



# The Addictions Newsletter

The American Psychological Association, Division 50

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

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## President's Column

**Incorporating sex and gender into addiction research and practice—the time has come.**

Sherry McKee, PhD

How do you consider, incorporate, or factor in sex and gender differences into your addiction-related research and practice? Do you consider the sex and gender identity of your clients as you formulate treatment plans? Do you design your research with an understanding of how sex and gender differences may factor into your study? Do you analyze and report your study outcomes by sex?



Sherry McKee

Spearheaded by the Office of Research on Women's Health, the National Institutes of Health recently changed its policy requiring all pre-clinical research to "explain how relevant biological variables, such as sex, are factored into research designs and analyses for studies in vertebrate animals and humans." In this context sex refers to the biological attributes (genetic, physiological, and anatomical) that define organisms, tissues, and cells as "female" and "male." Gender, on the other hand, is a social construct that defines appropriate roles, behaviors and activities for women and men. With regards to human health, sex and gender effects are often inexorably inter-twined.

This landmark NIH initiative stems from efforts to increase scientific rigor,

reproducibility, and generalizability of taxpayer supported research. Previously the vast majority of pre-clinical research has consisted of single-sex investigations (primarily male), or have failed to report the sex of cells or tissues. Actually, many researchers have conducted studies on cell or tissue cultures with unknown sex, under the false assumption that all cells are created equal ... but every cell has a sex and researchers must now consider this elemental factor.

You might be asking, why is this important and how does it affect my research or clinical practice? In this age of translational research, where we take discoveries from bench to bedside, pre-clinical studies of molecular mechanisms form the basis of identifying and testing new treatment targets. That foundational knowledge base, up to now, has been developed (almost) exclusively on male animals, tissues, and cells. NIH anticipates that this policy change will build a foundational knowledge base that will be relevant for both women and men—and will be used to inform the development of effective treatments for both women and men.

That being said, there is a long-standing history of failing to consider sex and gender differences in biomedical research. While the NIH has had a policy in place since 1993 to include women in biomedical research, women are still under-represented in important health

areas, and many researchers neglect to consider sex and gender differences in the design, analysis, and reporting of their studies. Noteworthy examples are abundant in the literature. For example, in 1989 a landmark study was published which enrolled ~22,000 men demonstrating that regular aspirin use reduced cardiovascular events—in men only as no women were enrolled in this study (Steering Committee of the Physicians' Health Study Research Group, 1989). In 2005, sixteen years later, a similar study was published which studied women showing that regular aspirin use reduced stroke risk, but not cardiovascular risk in women (Ridker et al., 2005).

As an example from my own research, I had approached the Cochrane group about examining sex differences in medication efficacy for smoking cessation. Tobacco use remains the leading cause of preventable morbidity and mortality in the United States, leading to 556,000 deaths per year (<http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>). We also know from epidemiological and clinical evidence that women have a harder time quitting smoking than men. Cochrane (<http://www.cochrane.org/>) provides high quality synthesis of medical research with the express purpose of informing clinical practice. Cochrane had recently published a review comparing the relative efficacy of smoking cessation medications in ~100,000 smokers. In response to my query they replied that there was insufficient data upon which to conduct a sex-based analysis of medication efficacy—and they were right. In response to this, we led an effort (spearheaded by Phil Smith at CUNY) to go back to the pharmaceutical companies and study authors to request smoking cessation medication outcomes by sex. We were able to collect outcomes from ~14,000 smokers and found significant sex differences in medication response, suggesting sex-specific recommendations for clinical practice (Smith et al., in press). Namely, results showed that varenicline should be the medication of first-choice for women, whereas first-choice options for men were less

clear. Similar to the aspirin example, our study demonstrates another case in which treatment decisions could be better informed if clinical research were held accountable to analyze and report results for women and men.

Overall, I think that research and practice in the addiction area has incorporated sex and gender to a greater degree than other biomedical fields. We know from this work that sex and gender differences exist across all phases of addiction including initiation, escalation, maintenance, dependence, and abstinence. I direct you to the following papers for some excellent reviews on the topic (Becker & Hu, 2008; Bobzean et al., 2014; Greenfield et al., 2010). This work provides a compelling rationale to identify and understand these differences with the ultimate goal of translating these findings into effective gender-appropriate treatments.

In response to the recent change in NIH policy, Jill Becker and George Koob have published a seminal review on sex differences in animal models used in the addiction literature (Becker & Koob, 2016). Importantly, they identify four types of sex differences: qualitative, quantitative, population, and mechanistic. Qualitative differences are those where male and female responses are not the same and not comparable. For example, estrogen facilitates drug taking and increases the rewarding properties of drugs while progesterone generally has the opposite effect. Quantitative differences are those where one sex exhibits a greater response on a similar trait. For example, female animals generally acquire self-administration at lower doses and progress more rapidly to dependence. Population differences are sex differences in the incidence or distribution of similar behaviors. For example, more female animals will choose cocaine over food pellets than male animals. Finally, female and male animals may display similar behavioral outputs but arrive at that output through different mechanistic pathways. Importantly, their review highlights current clinical knowledge of sex and gender differences in addiction

and how this translates to knowledge obtained from animal models, and identifies that there is still much to learn.

I hope that this brief missive encourages you to consider sex and gender differences in your own research and clinical practice—with the ultimate goal of improving outcomes for both women and men.

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As my last column as the President of Division 50, I want to acknowledge the many dedicated members of our Division who so graciously donate their time to provide governance, advocacy, representation of our interests within and outside of APA, two yearly conventions, a newsletter, support and training to our junior members, professional acknowledgement through awards and fellow status, and continuing education credits for licensure to name a few. In the past year I've enjoyed working with our elected officers, committee chairs, special positions, and liaisons who are truly dedicated to our mission of promoting advances in research, professional training, and clinical practice within the broad range of addictive behaviors. I know that I leave this position in Katie Witkiewitz's very capable hands.

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analysis. *Nicotine and Tobacco Research*, in press.

### Additional Resources

<http://www.ncbi.nlm.nih.gov/pubmed/26514164>  
<https://www.nationalacademies.org/>

[hmd/~media/Files/Report%20Files/2003/Exploring-the-Biological-Contributions-to-Human-Health-Does-Sex-Matter/DoesSexMatter8pager.pdf](http://hmd/~media/Files/Report%20Files/2003/Exploring-the-Biological-Contributions-to-Human-Health-Does-Sex-Matter/DoesSexMatter8pager.pdf)  
<https://genderedinnovations.stanford.edu/>  
<http://orwh.od.nih.gov/sexinscience/index.asp>

## Editor's Corner

### Bettina B. Hoepfner

As you know, this is the last issue of my 3-year term as TAN editor. It is also Hillary Howrey's last issue, who has worked with me as TAN's grad student mentee since the summer of 2014. (Hillary, thank you so much for all your help and support!) Mateo Pearson will take over as TAN editor as of next issue, and I'm excited to see the new directions he will take with TAN. For my part, it's been a privilege and a pleasure to serve as your TAN editor. One of the highlights for me in serving in this role has been the ability to select each issue's theme, and to then explore the selected topic from a multitude of perspectives as I was reviewing and reading the submitted articles. Over the course of my editorial term, we have covered the topics below:



Bettina B. Hoepfner

In reading these articles, I particularly loved that we received submissions from both clinicians and researchers, and from both established faculty and early stage psychologists alike.

This coming together of diverse authors to discuss issues truly reflects the spirit of SoAP, which is one of inspiring, supporting, and empowering one another. For my last issue, I chose the topic of "Impact of Social Networks on SUD Treatment and Recovery," and I am pleased to present you with four excellent articles that describe emerging findings in

this burgeoning field of research, and suggest new directions for future research.

Going forward, I hope to continue to support SoAP and its membership, though in a different role. Together with Drs. Jen Buckman and John Kelly,

I submitted a competitive renewal application for SoAP's NIAAA-funded R13, which has supported junior investigators' travel to the annual APA convention for the past nine years. We recently learned that our application was very well received (score of 14), and thus we are cautiously optimistic that we will be able to continue this service to SoAP. In a nutshell, the two aims of this grant are to (1) disseminate state-of-the-art alcohol research to the psychological community through topic-focused symposia; and (2) foster the development of the next generation of alcohol researchers from the psychological community by providing travel awards to up to 20 early career investigators each year. In the past, SoAP has collaborated with Division 28 (Psychopharmacology and Substance Abuse) on this exciting initiative. In this renewal, we are continuing this strong collaboration and are also partnering with APA Divisions 38 (Health Psychology) and 5 (Quantitative and Qualitative Methods) to further increase our reach. Stay tuned for calls for applications as the planning for APA 2017 begins, and certainly be sure to check out the joint

2014	Spring	Using Mobile Technology in Addiction Treatment
	Summer	E-cigarettes: Friend or Foe?
	Fall	Applications of Mindfulness in Addiction Treatment
2015	Spring	Is Smoking Cessation during SUD Treatment a Good Idea?
	Summer	Continuing Care for SUD
	Fall	Can Positive Psychology Contribute to Addiction Treatment and Recovery?
2016	Spring	Perspectives on the Opioid Epidemic
	Summer	Impact of Social Networks on SUD Treatment and Recovery



NIAAA-NIDA R13-supported programming at this year's convention:

- Friday, August 5, 4:00-5:50: "NIDA/NIAAA Early Career Investigators Poster Session and Social Hour"
- Saturday, August 6, 8:00-9:50: "Screening and Brief Intervention Across Settings, Patient Populations, and Providers"
- Saturday, August 6, 10:00-11:50: "Interactive Alcohol Research and Clinical Practice—Mobile Technology for Every Occasion"

My heartfelt thanks go out to our SoAP members, who have made this support possible: Dr. Jen Buckman, who was the original principal investigator (PI) of this R13, and who has been the heart and soul of this initiative since its inception; Dr. James MacKillop, who graciously took over stewardship of this

R13 as PI for 2 years prior to moving to Canada; and Dr. Ezemenari M. Obasi, who is the PI of the recently funded NIDA counterpart to this R13, and who will be working closely with Jen, John and me as we continue this work in the years to come. I would have never thought to create such a wonderfully supportive and inspiring initiative—my hat is off to you guys!

Without further ado—especially considering the unusual length of this Editor's Corner—thank you all for some wonderful TAN years! I've greatly enjoyed interacting with and getting to know so many of you in preparing these issues.

Happy reading!

Bettina Hoepfner  
*TAN Editor*

I cannot believe that seven issues of *TAN* have flown by over my time as editor mentee! I would like to thank everyone who has contributed to *TAN*—it has been a pleasure working with all of you. I would also like to thank the leadership of Division 50 for thoughtfully and meaningfully incorporating students and early career psychologists into the division's leadership structure and sponsored events. Being both editor mentee of *TAN* and a recipient of the early career poster session award have been wonderful professional development and networking experiences, and I hope to continue my involvement with Division 50 as an early career psychologist. Most of all, thank you to Bettina for your patience, kindness, and leadership over the past two years!

Hillary Howrey  
*TAN Graduate Student Editor Mentee*

**It's a social hour and...  
EVERYONE IS INVITED!**



## **The 2016 NIAAA/NIDA Early Career Investigator Poster Session and Social Hour**

Friday, August 5  
4:00 – 5:50 pm  
Sheraton Denver Hotel  
1500 Court Place  
Grand Ballroom 1

*Come support the rising stars of Division 28 and 50  
while networking, mingling, and noshing!*

# Advocate's Alcove

**Nancy A. Piotrowski, PhD**  
*Division 50 Federal Advocacy  
Coordinator*

In this column, I am including a few updates from the State Leadership Convention (SLC). Additionally, you will find a few updates from the American Psychological Association Practice Organization (APAPO) on Medicare issues and a brief explanation of how they affect psychology. I will also update you on some other advocacy items and opportunities ahead.

In late February, federal advocates for divisions and state associations met in Washington, DC to discuss issues related to mental health access, different training and treatment models, and ways to educate varied stakeholders on the value of psychology to public health and the workplace. The broad focus of the meeting was to continue exploring expanding the practice spectrum, looking at novel ways psychologists can enhance healthcare and optimize the workplace. Presentations from the meeting are online at the APAPO website at <http://www.apapracticecentral.org/advocacy/state/leadership/2016-slc-handouts.aspx>. Additionally, you may read about the legislative priorities discussed by visiting Practice Central and looking at <http://www.apapracticecentral.org/advocacy/index.aspx>.

In terms of updates, in late April, the

Centers for Medicare and Medicaid Services (CMS) released a proposed rule on a new Medicare payment model: the Merit-Based Incentive Payment System (MIPS). MIPS is designed to change the current Medicare payment structure so the focus is on value rather than volume. This change is in line with changes to the program moving away from a traditional fee-for-service (FFS) model. MIPS combines the Physician Quality Reporting System (PQRS), the Value-Based Payment Modifier (VM), which compares quality of care to cost, and the Electronic Health Record (EHR) incentives (which are often referred to as meaningful use). Psychologists have been eligible to participate in PQRS since its inception in 2007 but are not subject to the VM or meaningful use. MIPS will impact Medicare payments by assessing clinicians on four categories and then assigning a composite score. The composite score will be compared to a threshold score. Those falling below the threshold score will incur a payment penalty while those scoring above the threshold will receive a bonus. The four performance categories and their percentages of the composite score for the first year are quality (50% of the composite), advancing care information (25%), clinical practice improvement activities (15%), and cost/resource use (10%). CMS can change the percentages by category and vary the weights for specialties that lack applicable measures in a given category. Finally, as part of the transition to MIPS, Medicare's current quality reporting program, PQRS, ends on December 31, 2016. CMS also foresees clinicians working with a Qualified Clinical Data Registry to obtain and report quality measures to both CMS and commercial payers, as well as to track clients



*Nancy A. Piotrowski*

for quality improvement. Note also that a variety of exceptions to MIPS are proposed, such as clinicians with \$10,000 or less in Medicare claims and 100 or fewer Medicare clients. To learn more about these issues and the APAPO registry, APAPO PQRSPRO, for reporting quality measures under MIPS in 2017 and 2018, see <http://apapo.pqrspro.com/>.

