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The mission of the ABCT Addictive Behaviors SIG is to provide a forum and network for mental health professionals, researchers, and students who are interested in Addictive Behaviors. We also seek to disseminate information to members on current research developments and practice innovations with respect to addictive behaviors.

Thank you to those who submitted posters to the Inaugural Addictive Behaviors SIG Student Poster session. They enhance our mission to disseminate research and maintain open, regular communication among students, researchers, and professionals sharing an interest in the field of addictive behaviors.

Congratulations to Eleanor Leavens, who was selected as the recipient of the Outstanding Student Poster award!

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Documenting the Persistence of Benefit Conferred by a CBT Treatment for Alcohol Dependence with Co-Occurring Anxiety Disorder: A Survival Analysis

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Kushner et al. (2013) reported that a hybrid-CBT treatment (H-CBT) focused on interrupting the “vicious cycle” of escalating anxiety symptoms and drinking to cope was more beneficial than a standard anxiety management program (Progressive Muscle Relaxation Training, PMRT) for alcohol outcomes at 4 month for patients with co-occurring anxiety disorder. The present study extends these results by evaluating the persistence of the H-CBT treatment effect 8 months later (i.e., 12-month follow-up). Our hypothesis was that favorable treatment outcomes among H-CBT (vs. PMRT) patients noted at the 4-month follow-up would extend to the 12-month follow-up. The times to “relapse events” were tested using a log-rank test, and Kaplan-Meier curves were plotted to visualize trends. Time to first alcoholic drink and time to first alcohol binge served as endpoints. Survival distributions of time to first drink for the two interventions were significantly different and favored the H-CBT; the median survival time in days to first drink for the H-CBT group was 337 vs. 111 for the control treatment. By 12 months 47% of H-CBT patients and 65% of controls had at least one drink. Similar results were obtained for days to first alcohol binge. Results from the present study demonstrate enduring treatment effects of a therapy designed to mitigate the association between anxiety and alcohol use relative to a therapy designed to reduce anxiety only. The significance of our finding resides in the demonstration of a persistent therapeutic effect for six sessions of the H-CBT in a difficult-to-treat population prone to relapse.

Selection and Socialization Effects for Sexual Perpetration during College

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The current study examined binge drinking, sociosexuality, and perceptions of peer engagement in sexual perpetration as both selection factors (predictors of fraternity membership) and socialization factors (predictors of sexual perpetration) using five waves of longitudinal data from the summer prior to college to the spring of the second year of college. The outcome variable was a dichotomous measure of sexual perpetration (initiation of unwanted sex play or intercourse). The sample included 901 entering first year students at a large southwestern university. The model was tested using SEM in Mplus. The only significant predictor of fraternity membership was binge drinking, with more frequent binge drinking in high school associated with a greater likelihood of fraternity membership ($b = .719$, $SE = .159$, $p < .001$). Fraternity membership predicted increases in both binge drinking ($b = .098$, $SE = .022$, $p < .001$) and perceptions of peer engagement in sexual perpetration ($b = .073$, $SE = .013$, $p < .001$), from high school to college. Both sociosexuality ($b = 1.677$, $SE = .553$, $p = .002$) and binge drinking ($b = .296$, $SE = .141$, $p = .036$) were associated with increased sexual perpetration from the first to second year of college. Tests of indirect effects demonstrated that fraternity membership indirectly contributed to sexual perpetration through increased binge drinking during the transition to college (95% CI = .003, .068). Results suggest that addressing binge drinking both prior to and after college matriculation may reduce the incidence of sexual perpetration among fraternity men.

Frequent Solitary Cannabis Use Mediates the Relationship between Social Anxiety and Cannabis-Related Impairment

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Individuals with elevated social anxiety are seven times more likely to meet criteria for cannabis dependence (Buckner et al., 2008). Despite this, socially anxious cannabis users do not use cannabis more frequently than less socially anxious cannabis users (e.g., Buckner et al., 2007). The lack of relation to frequency may be at least partially due to lack of attention to cannabis use context. As substance use tends to vary by context (e.g., Gonzalez & Skewes, 2013), socially anxious persons may be vulnerable to using frequently in specific contexts that increase their cannabis-related impairment risk. They may engage in more solitary cannabis use, perhaps using to avoid social situations. Solitary use is associated with more cannabis-related problems (van der Pol et al., 2013). The current study examined whether social anxiety was related to solitary use and whether frequent solitary use mediated the relationship between social anxiety and cannabis-related problems among 276 current cannabis users (79.7% female). Social anxiety was positively related to cannabis-related problems, $r = .14$, $p = .020$. Frequent solitary users (i.e., at least four times per month) had more social anxiety than non-frequent solitary users, $F(1, 240) = 4.35$, $p = .038$, $d = 0.30$. Frequent solitary users reported more cannabis-related problems after controlling for social anxiety, $B = 2.17$, $SE = .33$, $p < 0.01$, $s^2 = 0.15$. Consistent with mediation, social anxiety was unrelated to cannabis-related problems after controlling for frequent solitary use, $B = .02$, $SE = .01$, $p = 0.235$, $s^2 = 0.01$. Interventions may benefit from targeting frequent solitary cannabis use, particularly among at-risk users such as those with elevated social anxiety.

