persistence of both disorders over adulthood. **METHODS:** We utilized longitudinal data from an epidemiologically ascertained sample of male Vietnam veterans ( $n = 642$ ). Measures included DSM-IV drug use disorders, other psychiatric disorders, network problem history and time-varying marital and employment characteristics. Longitudinal measures of veterans' psychopathology and social functioning were retrospectively obtained for each year over a 25 year period. We used generalized estimating equations (GEE) to estimate the relative effects of network problems on veteran's drug use disorders and PTSD after adjusting for covariates. **RESULTS:** Veterans' mean age was 47 years in 1996. Prevalence of illicit drug disorders declined from 29.8% in 1972 to 8.3% in 1996, but PTSD remained at 11.7% from 13.2% in 1972. While 17.0% of veterans reported a familial drug use problem, 24.9% reported a non-familial drug use problem. In full GEE models, a non-familial drug problem was a significant predictor of illicit drug use disorders over 25 years ( $OR=2.21$ ,  $CI=1.59-3.09$ ), while both familial depression ( $OR=1.69$ ,  $CI=1.07-2.68$ ) and non-familial drinking problem ( $OR=1.66$ ,  $CI=1.08-2.54$ ) were significant predictors of PTSD over 25 years. **CONCLUSIONS:** Familial and non-familial problems in networks differentially affect the persistence

of drug use disorders and PTSD in traumatized male adults.

Barrett, B., & Young, M.S. (2012). Past-year acute care behavioral health care utilization among individuals with mental health disorders: Results from the 2008 National Survey on Drug Use and Health. *Journal of Dual Diagnosis*, 8(1), 19-27. doi:10.1080/15504263.2012.648438

**OBJECTIVE:** Prevalence and correlates of past-year acute behavioral health care use were examined. **METHODS:** Data are from the 2008 National Survey on Drug Use and Health ( $N = 10,069$  adults with behavioral health disorders). Associations between past-year acute behavioral health care use and factors related to health care use were examined through bivariate and logistic regression analyses per Andersen's behavioral model of health services utilization. **RESULTS:** Five percent of those with a behavioral health disorder used acute behavioral health care services. Several variables were significantly associated with acute care use in the final logistic regression model ( $R^2 = .179$ ,  $p < .0001$ ). Individuals with co-occurring mental illness and substance use disorders ( $OR = 2.58$ ), severe mental illness ( $OR = 2.89$ ), and co-occurring severe mental illness and substance use disorders ( $OR = 4.15$ ) were more likely to utilize acute behavioral health care services compared to those with non-severe mental illness only. Individuals with only one type of behavioral health disorder were most likely to receive services targeting only that area of need. However, the majority of those with co-occurring disorders (i.e., >80%) received acute care for only one of their behavioral health disorders. Those with any past-year criminal justice involvement ( $OR = 3.19$ ) were also significantly more likely to receive acute behavioral care in the past year. **CONCLUSIONS:** Individuals with co-occurring disorders have the highest rates of acute behavioral health care service utilization. Treatment for both conditions is rarely obtained in acute

care facilities, supporting the need for better integration of care in these settings. (*Journal of Dual Diagnosis*, 8, 19-27, 2012)

Friese, B., & Grube, J.W. (2013). Legalization of medical marijuana and marijuana use among youths. *Drugs: Education, Prevention & Policy*, 20(1), 33-39. doi: 0.3109/09687637.2012.713408

This study examined the relationship of youth marijuana use and perceived ease of access with the number of medical marijuana cards at the county level, and marijuana norms as indicated by percent of voters approving legalization of medical marijuana in 2004. Survey data from 17,482 youths (ages 13-19) in Montana and county-level archival data, including votes for the legalization of medical marijuana and the number of medical marijuana cards were analyzed using hierarchical linear modeling. Living in a county with more medical marijuana cards was not related to lifetime or 30 day marijuana use. However, voter approval of medical marijuana was positively related to lifetime and 30 day use. Perceived ease of access to marijuana was positively related to medical marijuana cards, but this relation became non-significant when voter approval was controlled. Among marijuana users, marijuana cards and voter approval were positively related to perceived ease of access. The relation between medical marijuana cards and youth use may be related to an overall normative environment that is more tolerant of marijuana use. Interventions to prevent youth marijuana use should focus on adult norms regarding use by and provision of marijuana to youths.