Finally, the Committee of State Leaders who help to organize the SLC are working on organizing a variety of mentoring opportunities for graduate students that will be related to advocacy. These are likely to be state by state projects or projects that involve collaborations related to divisions. I am sitting on the committee and participating in this effort. So as more information becomes available, I will send information through TAN and the listserv. If, however, you have an idea for an advocacy project related to addictions or something broader, let me know. Additionally, if you are interested in learning more about how you can advocate for the work we do and our clients, just be in touch. I am happy to help you get started! The best way to reach me for follow up on any of these items is via [napiotrowski@yahoo.com](mailto:napiotrowski@yahoo.com).

## Resource Information

APAPO PQRSPRO <http://apapo.pqrspro.com/>  
American Psychological Association Practice Central—Legislative Priorities <http://www.apapracticecentral.org/advocacy/index.aspx>  
American Psychological Association Practice Central—SLC Presentations <http://www.apapracticecentral.org/advocacy/state/leadership/2016-slc-handouts.aspx>



# New Member Spotlight: Chelsea Dumas, PsyD

Jennifer E. Merrill, PhD  
*Early Career Representative*

Please welcome to SoAP a new member, Chelsea Dumas! Dr. Dumas received her Doctor of Psychology degree in Clinical Psychology from the Chicago School of Professional Psychology, Chicago campus. Most recently, she completed her doctoral internship at Gateway Foundation, Lake Villa Treatment Center—a residential treatment facility serving men, women, and adolescent males. As a Doctoral Intern, she saw individual therapy clients, ran psychoeducational and process groups, completed psychodiagnostic assessments and supervised doctoral-level extern students. After maternity leave and a return to clinical practice, she hopes to complete a post-doctoral fellowship in the substance abuse field.

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

I was originally interested in working in the correctional system, so I sought out training in substance abuse. Since beginning that training, I have tremendous respect for the resilience and bravery of my clients. Working in the substance abuse field is incredibly challenging, but the small victories that happen with my clients makes the work tremendously satisfying.

## *What are your clinical interests?*

Clinically, I am interested in Family Systems and Bowenian therapy, and in working with women, trauma survivors, and those with co-occurring substance abuse and mental illness. I also enjoy Yalom-style process groups and psychological testing.

## *What are your research interests?*

Although I am primarily interested in clinical practice, I am interested in the life course development of Disruptive Behavior Disorders and Personality Disorders. My dissertation, *The Role of Home Chaos in the Treatment of Disruptive Behavior Disorders*, examined how clinicians are treating

disruptive behaviors in adolescents and children, how they assess home chaos, and how home chaos affects their treatment.

## *Do you have any educational/training interests?*

Supervision of extern students was one of the most enjoyable parts of my doctoral internship. I hope to continue supervision during my post-doc year and throughout my career. I especially enjoy co-facilitating groups with trainees and processing their experience running groups.

## *And what about policy/advocacy interests?*

I am especially interested in advocating for the expanded use of and training in emergency treatment of opiate overdoses, such as Narcan.

*You have a very well-rounded set of interests! How did you hear about the Society on Addiction Psychology (Division 50) and what motivated you to join?*



*Chelsea Dumas, PsyD*

I learned about SoAP through the APA webpage, while browsing for Division memberships that fit with my clinical interests. I joined SoAP because of a need to be part of a community. As an early-career clinician, community is incredibly important, as it gives you an opportunity to continue your development, form relationships with peers and colleagues further along in their careers, and stay involved in current happenings in the field.

## *What programs or initiatives would you like to see SoAP address? How can SoAP aid with your career goals and interests?*

As a recent graduate, having an organized forum for Post-Doctoral positions would be incredibly helpful. I would also love to see more opportunity for mentorships and local events in major metropolitan areas.

*We as a division will continue to work to meet the needs of our Early Career Psychologists. Thank you and welcome to our Division, Chelsea!*



# Student and Trainee Perspectives

Megan Kirouac  
Noah Emery

In this edition of *Student and Trainee Perspectives* we first would like to highlight some interesting SoAP programming at the 2016 APA annual convention. Afterwards, we are happy to have another edition of our ongoing *Student Expert* series.

## The 2016 APA Annual Convention

The APA Convention is right around the corner and is sure to be a great meeting! This year, the conference will be held in Denver, CO and has much to offer to SoAP's student members, including symposia highlighting innovative research, informative poster sessions, and invaluable networking opportunities.

Student members are encouraged to take advantage of several events. First, be sure to attend the joint NIDA/NIAAA Early Career Investigators Poster Session and Social Hour at the Sheraton Denver Hotel, Grand Ballroom 1 on Friday, August 5th (4:00 to 5:50 PM). This social hour is open to all convention attendees and will offer great networking opportunities; meet some of the most well-known addiction researchers and enjoy the free food! Also, do not miss the Division 50 Poster Sessions on Addictive Behaviors, which will be held on Thursday, August 4th (12:00 to 12:50 PM) and Saturday, August 6th (1:00 to 1:50 PM). Stop by and support the work of your fellow students! Mingle with SoAP members at the Division 50 Business and Award Ceremony on Thursday, August 4th from 3:00 to 3:50. Afterwards, join us for the Division 50 Social Hour from 4:00 to 6:00 PM at Earl's Kitchen and Bar (<https://earls.ca/locations/glenarm>). This event offers a unique opportunity for student members to interact with several senior members who have oftentimes served on SoAP committees throughout the years. We highly recommend taking full advantage of this special event. For more information on conference

symposia and events relevant to Division 50's interests, see the TAN report by the convention program chairs, Christian Hendershot and Lara Ray.

## Introduction to the Student Expert

As part of our Student Expert segment, we would like to introduce a rising star in addiction psychology to showcase the efforts of a student whose exemplary work aligns with the topic of this issue of *The Addictions Newsletter*.

Mandy Owens is a clinical psychology graduate student at the University of New Mexico who is currently completing her internship at the University of Washington Medical Center. She completed her undergraduate degree in Psychology at the University of Washington and is mere months away from receiving her PhD from the University of New Mexico. Mandy Owens' dissertation was funded by an F31 grant from the NIAAA and explored brief motivational interventions for male drinkers being released from jail. Ms. Owens' research explores the role of social and environmental factors in substance use disorder (SUD) treatment and recovery, including publications on couple-based therapy for alcohol use disorder (e.g., McCrady, Owens, & Brovko, 2013) and social factors in treatment and substance use (e.g., Owens & McCrady, 2014; Owens & Zywiak, 2016). As student representatives of the Society of Addiction Psychology, we are excited to have Mandy Owens as the next "Student Expert" for *The Addictions Newsletter* and to hear her insight on the "Impact of Social Networks on SUD Treatment and Recovery."

From Mandy D. Owens, MS:  
**Impact of Social Networks on SUD Treatment and Recovery**



Megan Kirouac



Noah Emery

Prior to graduate school I worked at a non-profit substance use agency in Seattle as a chemical dependency counselor doing individual and group therapy; this was an incredibly rich and educational experience for me. I had the pleasure of getting to know individuals whose substance use had in some way negatively affected their lives and I became interested in patterns that led to relapse to alcohol or drug use. My clients talked about spending time with the same friends and family members with whom they had used, and I had a concern that many of these individuals were going to relapse if they continued this pattern.

There, I remember hearing the saying, "If you hang out at a barbershop long enough, you're going to get a haircut;" this got me thinking about what I was noticing with my clients: Was the saying true? Does hanging out with substance using friends lead people to use again?

Throughout my undergraduate and graduate training I saw that so much of psychology and therapy focuses on the individual. Studies rarely collect information from individuals' friends or family members, and most evidence-based treatments for addictive behaviors are for individuals (e.g., Cognitive Behavioral Therapy). During a graduate course on clinical science we read "World Hypotheses" by Stephen Pepper (1942), which described various perspectives in science, including mechanism and contextualism. Mechanistic perspectives view processes as more self-contained within an

entity that are not influenced by the environment, much like a machine. Alternatively, contextualism posits that an entity cannot be accurately conceptualized without thinking about its environment. From my time as a substance use counselor, I began to conceptualize my theoretical perspective as contextualism; it was difficult for me to imagine working with an individual without considering their environment (e.g., social networks). This process helped provide me with the foundation on which my master's and dissertation studies would be based: the need to consider individuals' environments and social networks when examining their addiction.

In my master's thesis, I found that social networks, particularly proportions of social networks that were heavy drug users, mediated pre- and post-incarceration substance use (Owens & McCrady, 2014). In other words, my findings showed that some of the changes in substance use from pre- to post-incarceration could be explained by changes in social networks. I also realized the challenge social networks pose from a clinical perspective: How can we ask people to stop interacting with their families, particularly if they will be living with them? Also, if individuals do have to have contact with substance using network members, how can we reduce potential harm?

From my experiences so far before and throughout graduate school, I have learned that the addictions field has a lot to gain from examining and including social network members in research and treatment. As students, it is important for us to consider the role of social networks in our own research and treatment that will shape the future of the field. For example, other disciplines, such as sociology, have expanded social network analyses by interviewing not only the individuals, but also their network members and network members' friends and family (e.g., Scott, 2012), a method that is just beginning to be used in psychology. Interviewing various members in a network could help to

provide a more accurate representation of relationships and influences on individuals' addictive behaviors, which could inform treatments and outcomes for research.

It will be important to continue including spouses, family members, or friends in addictions treatment, such as Alcohol Behavioral Couple Therapy (McCrady & Epstein, 2009), family therapies for addiction (McCrady, Owens, & Brovko, 2013), and brief interventions with college students and their friends (Lee et al., 2014). Future efforts are needed to decrease barriers to treatments with friends and family members, such as expanding insurance coverage for these treatments, offering child care services, and adapting treatments to involve network members in sessions. Another strategy for targeting social networks is to establish and disseminate empirically supported treatments that focus on helping individuals to change their networks to make them more consistent with their addictive behavior goals. Social Behaviour and Network Therapy (Copello et al., 2002), the Network Support Project (Litt, Kadden, Kabela-Cormier, & Petry, 2009), and Motivational Interviewing (Owens & McCrady, 2016) have targeted social networks as a link to changing behavior with encouraging results. From qualitative data from my dissertation on brief interventions for incarcerated drinkers (Owens & McCrady, 2016), some participants reported that they would rather try to change their substance use with the help of social support before going to formal treatment. Treatment research and, importantly, individual accounts both suggest that reconstructing social networks, increasing positive support from network members, and teaching skills to individuals to help them to interact with substance using network members appear to be valuable options. If people can modify their social networks and interactions, such modifications may have long-term benefits above and beyond interventions that focus solely on individual changes. It is encouraging that the addictions field already has made strides in considering and incorporating social

networks into the conceptualization and treatment of addictive disorders, and I believe that we, as students in the field of addictions, can continue to be leaders in this multidisciplinary movement and act as a model for the rest of psychology.

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# APA Annual Convention 2016: Denver, CO

## August 4<sup>th</sup> - 7<sup>th</sup>

### Lara Ray and Christian Hendershot SoAP 2016 Program Co-Chairs

We hope you will be joining us for this year's APA Convention in Denver. After receiving many high-quality proposals, we are proud to be sponsoring an exciting program featuring an outstanding list of presenters. In fact, we're confident that next to the Broncos' Superbowl victory in February, the SoAP program promises to be the second-most exciting thing to hit the Mile High City in 2016! Here are some highlights of this year's programming.

This year's Division theme is "Application of Precision Medicine to Addiction Science." On Friday, August 5, two symposia will showcase our programmatic theme. *Nicotine Metabolism and Smoking: Using Precision Medicine to Optimize Smoking Cessation* will focus on recent findings concerning genetically influenced differences in nicotine metabolism and the relevance of these differences for smoking behaviors and smoking cessation treatment outcomes. *Imaging the Human Male and Female Addicted Brain: Implications for Precision Medicine* will focus on biological sex as a fundamental individual difference factor relevant for precision medicine. Speakers in this symposium will describe sex difference in neuroimaging outcomes that may provide new insight into potential treatment targets. These two sessions showcase panels of interdisciplinary scientific leaders to discuss recent developments in these respective areas, including implications for tailored approaches in addictions treatment. In addition to these symposia, Dr. Sherry McKee will present the Division 50 Presidential Address on *Consideration of Sex and Gender Differences in the Application of Precision Medicine to Addiction Science and Treatment*.

Division 50 poster sessions, to be held on Thursday, August 4<sup>th</sup> and Saturday,

August 6<sup>th</sup>, will feature a total of over 60 poster presentations. The poster sessions are a great way to learn about the ongoing research of premier addictions groups, not to mention identifying potential students, interns, and post-docs for your own research laboratories. Additionally, we will once again co-host the NIDA/NIAAA Early Career Investigators Poster Session and Social Hour, to take place on Friday August 5<sup>th</sup> (4 pm-6 pm). This session is held in collaboration with Division 28 and the National Institutes on Alcohol Abuse and Alcoholism (NIAAA) and Drug Abuse (NIDA). It is open to all APA Convention goers, and we strongly encourage SoAP members to attend. The social hour will include over 40 poster presentations from rising stars in the addictions field. The goal is to provide unique networking opportunities for our early career investigators to interact with more established researchers and clinicians in the field. Refreshments will be provided by Divisions 28 and 50.

