



Mindfulness as a mediator of the association between adverse childhood experiences and alcohol use and consequences



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HIGHLIGHTS

- Alcohol use and early adversity were examined in a sample of college students.
- Increased adversity and lower levels of mindfulness predicted alcohol outcomes.
- Mindfulness mediates the relationship between early adversity and alcohol outcomes.

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ABSTRACT

One-third of college students report past-year heavy episodic drinking, making college student alcohol use an important area for continued research. Research has consistently linked early experiences of adversity to problematic substance use in adolescence and adulthood. Given the negative health consequences associated with heavy episodic drinking, it is imperative to identify mechanisms that contribute to this relation. Low levels of mindfulness have been linked to early adversity as well as impulsivity and alcohol use, therefore, the current study aims to examine the mediating role of mindfulness in the relation between early adversity and current alcohol use and consequences. Undergraduate students ($N = 385$) at a Midwestern university completed an online questionnaire assessing experiences of childhood adversity, trait mindfulness, and current alcohol use and related consequences. Results indicated that increased adverse experiences and lower levels of mindfulness predicted both increased alcohol consumption and consequences ($ps < 0.025$), with mindfulness mediating the relationships. Mindfulness is a predictor of alcohol outcomes and appears to mediate the relation between early adversity and alcohol use and consequences. Findings suggest that students with a history of adversity are more likely to exhibit lower levels of mindfulness, which may lead to an increase in alcohol consumption and consequences in early adulthood. Targeted alcohol intervention efforts that incorporate mindfulness skills may be particularly beneficial for those who have experienced early adversity.

1. Introduction

Hazardous alcohol use is a common occurrence among college students. According to a national survey, 39% of full-time college students reported *heavy episodic drinking* (HED; i.e., 4 drinks over a period of 2 hours for women, 5 drinks for men), and 12.7% reported heavy drinking (i.e., 5 or more episodes of HED within one month) in the last 30 days (Substance Abuse and Mental Health Services Administration, 2014). Furthermore, college students consistently demonstrate more frequent HED than their non-college counterparts (Substance Abuse and Mental Health Services Administration, 2014), implicating the college environment a risk factor for problematic alcohol use. Problematic alcohol use may result in a number of immediate consequences such as

unintentional injury, physical assault, and sexual assault (Hingson, Zha, & Weitzman, 2009). Due to the high prevalence and potential severity of consequences, college student alcohol use continues to be an important area for research.

In attempts to better understand these high rates of risky alcohol use in college students, research has examined early experiences that shape drinking behavior in adolescence and early adulthood (Dube, Anda, Felitti, Edwards, & Croft, 2002; Rothman, Edwards, Heeren, & Hingson, 2008). Adverse childhood experiences (ACEs), defined as instances of childhood abuse, neglect, or household dysfunction (Felitti et al., 1998), have been linked to problematic drinking in early adulthood (Mersky, Topitzes, & Reynolds, 2013). Research shows that ACEs – such as exposure to physical or sexual abuse – are associated with earlier

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initiation of alcohol use, heavier alcohol use, alcohol dependence later in life, and with other health risk behaviors such as illicit drug and tobacco use (Dube et al., 2006; Enoch, 2011). Importantly, the more adversity (i.e., higher frequency or chronicity) individuals are exposed to early on, the greater their use of alcohol, tobacco, and other substances (Dube et al., 2002; LeTendre & Reed, 2017). Studies have found this relationship in many samples, including older adult (Choi, DiNitto, Marti, & Choi, 2017) and minority young adult samples (Mersky et al., 2013). As the literature consistently suggests, experiencing adverse events early in life increases risk of substance use and poor health outcomes in adulthood. However, mechanisms by which this association occurs are still being investigated.

There is likely no simple explanation to describe how early adverse experiences contribute to substance use in adulthood. One model by Lovallo (2013) suggests adverse experiences alter frontolimbic function, which in turn reduces stress reactivity, alters cognition, and contributes to difficulties regulating affect. Taken together, these outcomes may lead to impulsive behaviors that result in negative health behaviors, such as risky substance use. Consistent with this theory, difficulties with emotion regulation are positively associated with experience of alcohol-related consequences (Dvorak et al., 2014), implicating interventions that decrease maladaptive emotional responses in reducing negative consequences of substance use. Mindfulness-based interventions may be particularly helpful, as they have demonstrated effectiveness for reducing substance use and increasing behavioral regulation (Bowen et al., 2014; Keng, Smoski, & Robins, 2011).

