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Measuring stress, coping, strain and hopefulness of Brazilian family members of substance misusers: Factor structure of a set of measures

Running title: Psychological measures: Brazilian family members

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ABSTRACT

Objectives: We evaluated the psychometric properties of the Brazilian version of a set of measures designed to assess four psychological constructs associated with having a substance misusing relative in the family: the Family Member Impact(FMI), the Symptom Rating Test(SRT), the Coping Questionnaire(COPE) Hopefulness-hopelessness scale(HOPE). **Methods:** Secondary data from 3056 affected family members(AFM) was analysed. Factor structure of the measures and group invariance across gender were assessed using confirmatory factor analysis.

Results: The Brazilian version of COPE showed that a four-factor model with 24 items fit the data better than the original 3 factor model with 30 items. The FMI measure showed that a three-factor model is more appropriated to the Brazilian version of the scale than the original two-factor model. HOPE and SRT (29 items) Brazilian's version had the same two-factor model structure. This set of measures presented full measurement and structural invariance for both male and female.

Conclusions: Findings provide support for the structural validity of the Brazilian version of a set of standard measures for the assessment of stress, coping, strain and hopefulness of AFMs by their relatives' substance misuse. As this is the first study to explore the factorial model of the measures, it provides further support for the use of these instruments for future studies aiming to explore means on supporting AFMs in Brazil and elsewhere.

Key words: affected family member, substance misusing relative, measures, psychometric properties, confirmatory factor analysis

INTRODUCTION

Psychological distress, including stress, worry, stigma and strain, is a leading contributor to psychological burden among family members affected (AFM) by a substance misusing relative (SMR) (Matto et al., 2013; Copello, Templeton & Powell, 2009a; Orford et al., 2013). Difficulties in coping with the SMR in particular has been well documented to impact negatively on family members mental and physical health (Templeton & Coppel, 2012), and is associated with poor family functioning (Orford et al., 2005a). Recent studies have stressed the importance of developing services that promote psychological support that recognises feelings of hopefulness, emotional impact and ways in which family members attempt to cope (Bortolon et al., 2017; Copello et al., 2009b; Velleman et al., 2011). In Brazil, despite recent attempts to understand the needs of AFM (Bortolon et al., 2016; Medeiros et al. 2013, Sakiyama et al., 2015), research in this field remains scarce and to date there is no national standardised framework designed to support AFMs in the country.

Findings from the latest national survey on drug alcohol use in Brazil revealed that more than 28 million Brazilians live with a person who uses substances (Laranjeira et al., 2012). Studies conducted in the country suggest that the impact of having a SMR in the family has more severe negative outcomes to the health of family members when compared with relatives of people with other psychiatric disorders (Tabelão, Tomasi & Quevedo, 2014; Marcon et. al., 2012; Aragão, Milagres & Figlie, 2009), with women (in particular mothers and wives/spouses) among those most affected (Bandeira et al., 2014). Consistent with the international literature, AMFs in Brazil are at great risk of poor quality of life and of developing psychological disorders such as depression and anxiety (Tabelão, Tomasi & Quevedo, 2014; Bandeira et al., 2014). In a study conducted with AFMs who sought

social support for dealing with the SMR mutual groups in the city of Sao Paulo, Sakiyama and colleagues (2015) reported a variety of psychological and physical forms of distress caused by the presence of a SMR in the family. The authors argued that there is a lack of care for family members who are affected by SMR, and currently there are no other services in Brazil besides the mutual help groups that meet the needs of this population (Sakiyama et al., 2015).