Hester, R.K., Lenberg, K.L., Campbell, W., & Delaney, H.D. (2013). Overcoming Addictions, a Web-based application, and SMART Recovery, an online and in-person mutual help group for problem drinkers, part 1: three-month outcomes of a randomized controlled trial. *J Med Internet Res*, 15(7), e134. doi: 10.2196/jmir.2565

**BACKGROUND:** Overcoming Addictions (OA) is an abstinence-oriented, cognitive behavioral, Web application based on the program of SMART Recovery. SMART Recovery is an organization that has adapted empirically supported treatment strategies for use in a mutual help framework with in-person meetings, online meetings, a forum, and other resources. **OBJECTIVE:** To evaluate the effectiveness of OA and SMART Recovery (SR) with problem drinkers who were new to SMART Recovery. Our experimental hypotheses were: (1) all groups will reduce their drinking and alcohol/drug-related consequences at follow-up compared to their baseline levels, (2) the OA condition will reduce their drinking and alcohol/drug-related consequences more than the control group (SR), and (3) the OA+SR condition will reduce their drinking and alcohol/drug-related consequences more than the control group (SR only). **METHODS:** We recruited 189 heavy problem drinkers primarily through SMART Recovery's website and in-person meetings throughout the United States. We randomly assigned participants to (1) OA alone, (2) OA+attend SMART Recovery (SR) meetings (OA+SR), or (3) attend SR only. Baseline and follow-ups were conducted via GoToMeeting sessions with a Research Assistant (RA) and the study participant. We interviewed significant others to corroborate the participant's self-report. Primary outcome measures included percent days abstinent (PDA), mean drinks per drinking day (DDD), and alcohol/drug-related consequences. **RESULTS:** The intent-to-treat analysis of the 3-month outcomes supported the first hypothesis but not the others. Participants in all groups significantly increased their percent days abstinent from 44% to 72% ( $p < .001$ ), decreased their mean drinks per drinking day from 8.0 to

4.6 ( $p < .001$ ), and decreased their alcohol/drug-related problems ( $p < .001$ ). Actual use relationships were found for the OA groups, between SR online meetings and improvement in PDA ( $r = .261$ ,  $p = .033$ ). In addition in the OA groups, the number of total sessions of support (including SR & other meetings, counselor visits) was significantly related to PDA ( $r = .306$ ,  $p = .012$ ) and amount of improvement in alcohol-related problems ( $r = .305$ ,  $p = .012$ ). In the SR only group, the number of face-to-face meetings was significantly related to all three dependent variables, and predicted increased PDA ( $r = .358$ ,  $p = .003$ ), fewer mean DDD ( $r = -.250$ ,  $p = .039$ ), and fewer alcohol-related problems ( $r = -.244$ ,  $p = .045$ ), as well as to the amount of improvement in all three of these variables. Six-month follow-ups have been completed, and the results are currently being analyzed. **CONCLUSIONS:** These results support our first experimental hypothesis but not the second or third. All groups significantly increased their PDA and decreased both their mean DDD and their alcohol-related problems, which indicates that both interventions being investigated were equally effective in helping people recover from their problem drinking.

Martin, J.L., Groth, G., Buckner, L., Gale, M.M., & Kramer, M.E. (2013). Perceived drinking norms among black college students: The race of reference group members. *Addict Behav*, 38(10), 2586-2588. doi: 10.1016/j.addbeh.2013.06.003

Social norms have been consistently shown to influence alcohol use among college students. Much of the research in this area is focused on mostly White samples. This study sought to expand our understanding of social norms theory by examining perceptions of normative alcohol use among Black students and determining the impact of the race of reference group members on personal alcohol use. Participants ( $N = 130$ ; 73.8% female) completed an online questionnaire. Results of repeated measures of analysis of variance indicated that participants perceived all referent groups (i.e., White, same

race, typical student) as drinking significantly more than they did. Results of hierarchical regression analysis indicated that perceptions of typical student drinking significantly predicted personal alcohol use. Implications for practice and research are discussed.