On Saturday, August 6, two NIAAA-sponsored symposia will provide updates in key areas of alcohol research and clinical practice. *Screening and Brief Intervention (SBI) Across Settings, Patient Populations, and Providers* will address the efficacy and implementation of alcohol SBI in different settings, target populations, and provider groups. *Interactive Alcohol Research and Clinical Practice: Mobile Technology for Every Occasion* will focus on recent advances in mobile assessment and intervention technologies for alcohol research and clinical intervention. This symposium will also include live demonstrations of new mobile technologies for alcohol intervention and assessment.

Other "don't miss" events include the Division 50 Distinguished Scientist Plenary, presented by Dr. Kenneth Leonard (Thursday, 1 pm), and the aforementioned SoAP Presidential Address by Dr. Sherry McKee (Thursday,

2 pm). These talks will be followed immediately by the SoAP business meeting—where, among other things, we will announce all of this year's SoAP awards for students, early career members, and distinguished researchers and clinicians. All are welcome to attend the business meeting and applaud this year's winners! Immediately following the business meeting is the Division 50 Social Hour (Thursday, 4 pm-6 pm), which is also open for all to attend.

As in previous years, we have developed our program in close collaboration with Division 28. They too have an outstanding program planned, as do many other divisions who will be sponsoring events relevant to SoAP members. Be sure to check out the Division 28 events and all the convention events that are co-listed by Division 50 in the APA Program. Finally, Division 50 is co-listing several APA Collaborative Programs. Collaborative Programs feature innovative, timely and crosscutting topics with broad relevance to a wide range of APA members. For example, *Trials, Tribulations, Possibilities: What to do About Cannabis?* will take place on Friday, August 5 (4 pm).

The entire SoAP program is provided on the following pages, and a downloadable version is available on the Division website. The wide range of presentations in this year's program reflect SoAP's longstanding goal of enhancing discussion and dialogue between researchers and clinicians.

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

We hope to see you in Denver!



# SOCIETY OF ADDICTION PSYCHOLOGY (Division 50) 2016 APA CONVENTION PROGRAM

## Thursday, August 4<sup>th</sup>

**8:00 AM - 9:50 AM: SYMPOSIUM**  
(Convention Center Room 601)

***Does Integrated Substance Abuse and PTSD Treatment Impact Suicidal Behaviors in Veterans?***

E.E. Reider, B.E. Sims, K.J. Korte, K. Possemato,  
D.W. Oslin, C. Spitznas

**10:00 AM - 11:50 AM: SYMPOSIUM**  
(Convention Center Room 601)

***Building Critical Substance Use Disorder Research on What We Know and What We Don't Know We Know***

M.D. Glantz, C.A. Boyce, C. Blanco, A.J. Budney, K.J. Sher

**12:00 PM - 12:50 PM: POSTER SESSION**  
(Convention Center Exhibit Hall ABC)

***Division 50 Poster Session on Addictive Behaviors (1)***

**1:00 PM - 1:50 PM: DISTINGUISHED SCIENTIST PLENARY**  
(Convention Center Mile High Ballroom 4C)

***The Emerging Importance of Intimate Relationships as Antecedents and Consequences of Excessive Alcohol Use***  
Award Recipient: Kenneth E. Leonard

**2:00 PM - 2:50 PM: PRESIDENTIAL ADDRESS**  
(Convention Center Mile High Ballroom 4C)

***Consideration of Sex and Gender Differences in the Application of Precision Medicine to Addiction Science and Treatment***  
Division 50 President: Sherry A. McKee

**3:00 PM - 3:50 PM: DIVISION 50 BUSINESS MEETING  
AND AWARD CEREMONY (Open)**  
(Convention Center Mile High Ballroom 4C)

**4:00 PM - 6:00 PM: DIVISION 50 SOCIAL HOUR (Open)**  
(Earl's Kitchen and Bar, 1600 Glenarm Place)

## Friday, August 5<sup>th</sup>

**8:00 AM - 9:50 AM: SYMPOSIUM**  
(Convention Center Room 601)

***Imaging the Human Male and Female Addicted Brain – Implications for Precision Medicine***

C.L. Wetherington, W.M. Aklin, J. Tanabe, R.R. Wetherill, E.D. Morris, K. Brady, R. Sinha

**10:00 AM - 11:50 AM: SYMPOSIUM**  
(Convention Center Room 601)

***Nicotine Metabolism and Smoking – Using Precision Medicine to Optimize Smoking Cessation***

C. Lerman, R.F. Tyndale, E. Stein, R.A. Schnoll

**4:00 PM - 5:50 PM: NIDA/NIAAA EARLY CAREER  
INVESTIGATORS POSTER SESSION AND SOCIAL HOUR**  
(Sheraton Denver Hotel, Grand Ballroom 1)  
Open to all convention attendees.

**7:00 PM - 9:00 PM: DIVISION 50 BOARD DINNER (Closed)**  
(1515 Restaurant, 1515 Market St.)

## Saturday, August 6<sup>th</sup>

**8:00 AM - 9:50 AM: NIAAA SYMPOSIUM (1)**  
(Convention Center Mile High Ballroom 2C)

***Screening and Brief Intervention Across Settings, Patient Populations, and Providers***

R.B. Huebner, S.A. Sterling, T.B. Ross, D.D. Satre

**10:00 AM - 11:50 AM: NIAAA SYMPOSIUM (2)**  
(Convention Center Mile High Ballroom 2C)

***Interactive Alcohol Research and Clinical Practice – Mobile Technology for Every Occasion***

A. Bechtholt, B. Suffoletto, R.K. Hester, M.E. Bates, K. Jung

**12:00 PM - 12:50 PM: DIVISION 50 NEW  
FELLOWS SYMPOSIUM**

(Convention Center Mile High Ballroom 3B)  
Fellows: K. Witkiewitz, S.W. Feldstein Ewing, L.A. Ray

**1:00 PM - 1:50 PM: POSTER SESSION**  
(Convention Center Exhibit Hall ABC)

***Division 50 Poster Session on Addictive Behaviors (2)***

**1:00 PM - 1:50 PM: DIVISION 50 EXECUTIVE  
BOARD MEETING (Closed)**  
(Hyatt Regency Denver Hotel Granite Room A)

## Sunday, August 7<sup>th</sup>

**10:00 - 11:50 AM: SYMPOSIUM**  
(Convention Center Room 402)

***Seeing the Forest and the Trees – Risk and Protective Factors of Marijuana-Related Outcomes***

M.R. Pearson, B.T. Conner, N.N. Emery,  
M.A. Prince, R.L. Collins

**12:00 PM - 1:50 PM: SYMPOSIUM**  
(Convention Center Room 111)

***Ethical Considerations in Addictions Treatments***  
K.S. Walitzer, C.M. Bradizza, P. Stasiewicz, K.H. Dermen



## Division 50 Co-Listed Programs and APA Collaborative Programs

### **Thursday, August 4<sup>th</sup>**

**8:00 AM - 8:50 AM: SYMPOSIUM**  
(Convention Center Room 201)

**Factors Influencing Health Disparities in Alcohol Problems  
Among Ethnic Minority Groups**  
J.L. Martin, B.L. Zamboanga, F.R. Dillon,  
D.K. Iwamoto, E.M. Obasi

**10:00 AM - 11:50 AM: SYMPOSIUM**  
(Convention Center Room 207)

**Risk Factors and Targets for Health Behavior Promotion –  
Anxiety Sensitivity and Working Memory Capacity**  
M.W. Otto, J.A.J. Smits, W.K. Bickel, S.N. Doan

**2:00 PM - 3:50 PM: DIVISION 28 NEW FELLOWS ADDRESS**  
(Convention Center Room 711)

Fellows: A. Leventhal, S.D. Comer, M. Johnson

### **Friday, August 5<sup>st</sup>**

**8:00 AM - 9:50 AM: SYMPOSIUM**  
(Convention Center Room 205)

**Electronic Cigarettes – State of the Science**  
M.E. Miller, J.W. Tidey, T. Eissenberg, R.N. Cassidy, M.J.  
Carpenter, R.J. O'Connor, S. Krishnan-Sarin, D.K. Hatsukami

**10:00 AM - 11:50 AM: SYMPOSIUM**  
(Convention Center Room 207)

**Using Behavioral Science to Evaluate the Feasibility of a  
National Nicotine Reduction Policy**  
S.T. Higgins, D.K. Hatsukami, E.C. Donny,  
W.K. Bickel, J.E. Henningfield

**4:00 PM - 5:50 PM: SYMPOSIUM**  
(Convention Center Room 205)

**Trials, Tribulations, Possibilities:  
What to Do About Cannabis?**  
A.J. Budney, R.G. Vandrey, M.O. Bonn-Miller,  
E. Morales, W.A. Mason

### **Saturday, August 6<sup>th</sup>**

**8:00 AM - 9:50 AM: SYMPOSIUM**  
(Convention Center Room 205)

**Cannabis and Cognition – Harvesting Scientific  
Discoveries Toward Improvements in Treatment**  
F.M. Filbey, D. Schiehser, J. Cousijn, J. Gilman,  
C. Stanger, I. Grant

**12:00 PM – 1:50 PM: SYMPOSIUM**  
(Convention Center Room 301)

**Fifty Years of Division 28 –  
Our Remarkable Past and Bright Future**  
W.W. Stoops, S.C. Sigmon, W.K. Bickel, M.E. Carroll, R.L.  
Balster, M.L. Stitzer, S.T. Higgins



Photos: iStock

**APA reserves the right to change session times or locations.  
Please consult the official convention program for final details.**



# Call for Papers: *Psychology of Addictive Behaviors*

## APA's 125<sup>th</sup> Anniversary Special Section on Effective Treatments for Addictive Disorders: Past, Present and Future

The year 2017 marks the 125<sup>th</sup> anniversary of APA and the 30<sup>th</sup> anniversary of *Psychology of Addictive Behaviors*. To commemorate this occasion, the journal is planning a special section on effective treatments for substance use and other addictive disorders. Over this past century, the medical profession began recognizing substance use disorders as medical conditions, and treatments have changed markedly, especially in the past few decades with the advent of medications as well as efficacious psychosocial treatments.

For this special section, *Psychology of Addictive Behaviors* is seeking review articles and meta-analyses of specific interventions. Examples of topics include (but are not limited to) comprehensive review articles focused on the background and efficacy of: (1) motivational enhancement therapy; (2) brief interventions; (3) cognitive-behavioral therapy; (4) contingency management interventions; (5) pharmacotherapies (methadone, buprenorphine, naloxone, or smoking cessation medications); (6) 12-step interventions; (7) mindfulness-based therapies; or (8) family therapies. We also welcome meta-analyses of interventions.



Nancy Petry

In addition to reviews or meta-analyses of specific interventions, we are encouraging articles examining the efficacy of different interventions within specific populations. Review papers or meta-analyses may, for example, compare different psychosocial approaches for treating alcohol use disorder, opioid use disorders, stimulant use disorders, marijuana use disorder, smoking, or gambling disorder. They may also address interventions for substance use disorders in adolescents or older adults, or for common comorbid conditions such as post-traumatic stress disorder and substance use disorders or schizophrenia and smoking.

Successful papers will provide comprehensive and balanced summaries of the intervention(s), along with evidence of efficacy both in the short and long term. They will outline the strengths and limitations of the approach(es) and available data, as well as identify areas in which data are lacking or mixed. Papers should also highlight future directions related to the specific intervention(s).

The special section articles will serve as authoritative reviews of interventions through 2016. They should also guide future efforts to improve treatments and outcomes for addictive behaviors.

Please submit manuscripts through the APA Portal (<http://www.apa.org/pubs/journals/adb/>). The cover letter should indicate that the authors wish the paper to be considered for publication in the Special Section on Effective Treatments. Submissions will be peer-reviewed and must adhere to basic journal requirements. The one exception is that papers may exceed the usual 40 page limit to accommodate reference sections. For this Special Section, the main text (introduction through discussion) should not exceed 30 pages of double spaced text, but there is no limitation on references. The deadline for consideration for the special section is January 15, 2017.

*Psychology of Addictive Behaviors* aims to achieve a rapid turnaround on all submissions. The average time to initial decision is under one month. Although we only accept less than 25% of submissions, over 90% of papers that are invited for a revision are ultimately accepted.

Please direct questions or inquiries to the editor-in-chief, Nancy Petry ([npetry@uchc.edu](mailto:npetry@uchc.edu)), Associate Editors (Tammy Chung, Craig Colder, Sarah Feldstein Ewing, Jim McKay, Sherry McKee, Tom Piasecki, Damaris Rohsenow, John Roll, or Katie Witkiewitz) or Guest Editors: Kathleen Carroll ([Kathleen.Carroll@yale.edu](mailto:Kathleen.Carroll@yale.edu)), Carlo DiClemente ([diclemen@umbc.edu](mailto:diclemen@umbc.edu)), or Ken Winters ([winte001@umn.edu](mailto:winte001@umn.edu)).

# Social Network Sites: A “New Wave” of Electronic Health Research in Emerging Adult Substance Use Disorder Treatment and Recovery?

