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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 Anthony Ecker, who was selected as the recipient of the Outstanding Student Poster award!

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How should we conceptualize alcohol problems? Examination of Causal Indicators within the Rutgers Alcohol Problems Index

Brooke J. Arterberry, M.S., University of Missouri; Ting-Huei Chen, University of North Carolina; Alvaro Vergés, Ph.D., University of Missouri; Kenneth A. Bollen, Ph.D., University of North Carolina; & Matthew P. Martens, Ph.D., University of Missouri

Alcohol-related problems have traditionally been conceptualized and measured by an effect indicator model. That is, it is generally assumed that observed indicators of alcohol problems are caused by a latent variable. However, there are reasons to think that this construct is more accurately conceptualized as including at least some causal indicators, in which observed indicators cause the latent variable. The present study examined the measurement model of a well-known alcohol consequences questionnaire, the Rutgers Alcohol Problems Index (RAPI: White & Labouvie, 1989). Participants were 703 students from a large public university in the Northeast mandated to an alcohol intervention. We conducted zero tetrad tests to examine measurement models consisting solely of effect indicators, a causal indicators only model, and a model with both causal and effect indicators. Overall, results suggested the hybrid model fit the data better than a model with only effect indicators and was more parsimonious than the causal indicators only model. With a hybrid model, we have broadened the theoretical underpinnings of alcohol-related consequences using a biopsychosocial framework, where causal indicators would be observed behaviors related to physiological and social experiences that affect the latent construct "alcohol-related problems" and effect indicators would be psychological interpretations that can also lead to modification of behavior that simultaneously reflects change in the latent construct. Therefore, examining differences between causal and effect indicators has the potential to distinguish alcohol-related problems more accurately and based on a more precise theoretical understanding of the construct.

Drinking Behaviors and Perceptions of Alcohol Use among Military and Civilian College Students

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Objective: The current study compared normative perceptions and substance use patterns of student service members/Veterans (SSM/Vs) to those of civilian college students. Findings will inform future interventions for alcohol misuse among SSM/Vs.

Method: Undergraduate students reporting alcohol consumption in a typical week ($N = 139$, $N_{SSM/V} = 60$, 49.6% male) completed an online assessment of demographic variables, personal drinking quantity and frequency, related consequences, and normative perceptions of male and female civilian and military-affiliated college students' drinking patterns.

Results: The sample of SSM/Vs was significantly older and comprised significantly more males than the civilian student sample. After controlling for differences in age and gender, SSM/Vs and civilian college students reported no significant differences in drinking quantity $F(3,135) = 1.18$, $p = .28$, $\eta^2 = .01$, or related problems, $F(3,134) = 0.27$, $p = .60$, $\eta^2 = .00$. Like civilian students, SSM/Vs overestimated the amount that SSM/Vs and civilian students consume per week, $F(3,131) = 0.88$, $p = .35$, $\eta^2 = .01$. Among SSM/Vs, normative perceptions of same-sex military students' weekly drinking predicted personal weekly drinking, $\beta = .40$, $t(54) = 3.11$, $p = .003$, Adj. $R^2 = .14$, while perceptions of typical same-sex college students' drinking did not, $\beta = .12$, $t(54) = 0.92$, $p = .36$, Adj. $R^2 = .00$.

Conclusion: Both SSM/Vs and civilian college students overestimate the drinking of their peers. However, only military-specific norms seem to predict drinking among SSM/Vs. Therefore, military-specific norms may be more influential than typical student norms in decreasing alcohol misuse among SSM/Vs.

Childhood Symptoms of Social Phobia Prospectively Predict Alcohol Use

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Background: Although it is established that onset of SP symptoms tends to precede the development of problematic alcohol use, currently, it is unknown whether youth with *symptoms* of SP are more likely to use alcohol at earlier ages than their peers without SP symptoms. Additionally, no studies to date have examined the utility of SP symptoms prior to grade 7 for predicting alcohol use later in adolescence. As such, the aims of the present study were two-fold: 1) To examine whether baseline SP symptoms in early adolescence predict an increased odds of alcohol use at subsequent years through middle adolescence and 2) To examine whether increases in SP symptoms over time predict an increased odds of alcohol use over time.