Motivated by the need of gaining a better understand of the experiences of AFMs, Orford et al (2005b) developed a set of measures designed to assess four psychological constructs associated with having a SMR in the family. This includes a measure assessing the stressors experienced by family members (Family Member Impact, FMI), a measure assessing the results of the strain for family members in the form of distress and ill-health (Symptom Rating Test, SRT), a measure assessing the ways related to how AFM have coped with their relatives' problem substance (Coping Questionnaire, COPE), and a measure assessing how AFM' feels about the future of the SMR (Hopefulness-hopelessness scale, HOPE). This set of measures was derived from the *strain-stress-coping-support* (SSCS) model (Orford et al., 2010), an explicit model of alcohol and drug problems in the family. According to this model, AFM experience high levels of stresses in the form of anguish and/or poor physical and mental health resulting from the stressors associated with the problematic use of alcohol and drugs by the relative. The means by which the family cope with this situation, and the types of support it receives (or not receive), are factors that moderate the strain-stress relationship (Orford et al., 2010). While this set of measures has been used in several studies (e.g., Copello et al., 2009b; Petra, 2014) and in different countries including Italy (Arcidiacono et al., 2010), Mexico (Orford et al., 2005a) and Singapore (Lee et al., 2011), the psychometric properties

of the non-English version of these measures has not yet been explored. Results from exploratory factor analysis suggests a three factor solution for COPE, a two-factor solution for HOPE as well as two-factor solution for FMI and SRT (Orford et al., 2005b). While all the four scales and their subscales have been found to have good validity and internal consistency within AFMs, the factorial model of the scales is yet to be investigated.

The objective of this study was to evaluate the psychometric properties of the Brazilian version of this set of measures: COPE, HOPE, FMI and SRT. This secondary psychometric analysis uses data from our recent study investigating the psychological burden of Brazilian AFMs of a substance misuser (Orford et al., 2017). Our aims were to evaluate the psychometric properties of the four measures by assessing their factor structure, internal reliability and invariance of these scales across gender. We hypothesised that our findings would support the factorial structure of the Brazilian measures as originally proposed by Orford et al. (2005b).

METHODS

Participants

Data of 3,056 participants was analysed with the majority being female (79.4%), age of 35 or above (68%), and white (68.2%). Participants were recruited across the five Brazilian regions: North (9%), Northeast (25.1%), Centre-West (9.6%), Southwest (42.4%), and South (12.5%). Mothers of a substance user comprised of nearly half of the sample (46.4%). The majority of the participants were related to a male substance user (94%) and reported to be the family member responsible for the substance use treatment of the SMR (65.2%).

Procedure

Participants were recruited from a diverse range of services: therapeutic communities, self-help groups *Amor Exigente* (a network group spread across the country that offers psychological support to families that have SMRs), pastoral groups *Sobriedade* (a pastoral care movement from the Catholic Church in Brazil focused on the social problems of exclusion, poverty and violence related to drug addiction), narcotics anonymous, alcoholic anonymous, and residential rehabilitation clinics. Apart from the last of those, all were not-for-profit associations. Researchers approached potential participants in the services' waiting rooms during visits to the SMR (residential/rehabilitation clinics)/during group sessions (self-help groups) where they verbally explained the study and gave the participant a copy of the study information sheet. Participation in the study was voluntary, and written informed consent was obtained from participants before they participated. There was no participation restriction in terms of sex, age, and relationship with the SMR. Questionnaires were administered in a private room by trained interviewers at the services during the opening hours from June 2012 to July 2013. Approval to undertake the study was granted by the *Comitê de Ética da Faculdade de Medicina da Universidade Federal de São Paulo* (CEP 1784/08).

Measures

Coping questionnaire (COPE) (Orford et al., 2005b): The CQ comprises of 30 items assessing three constructs related to how AFM have coped with their relatives' problem substance misusing in the last 3 months: engaged coping - Cop-Eng (e.g., being assertive about the substance misuse or trying to control it), tolerant-inactive

coping -Cop-Tol (e.g., sacrificing one's own interests or being too fearful to take action), and withdrawal coping - Cop-With (e.g., putting oneself or other family members' interests first or keeping out of the SMR's way). Each item is scored on a Likert Scale ranging from 0 (never) to 3 (often). Scores were calculated for the three sub-scales separately.