Najavits, L.M., & Hien, D. (2013). Helping vulnerable populations: A comprehensive review of the treatment outcome literature on substance use disorder and PTSD. *J Clin Psychol*, 69(5), 433-479. doi: 10.1002/jclp.21980

We review treatment studies for comorbid substance use disorder (SUD) and posttraumatic stress disorder (PTSD). Results show positive outcomes on multiple domains. Most models had more effect on PTSD than SUD, suggesting SUD is harder to treat. Seeking Safety (SS) is the most studied model. It shows positive outcomes, and is the only treatment outperforming a control on both PTSD and SUD. Partial-dose SS had more mixed results than the full dose. This first-generation of PTSD/SUD research addresses complex samples excluded from "gold standard" PTSD-alone literature. Treatments for PTSD/SUD are generally longer than PTSD-alone treatments and present-focused, emphasizing stabilization and coping. The few models with past-focused (exposure-based) components also incorporated present-focused approaches for these vulnerable clients. We discuss public health perspectives to advance the field.

Patrick, M.E., Schulenberg, J.E., Martz, M.E., Maggs, J.L., O'Malley, P.M., & Johnston, L.D. (2013). Extreme binge drinking among 12th-grade students in the United States: Prevalence and predictors. *JAMA Pediatr*. doi: 10.1001/jamapediatrics.2013.2392

**IMPORTANCE** The prevalence of underage alcohol use has been studied extensively, but binge drinking among youth in the United States is not yet well understood. In particular, adolescents may drink much larger amounts than the threshold (5 drinks) often used in definitions of binge drinking. Delineating various levels of binge drinking, including extreme

levels, and understanding predictors of such extreme binge drinking among youth will benefit public health efforts. **OBJECTIVE** To examine the prevalence and predictors of 5+ (>=5 drinks) binge drinking and of 10+ (>=10 drinks) and 15+ (>=15 drinks) extreme binge drinking among 12th graders in the United States. **DESIGN, SETTING, AND PARTICIPANTS** A nonclinical nationally representative sample of high school seniors in the annual Monitoring the Future study between 2005 and 2011. The sample included 16,332 high school seniors (modal age, 18 years) in the United States. Response rates were 79.1% to 84.7%. **MAIN OUTCOMES AND MEASURES** Prevalence of consuming 5 or more, 10 or more, and 15 or more drinks in a row in the last 2 weeks. **RESULTS** Between 2005 and 2011, a total of 20.2% of high school seniors reported 5+ binge drinking, 10.5% reported 10+ extreme binge drinking, and 5.6% reported 15+ extreme binge drinking in the last 2 weeks. Rates of 5+ binge drinking and 10+ extreme binge drinking have declined since 2005, but rates of 15+ extreme binge drinking have not significantly declined. Students with college-educated parents were more likely to consume 5 or more drinks but were less likely to consume 15 or more drinks than students whose parents were not college educated. Students from more rural areas were more likely than students from large metropolitan areas to consume 15 or more drinks. Substance-related attitudes, socializing with substance-using peers, the number of evenings out with friends, and other substance use (cigarettes and marijuana) predicted all 3 levels of binge and extreme binge drinking. **CONCLUSIONS AND RELEVANCE** Binge drinking at the traditionally defined 5+ drinking level was common among high school seniors representative of all 12<sup>th</sup> graders in the contiguous United States. A significant segment of students also reported extreme binge drinking at levels 2 and 3 times higher. These data suggest the importance of assessing multiple levels of binge drinking behavior and their predictors among youth to target effective screening and intervention efforts.

Rohsenow, D.J., Martin, R.A., Monti, P.M., Colby, S.M., Day, A.M., Abrams, D.B., . . . Swift, R.M. (in press). Motivational interviewing versus brief advice for cigarette smokers in residential alcohol treatment. *Journal of Substance Abuse Treatment*. doi: 10.1016/j.jat.2013.10.002

Residential treatment for substance use disorders (SUD) provides opportunity for smoking intervention. A randomized controlled trial compared: (1) Motivational Interviewing (MI) to Brief Advice (BA), (2) in one session or with two booster sessions, for 165 alcoholics in SUD treatment. All received nicotine replacement (NRT). MI and BA produced equivalent confirmed abstinence, averaging 10% at 1 month, 2% at 3, 6 and 12 months. However, patients with more drug use pretreatment (>22 days in 6 months) given BA had more abstinence at 12 months (7%) than patients in MI or with less drug use (all 0%). Boosters produced 16-31% fewer cigarettes per day after BA than MI. Substance use was unaffected by treatment condition or smoking cessation. Motivation to quit was higher after BA than MI. Thus, BA plus NRT may be a cost-effective way to reduce smoking for alcoholics with comorbid substance use who are not seeking smoking cessation.