Brandon G. Bergman, John F. Kelly,  
Julie V. Cristello, Edward J. Sylvia,  
Nathaniel W. Kelly

*Recovery Research Institute,  
Massachusetts General Hospital/  
Harvard Medical School*

Social network sites (SNSs), like Facebook, Instagram, and Twitter, are well integrated into the contemporary social ethos. Social processes are central to substance use disorder (SUD) remission and recovery (Litt, Kadden, Kabela-Cormier, & Petry, 2009; Stout, Kelly, Magill, & Pagano, 2012). Below we highlight the intersection between SNS engagement and SUD treatment among emerging adults (e.g., 18-29 years<sup>1</sup>), a prominent group both in clinical settings and on SNSs (Perrin, 2015; Substance Abuse and Mental Health Services Administration, 2014). This brief review includes: 1) relevant non-clinical studies; 2) our recent clinical survey data; and 3) the current status and potential future direction of clinical investigation in the field.

## Is SNS participation related to alcohol and other drug use?

In non-clinical studies, emerging adults' engagement with SNS content that

shows or promotes drinking has been associated with binge drinking and alcohol-related problems over the same time period (i.e., contemporaneously). This effect holds over and above potential confounders including number of Facebook friends, peer substance use, and anticipated parent reactions to posting such content (partial  $r$ s  $\sim .4$ -.5; Ridout, Campbell, & Ellis, 2012; Stoddard, Bauermeister, Gordon-Messer, Johns, & Zimmerman, 2012). Recent data suggest this association may extend to marijuana use as well (Cabrera-Nguyen, Cavazos-Rehg, Krauss, Bierut, & Moreno, 2016). These findings are magnified because emerging adults are likely to interact with this type of substance-laden, SNS content (Cabrera-Nguyen et al., 2016; Egan & Moreno, 2011; Stoddard et al., 2012). For example, in a content analysis of Facebook profiles among male college students, nine posts (e.g., pictures) on average showed or promoted drinking (Egan & Moreno, 2011). While these studies are limited by cross-sectional designs, a longitudinal study among adolescent SNS users showed having more friends that post alcohol-related content is uniquely related to any drinking, past-month drinking, and past-month binge-drinking 6 months later, over and above their friends' actual drinking. This suggests a causal relationship between exposure to substance-laden content on SNSs and heightened misuse among emerging adults requires further investigation but remains tenable.

Despite the general focus on risks, other studies highlight potential benefits of SNS participation. For example, Stoddard et al. (2012) found

online peer support (i.e., only from individuals participants met online) is uniquely associated with *less* past-month drinking, controlling for offline peer support, overall internet use, and demographic characteristics. Though not measuring substance use per se, findings from a series of studies suggests SNS engagement is associated with positive mental health functioning, including more “bridging” social capital (i.e., network resources at one's disposal to enhance experience or meet a goal; Steinfield, Ellison, & Lampe, 2008) and subjective well-being (Grieve, Indian, Witteveen, Anne Tolan, & Marrington, 2013).

To partially address the field's limited clinical understanding of SNS participation among emerging adults with SUD, we recruited 93 consecutive admissions at an outpatient SUD program that caters to young adults (all participants were 18-25 years old; Bergman, Sylvia, & Kelly, 2016). Of these, 51 completed the survey (55% response rate), with completers having slightly lower abstinence motivation and self-efficacy (Cohen's  $d$ s  $\sim .3$ -.4). Among respondents, 96% were SNS members. Of these members, 84% logged onto at least one SNS daily or multiple times per day, and 60% were *active* on SNSs for at least 1 hour per day. Our findings were similar to non-clinical studies showing SNSs may offer both risks and benefits. For example, like the emerging adults in non-clinical studies, our SNS participants reported high likelihood of exposure to substance-laden content, with 81% reporting passive exposure to pro-alcohol and 77% pro-drug (i.e., non-alcohol) content in the past month.

<sup>1</sup>We use 18-29 as an operational age range for emerging adulthood based on recent recommendations provided by Arnett (2015), given that SUD is likely to delay milestone achievement during this developmental period. We recognize much prior research has defined emerging adulthood as 18-25 years, including our own. The current overview remains clinically applicable in either case.

About half of those exposed to this content experienced craving as a result. More encouragingly, nearly three-fourths (68%) also reported using SNSs to actively seek out recovery and health content, and almost 90% of these individuals experienced increased recovery motivation as a result. Not surprisingly, when splitting the sample by median abstinence motivation (4 out of 10), greater motivation was associated with more frequent recovery/health SNS engagement (Cohen's  $d = .55$ ).

### Can SNSs be leveraged to enhance SUD outcomes?

In addition to these naturalistic studies, a recent review showed SNSs designed specifically for clinical health research may facilitate small improvements in behaviors like physical activity and weight loss among adults. At that point, though, there were no studies focused on change in alcohol and other drug use (Maher et al., 2014). It is, therefore, encouraging that the National Institutes of Health have identified SNS research as a priority (e.g., RFA-CA-1408/09 and as a special emphasis in PA-15-299). New, currently ongoing studies will help determine whether SNSs can increase our understanding of up-to-the-minute substance use epi-trends, provide salutary social-support components to electronic intervention delivery, and elucidate network theories of relapse and recovery.

One potential group of resources that has yet to be tapped are *recovery-specific* SNSs. These sites are functionally similar to conventional SNSs but cater explicitly to individuals in, or seeking, recovery. While many of these sites are too early in their development to be studied empirically, other online recovery communities are more robust, such as InTheRooms.com which hosts 400,000 individuals. We presented initial data on a survey of InTheRooms.com members at the 2016 Collaborative Perspectives on Addiction conference (available by request from the first author), and look forward to contributing to this important area of investigation.

Overall, given the progression of research on SNSs as platforms both to observe social behaviors in real-time, and to promote health behavior change, we believe these initial SNS studies have ushered in a “new wave” of digital health research. We also believe it is critical that the field of clinical SUD research capitalizes on this momentum to help effectively evaluate and treat individuals with SUD, including but not limited to emerging adults. In closing, based on prior research, as well as our own experience, we offer just a few recommendations and future directions for clinicians and clinical investigators in the area:

#### For clinicians working with SUD patients:

- You may wish to discuss with your patients potentially risky online social situations as you would with in-vivo situations. Also, although the science is not yet clear on whether recovery SNS participation will enhance your patients' outcomes, it is unlikely to be harmful.

#### For clinical SUD researchers:

- Longitudinal studies of SNS participation effects on drinking and other drug use are needed to complement cross-sectional data focused primarily on alcohol.
- We recommend use of objective measures of SNS participation to supplement self-report. For example, Ridout et al. (2012) coded photos and text on participants' Facebook profile pages to create an objective measure of someone's “drinker identity.” The relative abilities of conceptually similar objective and subjective measures to predict substance use may be compared to inform optimal assessment strategies.
- Studies that investigate existing, recovery-specific SNSs are recommended to evaluate their potential clinical utility.

- Overall, researchers assessing social-recovery processes may consider including online social processes in addition to offline ones, potentially yielding more robust prediction of treatment and recovery outcomes.

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## Personal (Ego-Centric) Social Networks of Youth in Substance Use Treatment

**Tammy Chung, PhD**  
*University of Pittsburgh Medical Center, Western Psychiatric Institute & Clinic*

An adolescent's social network, which includes family and friends, provides a key context for social, emotional, and cognitive development (Schriber & Guyer, 2015). Peer substance use in particular plays an important role in relapse among treated youth (Chung & Maisto, 2006). Possible mechanisms by which the social environment can impact health outcomes include, for example, "norms" (i.e., a group's shared values, attitudes, behaviors) and other social influence processes that can constrain or foster behavior (Berkman & Glass, 2000; Latkin & Knowlton, 2015). Increased understanding of the channels of influence within an adolescent's social network can indicate points of intervention in changing the dynamic of peer and family influence toward positive outcomes (Gesell, Barkin, & Valente, 2013; Valente, Gallaher, & Mouttapa, 2004). This article briefly reviews selected results of a longitudinal study of the personal (ego-centric) network characteristics of youth in substance use treatment, and the use of social media and on-line networks for future research on how social networks can influence treatment outcomes.

As part of a longitudinal study of the personal (ego-centric) network characteristics of adolescents (ages 14-18) recruited from community-

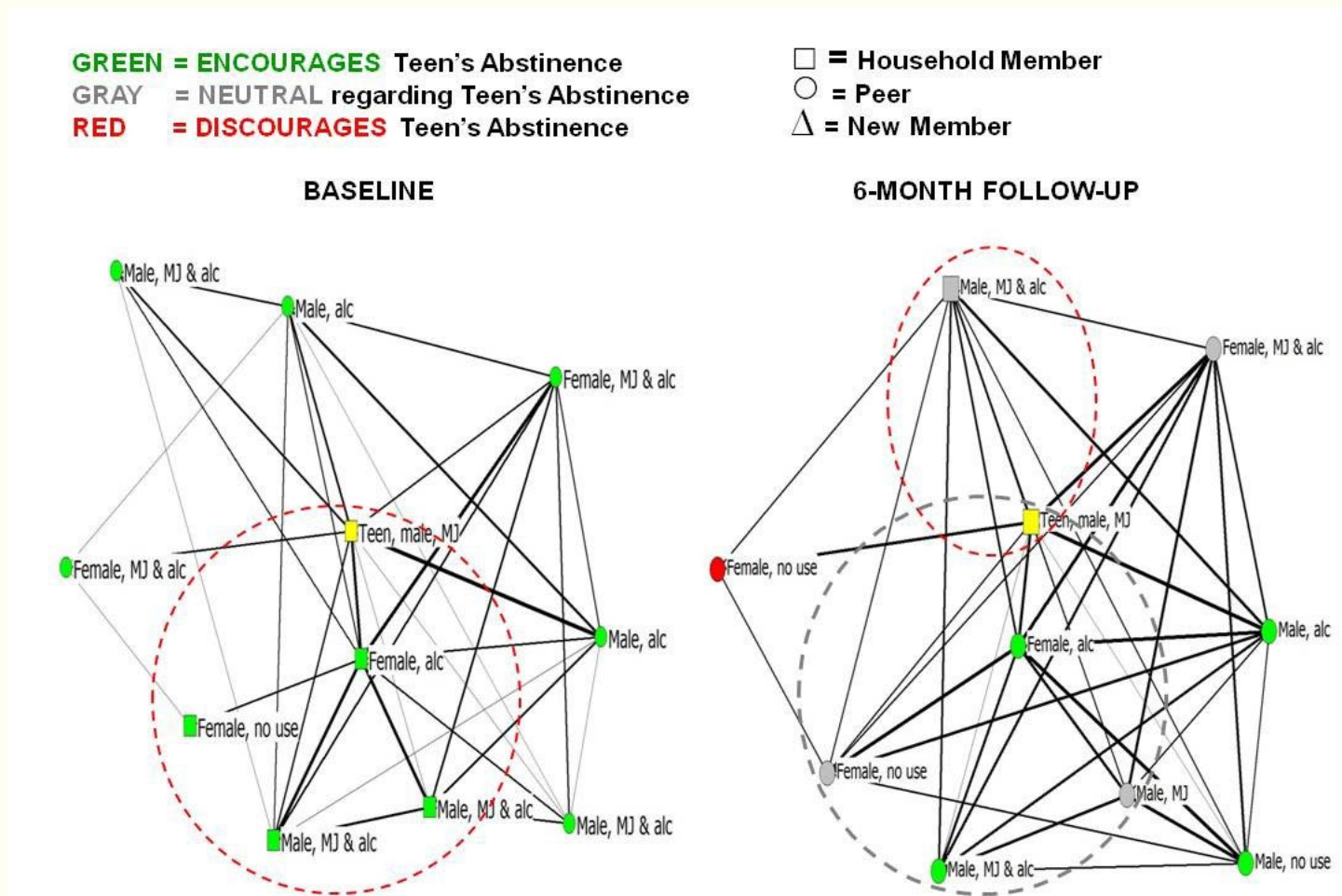
based intensive outpatient substance use treatment ( $n = 155$ , 91% DSM-IV marijuana use disorder, 75% male), personal network data were collected by interview at baseline (near the start of treatment) through 1-year follow-up. At the start of treatment, youth perceived a minority (mean = 41%) of peer network members to be abstinent from alcohol or marijuana (Chung et al., 2015). Although adolescents reported high motivation to abstain from marijuana, they had relatively low motivation to reduce contact with substance using peers. At baseline, a greater proportion of abstinent peers in the personal network was associated with higher motivation to abstain from substance use and lower perceived difficulty of reducing contact with substance using peers, highlighting the role of peer substance use in the network on an adolescent's motivation to abstain (Chung & Maisto, 2015).

Over 1-year follow-up, there was a trend for treated adolescents to report fewer peers overall (roughly 1 less peer) compared to baseline (Chung, Bachrach, & Maisto, 2016). Peers were dropped mainly due to being a "bad influence" or "conflict/argument." Added members were usually "acquaintances" rather than completely "new" individuals. Notably, the proportion of peers who abstained from alcohol and marijuana increased over 6-month follow-up (alcohol: from 41% to 51%; marijuana: from 41% to 59%) (Chung & Maisto, 2015), with little change from 6-months to

1-year (abstinent peers at 1-year for alcohol: 48%; marijuana: 58%) (Chung, Bachrach, et al., 2016). In analyses predicting outcome, more total peers at baseline ( $p = .01$ ) and higher proportion of marijuana abstinent household members ( $p = .01$ ) predicted lower marijuana severity at 6-months (Chung & Maisto, 2015). The positive shift toward a greater proportion of abstinent peers during follow-up, and the finding that substance use in the household was associated with worse outcome suggests the importance of addressing both household and peer influences in continuing care.

