

FACING ADDICTION WITH HOPE AND
UNDERSTANDING

When the Family Heals, the Child Can Too: Family Functioning, Adolescent Wellbeing, and the Case for Hope-Centered Recovery

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There is a quiet crisis unfolding in millions of households across America — not always visible, not always named, but deeply felt by the children who live inside it. When addiction, poverty, or chronic stress fractures a family's ability to function, the damage does not stay contained to the adults who carry it. It travels, through the invisible architecture of family life, into the behavior, the emotional regulation, and the developing identity of every child in that home. The question that matters most — the one that researchers and family advocates are increasingly pressing — is not simply whether a family has been broken by hardship, but whether it can be rebuilt. And if it can be rebuilt, how fast? And does that rebuilding actually protect children?

A landmark longitudinal study published in **Frontiers in Psychology** in 2026 offers some of the most rigorous answers we have yet seen to these questions — and the findings carry profound implications for how we approach family-centered addiction recovery.

****The Study: Watching Families Change in Real Time****

Researcher Liang and colleagues followed 468 adolescents from low-income families across four measurement points over a two-year period, using what is known as a latent change score model (LCSM) — a sophisticated statistical tool that doesn't just capture where families are at a single moment, but tracks how they are **moving**. Are things getting

better or worse? And does improvement in one domain — say, family functioning — pull the other domain along with it?

The adolescents in this study were assessed using the Adolescent Family Growth and Recovery Assessment (APGRA) and the Strengths and Difficulties Questionnaire (SDQ), two well-validated instruments for measuring family cohesion, communication, and flexibility on one side, and behavioral and emotional difficulties — what researchers call "externalizing problems" — on the other.

The results were striking, and in some ways sobering. Family functioning among low-income families declined significantly over the two-year observation window. This is not a peripheral finding — it is a direct reflection of what sustained economic pressure does to the relational fabric of a household. When parents are stretched thin by financial precarity, the warmth, structure, and responsiveness that children need do not automatically persist. They erode. And as they erode, something measurable happens in adolescent behavior.

Family functioning and externalizing problems were found to be significantly negatively correlated — meaning that as family functioning declined, behavioral difficulties increased, and vice versa. But the study went further than correlation. Using the dynamic modeling approach, the researchers were able to show that these two systems influence each other *over time*, in what family systems theorists would recognize as a feedback loop: poor family functioning predicts later increases in externalizing behavior, and elevated externalizing behavior in adolescents further strains family functioning. The arrow of causation does not run in only one direction.

****Why This Matters for Addiction Recovery Families****

For families navigating a loved one's addiction, this research lands with particular force. Low-income families are disproportionately affected by substance use disorders — a convergence well-documented in addiction science, where economic stress, limited access to treatment, and community-level exposure to substances compound one another in vicious cycles. The adolescents in Liang's study were not necessarily children of people with addiction, but the structural conditions they inhabit — financial instability, eroded family cohesion, elevated stress — are precisely the conditions that addiction both produces and accelerates.

What the latent change score model reveals is that these conditions are not static. The family is not simply damaged or undamaged — it is **moving**, always, in one direction or another. This is simultaneously a warning and a source of extraordinary hope. If decline is possible, so is recovery. If a family's downward trajectory in functioning predicts worsening adolescent outcomes, then the logical and urgent corollary is that **supporting family functioning** — rebuilding communication, restoring warmth, reducing chaos — should interrupt that trajectory. The model predicts it. The question becomes whether our interventions are designed to deliver it.

****The Systems View: No Member of a Family Is an Island****

Family systems theory, which grounds Liang's study, insists on something that clinicians who work with addiction have long known but that our treatment infrastructure has been slow to fully honor: you cannot effectively treat one person in a family while leaving the surrounding relational system untouched. The identified patient — the person with the addiction — exists within a web of relationships that shape, sustain, and sometimes inadvertently perpetuate problematic behaviors. But that web

also has the potential to be one of the most powerful engines of recovery available.

When we talk about externalizing problems in adolescents — aggression, rule-breaking, conduct difficulties — we are talking about behaviors that are frequently misread as individual moral failures or character defects. Liang's research pushes back against that misreading firmly and scientifically. These behaviors are, in significant measure, expressions of a struggling relational system. The child acting out in school, the teenager withdrawing into hostility — these are not simply broken kids. They are kids in broken-down families signaling, in the only language available to them, that something in the system needs repair.