Rosenberg, H., & Davis, A.K. (2013). Differences in the acceptability of non-abstinence goals by type of drug among American substance abuse clinicians. *J Subst Abuse Treat*. doi: 10.1016/j.jat.2013.07.005

To assess whether acceptability of non-abstinence outcome goals varied depending on the specific drug a client consumes (alcohol, cannabis, amphetamine, heroin, cocaine, MDMA/ecstasy, polydrug), severity of diagnosis (DSM-IV Abuse vs. Dependence), and finality of outcome goal (intermediate vs. final), we recruited 432 clinicians to complete a web-based questionnaire. More respondents rated non-abstinence acceptable as an intermediate goal for clients diagnosed with alcohol abuse (44%) or cannabis abuse (43%) than for clients diagnosed as abusing the other listed drugs (23 to 31%). Similarly,

larger proportions of respondents rated non-abstinence as acceptable as a final goal for clients diagnosed with alcohol abuse (30%) or cannabis abuse (24%) than for clients diagnosed as abusing the other drugs (11 to 13%). Only 9 to 13% of respondents rated non-abstinence as an acceptable final goal for clients diagnosed with dependence, but 20% to 30% rated non-abstinence as acceptable as an intermediate goal for clients diagnosed as dependent.

Weinstock, J., Rash, C.J., Burton, S., Moran, S., O'Neil, K., Biller, W., & Krudelbach, N. (in press). Comparison of DSM-IV pathological gambling criteria and proposed DSM-5 changes in a help-seeking sample. *Journal of Clinical Psychology*.

**OBJECTIVES:** To examine the impact of proposed DSM-5 changes to pathological gambling relative to DSM-IV criteria in a large gambling helpline sample ( $N = 2,750$ ). Changes in prevalence rates, the diagnostic utility of the illegal acts criterion, and severity of alternative diagnostic formulation thresholds were examined. **METHOD:** Callers to the helpline completed a semi-structured interview and DSM-IV criteria were assessed. **RESULTS:** Without lowering the diagnostic threshold, removal of the illegal acts criterion resulted in loss of diagnostic status in less than 2% of helpline callers. The DSM-IV prevalence rate in this sample was 81.2%, and DSM-5 formulations with lowered thresholds of 4, 3, and 2 symptoms increased prevalence rates by 9% to 17%. However, item-level symptom endorsement suggested that subclinical gamblers experience significant adverse consequences. **CONCLUSIONS:** Lowered thresholds may lead to earlier provision of treatment to gamblers and prevent escalation of the disorder, while being more consistent with diagnostic thresholds of other addiction disorders.  $\psi$

# Announcements

## Predoctoral and Postdoctoral Fellowship at the University of Vermont's Center on Behavior and Health

The University of Vermont's Center on Behavior and Health announces the availability of NIH predoctoral and postdoctoral fellowships in tobacco regulatory science and other addiction research. The VCBH is supported by NIH COBRE and NIH-FDA TCORS center grants, as well as other NIH research and training mechanisms. Fellows will participate in a vibrant, intellectually stimulating, and productive center of research and training excellence. More information about the VCBH is available at <http://www.uvm.edu/medicine/behaviorandhealth/>.

**Predoctoral Fellowships:** Applicants must have completed their undergraduate degree in psychology, behavior analysis, or a related discipline and be U.S. citizens or permanent residents. For more information, contact Diana Cain (Diana.Cain@uvm.edu) and refer to <http://www.uvm.edu/~psych/graduate/>.

**Postdoctoral Fellowships:** Applicants must have completed doctoral training in psychology, behavior analysis, or a related discipline and be U.S. citizens or permanent residents. To apply, forward CV, statement of research interests, and 3 letters of reference to Stephen T. Higgins, PhD c/o Diana Cain (Diana.Cain@uvm.edu).

