

# How powerful is a family? Effects of family dysfunction on hopelessness in psychiatrically hospitalized adolescents

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## BACKGROUND

Recent data from the CDC found that an alarming 44% of adolescents reported persistent feelings of hopelessness and sadness. ~55% of children also reported emotional abuse by a caregiver (CDC, 2022).

Research has shown that childhood trauma and family dysfunction are both associated with hopelessness in psychiatric inpatient populations (Berardelli et al., 2022). However, little research has investigated hopelessness outcomes while accounting for childhood maltreatment or family dysfunction.

This study aimed to examine the association between family dysfunction and hopelessness after controlling for childhood maltreatment in an adolescent inpatient suicide sample. Given that hopelessness is an established predictor of suicide (Tonkus et al., 2022), it is especially important to investigate influences of hopelessness in this unique sample.

## METHODS

Participants were 157 adolescents aged 13-18 (m. 15.14) recruited from an inpatient psychiatric unit following hospitalization for suicidality as part of a larger, NIMH-funded, IRB-approved study.

Demographic	%	
Gender	Male	32.6
	Female	62.4
	Transgender/other	5
Race	American Indian/Alaska Native	1.8
	Asian	1.2
	Black/African American	9.5
	White	71.4
	More than one race	16.1
Ethnicity	Hispanic or Latino	15.1
	Not Hispanic or Latino	84.9

Table 1. Descriptive statistics of demographics of study population.

## MEASURES

- Family Assessment Device (FAD;** Epstein, Baldwin & Bishop, 1983;  $\alpha = .955$ ,  $\Omega = .954$ ): a 60-question measure assessing for healthy and unhealthy functioning. This study used the General Functioning scores.
- Childhood Trauma Questionnaire - Short Form (CTQ-SF;** Bernstein et al., 2003  $\alpha = .904$ ,  $\Omega = .986$ ): a 28-question measure assessing for emotional abuse and neglect, physical abuse and neglect, and sexual abuse. This study used total scores.
- Hopelessness Scale for Children (Kazdin, Rodgers & Colbus, 1986;  $\alpha = .870$ ,  $\Omega = .869$ ):** a 17-question measure assessing for adolescents' expectations for the future.

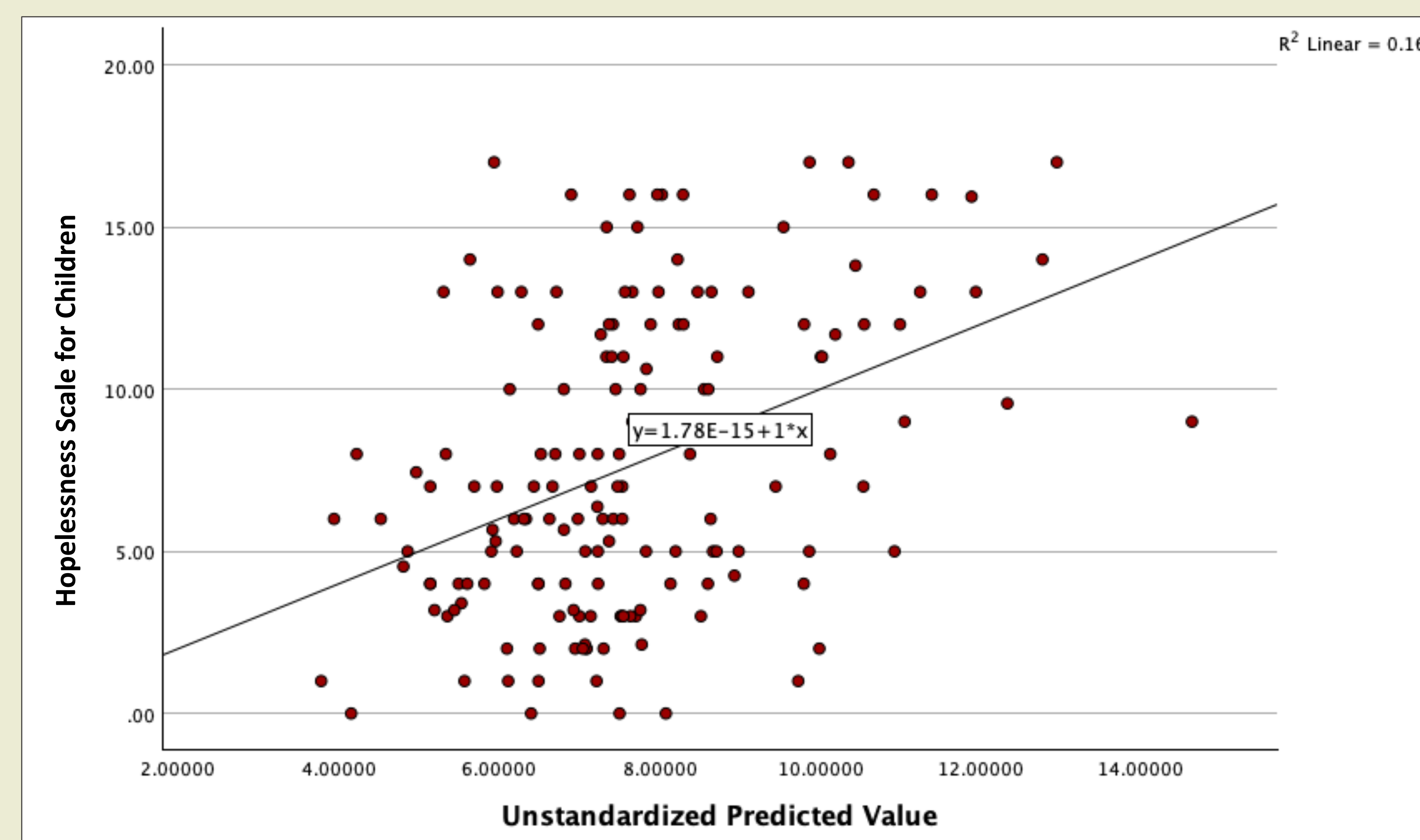
# Family dysfunction predicted hopelessness in adolescents