To provide a context for understanding changes in an adolescent's social network, **Figure 1** depicts an example personal network reported by an 18-year old White male with baseline DSM-IV diagnoses of marijuana abuse, attention deficit hyperactivity disorder, and conduct disorder. He was referred to treatment after being caught with marijuana at school. At baseline, the teen lived with his mother and had little contact with his father, who was "in and out of jail." Early in treatment, the adolescent perceived all network members to be encouraging of his abstinence (left panel), although most peers and two adult (age  $\geq 18$ ) male household members used marijuana. During treatment, the teen reported high motivation to abstain from substance use and to reduce contact with marijuana using peers. A couple of months after treatment, his motivation to abstain gradually declined. At follow-

**Figure 1:** Example personal (ego-centric) network reported by an 18-year old White male (represented as the yellow square in center)



#### Legend

Adolescent's report of perceived substance use (past month) for network members, MJ= marijuana, Alc=alcohol  
 Red dashed circle indicates current household members; gray dashed circle indicates former household members  
 Members are located in the same position at baseline and 6-month follow-up to facilitate identification of changes in membership.  
 Darker lines indicate stronger perceived relationships among members as reported by the adolescent.

up month 5, the teen was expelled for fighting, and he also returned to marijuana use (the context for the initial return to use was unclear). He dropped one marijuana using peer, a classmate he no longer saw at school. After being kicked out of the house for being expelled, he began living with a similar age male peer with whom he smokes marijuana. At 6-months, the teen again met criteria for marijuana abuse, after several months of abstinence. In contrast to baseline, he perceived a majority of network members to be “neutral” or “encouraging” of his marijuana use (right panel). This network narrative indicates important shifts in perceived network support for abstinence, as

well as living situation, which were related to the teen’s marijuana use over follow-up.

We also examined the possible impact of group-based treatment (i.e., treatment group “norm” for abstinence) on adolescents’ (n=150) motivation and confidence to abstain from substance use (Chung & Maisto, 2016). Specifically, we expected that the treatment group’s norm of abstinence from substance use would be associated with an increase in motivation and confidence to abstain. Using data collected prior to starting treatment and after each of the first 12 sessions, we found that average level of confidence and motivation to abstain from marijuana both generally

increased. Further, the proportion of peers in the personal network who were perceived to be using marijuana (assessed prior to treatment entry) had an early (time-specific) effect on motivation to abstain during treatment, indicating the importance of addressing peer substance use in the adolescent’s personal network early, since perceptions of peer substance use in the network may dampen motivation and confidence to abstain.

The self-report methods used to collect the personal network and other data require substantial effort and time (Chung, et al., 2015). Further, personal network data rely on self-report and perceptions of member behavior

and attitudes, which may involve some bias, but generally have good validity (McCarty, Killworth, & Rennell, 2007). The process of documenting and visualizing the personal network (Kennedy, Tucker, Green, Golinelli, & Ewing, 2012), however, may help some youth gain insight into potential sources of social support as well as relationships that may interfere with recovery, triggering a discussion of action plans to foster a network that supports healthy behaviors.

The recent widespread use of social media (e.g., Twitter, Tumblr) and mobile devices to access on-line networks among youth has opened up new lines of research on social networks that involve minimal participant burden in data collection (Chung et al., 2016; Moreno & Whitehill, 2014). Both on-line and in-person relationships have effects on youth substance use (Huang, Soto, Fujimoto, & Valente, 2014; Wang, Hipp, Butts, Jose, & Lakon, 2016). Although development and testing of on-line social networks for health intervention is in early stages, on-line networks (e.g., social media-based) could provide cost-efficient and scalable methods for intervention (Centola, 2013; Valente, 2012). For example, intentionally designed on-line health care communities can facilitate the creation of member clusters with strong ties, promoting positive health behaviors through the efficient spread of information and support within a group (Centola, 2013). Gaps in knowledge remain, however, regarding how to optimally leverage on-line resources for intervention, and how to protect confidentiality of on-line data (Shapiro & Ossorio, 2013; Shepherd, Sanders, Doyle, & Shaw, 2015). Although an individual's personal network, in-person and on-line, is only one factor contributing to treatment outcome, the interactions that comprise the network constitute an important mechanism for behavior change.

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# Examining the Role of Social Networks and Social Media Technologies on Continuing Care Interventions for Substance Use Disorders

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## Examining the Role of Social Networks and Social Media Technologies on Continuing Care Interventions for Substance Use Disorders

Continuing care is an integrated range of formats and modalities (e.g. *group counseling, individual therapy, telephone counseling, brief check-ups, and peer-support meetings*) supporting the health and wellbeing of individuals receiving treatment for chronic substance use disorders (SUD) (McKay, 2009). This phase of treatment is often referred to as “aftercare,” yet is most commonly known as “continuing care,” a phrase which better illustrates the dynamic treatment being carried out during this time (McKay 2005). Continuing care treatment interventions can provide extended episodes of care for habitual participants in inpatient or intensive outpatient (IOP) substance rehabilitation programs (McKay, 2009; McKay et al., 2014; Lenaerts et al, 2013).

Over the past 20 years, continuing care interventions have been associated with reductions in substance use outcomes for SUD patients enrolled in IOP treatment (Schaefer, Ingudomnukul, Harris, & Cronkite, 2005; McKay, 2009; McKay, 2010; McKay et al., 2014), such as lower rates of alcohol relapse and maintaining complete abstinence (McKay, 2009). Although recent literature on continuing care treatments supports its efficacy, continuing care still experiences a range of limitations that indicate regions to be addressed in future exploration (McKay & Hiller-Sturmhöfel, 2011). Some limitations include poor retention rates, poor

linkage to continuing care services, and lack of formal alternative treatment options (i.e., a “Plan B”) for SUD patients who continue to use or stop attending treatment (Godley, Godley, Dennis, Funk, & Passeti, 2002; McKay, 2009). Previous studies have found that greater levels of positive interpersonal relationships and social support have anticipated better drinking outcomes for recovery patients (Longabaugh et al., 1995). Therefore, some approaches to improving continuing care interventions include integrating increased relationships between social networks and utilizing social media innovations to enhance treatment outcomes (Ritsher, Mckellar, Finney, Otilingam, & Moos, 2002).

## Benefits of Positive Social Networks and Social Support

Recent research points to the important role that the environment plays in alcohol recovery (Kuehn, 2005). Social support, for example, influences treatment acceptance and provides resources that affect posttreatment functioning (Groh, Jason, Davis, Olson, & Ferrari, 2007). Research suggests that perception of social support can play a protective role during the continuing care phase of treatment through providing material and emotional support resources (Moak & Agrawal, 2009; Peirce, Frone, Russell, Cooper, & Mudar, 2000). Although the influence of social relationships has been conceptualized and measured in various ways, these can be separated into two general classifications that examine the structure and functions of social relationships (Glanz, Rimer, & Viswanath, 2008). Structural aspects of relationships refer to the degree to which social support is arranged or coordinated into social networks, while functional aspects focus on specific functions of the relationship

(Glanz, Rimer, & Viswanath, 2008). Literature found an inverse relationship between social supports, both one’s general overall well-being and specific support for abstinence, and alcohol use (Groh, Jason, Davis, Olson, & Ferrari, 2007). Individuals who are receiving continuing care treatments and acquire more support from interpersonal networks possess elevated levels of subjective prosperity, which is linked to the amelioration of post-substance use treatment outcomes. Advances in social media technology for addiction treatment are relatively new and have not yet been well integrated into existing treatment frameworks (Quanbeck et al, 2014); therefore assimilating social media technologies to leverage social support with continuing care interventions may be advantageous for individuals with chronic substance use disorders.

## Role of Social Media Technology

Retention has been a persistent problem when considering the efficacy of continuing care interventions for SUD. As such, it is important to utilize the latest technological advances in order to improve long-term outcomes. Recently, organizations such as Samaritans and Alcoholics Anonymous have begun offering long-term, comprehensive online treatments for SUD; drawing upon either professionally trained counselors or through cultivation of peer-delivered support groups (Griffiths, 2005). Studies have shown certain online interventions for SUD, such as online comprehensive Cognitive Behavioral Therapy treatments, to be as effective as their in-person analogues (Kay-Lambkin, Baker, Lewin, & Carr, 2009). Researchers have also begun developing interventions utilizing mobile phone technology to enhance delivery of continuing care treatments using text messaging (Muench, Weiss, Kuerbis, &

Morgenstern, 2013). Importantly, while it is still a growing field, researchers have begun to leverage social support and the latest advances in information and communication technologies (ICTs) to develop continuing care treatments for addictions (Marsch, 2012).

One such treatment program is the smartphone based Alcohol Comprehensive Health Enhancement Support System (A-CHESS) created by Gustafson, et al. (2011). A-CHESS utilizes a mobile platform to provide people with SUD access to monthly local events, event reminders, and leverages the influence of social support on positive recovery outcomes through the use of discussion boards and messaging features. Through A-CHESS, individuals can access valuable social support tools as it allows patients to easily reach out to clinicians and other people with problematic substance use through online support groups (Gustafson et al., 2010). The Comprehensive Health Enhancement Support System (CHESS) platform itself has been shown to significantly improve quality of life in populations with various medical ailments such as (Gustafson et al., 2001). Further, meta-analyses of various ICTs for chronic psychological and physical illnesses have shown very promising results for these new, technology-focused treatment modalities (Gustafson et al., 2011; Gustafson et al., 1999). Future continuing care treatments may benefit from the integration of technology-focused solutions to improve treatment engagement and adherence, as well as improving positive social networking and support features.

## Conclusions and Future Directions

Continuing care, particularly as it relates to aftercare following IOP completion, is an area of growing intrigue in the field of SUD treatment. Over the past 20 years, aftercare programs have dealt with a variety of impediments and limitations to treatment, including low rates of participation and difficulty retaining participants (McKay, 2009). As such, it is important for researchers to cultivate improvements to these

programs and attempt to ameliorate any barriers to program adherence. As we have demonstrated, actual and perceived strength of one's social support network plays an important protective role in recovery during the continuing care phase of treatment. Further, recent advances in social media technology have opened exciting new doors to engage patients in the creation of new social support outlets and thereby potentially improve treatment outcomes.

Future directions in this field include further refining and developing social media platforms to leverage the power of social networks and support to improve patient outcomes. Such interventions are particularly useful because, while demographics certainly play a role in access and interest in using the internet (McConaughy, Everette, Reynolds, & Lader, 1999), Consumer Health Informatics Systems such as the aforementioned A-CHESS program have been shown to bridge this demographic divide (Gustafson et al., 2002). While further research is needed to develop and refine systems such as A-CHESS, as it is a very new field of inquiry, early results have been quite promising (Marsch, 2012). Future research is also necessary to further elucidate the reasons for poor outcomes in continuing care, particularly as it relates to patients' mental health status.

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## A Network Approach to Understanding Prison-Based Therapeutic Communities

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### BACKGROUND

By the turn of the twenty-first century, the U.S. prison population rate surpassed that of Russia, meaning

that the U.S. is now the nation that imprisons the greatest proportion of its citizens (Walmsley, 2011). Recent estimates indicate that there are 2.2 million adults living in American jails and prisons (National Research Council, 2014). Even upon release, approximately 75% of ex-inmates will be re-arrested within five years, thus helping to sustain the country's high incarceration rate (Durose, Cooper, & Snyder, 2014).

Substance use disorders are primary contributors to America's high rates of imprisonment and recidivism. Approximately 53% of inmates in jails and state prisons and 45% in federal prisons have symptoms of dependence

or abuse, compared to about 9% within the general population (Grant et al., 2004; Karberg & James, 2005; Mumola & Karberg, 2006). Despite the high prevalence of substance abuse disorders among inmates, evidence suggests that only 20% of prisoners in need of treatment will receive help during their incarceration period (Belenko & Peugh, 2005). In order to address the treatment needs of the inmate population and disrupt the cyclical relationship between addiction, crime, and incarceration, more knowledge is needed on effective treatment options available to inmates.

The prison-based therapeutic community (TC) is among the most

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promising drug and alcohol treatment modalities in American prisons. Founded on the “community-as-method” approach, TCs are used in about 30% of state prisons and have been shown to significantly reduce recidivism and drug relapse rates (Taxman, Perdoni, & Harrison, 2007). A review of program evaluations in eight TCs found that well-executed TCs can be “effective in reducing the risk of drug relapse and rearrest, particularly among high-risk individuals and when followed by aftercare programs” (Bahr et al., 2012, p. 160; see also Mitchell, Wilson & MacKenzie, 2012). Despite promising results from many TC evaluations, average treatment effects remain modest and substantial between-program heterogeneity remains (Welsh & Zajac, 2013). Such within and between-TC differences are not well understood, primarily because little research has focused on the mechanisms underlying TC effectiveness and the actual *processes* of community-based treatment (Warren et al., 2013).

### A NETWORK APPROACH

Inmate peers are central to TC effectiveness. TC residents monitor each other’s behavior and provide feedback on one another’s progress by voicing “affirmations” of positive conduct and “corrections” of undesirable behavior. The treatment process rests entirely on resident interactions to foster prosocial attitudes and reduce antisocial thoughts and behaviors. As residents progress through treatment, they are expected to transition into leadership positions and serve as role models in the treatment community. Over time, residents should become increasingly central to the community and the treatment process itself. In essence, the TC program depends on interpersonal exchange, reinforcement, and social learning processes. Because traditional program evaluation methods (e.g., random controlled trials) focus solely on individual outcomes and assume independent cases, they overlook the interactional mechanisms at the heart of the TC program. Here, we argue that a social network approach

explicitly models such mechanisms and is therefore particularly well-equipped to examine unit and individual-level processes necessary for testing and improving program functioning.

