

Title: Exploring the Association between Risk for Internalizing Disorders and Past Thirty Day Alcohol use among SBIRT Emergency Department Patients

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Introduction: Past research shows a correlation between internalizing disorders (ID) in childhood and future alcohol use in adulthood (Hussong et. al., 2011) as well as a correlation between alcohol use disorders and depression (Connor et. al., 2009). However, there is a lack of research on the correlation between adults with IDs and their current alcohol use. Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs aim to reduce patients' substance use through identification, counseling interventions, and linkages to more intensive services.

Purpose: The purpose of this study is to examine the correlation between risk of having an internalizing disorder and alcohol use before and after receiving SBIRT services.

Method: Adult emergency department (ED) patients who screened positive for harmful alcohol and/or substance use were administered a survey including questions about their mental health and past 30 day alcohol use at entry into the ED and at 6 month follow up. Patients scoring 3+ on the Global Appraisal of Individual Needs Short Screen (GAIN-SS) were deemed at risk for having an ID (Dennis et. al., 2006). We used bivariate analyses to examine the data.

Results: Patients at risk and not at risk for ID reported significantly fewer drinking days at follow up (4.97 fewer days, $t = 6.64$, $p < .01$ and 3.80 fewer days, $t = 6.62$, $p < .01$ respectively). At intake, there was a significant difference in mean number of drinking days in the past thirty days between those at risk for ID (11.46, $SE = .58$) and those not at risk (9.96, $SE = .51$), $t = 1.96$, $p = .05$. At follow up, both groups reported similar mean drinking days (6.36, $SE = .63$ for at risk and 6.40, $SE = .56$ for not at risk), $t = -.05$, $p > .05$.

Conclusions: Risk for having an ID is associated with greater alcohol consumption. Receiving SBIRT services significantly reduces alcohol use regardless of risk for having an ID.