Relationship Stigma and Sex under the Influence among Cisgender Males Partnered with Transgender Women

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The Minority Stress Model (Meyer, 2003) posits that experiencing stressors due to sexual or gender minority status (e.g. discrimination) can lead to psychological adversities and health risk behaviors (e.g. substance use). Although the literature has examined minority stress for transgender individuals, few studies have examined their cisgender male partners. Cisgender male partners of transgender women may internalize the stigma related to normative perceptions that their choice in partner is wrong, and thus may cope with this ambivalence by using substances during sexual behaviors. Sex under the influence of substances has also been shown to be associated with HIV-related risk behaviors. To begin to investigate this potential risk, our aim was to examine the association between relationship stigma experienced by male partners of transgender women and sex under the influence of: a) illicit drugs, b) marijuana, and c) alcohol. Participants were 191 adult, cisgender males with a transgender woman primary partner. In multivariate logistic regression models, adjusting for HIV-status, relationship stigma was significantly associated with greater odds of having sex with their primary partner under the influence of illicit drugs (aOR=2.68, 95% CI = 1.13, 6.35; $p=.03$). Findings provide preliminary evidence that stigma negatively affects the health behaviors in this population. Moreover, because HIV-related risk behaviors are exacerbated by substance use, stigma poses a serious threat for HIV acquisition or transmission. Resources for mixed-gender identity couples are needed in order to improve health outcomes.

***Does Experience with Alcohol-Related Consequences Matter?:**

An Examination of Subjective Evaluations of Consequences

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Objective: College students may not perceive all alcohol-related consequences as negative; however, this finding has not been examined among younger samples of college students. The current study examined younger and older college students' subjective (positive or negative) evaluations of their experiences with alcohol-related consequences. Method: Undergraduate students ($N = 269$) completed measures of typical drinking behaviors, consequences experienced, subjective evaluations of consequences, and motivation to change drinking behavior via an online survey. Results: Few consequences were evaluated as negative by all participants, and three consequences were rated as positive by the majority of participants. Individuals who reported experiencing consequences rated them as significantly less negative than those who had not experienced such consequences. Subjective evaluation ratings of consequences predicted motivation to change drinking behavior above and beyond the traditional consequence measure. Conclusions: These findings emphasize the need for a better understanding of alcohol-related consequences and the way they are interpreted by those who experience them. Given these results, it may be important to adapt interventions and educational programs to account for the differential evaluations of alcohol-related consequences.

**Recipient of the Outstanding Student Poster Award*

Linking Social Anxiety with Decreased Sexual Assertiveness in Alcohol-Intoxicated Women

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Undergraduate women high in social anxiety (SA) are found to be at risk for coerced sexual intercourse (Schry & White, 2013). In the university/college context, sexual victimization of women often occurs alongside heavy drinking (Griffin et al., 2010), and SA is associated with alcohol misuse (Stewart et al., 2001). Moreover, SA is associated with discomfort in intimate situations (Montesi et al., 2013), heavy drinking in these situations (Terlecki et al., 2014), and diminished sexual assertiveness (Schry & White, 2013), the latter consistently linked with sexual victimization (Livingston et al. 2007). Many undergraduate social events promote both alcohol use and initiating intimate encounters. This can be anxiety provoking for those high in SA. Merging these literatures, we hypothesized that when intoxicated and in a typical drinking (vs. control) context, elevated SA would predict decreased sexual assertiveness and increased sexual risk-taking.

In the lab-based study, undergraduates ($N=80$ women) completed measures of SA, consumed alcohol (breath-alcohol-level 0.08gm%), and imagined themselves on a first date at a bar (or coffee shop). As the potential for intimacy escalated, participants completed the Sexual Risk-Taking Vignette Questionnaire (adapted from Lindgren et al., 2009). Four sexual risk-taking factors were derived from this measure: decision ambivalence, assertiveness confidence, behavior, and perceived partner's expectations for sex. As expected, in the bar condition only, SA was negatively associated with sexual assertiveness confidence. This suggests that women with elevated SA have difficulty refusing sexual advances in alcohol contexts. SA did not predict sexual risk-taking behavior. This may reflect social response bias.