Methods: Data from an ongoing longitudinal study (N=277) of mechanisms of HIV risk in youth were utilized to assess the extent to which SP symptoms in early adolescence (Age M(SD)= 11.0(.81)) would predict alcohol use across five annual assessment waves. Adolescents completed measures of SP symptoms, depressive symptoms, and alcohol use at each wave. To address aim 1, we used generalized estimating equations (GEE) with SP symptoms at baseline predicting alcohol use at waves 2, 3, 4, and 5. To address aim 2, we used GEE with SP symptoms at a prior wave predicting alcohol consumption at a subsequent wave across the four assessments. Models controlled for MDD symptoms, gender, and age.

Results: In our first model, the interaction of time with baseline SP symptoms was not significant (*OR* = 1.03, 95% CI [0.99, 1.06], *p* = .15), nor was the interaction between baseline MDD symptoms and time (*OR* = 0.98, 95% CI [0.94, 1.01], *p* = .12), suggesting that baseline SP and MDD symptoms did not change the odds of alcohol use as a function of time. However, there was a significant main effect of time (*OR* = 1.37, 95% CI [1.24, 1.53], *p* < .001) and an effect that approached significance for baseline SP symptoms (*OR* = 1.06, 95% CI [1.00 1.12], *p* = .051), demonstrating that the odds of alcohol use increased over time and that elevated baseline SP symptoms approached significance in predicting greater odds of alcohol use. In our second model, there were significant main effects of time (*OR* = 1.41, 95% CI [1.27, 1.58], *p* < .001) and SP symptoms (*OR* = 1.06, 95% CI [1.01, 1.11], *p* = .03) indicating that odds of alcohol use increased over time and that elevated SP symptoms at a prior year predicted an increased odds of alcohol consumption during the following year.

Conclusion: Both baseline SP symptoms and SP symptoms at one year prior may hold utility for predicting increased odds of alcohol use. These results have unique importance for prevention and intervention efforts. Regarding prevention, results provide support for previous arguments that internalizing symptomatology emerges early in life and may necessitate early efforts in order to prevent alcohol use. Regarding intervention, to the extent that alcohol use may develop in order to manage preexisting symptoms of SP, intervention programs for alcohol use among adolescents may benefit from directly targeting SP symptoms.

*Antecedents and Consequences of Cannabis Use among Racially Diverse Community Cannabis Users: An Analysis from Ecological Momentary Assessment

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Background: Cannabis remains the most commonly used illicit drug, and the illicit drug with the highest rate of disorder (i.e., approximately 25% of cannabis users; Substance Use and Mental Health Services Administration, 2009). Given these high rates, it is important to identify whether vulnerability factors thought to maintain cannabis use (withdrawal, craving, positive and negative affect, peer influence; see Steinberg et al., 2002) do in fact maintain use in a real-world setting. Ecological momentary assessment allows for collection of such in vivo data.

Method: Current cannabis users from the community ($N = 93$, 34.4% female, 36.6% non-Hispanic Caucasian) completed measures of cannabis use, withdrawal, craving, affect, use motives, and peer use several times per day over two weeks.

Results: Withdrawal, $\beta=0.03$, $SE=0.01$, $p=.005$, and craving, $\beta=0.15$, $SE=0.02$, $p<.001$, were higher among those who subsequently used cannabis. Withdrawal, $\beta=-0.48$, $SE=0.16$, $p=.004$, and craving, $\beta=-0.17$, $SE=.08$, $p<.045$, reduced after cannabis use. Positive, $\beta=0.03$, $SE=0.01$, $p=.002$, and negative, $\beta=0.02$, $SE=0.01$, $p<.012$, affect were higher before cannabis use. Negative, $\beta =-.66$, $SE=0.17$, $p < .001$, but not positive affect, $\beta =-.46$, $SE=0.30$, $p=.128$, reduced after use. Use was more likely in social situations than when alone, $\beta =1.05$, $SE=0.12$, $p<.001$, especially when others were using, $\beta =4.52$, $SE=0.33$, $p<.001$.

Conclusions: Withdrawal, craving, affect, and peer influence are robustly related to the maintenance of cannabis use. Withdrawal, craving, and negative affect reduced after using cannabis, highlighting the importance of teaching skills to manage these states in treatment of cannabis use.