Effect	Unstd. B	Std. Error	95% CI		p	R <sup>2</sup> change
			LL	UL		
Model 1 (Constant)	3.087	1.065	.984	5.190	.004	.116
CTQ	.106	.023	.060	.152	<.001	
Model 2 (Constant)	.113	1.398	-2.648	2.875	.935	.053
CTQ	.053	.028	-.002	.109	.060	
FAD	2.331	.736	.877	3.785	.002	

Note. Dependent variable = Hopelessness Scale for Children; Total R<sup>2</sup> = .169; CI = confidence interval; LL = lower limit; UL = upper limit; CTQ = Childhood Trauma Questionnaire; FAD = Family Assessment Device.

Table 2. Multiple linear regressions showing hopelessness outcomes with childhood trauma and family dysfunction.

# even after controlling for childhood maltreatment.



Graph 1. Hopelessness outcomes (y) against unstandardized predicted values (x) of family dysfunction controlling for childhood trauma.

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## ANALYSES

Multiple linear regressions were used to predict the effects of family dysfunction on hopelessness after controlling for childhood trauma using a hierarchical approach in the statistical software SPSS.

## RESULTS

As predicted, hopelessness was associated with both family dysfunction and childhood maltreatment.

Variable	n	M	SD	CTQ	FAD	HSC
CTQ	175	43.26	14.593	-		
FAD	167	2.2553	.56975	.578*	-	
HSC	166	7.6074	4.55616	.346*	.393*	-

\*p < .001

Table 3. Descriptive statistics of childhood trauma, family dysfunction, and hopelessness.

Analyses revealed that family dysfunction predicted hopelessness even after controlling for childhood maltreatment: the CTQ explained 12% of the variance in hopelessness, but adding the FAD accounted for an additional 6% variance ( $\beta = .286$ ,  $p = .002$ ).

## DISCUSSION & SIGNIFICANCE

Family environment is shown to be a very powerful predictor of hopelessness in adolescents - its effects on hopelessness were predictive above and beyond childhood maltreatment. The FAD captures aspects of family functioning such as problem solving, communication, and affective involvement.

In clinical settings, family therapy should focus on targeting these sub-types of family functioning by emphasizing the importance of healthy communication and clear expectations ("When someone is upset, the others know why") and collaborative and decisive problem solving within a family unit ("We usually act on our decisions regarding problems"). Recognizing and targeting signs of hopelessness ("Things just won't work out the way I want them to") in adolescents early may help further reduce risk of depression, suicidality, and violence as a child ages (Stoddard et al., 2011).

Further research should probe deeper into the subscales and their relationship with hopelessness. More diverse samples should also be used to understand cross-cultural family structures, including non-heteronormative families, to understand functioning and hopelessness outcomes.

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