Alcohol and suicidal behavior: Examining interpersonal antecedents and impulsivity among individuals with borderline personality disorder

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The precise nature of the strongly documented relation between alcohol use (e.g. drinking) and suicidal acts (e.g. ideation, attempts, and death) remains unclear. As such, we examined how drinking is related to the precipitants and different types of suicidal behaviors in 197 individuals diagnosed with borderline personality disorder (BPD) who were taking part in two efficacy trials of dialectical behavior therapy. Suicidal behavior and drinking were assessed using the Suicide and Self Injury Interview. A total of 657 suicidal events were recorded (46.1% suicide attempts, 53.9% non-suicidal self-injury [NSSI]). Participants drank alcohol prior to 26.6% of suicidal events. Drinking preceded ambivalent suicide attempts significantly more often than drinking preceded either NSSI or attempts with clear intention to die ($\chi^2 (3 N = 657) = 9.98, p < .05$). Compared to non-drinkers, drinkers' suicidal acts were significantly more impulsive ($t(654) = -2.27, p < .05$) and more often followed interpersonal rejection ($\chi^2 (1 N = 646) = 16.30, p < .001$), criticism ($\chi^2 (1 N = 648) = 14.27, p < .001$), and/or conflict ($\chi^2 (1 N = 649) = 7.70, p < .01$). Drinking appears to be a risk factor for impulsive suicide attempts following interpersonal stressors in individuals with BPD diagnoses. Moreover, suicide attempts following or while drinking may represent ineffective attempts to cope with interpersonal stress, rather than reflecting earnest desires to die. Distress tolerance and interpersonal effectiveness skills may be key in reducing both drinking and associated types of suicidal actions in this population.

Dyadic Associations among Drinking, Self-concealment, Gender, and Alcohol-related Problems in Married Couples

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Prior research suggests that relationship partners' drinking behavior tends to be associated, and that lower marital quality is associated with greater experience of alcohol-related problems. The present study extends this literature by including self-concealment, or hiding secrets about one's self, which has been shown to have negative consequences for both one's self and one's partner and has been associated with lower ability to control one's drinking and higher levels of alcohol-related problems. We expected that husbands' and wives' drinking would be associated both with their own and with their partners' experience of alcohol-related problems and that this association would differ based on gender and level of self-concealment. Specifically, we hypothesized that greater self-concealment would be associated with more alcohol-related problems but that this association would differ for husbands compared to wives. The sample consisted of 154 individuals (77 dyads; 50% female) who were married. Actor-Partner Interdependence Models revealed that both own drinking and partners' drinking were associated with experiencing more alcohol-related problems. Furthermore, associations between drinking and alcohol-related problems were marginal for women lower in self-concealment and were significant for women and men higher in self-concealment as well as men lower in self-concealment. Thus, self-concealment appears to intensify associations between drinking and alcohol-related problems. In conclusion, self-concealment may be associated with heavy and hazardous drinking, perhaps especially so in couples that self-conceal from one another. Future research may consider self-concealment as a point of intervention and perhaps discern how self-concealment is associated with more drinking and alcohol-related problems.

Cigarette Purchase Task: Identifying Quit Success in Pregnant Cigarette Smokers

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Introduction: Maternal cigarette smoking is a major risk factor for adverse birth outcomes. Thus, promoting smoking cessation among pregnant women is critical. Measures that identify women who are less likely to quit during pregnancy may allow for successful tailoring of smoking-cessation treatments. The present study represents an initial examination of whether the Cigarette Purchase Task (CPT), which uses hypothetical choices regarding consumption of cigarettes at varying prices (demand curves) to assess dimensions of cigarette-related reinforcement, may be sensitive to individual differences in the likelihood that pregnant smokers will successfully quit during formal smoking-cessation treatment. **Methods:** Participants were 56 pregnant cigarette smokers enrolled in an ongoing smoking-cessation trial comparing usual care alone versus usual care plus voucher-based financial incentives. All women completed the CPT at study intake. Non-parametric Wilcoxon rank sum tests were used to compare differences in CPT indices as a function of biochemically verified late-pregnancy smoking status. **Results:** Baseline CPT indices of Intensity of Demand (# cigs smoked/day if cigs were free) and Omax (maximum expenditure) differed significantly between late-pregnancy quitters and smokers while other reinforcement indices did not. Quitters compared to smokers reported both lower baseline demand (10.18 ± 6.90 vs. 18.01 ± 9.69 , $p = .02$) and maximum expenditure (4.73 ± 5.70 vs. 8.17 ± 9.32 , $p = .01$). **Conclusion:** These initial results suggest that the CPT may allow for prospective identification of women who may benefit from additional supports. This identification may increase the success of cessation treatments in this vulnerable population, including efficacious incentive-based interventions.