*Recipient of the Outstanding Student Poster Award

Literature Review of Commonly Used Measures to Assess Alcohol Use Disorders in Adults

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The Diagnostic and Statistical Manual (DSM) of Mental Disorders and the International Classification of Diseases (ICD) of the World Health Organization (WHO) contain criteria to determine if individuals meet criteria for alcohol disorders. Unfortunately, agreed-upon criteria does not always lead to consistent diagnoses, and such inconsistencies can result in a misguided clinical focus, imprecise research findings, and confusion for patients and providers. Because it is unlikely and probably unproductive for clinicians and researchers to adopt a single diagnostic instrument, it is important for those treating and studying alcohol disorders to be aware of the overall qualities, strengths, and shortcomings of available measures. The goal of the present paper is to provide an overview of the following common diagnostic interviews used to assess AUDs in adults: The Schedule for Clinical Assessment in Neuropsychiatry (SCAN); Structured Clinical Interview for DSM (SCID); Diagnostic Interview Schedule (DIS); Composite International Diagnostic Interview (CIDI); Alcohol Use Disorder and Associated Disabilities Interview Schedule (AUDADIS); Mini-International Neuropsychiatric Interview (M.I.N.I.); and the Semi-Structured Assessment for the Genetics of Alcoholism (SSAGA). These measures are compared focusing on the following characteristics: intended population, time to administer, purpose, preferred interviewer credentials, incremental validity/unique components, and psychometric properties. We conclude with discussion of which instruments might be most appropriate in different contexts.

Consideration of Future Consequences as a Risk Factor for Alcohol-Related Problems

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Heavy alcohol use is increasing worldwide among young adults (Kypri et al., 2009). Heavy drinking is prevalent among college students, and can have quite substantial immediate and long term negative effects (Bekman et al., 2013; Jennison, 2004; Wechsler & Nelson, 2001). There is significant variability in the amount and nature of drinking-related problems experienced by drinkers. Research suggests being more likely to overvalue immediate relative to delayed outcomes puts some students at risk for experiencing more alcohol-related problems (Dennhardt & Murphy, 2011). In this study, we will examine the cross-sectional relations between a measure of future versus present orientation and alcohol consequences. Participants were college student drinkers (N = 127) recruited from a core university course at a large, ethnically diverse urban university in the southern United States. Participants reported average weekly drinking using the daily drinking questionnaire (DDQ; Collins et al., 1985). They completed the Young Adult Alcohol Consequences Scale (YAACQ; Read et al., 2006) and the Consideration of Future Consequences scale (CFC; Strathman et al., 1994). Linear regression models showed that the CFC significantly explained 3.4% of the variance in the total YAACQ score, controlling for gender, age, and amount of drinking (p=.024). Students with lower consideration of future consequences are at risk for experiencing alcohol related problems, and this risk is independent of drinking level.

Distinguishing Classes of Safe and Risky Drinkers:
A Latent Profile Analysis of Alcohol Protective Behavioral Strategies

Adrienne K. Lawless, Matthew R. Pearson, Mark A. Prince

Previous studies have shown that college students who drink without taking steps to reduce negative outcomes often experience negative alcohol-related outcomes, which in some cases include serious harm. We have found that the use of protective behavioral strategies (PBS), which are used immediately prior to, during, of after drinking can reduce alcohol use, intoxication, and/or alcohol-related harm (Pearson, 2013), limit the amount of negative alcohol- related outcomes. The purpose of the present study was to use latent profile analysis to distinguish subgroups of college students who differ in their PBS use. We used a validated measure of PBS that has good psychometric properties, the Protective Behavioral Strategies Survey (PBSS; Martens et al., 2005, 2007; Pearson et al., 2012). Participants were 576 (sample 1) and 884 (sample 2) college student drinkers. We used M*plus* 7 (Muthén & Muthén, 1998-2012) using each of the 15 items of the PBSS as indicators of class membership. Using the Lo-Mendell-Rubin Adjusted Likelihood Ratio Test, we found 5 (sample 1) and 6 (sample 2) classes of PBS users, which in both samples included frequent users and infrequent users, as well as groups that used only specific types of PBS (e.g., serious harm reducers). These groups differed on alcohol-related outcomes (alcohol use, alcohol-related problems) and psychosocial variables (impulsivity-like traits). We discuss the unique insights provided by person centered analyses and longitudinal extensions (i.e., latent transition analysis) that can be used to examine changes in class membership over time.