## UCLA Integrated Substance Abuse Programs Training in Addiction Health Services Research

The UCLA Integrated Substance Abuse Programs (ISAP) postdoctoral training program, funded by the National Institute on Drug Abuse—Ruth L. Kirschstein National Research Service Award Institutional Research Training Grant (T32 DA07272-21), combines a core research methodology curriculum with hands-on training opportunities in addiction research. Training is provided on core

issues and methodology within a health services research context, particularly related to epidemiology, treatment need and utilization, services integration, treatment outcomes, implementation research, and longitudinal research. Eligible candidates must be U.S. citizens or permanent residents. Postdoctoral trainees must have an MD or PhD at the time of admission. Stipend levels are based on years post-degree. Trainees also receive funds for travel and research project supplies.



To apply, send a letter of interest, curriculum vitae, and 2 letters of reference to Kira Jeter at [kjeter@mednet.ucla.edu](mailto:kjeter@mednet.ucla.edu); phone: 310-267-5417. See <http://www.uclaisap.org/t32/index.html>

## Postdoctoral Fellowships in Alcohol Etiology and Treatment, Research Institute on Addictions, University at Buffalo

The Research Institute on Addictions (RIA) at the University at Buffalo has one opening for a NIAAA T32-funded postdoctoral fellow. This program provides specialized training for individuals seeking a research career in alcohol etiology and treatment. Fellows develop and pursue research interests under the supervision of faculty preceptors. Seminars on alcohol use disorders, grant writing, and professional issues and career development are included. Start dates in Summer/Fall 2014, are negotiable.

Visit the RIA website at <http://www.ria.buffalo.edu>. Inquiries can be made to either Kenneth Leonard ([leonard@ria.buffalo.edu](mailto:leonard@ria.buffalo.edu)) or R. Lorraine Collins ([lcollins@buffalo.edu](mailto:lcollins@buffalo.edu)), Co-Training Directors. Applicants should forward a vita, representative reprints, letters of reference, and a cover letter describing research interests and training goals to: Postdoctoral Training Committee, Research Institute on Addictions, 1021 Main Street, Buffalo, NY 14203. Applications from diverse candidates are particularly welcome. Applicants must be citizens or noncitizen nationals of the U.S. or must have been lawfully admitted for permanent residence. AA/EOE

## Post-Doctoral Fellowship in Addictions, Department of Psychiatry, Yale University School of Medicine

Fellows will have the opportunity to work in a rich interdisciplinary and transdisciplinary research environment and be supervised by leading NIH-funded researchers with expertise in human laboratory and clinical treatment research methodologies; addictions with an emphasis on alcohol and nicotine dependence; gender-based research; behavioral pharmacology; medication development; stress reactivity; and epidemiological and policy research. Postdoctoral fellows will participate in a diverse training program including both didactic seminars (e.g., grant and scientific writing skills, career development, biostatistics) and individualized mentoring to build personalized programs of research.

Applicants must have completed an MD or PhD or equivalent degree in psychology, public health, pharmacology, neuroscience, or a related discipline. Interested applicants should send a letter of interest, curriculum vitae, and the names of three references to Dr. Sherry McKee, [sherry.mckee@yale.edu](mailto:sherry.mckee@yale.edu).

## Yale BIRCIH Scholar Program on Women's Health & Addictive Behaviors

Women's Health Research at Yale and the Dept. of Psychiatry's Division of Addictions at Yale University invite applications for junior faculty positions within a research career development program focused on women's health and addictive behaviors, funded by the NIH. Candidates will work on research projects with experienced mentors from different disciplines and are supported in developing their projects, which can include basic, translational or clinical research. Candidates typically will be within 3 years of completing their doctoral degree and have at least one year of research related to women's health or addictions. Scholars must be U.S. citizens.

For more information, visit <http://medicine.yale.edu/whr/faculty/training/jrfac.aspx>. Application must include cover letter, CV and three letters of recommendation, and should be sent to [whresearch@yale.edu](mailto:whresearch@yale.edu). Yale is an Equal Opportunity/Affirmative Action Employer, and applications from women and members of minority groups are especially encouraged.