A network approach to contextual processes equally prioritizes individual characteristics and the web of relationships that connect individuals into a social structure (Kreager et al., in press). Practically, this means that individual- and tie-level information is collected for as many individuals as possible in a given setting. In order to understand peer influence processes, such data are collected over time and analyzed with longitudinal network models that account for behavioral and relational dynamics (Snijders, Van de Blunt, & Steglich, 2010). Applied to the TC, connecting changes in various resident relationships and roles to changes in treatment engagement allows for testing important TC hypotheses. For example, TC philosophy states that successful residents should rise in the unit’s status hierarchy, become more embedded in the community’s social structure, and demonstrate increased peer influence over time. Descriptively and statistically, a network approach provides a direct means of testing such hypotheses and replicating them across treatment sites. Similarly, network data allow one to test if residents who are not engaged with the TC program experience greater peer isolation or come to occupy more peripheral positions in the treatment community. Such individual-level network analyses can then be associated with long-term recidivism or relapse information to understand between-person differences in treatment outcomes. At the community-level, a network approach can also identify the presence of subgroups associated with non-treatment characteristics (e.g., race, community, or offense similarities) that potentially undermine community goals (De Leon, 2000). In sum, dynamic network data and analyses provide insight into the interactional and group processes central to TC principles that have been overlooked in traditional program evaluations.

### THE THERAPEUTIC COMMUNITY PRISON INMATE NETWORKS STUDY (TC-PINS)

TC-PINS is a soon-to-be fielded study that will apply network theory and methods to a prison TC. It will collect longitudinal social network and behavioral data from all TC residents in a Pennsylvania men’s medium-security prison. Together, these data will help visualize the TC social structure for several types of relations, as well as provide information about the unit’s hierarchy and subgroup composition. At the individual level, the network data will identify residents’ relative embeddedness or status position in the community, which can then be used to predict treatment-related outcomes.

TC-PINS will consist of 10 waves of data collected monthly. The principle outcome of the study will be changes in residents’ TC engagement (Client Assessment Summary for Correctional-Based Programs: Kressel, De Leon, Palij, & Rubin, 2000). The project will apply stochastic actor-based models (e.g., SIENA; Snijders, Van de Blunt, & Steglich, 2010) to the longitudinal network data and estimate peer influence parameters for TC engagement over time. Results from these analyses may then provide concrete evidence of peer influence processes underlying the TC model.

TC-PINS will also add to our understanding of when and if TC participation relates to post-release relapse. In particular, residents’ network positions at the time of TC graduation will be used to predict post-release relapse. Central and influential TC residents should be less likely to relapse compared to those at the margins of the TC network. Additionally, residents’ abilities to connect to peers while incarcerated may translate into the creation and maintenance of supportive relationships with family and friends after prison exit, the latter being crucial for successful community reintegration (Petersilia, 2003). A final component of TC-PINS will be following paroled TC graduates upon release to understand their changing social relationships and

after-care experiences. This qualitative information will provide valuable clues for how TC processes facilitate identity and social transformations conducive to long-term change.

In sum, the network approach outlined above provides valuable insight into community-based treatment programs both inside and outside prison. There are strong expectations for the structure and process of such programs that have been elusive to empirically assess. A network design allows researchers to (1) understand the mechanisms underlying effective treatment, (2) predict which community members are more or less likely to maintain sobriety over time, and (3) identify potential interactional dynamics, group structures, or individual characteristics that undermine community effectiveness. Although in its infancy, we now have the theories and tools to implement sophisticated and replicable network-based research in treatment community settings.

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## SoAP Clinical Conference Call

Please join us for our monthly (2nd Friday, 1 pm EST) clinical conference calls to share perspectives and information with your peers on topics of clinical interest. Upcoming speakers are John Kelly, Alan Budney and Marc Kern. Please contact Mark Schenker at [mschenker@navpont.com](mailto:mschenker@navpont.com) or 215-381-0455 for inclusion in the distribution list, access to the call-in numbers, and to receive copies of any relevant slides for the presentation.



# Collaborative Perspectives on Addiction 2016 Recap

Megan Kirouac  
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Thanks so much to everyone who made the 2016 Collaborative Perspectives on Addiction (CPA) conference another successful event! We wanted to take a moment to recap the events of this year's conference for those of you who want to reminisce about the fantastic time you had and for those of you who might have missed it.

This year marked the 4<sup>th</sup> meeting of CPA and we were excited to spend it in the lovely San Diego, CA. Our surroundings included scenic beachscapes, excellent restaurants in the Gaslamp district, and exciting addiction research. The 2016 CPA theme was "Reducing Health Disparities through Addiction Science and Practice." We were honored to hear keynote speaker Dr. Raul Caetano present his program of research on differences in drinking among Puerto Ricans, Cuban Americans, Mexican Americans, and South/Central Americans, including three interesting epidemiological projects. Our second keynote speaker was Dr. Susan Tapert, who described findings from her longitudinal neuroimaging research exploring effects of substance use on brain development in teenagers. In addition to these two captivating keynote speakers, CPA was privileged to host a presentation from NIAAA director Dr. George Koob. What an exciting experience to eat lunch while learning about future directions of NIAAA from the director himself!

In addition to the three highlighted speakers, CPA 2016 was filled with



**Top:** Registration opens. This year's CPA conference drew 173 attendees and offered 15 CEUs! **Bottom:** Two well-attended poster sessions provided opportunities for early career psychologists to network with each other and with leaders in the field of addiction psychology. Photos by Alyssa Allen.

grade-A research symposia that were as interesting as they were varied in

topics. Some particularly excellent symposia included "Contributions from



Psychology to Understand and Promote Low Risk Drinking” whose presenters did a fantastic job discussing the historical controversy regarding low-risk drinking goals, especially among underserved groups. Another symposium covered “Evaluating Treatment Outcomes for Veterans with Concurrent Substance Use and Psychiatric Disorders.” This series of studies showed how to take what we know about etiological factors and synthesize them in order to generate new empirically supported treatments that address both substance use and comorbid conditions, concurrently, rather than separately. Other excellent symposia that truly embraced the theme of the conference included “Community-based Culturally Adapted SUD Interventions for American Indians/ Alaskan Natives” and the “Role of Race, Ethnicity, and Related Factors in Substance Use Patterns.”

The CPA 2016 conference also offered excellent opportunities for students and early career researchers and providers. First, there were three pre-conference workshops. One pre-conference workshop was “Mindfulness-Based Interventions for Alcohol and Substance Use Disorders: Empirical Findings and Recent Adaptations,” which allowed individuals to experience mindfulness practices themselves as an outstanding training opportunity. Another workshop was “Cannabis (Marijuana): What you Need to Know to Effectively Assess, Advise, Educate, Prevent, and Treat,” which was very informative and advanced both researchers and clinicians’ ability to prevent and treat cannabis use. A third workshop was “A Look Inside the Funding Process at NIAAA,” led by Dr. Anita Bechtholt at NIAAA, who discussed her experience as a Program Director and offered insider tips on how to make a successful grant application to NIAAA. In addition to these workshops, poster sessions were well-attended and provided further opportunities for students and other researchers to present their findings in an informal setting while attendees nibbled on wonderful appetizers.

Finally, CPA has remained consistently student-focused and provided two fun



*One of the many highlights of the conference was a pre-conference session hosted by Anita Bechtholt and Bob Huebner (shown here) from NIAAA that offered an insider’s perspective on the NIH funding process.*

opportunities for students to interact and network: a pre-conference social hour at the hotel with food provided and an evening student social at a local restaurant where free food was as plentiful as the opportunities to connect with other students as well as prestigious and highly approachable researchers and treatment providers such as Dr. Katie Witkiewitz, Dr. Bruce Liese, Dr. Adam Leventhal, and Dr. Sherry McKee. These type of intimate gatherings, whether formal or informal, are one of the unique features of CPA. They provide students with unprecedented access to senior researchers whose work many of our theses and dissertations are based on. As a result, many attendees often form relationships while at CPA that last for many years. This year was no exception. It is for reasons like this that it again was abundantly clear that the organizers were dedicated to making students feel included and has quickly made CPA a cannot-miss event on the calendar. All in all, CPA 2016 was a wonderful time to learn, connect, and have fun! Below are some quotes from a survey about others’ experiences at CPA. We hope to see you at CPA 2017!

### Student and Early Career Professionals Feedback

*This is a great conference to go to for early career, graduate, and advanced undergraduate students. Less overwhelming than a huge conference, but still many very important/big name researchers and NIAAA representatives.*

*Lots of opportunities for students and early career investigators to interact with more senior and seasoned investigators. I appreciate the small more intimate setting of CPA for these interactions.*

*The opportunity to meet with senior research faculty and the exposure to other graduate students and their work in a smaller type setting made it easier to get to know more people and hear about their research.*

### General Attendee Feedback

*The focus, speakers, and posters were generally excellent. Overall, the conference was well thought out and organized. I always enjoy conversing with the interesting and friendly people who regularly attend this conference.*

*Everything was really excellent! I loved the location, the format (and not being overwhelmed by too many options), and the talks I attended were superb.*

*I liked that there were not too many competing talks. Two at a time to choose from was perfect. I also liked that it is a relatively short conference, with high quality presentations and an intimate feel.*

*Location this year was great. It allowed for amazing speakers that may not have otherwise traveled to the East Coast and the weather was great for this time of year. The meeting agenda was smooth and there was no lull in the symposia (i.e. at no point was there*

*a symposium that I was tempted to pass up). The speakers were amazing this year and the coffee provided throughout the day kept us all going!*

*The location, format, organization, and speakers were all great! I particularly enjoyed the diversity of topics covered over the weekend, including behavioral economics, moderate “low risk” drinking (rarely talked about), future directions of NIAAA, treatment of co-morbid PTSD and SUD’s, and neuroimaging. I hope future meetings continue to have such a wide range of topics.*

*The format, location, etc. was great. I go to a lot of conferences, and I*

*think this was by far the most well-organized.*

*The diversity of topics for the symposiums was great. I also like that the conference was short (2-days). Enough to allow us to network and share ideas without disrupting our usual work schedules.*

*All of it! I love the intimate meetings, and the fact that there are not too many symposium sessions. This allows for most people at the meeting to interact at least once with each other between the symposia, poster sessions, and key note presentations.*

## Preventing Adolescent Drug Use One Hobby at a Time

**Rubin Khoddam, MA**

The transition from middle to high school is a substantial shift for many adolescents. After leaving the relative safety of a familiar school, adolescents are thrust into a new environment with older peers (i.e. 10<sup>th</sup> -12<sup>th</sup> graders) who are at a different stage of development—farther along in puberty, with different social hierarchies and romantic or even sexual relationships. This transition is also notable given that the majority of students try alcohol or other drugs for the first time in high school. Specifically, an estimated 65% of teens have had at least one full drink by the age of 18 (National Survey on Drug and Alcohol Use, 2014). For these reasons, substance use researchers focus on the transition to high school as a key window for intervening to prevent or delay substance use initiation.

Teens who drink before age 15 are about twice as likely to report having alcohol-related problems later in life than teens who were older when they started drinking (Fergusson et al., 1994). Moreover, about 11.4% of teens meet criteria for a substance use disorder diagnosis (Merikangas et al., 2010). These statistics point to the importance of understanding factors related to these high prevalence estimates and prevention and intervention targets that can be implemented to slow and cease the progression from experimentation to substance use disorders.

Unfortunately, these are not easy issues to address. Substance use disorders are complex and determined by many factors, including influences from peers, genes, and the family environment. For example, genetic factors explain 40-60% of the risk for alcohol use disorders (Prescott & Kendler, 1999). That leaves about half of one’s risk towards alcoholism being associated with environmental factors—a much more malleable treatment target.

The concept of “alternative reinforcers” has gained attention

recently from researchers working in the field (Audrain-McGovern et al., 2004; Correia, Benson, & Carey, 2005; Leventhal et al., 2015). Alternative reinforcers represent activities that are alternative ways of obtaining pleasure outside of substance use (i.e., hobbies, sports, dancing, arts, school, etc.). Although research suggests that alcohol consumption tends to decrease when adults have greater access to alternative reinforcers (Vuchinich & Tucker, 1996), there has been very little research to illustrate how alternative reinforcers might operate in adolescence during which the risk for initiation is notably high (Hawkins et al., 1997; Johnston et al., 2012).

Despite limitations in adolescent research, a recent study attempted to understand how access to alternative reinforcers might influence substance use in teens. This study tracked approximately 3,400 9<sup>th</sup> grade students in Los Angeles and looked at the number of hobbies a student had and how much pleasure they gained from them. Engaging in fewer activities outside of substance use (e.g., sports, arts, acting, volunteering, etc.) was

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associated with increased substance use (Leventhal et al., 2015). Although this study was limited in its cross-sectional analysis, other longitudinal research in young adults has found that those with more depressive symptoms engaged in less alternatively reinforcing activities, and engaging in less alternatively reinforcing activities was related to more smoking (Audrain-McGovern et al., 2011). One argument for such findings is that young adults with depression may withdraw from their outside environment and turn towards smoking as one of their only sources of pleasure. Thus, not only is alternative reinforcers a critical marker for substance use prevention in and of itself, but findings suggest that providing access and opportunities to receive pleasure from prosocial activities can help minimize the risk for those with both substance use and comorbid mental health issues.

These studies are all part of a growing body of research showing that substance use occurs in the absence of alternative reinforcers. In other words, substance use becomes more attractive to teens who do not have other means of getting pleasure and satisfaction. This idea is particularly important given researchers theorize that the more a teen is exposed to substances, the more likely it is that he or she will need higher levels of pleasure to find healthy, substance-free activities enjoyable. In other words, using substances raises the bar for teens to find other activities fun. Neuroimaging research supports this idea showing a decrease in the brain's response to natural reinforcers in the environment among drug-addicted individuals (Hatzgiakoumis, Martinotti, Giannantonio, & Janiri, 2011). Despite evidence pointing to the utility of alternative reinforcers as a critical marker for prevention efforts, few clinical trials have tested its effectiveness in reducing substance use.