Acculturation and Risk of Alcohol-Exposed Pregnancies in English- and Spanish-speaking Latina Women

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Alcohol-exposed pregnancies (AEP) are a public health concern resulting in Fetal Alcohol Spectrum Disorders. The Project Healthy CHOICES intervention, developed for women at risk of an AEP (i.e., ineffective contraception and risky alcohol consumption), was delivered by mail and did not require women come for services. Participants who responded to ads were randomized to one of two groups and given their choice of Spanish or English materials. The experimental group was sent personalized motivational feedback materials about their alcohol and contraceptive use. The control group (Standard Care) received the CDC community brochure in English *("Think Before You Drink")* or Spanish *("Piénselo Antes de Beber")*. It describes FAS and how to prevent it, but had no information about contraception. This study evaluated differences in (a) AEP outcomes for Latina women as a function of whether they received materials in English or Spanish, and (b) the influence of cultural domain on AEP risk. Overall risk of an AEP and acculturation levels (i.e., Bidimensional Acculturation Scale for Hispanics) were determined for 89 Hispanic/Latina women (67 English-speaking; 22 Spanish-speaking). At the 6-month follow-up the English participants had significantly ($p = .008$) reduced their overall risk of an AEP compared to Spanish participants, and 66.3% (59/89) of both groups had reduced their overall risk. No significant differences were found between the groups on percent classified as bicultural. Those with higher English cultural domain scores had a significantly lower AEP rate. Understanding how acculturation influences risk of an AEP could help develop more effective primary prevention interventions.

Which Tobacco Products are Gateways to Regular Use?: An Examination of First Used Tobacco Products and Current Use in College Students

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Background: Concerns have been raised regarding emerging low-nitrosamine tobacco products (LNPs), such as, e-cigarettes and their potential effects on youth tobacco use; specifically, whether they may become a gateway product for further tobacco use. Similarly, use of Hookah or waterpipe tobacco, a long-standing tobacco product world-wide, appears to be increasing among U.S. college students. Because most smokers begin smoking in adolescence, it is important to understand how trying certain products affects the risk for future use.

Purpose: The present study aims, first, to explore the tobacco use patterns associated with separate tobacco products in young adults on a tobacco-free college campus and, second, to determine the utility of specific first-time tobacco products in predicting subsequent regular, poly use, or nonuse and current use of cigarettes and/or SLT.

Method: Undergraduate students (N=1304; M_{age}=19.57) at a southern plains university completed self-reported questionnaires regarding current and past tobacco use. Tobacco use questions included first product tried, and ever, non-daily, or daily use. Cigarettes, smokeless tobacco (SLT), dissolvables, snus, roll your own, hookah, e-cigarettes, and Nicotine Replacement Therapy (NRT) use were assessed. Multinomial Logistic Regressions were used to examine whether first product used predicted current single or poly tobacco use. Dissovables, snus, and e-cigarettes were categorized as LNPs, and 'roll your own' was included as regular cigarette use.

Results: The sample consisted of 1037 nonusers (79.5%), 180 single users (13.8%), 58 dual users (4.4%), and 19 poly users (1.5%). Approximately 24.5% of individuals who first tried cigarettes were current smokers and 39.0% were tobacco users (n=127); 40.2% of individuals who first tried SLT are current SLT users and 52.5% are tobacco users (n=51); 3.4% of individuals who first tried LNPs were current LNPs users and 28.8% were tobacco users (n=17); 33.3% of individuals who first tried Hookah were current Hookah users and 34.6% were tobacco users (n=54); 0% of individuals who first tried NRT were current NRT users and 16.7% were tobacco users (n=1).

Men were almost one and a half times more likely than women to use tobacco (OR = 1.49, p = .04; 95% CI = 1.02-2.19) and almost twice as likely as women to be poly-users (OR = 1.97; p = .02; 95% CI = 1.14-3.43). Individuals who first tried cigarettes were approximately five times more likely than those who first tried hookah to report currently using two or more tobacco products (OR = 4.99; p = .001; 95% CI = 1.92-13.01). Though only marginally significant, individuals who first used cigarettes were more likely than those who first used ETPs to be current poly-users (OR = 3.29; p = .06; 95% CI = 0.97-11.12). Those who first tried SLT were approximately six times more likely than those who first tried hookah to be current users of multiple tobacco products (OR = 6.15; p = .001, 95% CI = 2.11-17.95), and four times more likely than those who first tried ETPs to be current users of multiple products (OR = 4.05; p = .04; 95% CI = 1.08-15.10).

Conclusion: Cigarette and SLT use predict future tobacco use. Hookah appears to be a commonly tried product among college students and may lead to further tobacco use. LNPs do not appear to result in much uptake; however, 28.8% of individuals who first tried LNPs went on to use other tobacco products. Future research is needed to understand the course of tobacco use from first tried product, to regular use.