## NIH Postdoctoral Fellowships in Addiction Research

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) Laboratory of Clinical and Translational Studies, NIH/DHHS, is recruiting post-doctoral fellows (MD and/or PhD) at the Section on Molecular Pathophysiology (MP; for additional information, contact Dr. Heilig, [markus.heilig@mail.nih.gov](mailto:markus.heilig@mail.nih.gov)) which conducts basic science aimed to discover novel molecular targets for alcoholism treatment; and at the joint NIAAA-NIDA Section on Clinical Psychoneuroendocrinology and Neuropsychopharmacology (CPN; for additional information, contact Dr. Leggio, [lorenzo.leggio@nih.gov](mailto:lorenzo.leggio@nih.gov)) which conducts clinical research aimed to identify new pharmacotherapies for alcoholism (including neuroimaging and biobehavioral human laboratory studies).

Applicants can submit a CV, a statement of research accomplishments/interests, and 3 reference contacts to [LCTSRsearch@mail.nih.gov](mailto:LCTSRsearch@mail.nih.gov), Att. Dr. Heilig (MP) or Dr. Leggio (CPN). For additional information on both sections: <http://www.niaaa.nih.gov/research/niaaa-intramural-program/niaaa-laboratories/laboratory-clinical-and-translational-studies>. The NIH is dedicated to building a diverse community in its training and employment programs. Women, minorities, and persons with disabilities are strongly encouraged to apply.

## Department of Psychology, University of Southern Mississippi, Visiting Assistant Professor in Counseling Psychology

The Department of Psychology at the University of Southern Mississippi invites applications for a full-time, 9 month, Visiting Assistant Professor in Counseling Psychology beginning August 2014. *Primary responsibilities will include* teaching 2-3 classes each semester, including practicum and other graduate/undergraduate courses. Practicum involves supervision of our master's and doctoral students, who provide assessment and treatment to university and community clients in our in-house training clinic. This is an ideal position for individuals preparing for a career that involves training/supervision of graduate students. *Qualifications include* a doctorate from an APA-accredited counseling psychology program by August of 2014 and strong teaching skills. Review of applications will begin immediately and continue until the position is filled. Applicants should send, as separate attachments to Ms. Archie Brewton ([archie.brewton@usm.edu](mailto:archie.brewton@usm.edu)), 1) a cover letter, 2) a CV, 3) three recommendation letters, and 4) unofficial academic transcripts. Please direct questions to Dr. Jon Mandracchia ([jon.mandracchia@usm.edu](mailto:jon.mandracchia@usm.edu)).

## Postdoctoral Fellowships at Brown University, Center for Alcohol & Addiction Studies

The Center for Alcohol and Addiction Studies is recruiting for T32 training programs funded by NIAAA and NIDA, providing research training on alcohol, tobacco, and other drug use, dependence, early intervention, and treatment. CAAS research includes laboratory studies of alcohol, tobacco and marijuana use; behavioral and pharmacologic interventions; studies of intervention mechanisms (using electronic diaries, cue reactivity, behavioral economics, genetic markers, fMRI), and alcohol/HIV research. Training includes seminars, supervised research experience, and intensive mentored grant writing. Applications are due January 24, 2014. Reviews continue until positions are filled. Starting dates vary from July 1 to September 1, 2014. For program details and application see <http://www.caas.brown.edu/Content/training/>. Applicants must hold a doctoral degree at the time the fellowship begins and be a citizen or permanent resident of the United States. The Brown University School of Public Health is an Equal Opportunity/Affirmative Action Employer and actively solicits applications from women and minorities. 

# CHANGING ADDICTIVE BEHAVIOR

*Bench to Bedside and Back Again*

28/50 COLLABORATIVE  
PERSPECTIVES ON  
ADDICTION  
Feb 28 - March 1 | Atlanta, GA



## KEYNOTE SPEAKERS



**Sandra Brown, PhD**  
Univ. of California



**Michael Nader, PhD**  
Wake Forest Univ.

**CONTINUING EDUCATION**  
**SPECIALTY WORKSHOPS**  
**NETWORKING OPPORTUNITIES**  
**POSTER SESSIONS**  
**SOCIAL HOURS**

### NIH Functional Integration

There will be a special pre-conference session on functional integration at NIH and the future of addiction research funding.

