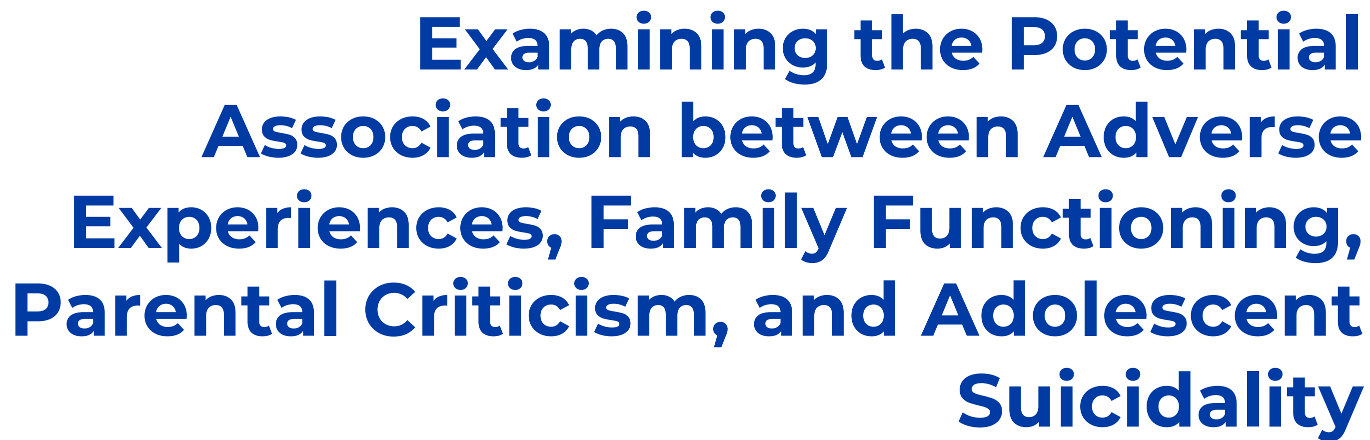

Examining the Potential Association between Adverse Experiences, Family Functioning, Parental Criticism, and Adolescent Suicidality

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Research Question:

How do childhood adverse experiences (ACEs) predict the severity of suicidal ideation (SI) in adolescents, and to what extent is this relationship moderated by family functioning and perceived parental criticism?

What do we know?

1. Adolescents are vulnerable to death caused by suicide and have close ties to their parents and family

- Suicide = 2nd leading cause of death for adolescents (age 10-19).
- Shared living space
- Legal dependency
- Efforts made to include parents in treating depressed and suicidal youth.

(American Academy of Child and Adolescent Psychiatry [AACAP], 2019; Centers for Disease Control and Prevention [CDC], 2022; Diamond et al., 2003; Curry, 2001; Sander & McCarty, 2005)

2. Impaired parent-child relationships and family dysfunctions are risk factors for suicidality

- **Connectedness between adolescents and parents** & **Family cohesion** = Protective factors against suicide.
- Not all family problems are associated with suicidality in adolescents.
- Family problems associated with teen suicidality:
  - Abuse
  - Family breakdown
  - Domestic violence
  - Arguing at home
  - Not talking to family adults about concerns

(Shain et al., 2016; Sun et al., 2020; Ohtaki et al., 2019; Weissinger et al., 2023)

3) ACEs/SLEs are associated with increased odds of suicidality

- Sexual, emotional, and physical abuse are positively correlated with suicide-related behaviors
- The number of ACEs experienced influences the prevalence of SI or SA.
    - 1 ACE = increased odds of seriously considering suicide 1.5 times
    - 2 ACEs = increased the odds of SI by 2 times and SA by 3 times
    - 3 ACEs = increased odds of SI by 3 times and SA by 5 times

(Wang et al., 2022; Sahle et al., 2022; Miller et al., 2013; Thompson & Kingree, 2022; Yildiz, 2020; Pournaghash-Tehrani et al., 2021 Wang et al., 2019; Wan et al., 2019).

What don’t we know?

1. Conflicting research findings on the link between perceived parental criticism and suicidality

- Perceived parental criticism is a significant indicator of depression, SI, and SA (Hagan & Joiner, 2017; Muyan & Chang, 2015; Wang et al., 2017; Rapp et al., 2021).
- Perceived parental criticism only has an indirect effect on NSSI through self-criticism (Baetens et al., 2015).
- No significant relationship between NSSI and perceived parental criticism (Daly & Willoughby, 2019).

What don’t we know? (Cont.)

1.

Limitations posed by the cross-sectional, self-reported, and retrospective nature of the data.