Drinker status moderates the effect of beliefs about emotion on the relationship

between access to emotion regulation strategies and alcohol dependence

Alita M. Mobley, Christa Bhaguat, Kayla D. Skinner, & Jennifer C. Veilleux

Difficulties with emotion regulation predict higher rates of alcohol dependence. Additionally, people differ in their beliefs about emotions, where the belief that emotional states are impossible to control predicts greater difficulties in emotion regulation. However, little research has examined how limited access to emotion regulation strategies and emotion beliefs are related to alcohol dependence and each other. In this study we predicted that beliefs about emotion would mediate the relationship between limited access to emotion regulation strategies and alcohol dependence, and that this relationship may differ for social and hazardous drinkers.

A series of online questionnaires including assessment of emotion regulation difficulties, implicit beliefs about emotions and drinking behaviors were completed by 1128 participants. Those who reported drinking in the last year (*n*=427, *Mage* = 34.08, 53.5% female) were invited to complete a follow-up survey assessing alcohol dependence.

A moderated mediation analysis revealed that for hazardous drinkers, limited access to emotional strategies predicted higher levels of alcohol dependence indirectly by way of greater beliefs that emotions cannot be controlled. However, for social drinkers, there was a direct effect of limited emotion regulation strategies on increased alcohol dependence. Psychoeducation around emotion beliefs and providing strategies to regulate emotions may be useful for treating alcohol dependence.

Factors Affecting Treatment Dropout Among Inpatient Substance Users

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Substance abuse clients often drop out from treatment, creating vulnerability for relapse. Previous research has identified links between treatment dropout, contract type (e.g., voluntary versus court-mandated), and history of substance use, though the relationships are sometimes unclear. The present study investigated factors predicting treatment dropout. Participants (N = 378, *M*age = 42) were recruited from a residential substance use treatment facility in Washington, DC. Participants completed part of the Psychiatric Research Interview for Substance and Mental Disorders (PRISM) to assess demographics and substance use treatment history, the Structured Clinical Interview for the DSM IV-TR Research Version, Non-patient Edition (SCID-I/NP), and the Drug Use Availability (DUA), measuring drug use frequencies. As hypothesized, court-mandated clients were more likely to drop out than voluntary clients (p = .034, $\exp(\beta)$ = .550). Days sober prior to treatment entry also predicted program dropout – the more days sober, the less likely clients were to drop out (p = .035, $\exp(\beta)$ = .992). Furthermore, age of first drug use predicted treatment dropout; the younger clients report initiating drug use, the more likely they were to discontinue treatment early (p = .043, $\exp(\beta)$ = .958). Frequency of phencyclidine (PCP) use in the past year correlated positively with treatment dropout when controlling for client's current drug of choice (r = .133, p = .011). These results aid in the understanding of the complex factors that contribute to treatment dropout, and can help identify important targets for intervention.

The Interacting Effect of Depressive Symptoms, Gender, and Distress Tolerance on Substance Use Problems among Residential Treatment-Seeking Substance Users

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Objective: Depression is associated with substance use problems; however, the specific individual characteristics influencing this association are not well identified. Empirical evidence and theory suggest that gender and distress tolerance are important underlying factors in this relation. The current study aimed to examine whether gender and distress tolerance moderate the relation between depressive symptoms and substance use problems among inpatient substance users.

Method: Participants included 189 substance users (67.2% male; 95.8% African American, Mage=43.0 years) recruited from a residential substance abuse treatment center. The Short Inventory of Problems-Alcohol and Drugs scale was used to measure self-reported substance use problems. The Beck Depression Inventory assessed self-reported depressive symptoms. Gender was self-reported, and distress tolerance was behaviorally indexed by the computerized Paced Auditory Serial Addition Task.

Results: Hierarchical linear regression analysis indicated a significant three-way interaction. The final model provided a significant increase in the variance in SIP total score as explained by the model (ΔR^2 = 0.02, p < 0.01) and showed that the three-way interaction between depressive symptoms, gender, and distress tolerance was significantly associated with SUP, controlling for covariates (b = -1.34, t = -2.62, p < 0.01). Probing of this three-way interaction demonstrated a significant positive relationship between depressive symptoms and substance use problems among females with low distress tolerance.

Conclusions: Findings indicate that female substance users with high levels of depressive symptoms exhibit greater substance use problems if they also evidence low distress tolerance.