**Registration**  
**Earlybird Deadline**  
January 17, 2014

**Hotel Reservations**  
January 29, 2014

**Jenna Cohen**  
*Registrar/Hotels*  
jcohen@apa.org  
(202) 682-5132

**Register Online**  
[www.tinyuurl.com/2014CPA](http://www.tinyuurl.com/2014CPA)

**Programming**

**Katie Witkiewitz, PhD**  
katie@unm.edu

**Jennifer Buckman, PhD**  
jbuckman@rutgers.edu

# SoAP (Division 50) Leadership

## ELECTED OFFICERS

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John F. Kelly	President	<a href="mailto:jkelly11@mgh.harvard.edu">jkelly11@mgh.harvard.edu</a>
Alan J. Budney	President-Elect	<a href="mailto:Alan.J.Budney@Dartmouth.edu">Alan.J.Budney@Dartmouth.edu</a>
Sara Jo Nixon	Past President	<a href="mailto:snixon@ufl.edu">snixon@ufl.edu</a>
Amee Patel	Secretary	<a href="mailto:amee@utexas.edu">amee@utexas.edu</a>
Jennifer Buckman	Treasurer	<a href="mailto:jbuckman@rci.rutgers.edu">jbuckman@rci.rutgers.edu</a>
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Ray Hanbury	Council Representative - Practice	<a href="mailto:hanburypsy@aol.com">hanburypsy@aol.com</a>
James Bray	Member-at-Large	<a href="mailto:jbray@bcm.edu">jbray@bcm.edu</a>
Krista M. Lisdahl	Member-at-Large	<a href="mailto:medinak@uwm.edu">medinak@uwm.edu</a>
Mark Schenker	Member-at-Large	<a href="mailto:mschenker@navpoint.com">mschenker@navpoint.com</a>

## APPOINTED STUDENT AND EARLY CAREER REPRESENTATIVES

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Lauren Hoffman	Student Representative to the Board	<a href="mailto:lahoffman@ufl.edu">lahoffman@ufl.edu</a>
David Eddie	Student Representative to the Board	<a href="mailto:daveddie@eden.rutgers.edu">daveddie@eden.rutgers.edu</a>
Allison Labbe	Early Career Representative to the Board	<a href="mailto:AKLABBE@partners.org">AKLABBE@partners.org</a>
David Eddie	Finance & Budget	<a href="mailto:daveddie@eden.rutgers.edu">daveddie@eden.rutgers.edu</a>
Stephen Proctor	Advocacy & Policy	<a href="mailto:Sproct2@tigers.lsu.edu">Sproct2@tigers.lsu.edu</a>

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Ashley Hampton	APAGS Division Student Representative Network (DSRN)	<a href="mailto:ashleyhampton@temple.edu">ashleyhampton@temple.edu</a>
Position Open	Early Career Psychologist Network	

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## Call for Awards Nominations

Deadline March 1, 2014

SoAP (Addictions) seeks nominations for its 2014 awards which will be announced at the American Psychological Association's 2014 Annual Convention.

Please see awards descriptions at [http://www.apa.org/divisions/div50/awards\\_descriptions.html](http://www.apa.org/divisions/div50/awards_descriptions.html)

### 2014 Awards:

- (a) Distinguished Scientific Early Career Contributions;
- (b) Distinguished Scientific Contributions to the Public Interest;
- (c) Outstanding Contributions to Advancing the Understanding of Addictions;
- (d) Distinguished Scientific Contributions to the Application of Psychology;
- (e) Presidential Citation for Distinguished Service to SoAP

You may self-nominate or be nominated by a SoAP member. A nomination letter, contact information, and CV should be sent to the Fellows and Awards Committee at the following email address: [sandrabrown@ucsd.edu](mailto:sandrabrown@ucsd.edu) with a copy to [lfitzpatrick@ucsd.edu](mailto:lfitzpatrick@ucsd.edu).

Or you may mail the materials to the following address: Fellows and Awards Committee, c/o Sandra A. Brown, Chair, University of California, San Diego, 9500 Gilman Drive, Mail Code 0043, La Jolla, CA 92093-0043.

For further information, please call Lucy Fitzpatrick at 858-534-3527.

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