One particular study randomly assigned 133 students to either increase their physical and creative activity levels by 50% or reduce their substance use by 50% (Correia et al., 2005). These two groups

were compared to a group that was instructed to not change their behavior. Both the substance use reduction group and the activity increase group significantly decreased their substance use at the end of the 4-week follow-up period. But participants told to engage in other activities not only decreased their substance use, but also showed increases in both exercise and creative behaviors. This finding is particularly interesting given that students were not specifically told to reduce their substance use, but that it appeared to have naturally happened as a byproduct of engagement in other activities. Thus, this provides some evidence that it is possible to intervene on substance use behaviors without directly changing use behavior itself but through changing the way individuals interact with their existing environment. However, not all environments are created equal and some environments provide fewer opportunities for engagement in pleasurable activities.

The National Recreation and Parks Association (2010) released an overview of the public health impact parks and recreation services or lack thereof can have on a community. They noted that lower income neighborhoods have less access to parks and related services. Although such findings do not provide causal evidence regarding the beneficial impact of parks and recreation services on teen behaviors, it points to a potential policy and research mechanism in need of greater evaluation. More public funding directed at parks, community centers, mentorship programs, and sports may help create more alternative reinforcers on a societal level. Creating more opportunities for teens is particularly important given that instructional time for art education courses along with student involvement in music programs has decreased in the wake of budget cuts and public policies such as No Child Left Behind (Council for Basic Education, 2004; Music for All Foundation, 2004). Additionally, more research needs to be done in how we can more effectively and efficiently involve teens in healthy activities as well as tailoring certain types of

activities (e.g. sports vs. arts) to the unique personality of teens. This may be particularly important early on in childhood and adolescence prior to substance use engagement.

As researchers and policy makers pursue these goals of preventing and delaying substance use initiation, we can start where we are and adapt existing hobbies and opportunities to make them more enjoyable for adolescents as well as get teens committed to hobbies before high school even starts. So when a 9<sup>th</sup> grader sits next to a new 11<sup>th</sup> grade friend in their Biology class who asks if they want to go to this pool party where alcohol will be around, the student can say "No" because they already said "Yes" to hiking with friends.

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## Excessive Use of Ultraviolet Indoor Tanning: An Emerging Behavioral Addiction?

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Behavioral addiction is a relatively new concept in psychiatry in comparison to substance-based addiction (for a comprehensive review of behavioral addiction, see the recent edited volume by Rosenberg & Feder, 2014). Governing bodies for psychiatry and medicine—including the American Psychiatric Association and World Health Organization—have adopted non-substance-based addictions to varying degrees, with generally universal acceptance of some forms (e.g., gambling disorder) and lesser, but growing, acknowledgment of others (e.g., internet addiction, food addiction). In this article, we discuss another emerging behavioral addiction: excessive use of ultraviolet indoor tanning (UVIT; **Figure 1**). Although still in its infancy, research in behavioral economics, public health, and dermatology points to UVIT as a candidate behavioral addiction. Our goal is to provide a concise overview of



**Figure 1.** Emerging research points to excessive indoor tanning as a potential behavioral addiction. Image © Miran Rijavec used under CC BY-NC-SA 2.0

the current state of the literature and priorities for future research.

### Scope of the Problem

Recent estimates suggest over 10 million Americans engage in UVIT each year (Guy, Berkowitz, Holman, & Hartman, 2015). Rates of UVIT are highly prevalent in college populations, with 55% of college students reporting lifetime UVIT use (Wehner et al., 2014).

Moreover, 32% of non-Hispanic white females age 18-21 report UVIT during a calendar year, with 68% of these UVIT users reporting 10 or more UVIT events within a calendar year (Guy et al., 2013). Use in early adulthood is especially problematic, given that first-time UVIT use before the age of 24 increases lifetime risk of developing melanoma—the deadliest form of skin cancer—by 102%, with each subsequent use increasing this risk by an additional

1.8% (Boniol, Autier, Boyle, & Gandini, 2012). In 2014, it was estimated that UVIT contributed to as many as 245,000 carcinoma diagnoses and 6,000 melanoma diagnoses (Wehner et al., 2014). This robust link between UVIT and skin cancer led the World Health Organization International Agency for Research on Cancer to classify UVIT as a Class 1 human carcinogen, placing UVIT in the same category as arsenic, asbestos, plutonium, and tobacco (El Ghissassi et al., 2009).

### Is UVIT Addictive?

There is ongoing debate among clinicians and researchers concerning whether excessive tanning should be considered alongside other established behavioral addictions. Academic dermatologists report that many UVIT users have substantial difficulty in abstaining or reducing UVIT, and also experience withdrawal symptoms upon initial abstinence (e.g., Ashrafioun & Bonar, 2014). In addition, many tanners continue to tan beyond what is necessary to achieve their desired appearance, continue to tan despite negative consequences, and in some cases exhibit compulsive behaviors toward tanning (e.g., Ashrafioun & Bonar, 2014; Harrington et al. 2011; Zeller et al., 2006). Although there is no universally accepted standard for assessing tanning dependence, prior studies have relied upon tools initially developed for substance-based or behavioral addictions; notably, the CAGE and the diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000). Studies using a modified CAGE (mCAGE; Warthan et al., 2005, see Table 1) for tanning have found that between 31-53% of UVIT users met criteria for tanning dependence (Ashrafioun & Bonar, 2014; Mosher & Danoff-Burg, 2010; Warthan et al. 2005), with comparable rates when adapted DSM-IV criteria are used.

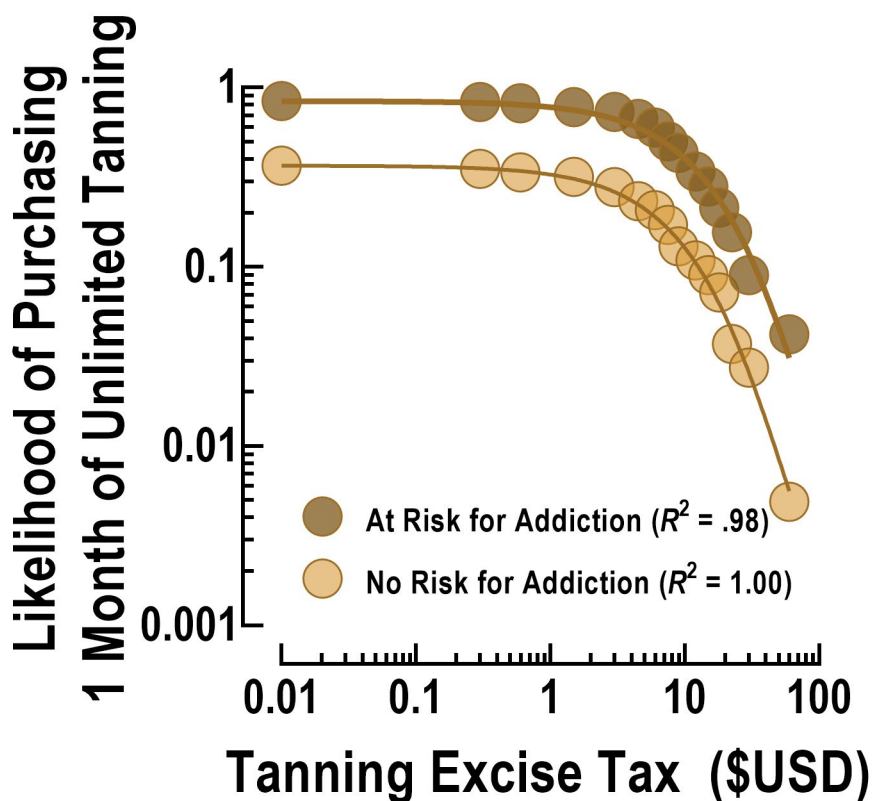
Previous research has also reported that excessive UVIT is associated with a number of classic addiction-like features, though empirical data remain limited. For instance, in a blinded

**Table 1.** Modified CAGE (mCAGE) questions used to screen for problematic UVIT use (Warthan et al. 2005)

<b>C</b>	Do you try to <u>cut</u> down on the time you spend in tanning beds or booths?
<b>A</b>	Do you ever get <u>annoyed</u> when people tell you not to use tanning beds or booths?
<b>G</b>	Do you ever feel <u>guilty</u> that you are using tanning beds or booths too much?
<b>E</b>	When you wake up in the morning, do you want to use a tanning bed or booth?

choice experiment, frequent UVIT users preferred UV emitting sunbeds over modified “placebo” beds with a UV filter (Feldman et al. 2004), suggesting that UV exposure is an effective reinforcer for this population. Moreover, studies have also explored whether frequent tanners experience craving or urges for tanning, albeit these studies have not specifically targeted UVIT. This

work has led to the development and validation of a self-report craving scale (i.e., the Craving to Tan Questionnaire; Ashrafioun & Bonar, 2015). Finally, a double-blind placebo-controlled trial of the opioid antagonist naltrexone among tanners found that the drug decreased UVIT, with half of the participants also reporting withdrawal-like symptoms (Kaur et al., 2006).



**Figure 2.** Behavioral economic demand curves indicating stronger demand for unlimited tanning packages in undergraduate females at risk for tanning addiction, compared to controls. Adapted from Reed et al., (in press)

# Neutral Cues



# Tanning Cues



**Figure 3.** Images from our collaborative study on the effects of tanning cues on UVIT demand and craving; left panel depicts the control (neutral cue exposure) room and right panel depicts the tanning cue exposure room.

## Behavioral Economic Approach to UVIT Addiction

Behavioral interpretations of the literature on the addictive characteristics of UVIT appear to support the reinforcement pathology model of addiction (Reed, 2015). Within the reinforcement pathology model of addiction (see Bickel, Johnson, Koffarnus, MacKillop, & Murphy, 2014), commodities with abuse liability are associated with impulsive choice (i.e., delay discounting wherein smaller sooner rewards are preferred over larger later alternatives) and excessive valuation (elevated levels of demand for the commodity). For example, undergraduate UVIT users are more sensitive to immediate appearance concerns than future health consequences in large-scale surveys, in line with the delay discounting component of the reinforce pathologies model (Heckman, Wilson, & Ingersoll, 2009). Indeed, efforts to bridge the delay of future health consequences via appearance booklets outlining how UVIT damages skin seem to dampen UVIT intentions (Hillhouse & Turrissi, 2002).

Regarding overvaluation, behavioral economists have demonstrated that current UVIT users exhibit greater

demand (i.e., willing to pay more, and willingness to pay persists across increasing prices) relative to non-recent and no UVIT use control participants. Furthermore, UVIT users exhibiting addiction-like ratings on DSM-IV- and CAGE-type items on tanning exhibit greater demand than those exhibiting no risk for addiction, as depicted in **Figure 2** (Reed, Kaplan, Becirevic, Roma, & Hursh, in press). This pattern of responding corresponds with other behavioral economic views of demand for commodities with abuse liability (see MacKillop, 2016).

## Emerging Research and Future Priorities

In an attempt to expand existing behavioral economic interpretations of UVIT addiction, our research team has begun to examine other ways in which the behavioral profiles of UVIT users parallel behavioral profiles associated with more common substance use disorders. For example, a growing body of evidence suggests that substance-specific cues evoke strong cravings and greater behavioral economic demand for alcohol (e.g., Amlung, Acker, Stojek, Murphy, & MacKillop, 2012) and cigarettes (e.g., MacKillop et al, 2012).

In our extension of this work, we have

adapted the Amlung et al. (2012) alcohol cue exposure protocol and ask UVIT users to complete craving scales and behavioral economic tasks in both a neutrally decorated room and a simulated tanning salon room (see **Figure 3**). Preliminary data suggest strong cue reactivity for both cravings and demand in the presence of UVIT paraphernalia likely to be seen in local tanning salons.

While behavioral economists, public health officials, and academic dermatologists have begun to understand the behavioral patterns and risk factors associated with excessive UVIT, more work is necessary in identifying potential mechanisms of this behavioral addiction. Recent work suggests there may be evolutionary advantages to engaging in behaviors associated with vitamin D production, such as indoor tanning (see Kourosh, Harrington, & Adinoff, 2010). Moreover, there is preliminary evidence that UV exposure increases levels of  $\beta$ -endorphin, which may suggest an opioid-based explanation for excessive tanning (Kaur, Liguori, Fleischer, & Feldman, 2006). Neuroeconomic approaches that combine neuroscience and behavioral economics (e.g., brain imaging during behavioral decision making tasks) are emerging as ways to elucidate



reinforcement mechanisms of other commodities with abuse liability (e.g., MacKillop et al., 2014) and is thereby a necessary next step in understanding the reinforcing attributes of UVIT.

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## Member Survey!

If you have not done so already, please complete the APA Division 50 (Society of Addiction Psychology) Member survey!

You can click [here](https://brown.co1.qualtrics.com/SE/?SID=SV_246ZHQWRRHqQFGR), or go to: [https://brown.co1.qualtrics.com/SE/?SID=SV\\_246ZHQWRRHqQFGR](https://brown.co1.qualtrics.com/SE/?SID=SV_246ZHQWRRHqQFGR)

In order to be successful and meet the unique needs of our members, the division needs to hear from you. One way to do that is to complete this brief (about 15 min) survey. With your help, we will work to help promote the needs of professionals within the Division and the profession, more broadly.