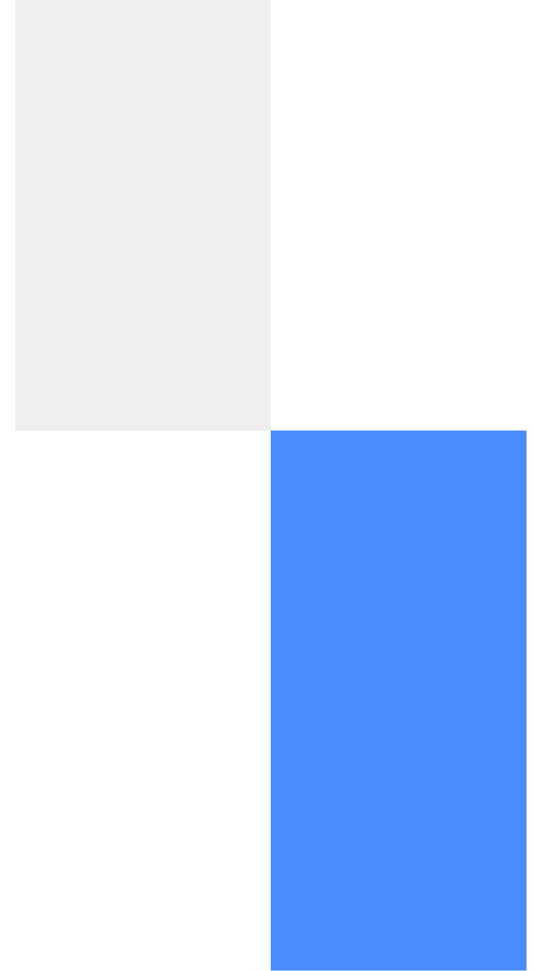
2.

Limited research exploring the role of family functioning and perceived parental criticism as moderators.

Significance of Addressing Knowledge Gaps

1. Identifying Moderating Factors

2. Targeted intervention



Research
Idea

Proposed Study: Aims & Hypotheses

Aim 1: To Investigate the relationship between ACEs and the severity of SI in adolescents.

Hypothesis 1a: Adolescents with at least one ACE will endorse a higher severity of SI than those without ACEs.

Hypothesis 1b: Subcategories of ACEs will correspond with SI severity in adolescents, such that those adolescents with a history of each ACE report more severe SI than their respective non-ACE comparison group

Hypothesis 1c: A higher count of ACEs will positively correlate with higher severity of SI in adolescents.

Proposed Study: Aims & Hypotheses

Aim 2: To assess the moderating effects of family functioning and perceived parental criticism on the relationship between the count of ACEs and severity of SI in adolescents

Hypothesis 2a: ACEs will be more strongly associated with SI among adolescents who have lower family functioning.

Hypothesis 2b: ACEs will be more strongly associated with SI among adolescents who have higher perceived parental criticism.

Hypothesis 2c: ACEs will be more strongly associated with SI among adolescents who have lower family functioning and higher perceived parental criticism.

Method: Secondary Analysis

- Secondary Analysis on existing data set at LCDS.
- Variables necessary for analysis:
  - Adverse Childhood Experience Questionnaire (ACE-Q)
  - Suicidal Ideation Questionnaire (SIQ)
  - Family Assessment Device (FAD-GF)
  - Two items from Perceived Criticism Scale (PCS)

Method: Analytical Plan

Hypothesis 1a: Adolescents with at least one ACE will endorse a higher severity of SI than those without ACEs.

Plan:

We will compare adolescents with ACEs and those without ACEs. They will hereafter be referred to as the ACEs group and non-ACEs group. Adolescents with a score of 1 or more in ACE-Q will be assigned to the ACEs group, and adolescents who have a score of 0 in ACE-Q will be assigned to the non-ACEs group. Then we will compare the total score of SIQ between the ACEs group and non-ACEs group via linear regression.

Method: Analytical Plan

Hypothesis 1b: Subcategories of ACEs will correspond with SI severity in adolescents, such that those adolescents with a history of each ACE report more severe SI than their respective non-ACE comparison group

Plan:

We will compare adolescents who have experienced specific ACEs to the non-ACEs group. The total score of SIQ between individual subgroups and non-ACE groups will be assessed via linear regression.

Method: Analytical Plan

Hypothesis 1c: A higher count of ACEs will positively correlate with higher severity of SI in adolescents.

Plan:

We will assess the predictive relationship between the count of ACEs and the severity of SI in adolescents. The association between the total score of ACE-Q and SIQ will be examined via linear regression.

Method: Analytical Plan

Aim 2: To assess the moderating effects of family functioning and perceived parental criticism on the relationship between the count of ACEs and severity of SI in adolescents

Hypothese 2a, 2b, 2c: *Moderation Analysis*

- The PROCESS Macro
- Independent Variables = # of ACEs experienced in a lifetime
- Dependent Variable = Intensity of SI
- Moderators = Family Functioning (2a, 2c) & Perceived Parental Criticism (2b, 2c)

(Hayes & Little, 2018)

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