Mindfulness, typically defined as a nonreactive, nonjudgmental awareness of thoughts, emotions, behaviors, and sensations in the present moment, has been linked to higher levels of self-control and goal achievement (Brown & Ryan, 2003; Masicampo & Baumeister, 2007) and lower levels of impulsivity (Murphy & MacKillop, 2012; Peters, Erisman, Upton, Baer, & Roemer, 2011), which is particularly important for understanding substance use (Verdejo-García, Lawrence, & Clark, 2008). Research investigating the role of mindfulness in substance use supports higher levels of mindfulness being associated with decreased alcohol consumption and consequences (Fernandez, Wood, Stein, & Rossi, 2010; Shorey, Brasfield, Anderson, & Stuart, 2014; Smith et al., 2011). It also appears that increasing mindfulness can result in reductions in certain aspects of impulsivity. For instance, mindfulness skills training for individuals with Borderline Personality Disorder has shown some promise in improving impulsivity on behavioral tasks, such as abilities to delay gratification (Soler et al., 2012, 2016). Further, individuals with higher levels of mindfulness have demonstrated increased use of strategies that mitigate the consequences of alcohol use, such as using a designated driver or spreading out drinks, with findings suggesting that trait mindfulness moderated the relation between protective behavioral strategy use and experience of alcohol consequences (Brett, Leffingwell, & Leavens, 2017). Due to growing evidence supporting associations between mindfulness and alcohol use and its consequences, researchers have integrated mindfulness within interventions for substance use. Mindfulness-based relapse prevention (MBRP) has been found to significantly decrease cravings for alcohol, heavy drinking and drug use compared to treatment as usual (Bowen et al., 2014; Witkiewitz & Bowen, 2010), highlighting the importance of mindfulness in decreasing substance use. It is plausible that deficits in mindfulness skills may lead to future problems with substance use, representing a potential mechanism by which increased adverse experiences leads to increased alcohol consumption and consequences.

Extant literature demonstrates that mindfulness can play a significant role in alcohol use and related consequences (Bowen et al., 2014; Bowen, Witkiewitz, Dillworth, & Marlatt, 2007; Fernandez et al., 2010), however, less is known regarding the relation between ACEs and trait mindfulness. Recent research suggests that sexual assault (Elices et al., 2015) and psychological maltreatment have both been linked to decreased levels of mindfulness (Michal et al., 2007). This relation between ACEs and mindfulness is posited to lead to poorer physical and

mental health outcomes. For example, one study demonstrated self-compassion, a larger conceptual understanding of mindfulness, partially mediated the relation between chaotic childhood family functioning and anxiety and depression in adolescents and adults, lending support to the possibility that deficits in mindfulness contribute to negative health outcomes (Neff & McGehee, 2010). Finally, early life adversity predicts numerous cognitive and behavioral outcomes, including poorer working memory, reduced self-regulation, and higher neuroticism and depressive scores (Lovallo, 2013), all of which have implications for engagement in health-risk behaviors (Dvorak et al., 2014; Lovallo et al., 2013). Because mindfulness is negatively related to facets of impulsivity (Peters et al., 2011), it is possible that similar mechanisms may explain relations between ACEs and mindfulness, which in turn may predict substance use and other health risk behaviors. Taken together, it may be that early adverse experiences lead to deficits in mindfulness skills, which in turn lead to an increased likelihood to consume alcohol in a way that is more likely to lead to experience of negative consequences.

To our knowledge, only one study has investigated associations between ACEs, mindfulness, and health behaviors. Whitaker et al. (2014) found that those who experienced more types of ACEs (i.e., cumulative ACEs) were more likely to engage in health risk behaviors and report a greater number of health conditions later in life, such as headaches or back pain. Additionally, the researchers found that higher levels of mindfulness were associated with better health outcomes for all levels of adversity, highlighting the possibility that increasing mindfulness skills could lead to decreased negative outcomes for individuals with ACEs. However, no studies have examined the relations between early childhood adversity, mindfulness, and alcohol use and consequences among college students. The purpose of the current study is to fill this gap in the literature. Though mindfulness may refer to a number of constructs, the present paper intends its use to refer to multifaceted trait mindfulness as captured by the Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). It is hypothesized that (1) number of different adverse experiences, alcohol use consequences, and alcohol consumption will be positively correlated, (2) mindfulness will negatively correlate with each, (3) mindfulness will mediate the relation between early childhood adversity and alcohol-related consequences, and (4) mindfulness will mediate the relation between early adversity and alcohol consumption.

2. Methods

2.1. Participants and procedures

Participants (final $N = 385$) were young adults who reported past 30-day alcohol consumption and were at least 18 years old. Participants were recruited from a large, public, Midwestern university. A brief description of the study was posted to the university's research participant pool system and potential participants selected the study from a list of other studies. Prior to completion of study procedures, participants completed informed consent. Participants completed study procedures remotely via a secure survey system and were compensated for their time with credit within their speech or psychology course for participation. All procedures were approved by the university's Institutional Review Board.

2.2. Measures

2.2.1. Demographics

Participants completed items assessing age, sex, ethnicity, and class standing. Participants also reported on marital status, Greek affiliation, and whether or not they had previously completed counseling for drug or alcohol use.

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