This reframing is morally essential. It moves us away from blame and toward understanding. It moves us away from punishment and toward intervention. It moves us, to use the language FAHU was founded upon, from judgment to hope.

****The Compounding Weight of Economic Hardship****

One of the most important contributions of Liang's study is its deliberate focus on **low-income families specifically**. This is not an incidental sample — it is a recognition that economic disadvantage is itself a relational stressor of the first order. When resources are scarce, parental stress rises. When parental stress rises, the quality of caregiving suffers — not because low-income parents love their children less, but because the cognitive and emotional bandwidth required for warm, consistent, responsive parenting is genuinely depleted by the experience of financial precarity.

Researchers have a term for this: the bandwidth tax. Scarcity — of money, of time, of social support — consumes mental resources that would otherwise be available for careful, patient, attuned parenting. For

families affected by addiction, this tax is often catastrophic. A parent in active addiction, or a partner consumed by the chaos of living alongside addiction, is not simply choosing to disengage from their children. They are, frequently, operating under a degree of psychological and physiological burden that makes full relational presence extraordinarily difficult.

This understanding should radicalize our compassion. And it should radicalize our policy ambitions. Supporting family functioning in low-income, addiction-affected households is not a luxury — it is a public health intervention with measurable effects on the next generation's trajectory.

****From Insight to Action: What Families and Practitioners Can Do****

The dynamic nature of the relationship between family functioning and adolescent externalizing problems, as Liang's model demonstrates, means that intervention at any point in the trajectory has the potential to shift outcomes. This is not a story of determinism — it is a story of leverage points.

For families in recovery, several evidence-consistent principles follow from this research:

Relational repair is part of addiction recovery, not separate from it. Rebuilding communication patterns, establishing predictable routines, and re-establishing emotional safety in the home are not soft add-ons to "real" treatment. They are, according to family systems theory and the empirical record, core mechanisms by which recovery becomes sustainable and its benefits extend to children.

Adolescent behavior should be read as family data. When a teenager in a recovery-affected household begins to show signs of externalizing difficulty, the clinical and familial response should not default to

individual pathology. The first question should be: what is happening in the relational system around this child?

Time matters — but not in the way we fear. The finding that family functioning declined significantly over two years might seem discouraging. But the LCSM methodology also reveals where the inflection points are, and where early support can alter trajectories. Earlier intervention in family functioning — before decline becomes entrenched — is the imperative the data urges upon us.

****The Moral Argument for Hope****

There is a passage implicit in Liang's data that deserves to be spoken aloud: low-income families affected by hardship are not failing because of some essential deficit in their characters or their love for their children. They are failing, where they fail, because the conditions of their lives are extraordinarily demanding, and the supports available to them are frequently inadequate.

This matters because the way we frame family struggle determines the kind of help we offer. If we see struggling families as broken and blameworthy, we design punitive systems — child removals, criminal interventions, shame-based programs — that sever the very relational bonds the research tells us children most need. If, instead, we see struggling families as **systems under pressure that retain the capacity for growth and repair**, we design something altogether different: wraparound support, family therapy, economic assistance, peer recovery networks, and community structures that hold families together while they do the hard work of healing.

FAHU's foundational thesis — that facing addiction with hope and understanding is the only sane and morally defensible approach — is not a sentimental wish. It is, increasingly, what the science demands. Liang's

study is one more piece of a growing evidentiary edifice that tells us: families can change. Children are not fated by the circumstances of their early lives. And the most powerful intervention available to a struggling adolescent is often not a clinical one — it is a more functional, more connected, more hopeful family.

****CONCLUSION****

The relationship between family functioning and adolescent wellbeing is not a simple, static link — it is a dynamic, bidirectional, time-sensitive process. Liang's 2026 longitudinal study makes this visible with unusual precision. For families navigating addiction, poverty, and the slow erosion of relational capacity that both can produce, the message is urgent and sustaining in equal measure: the system can move. The trajectory can change. And the change, when it comes in the direction of greater family functioning, carries children forward with it.

That is not merely good research. That is grounds for hope.

Works Cited

Liang. “The dynamic association between family functioning and externalizing problems in adolescents from low-income families: a latent change score model study.” *Frontiers in Psychology*, 2026. <https://pubmed.ncbi.nlm.nih.gov/42111578/>.

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