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This brief article, the concluding article in a special journal issue on the “Impact of Childhood Psychopathology Interventions on Subsequent Substance Abuse,” makes a strong case for the potential value that interventions for child and adolescent mental disorders have on subsequent substance abuse and other problems. The article follows upon four articles that deal with risks and outcomes in substance abuse research, adolescent substance use dependence and comorbidity, the evidence-based for treatment of internalizing disorders, and the evidence-base for treatment of externalizing disorders.

The authors first make the point that longitudinal research indicates that child and adolescent mental disorders are strong predictors of subsequent substance abuse disorders. In fact, they make the claim that, “policy simulations based on adult epidemiological survey data collected in a number of countries suggest that as much as 60% of adult substance abuse dependence might be prevented by early and effective treatment of child and adolescent mental disorders” (p. 1303).

The authors indicate that child and adolescent mental disorders, in addition to being predictive of subsequent substance abuse disorders, “are much more powerful predictors of a wide array of later adverse outcomes than virtually any other intervention target” (p. 1304). These adverse outcomes include diminished educational attainment, higher rates of teen childbearing, more marital instability, and more employment instability. Further, Kendall and Kessler make the point that early onset mental disorders are often more persistent and severe than later onset mental disorders.

The missing empirical connections, the authors indicate, is longitudinal research that shows clearly the consequences and costs of early onset child and adolescent mental disorders, and intervention research with long follow-up periods that show that interventions can have effects not only on the targeted problem but on other problems as well. Kendall and Kessler make a strong call for more research of these types. They note that interventions can have three types of effects: sudden, in which you immediately see an effect; spillover, in which effects are shown on problems in addition to or other than the one specifically targeted; and sleeper, in which the effects appear some period of time after the intervention has been completed.

Kendall and Kessler leave the researcher with a clear and strong challenge to conduct the type of research that can potentially support the case for the importance of a greater focus on interventions for child and adolescent mental disorder. They emphatically make the point that given such research, policy makers will be very interested in funding interventions since: (a) child and adolescent disorders appear to affect the subsequent onset of a number of serious problems that not only take an enormous human toll but also a great financial toll; (b) there are few other conditions that seem as closely related to so many negative outcomes; and (c) of those other problems (e.g., poverty and low parental education), it may be easier to effectively address child and adolescent disorders than any other.