Executive Function and Self-Regulation Mediate the Relationship Between Perfectionism and Negative Alcohol Consequences

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The current study examined the relationship between perfectionism and negative alcohol consequences in university students by exploring the meditating effects of executive function and self-regulation. Phase 1 of the study involved completing self-report measures of perfectionism (APS-R-Discrepancies), executive dysfunction (BRIEF-A), self-regulation (SCMS), and negative alcohol consequences (YAACQ), and performance measures of Trail-Making, Verbal Fluency, Design Fluency, and Color-Word Interference. Phase 2 involved completing the self-report measures four weeks later. Although data collection is still in progress, preliminary analyses (N = 32) indicated that 26.7% and 34.6% of students engaged in heavy episodic drinking during the past two weeks at Phase 1 and Phase 2, respectively. Perfectionism was negatively related to self-regulation (r = .78) and positively related to executive dysfunction (r = -.63) at Phase 1, and positively related to interpersonal (r = .43), impaired control (r = .44), and self-perception (r = .53) negative alcohol consequences at Phase 2 (ps < .05). Executive dysfunction was related to decreased abilities in inhibition and set shifting (i.e., Switching Color-Word Interference; r = -.34, p < .05). Bootstrapped multiple mediation analysis indicated significant combined indirect effects of executive dysfunction and self-regulation on the relationship between perfectionism and Phase 2 negative alcohol consequences, while controlling for Phase 1 negative alcohol consequences (CI = -.3041, -.0160). These findings suggest that perfectionistic students with lower executive function and self-regulation capacities may have difficulties adjusting their behavior after adverse alcohol experiences, leading to further negative consequences.

Risk Perception Explains the Relationship between Drinking Norms and Alcohol Outcomes

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Overestimation of peers' drinking is predictive of one's own drinking and experience of alcohol-related problems. Given the potential contribution of perceived drinking norms on at-risk drinking, additional research is needed regarding factors that mediate these associations. Prior findings suggest that higher drinking norms predict lower levels of alcohol perceived risks (APR), which is related to increased consumption. This could be particularly true for men. Thus, the aims of this study were to (1) investigate APR as a mediator between drinking norms and alcohol outcomes, and (2) examine associations by gender. It was hypothesized that APR would mediate the positive associations between norms and drinking outcomes, especially for men. College students (N = 500; 361 women) with a mean age of 19.86 (SD = 2.11) years completed measures of alcohol consumption, risk perception, and alcohol-related problems. Path analysis revealed that APR mediated the relationship between norms and use quantity (B = 0.06, SE = 0.02, p = .006), peak drinking (B = 0.02, SE = 0.01, p = .008), and problems (B = 0.09, SE = 0.03, p = .001). When analyzed separately by gender, findings were non-significant for women but significant for men across all outcomes. Results suggest that overestimation of peer drinking is related to lower APR which in turn relates to worse alcohol outcomes. This is salient for only male drinkers. Future research is needed to investigate the utility of focusing on APR in alcohol prevention particularly among males with elevated perceived norms.

Relationship-Based Recovery: A Case Study of an Interpersonally-Empowering Approach to Recovery from Substance Use Disorder and PTSD

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Substance use disorder (SUD) and posttraumatic stress disorder (PTSD) are highly prevalent and pernicious disorders, which are commonly comorbid. Individuals presenting with comorbid PTSD/SUD experience greater impairment as compared with individuals with either disorder alone. Furthermore, individuals with PTSD/SUD are at higher risk for relapse subsequent to SUD treatment than individuals with co-occurring SUD and other Axis I disorders. When compared with individuals without a diagnosis of SUD, individuals with PTSD/SUD are at higher risk for PTSD treatment drop-out. Though promising preliminary findings have been documented for psychotherapies addressing this comorbidity, no treatment has gained support for being efficacious for both disorders. This study presents an initial test of a developing therapy for PTSD/SUD, Relationship Based Recovery (RBR; Schumm, Wanklyn, & Monson, 2013)

RBR is a manualized 15-session, cognitive-behavioral, trauma-focused treatment designed to simultaneously target SUD, PTSD, and interpersonal difficulties. Interpersonal relationship problems can aggravate the course of psychopathology and interfere with successful treatment delivery; thus, treatments that incorporate a focus on strengthening interpersonal relationships may improve treatment outcomes for this population.

This study includes an individual who participated in a larger open-trial of RBR. Assessments included pre-, post-, and 3-month follow-up assessments, as well as measures administered during each treatment session. Results revealed significant improvements related to SUD, PTSD, and interpersonal relationships. These preliminary findings support the need for therapists to target multiple, mutually reinforcing problems in individuals with multiple comorbidities.