# Abstracts

Bernstein, M. H., Wood, M. D., & Colby, S. M. (2016). A new paradigm for credibly administering placebo alcohol to underage drinkers. *Addictive Behaviors*, 52, 22-27. doi:10.1016/j.addbeh.2015.08.004

**Background:** The primary goal of this study was to establish a paradigm for credibly administering placebo alcohol to underage drinkers. We also sought to create a new, valid procedure for establishing placebo alcohol believability. **Method:** Participants were 138 American college students (66.7% female) predominantly (90.0%) under the legal drinking age. Groups of 2-3 participants and one same-sex confederate consumed mixed drinks, purportedly containing alcohol, ad-lib in a naturalistic bar-laboratory for 20 min. All beverages, however, were non-alcoholic but we used visual, olfactory, and taste cues to maximize placebo credibility. Also, the confederate made two scripted statements designed to increase the perception of drinking real alcohol. After the drinking portion, participants responded to survey items related to alcohol consumption and intoxication. Next, they were individually debriefed, with open-ended responses used to make a determination of whether the participant was deceived with respect to placebo alcohol. **Results:** All participants estimated consuming some amount of alcohol. However, using a more conservative criteria for estimating alcohol believability based on the debrief, 89.1% of participants were classified as deceived. Deceived participants were much more likely to estimate having a positive blood alcohol content and to say that their current level of intoxication was typical given the amount of alcohol consumed than non-deceived participants. **Discussion:** Credibly administering placebo alcohol to underage drinkers is possible. This approach carries great potential for future laboratory work. In addition, the methodology used here to classify participants as deceived or not deceived appears valid based on self-reported BAC estimation and intoxication levels.

Lewis, M., King, K., Litt, D., Swanson, A., & Lee, C. (2016). Examining daily variability in willingness to drink in relation to underage young adult alcohol use. *Addictive Behaviors*, 61, 62-67. doi:10.1016/j.addbeh.2016.05.019

A key component of the Prototype Willingness Model is willingness, which reflects an openness to opportunity to perform a behavior in situations that are conducive to that behavior. Willingness has traditionally been tested using global, hypothetical assessments, and has not been examined at the daily level. We expected to find within-person variability in willingness to drink, such that on days with greater willingness, individuals would report greater drinking. A national sample ( $N = 288$ ) of young adults aged

18 to 20 (31.60% female) completed a Web-based survey that was comprised of measures of drinking and sexual behavior, including the Timeline Follow-Back (Sobell & Sobell, 1992). Findings show daily variability in willingness to drink ( $ICC = 0.54$ ), which suggests that there are substantial differences from day-to-day in this drinking-related cognition. Participants drank more on days when individuals also reported feeling more willing to drink than their own average level across the two weeks. Daily process level mechanisms allow greater insight into factors contributing to increased risk in-the-moment, which may point to targets for interventions aimed at improving adolescents' and young adults' abilities to make healthier choices in moments when they may be at greater risk for engaging in risky behaviors.

McCart, Michael R., & Sheidow, Ashli J. (in press). Evidence-based psychosocial treatments for adolescents with disruptive behavior. *Journal of Clinical Child and Adolescent Psychology*. Available Online. DOI:10.1080/15374416.2016.1146990

This article updates the earlier reviews of evidence-based psychosocial treatments for disruptive behavior in adolescents (Brestan & Eyberg, 1998; Eyberg, Nelson, & Boggs, 2008), focusing primarily on the treatment literature published from 2007 to 2014. Studies were identified through an extensive literature search and evaluated using *Journal of Clinical Child and Adolescent Psychology (JCCAP)* level of support criteria, which classify studies as *well-established*, *probably efficacious*, *possibly efficacious*, *experimental*, or of *questionable efficacy* based on existing evidence. The *JCCAP* criteria have undergone modest changes in recent years. Thus, in addition to evaluating new studies from 2007 to 2014 for this update, all adolescent-focused articles that had been included in the 1998 and 2008 reviews were reexamined. In total, 86 empirical papers published over a 48-year period and covering 50 unique treatment protocols were identified and coded. Two multicomponent treatments that integrate strategies from family, behavioral, and cognitive-behavioral therapy met criteria as *well-established*. Summaries are provided for those treatments, as well as for two additional multicomponent treatments and two cognitive-behavioral treatments that met criteria as *probably efficacious*. Treatments designated as *possibly efficacious*, *experimental*, or of *questionable efficacy* are listed. In addition, moderator/mediator research is summarized. Results indicate that since the prior reviews, there has been a noteworthy expansion of research on treatments for adolescent disruptive behavior, particularly treatments that are multicomponent in nature. Despite these advances, more research is needed to address key gaps in the field. Implications of the findings for future science and clinical practice are discussed.

Montgomery, L., & Bagot, K. (2016). Let's be blunt: Consumption methods matter among Black marijuana smokers. *Journal of Studies on Alcohol and Drugs*, 77(3), 451-456.

**OBJECTIVE:** Despite the high prevalence of blunt (i.e., hollowed-out cigars that are filled with marijuana) use among Black marijuana smokers, few studies have examined if and how blunt users differ from traditional joint users. **METHOD:** The current study compared the prevalence and patterns of use for those who smoked blunts in the past month (i.e., blunt users) with those who used marijuana through other methods (i.e., other marijuana users). The sample included 935 Black past-month marijuana smokers participating in the 2013 National Survey on Drug Use and Health. **RESULTS:** Among past-month marijuana smokers, 73.2% were blunt users and 26.8% were other marijuana users. Overall, blunt users initiated marijuana use at an earlier age (15.9 vs. 17.3 years,  $p < .01$ ) and reported more days of marijuana use in the past month (16 vs. 8 days,  $p < .01$ ) than did other marijuana users. There were also differences by gender. Among females, blunt users reported a higher odds of past-year marijuana abuse or dependence (23.8%) than other marijuana users (11.2%) (adjusted odds ratio = 1.23, 95% CI [1.12, 3.17],  $p < .01$ ). However, blunt-using males reported similar odds of past-year marijuana abuse or dependence (approximately 25%) as other marijuana-using males. **CONCLUSIONS:** These findings highlight the need for targeted interventions for blunt users as a subgroup of marijuana users, especially among Black females, who may be at increased risk for developing a marijuana use disorder as a result of blunt smoking.

Weinstock, J., Mulhauser, K., Oremus, E. G., & D'Agostino, A. R. (2016). Demand for gambling: Development and assessment of a gambling purchase task. *International Gambling Studies*, 16(2), 316-327. doi:10.1080/14459795.2016.1182570

Self-report purchase tasks are a novel approach examining the reinforcing value of addictive behavior relative to increasing monetary costs required to access the addictive behavior (i.e., demand). These measures reveal a positive relationship between the indices of demand and addiction problem severity and can elucidate factors associated with motivation for substance use. Gambling is an addictive behavior that has not been examined using this paradigm. This study seeks to adapt and examine the purchase task for gambling behavior. A gambling purchase task was devised that asked individuals how often per month they would gamble at various cover charges. Participants were 73 adults from the community with either gambling disorder ( $n = 28$ ), alcohol use disorder ( $n = 24$ ), or were a healthy control ( $n = 21$ ). Both the alcohol and gambling purchase tasks were administered. Results demonstrate discriminant validity of the gambling purchase task, as individuals with gambling

disorder have significantly greater demand for accessing gambling than other groups. The alcohol purchase task also evidenced discriminant validity in that individuals with alcohol use disorder have significantly greater demand for alcohol than other groups. These findings support the use of the gambling purchase task to assess the demand for gambling.

Young, M. S., & Moore, K. A. (2016). Prevalence and predictors of substance-related emergency psychiatry admissions. *Dual Diagnosis: Open Access*, 1(1), 1-11.

**Background:** Individuals commonly present for emergency psychiatry services for reasons related to their use of alcohol or illicit drugs. This study assessed the prevalence of these phenomena and explored characteristics distinguishing emergency psychiatry admissions with versus without presenting problems related to substance use. **Methods:** Data included standardized emergency psychiatry intake interviews from 2,161 consecutive admissions to three hospital-based emergency psychiatry departments in Florida's Tampa Bay area. Admissions were classified as substance involved if substance use was ascertained to be related to the presenting problem(s). Cases with only substance-related presenting problems were classified as substance-only admissions. Descriptive statistics compared substance-involved admissions to those whose presenting problems were not related to substance use. A logistic regression determined the characteristics most predictive of substance-involved admissions; similarly, a second logistic regression analysis was used to predict substance-only admissions. **Findings:** A substantial number of emergency psychiatry admissions ( $n = 507$ ; 23.5%) were identified as being substance-involved. These patients were more often male, single, and unemployed as compared to those whose presenting problems were not linked to substance use. Substance involvement was documented as the sole presenting problem for a sizable portion ( $n = 171$ ; 7.9%) of the emergency psychiatry department admissions. This model was similar to the previous one except that gender, employment status, and insurance type were no longer significant predictors; additionally, the second model revealed that separated or divorced participants were more than three times as likely (OR = 3.30,  $p < 0.001$ ) as those who were single to present for services for only substance-related reasons. **Conclusion:** Though high costs prohibit universal implementation of biologically based substance use screening procedures in emergency psychiatry settings, several characteristics have consistently been shown to significantly relate to substance-involved admissions. These characteristics can be quickly and cheaply obtained during a brief interview to trigger a more thorough assessment of the patients' substance involvement, a brief intervention in the emergency department if possible, and/or appropriate referrals for addiction and integrated Co-occurring disorders treatment service.



# Announcements

## Graduate Student & Early Career Researcher Competition

C4 Recovery Solutions is pleased to announce that the annual call for poster/paper submissions for the **Graduate Student & Early Career Researcher Competition** is now open for the *29<sup>th</sup> Annual Cape Cod Symposium on Addictive Disorders* ([www.ccsad.com](http://www.ccsad.com)) in Hyannis (Cape Cod), MA (September 8-11, 2016). The deadline for abstract submissions is July 15, 2016.

A combination of two competitive research fellowships, 8 research grants, and 16 travel awards totaling more than **\$12,000** are presented annually to graduate students and early career professionals for outstanding research. All presenters receive, at a minimum, a \$400 travel award and conference registration fee waiver. Please submit all questions and project abstracts electronically to Steven Proctor, PhD, and Al Kopak, PhD, at: [C4ResearchCommittee@gmail.com](mailto:C4ResearchCommittee@gmail.com)

## Online professional program in addiction at the University of Maryland

We are excited to share with you a unique opportunity to obtain certification in addiction science and interven-

tion offered through the Center for Addictions, Personality, and Emotion Research (CAPER) within the Department of Psychology at the University of Maryland, College Park. **The Graduate Certificate Program in Addiction Science and Intervention (GC in ASI)** is **fully online** and designed for behavioral health professionals seeking specific expertise and credentialing for improved clinical service to addiction and substance using populations.

To learn more about the GC in ASI including information about admission, tuition, and academic calendars, please visit <http://oes.umd.edu/professional-programs/addiction-science-and-intervention> or email [crisco1@umd.edu](mailto:crisco1@umd.edu).

The **deadline for the Fall 2016 semester is July 1<sup>st</sup>, 2016**. Please spread the word about the GC in ASI to your colleagues, staff, and trainees!

Cristina Risco, Ph.D., Academic Director  
Carl W. Lejuez, Ph.D., Consulting Director

## Seeking outpatient substance abuse counselors/therapists/practitioners

Seeking outpatient substance abuse counselors/therapists/practitioners to

participate in a national NIDA-funded study evaluating a training and support program for helping professionals use Contingency Management (CM), an evidence-based addiction treatment for adolescents. This family-focused, outpatient substance abuse treatment uses behavior management and cognitive-behavioral approaches to treat adolescent addiction.

The study covers cost of training, training materials, and ongoing expert consultation (all provided via the web) as well as a \$20 per focus group stipend. A minimum of 15 CE units will be available for free. Participants will be trained in CM, receive a training certificate, and will be asked to use CM to treat adolescent substance use/abuse and provide feedback about their experience using this treatment. Visit [www.cmforaddiction.com](http://www.cmforaddiction.com) for info about CM. Info about the study is at: <http://trainingsupportsystem.com/contingency-management-study-participation>

***Recruitment is nearly done, so please get in touch soon if you are interested!***

Dr. Jaime Houston-Mulligan  
Phone: [717-467-1146](tel:717-467-1146)  
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## SoAP MEMBER SERVICES

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

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

**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.

**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) are added to the announcement listserv, [div50announce@lists.apa.org](mailto:div50announce@lists.apa.org) (for division news). You may join or update your subscription at <http://listserve.apa.org/>.

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

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## JOIN OUR DIVISION LISTSERVS

SoAP maintains two listservs: One is for general discussion and information sharing; the other is only for announcements that are approved by the SoAP President.

The **general listserv** is maintained by the division. You may join it once you are a Division member by sending an email to the SoAP Membership Chair and requesting to be added to the listserv, or by visiting the listserv URL at <http://mailman.yale.edu/mailman/listinfo/apadiv50-forum> and entering a subscribe request to the moderator. Instructions on how to post to the listserv are also located at the listserv URL. This listserv is graciously provided by our member Robert F. Leeman, PhD.

The **announcements-only listserv** is one upon which your email address is automatically added if you provide one to APA and give APA permission to send you email. The APA Division Services Office staff updates the list as members join the division, or as individuals need to make adjustments to any email address or listserv subscriptions on file. The acting SoAP President is the only one who can approve announcements on this listserv. Generally, announcements from this listserv are high priority time-sensitive messages from the Division President, Division Board, APA, or other entities expressing information of key importance to members. You may join or update your subscription through <http://listserve.apa.org/>.

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