Hopefulness-hopelessness scale (HOPE) (Orford et al., 2005b): The HOPE consists of 10 items measuring two constructs related to how AFM' currently feels about the future of the substance misuse problem in the relative: AFM's own feelings (e.g., feeling more positive about things) and perceptions of the SMR (e.g., fear that the SMR is not getting on well). Each construct is evaluated by 5 items using a Likert Scale ranging from 1(strongly disagree) to 5 (strongly agree). The items were summed to calculate scores for each construct separately.

Family member impact (FMI) (Orford et al., 2005b): The FMI is a 16-item instrument designed to assess the two constructs about how the AFM perceive the impact of the relative's substance use on the family: worrying behaviour - WB (e.g., worry about the SMR's health or ability to work or study) and active disturbance - AD (e.g., experience of quarrels, threats or upset family occasions). Each construct consists of Likert-type items ranging from 0 (not at all) to 3 (often). Items are summed for each construct separately.

Symptom rating test (SRT) (Kellner & Sheffield, 1973): The SRT is a 30-item scale that encompasses two different constructs: Psychological symptoms – Psych (e.g, feeling nervous, feeling that there was no hope) and Physical symptoms – Phys (e.g., feeling dizzy or faint, muscle pains, aches or rheumatism). Participants are asked to report the frequency of experience of each symptom in the last 3 months.

Each item is responded on a Likert Scale ranging from 0 (never) to 2 (often). Total scores are calculated for the two sub-scales separately with higher scores represent the prevalence of psychological and physical symptoms.

Translation

The translation and adaptation process of the original English version of the instruments to Brazilian Portuguese was conducted using a translation/back-translation procedure. Potential changes in meaning were highlighted by the translator and discussed with the research team. The questionnaire was then “backward translated” into English by a different translator. The adapted instruments were initially tested with a pilot sample of 30 family members of patients receiving treatment for substance misuse across 3 services in the city of Sao Paulo. This version was then assessed for conceptual parity of meaning with the original English version. The amendments to questionnaires were minor and the research team were confident that conceptual equivalence had been maintained.

Analysis

Initially, the factorial dimensionality of the FMI, HOPE, COPE and Symptoms were evaluated by means of a confirmatory factor analysis (CFA) for the total sample. The goodness-of-fit of the unconstrained model was evaluated using the standardized root mean square residual (SRMR), the comparative fit index (CFI), the Tucker-Lewis index (TLI) and the root mean square error of approximation (RMSEA). According to guidelines, the SRMR should be close to 0, the CFI and TLI must be higher than .90 or .95 or close to it, and RMSEA values that are less than .08 indicate an acceptable fit (Brown, 2006).

Next, multi-group CFA (MGCFA) (Jöreskog, 1971) analyses were conducted to evaluate measurement invariance of these scales across gender. Results from MGCFA would ensure that potential difference in parameters could be interpreted reliably across females and males. For this MGCFA analyses, three different models were conducted. Model 1 (equal factor loadings) examines if the factor loadings are equal across groups (i.e. it determines whether the measures have the same meaning and structure for different groups of respondents). Model 2 (equal latent variance) investigates whether latent (co)variances are equal across groups. Finally, Model 3 (equal measurement residuals) evaluates whether the measurement residuals are equal across groups. The levels of assessment are ordered hierarchically, from Model 1 to Model 3. Thus, each constrained model is nested within a less restricted one (Cheung & Rensvold, 2002). Differences between the models were evaluated by CFI difference test (ΔCFI ; Cheung & Rensvold, 2002). Significant differences ($\Delta\text{CFI} > .01$) observed between models indicate that the factor parameters are not the same across the specified groups (Cheung & Rensvold, 2002). Composite Reliability (ρ) was used as a measure of internal reliability (ρ values $> .70$ indicate good internal reliability; Bacon, Sauer & Young 1995). Missing data was treated using the expectation-maximization (EM) as the nature of missing data was likely to have been at random (majority of items missing less than 5%). Cases of missing data in all items in the same scales were deleted. CFAs of the adapted scales were evaluated in AMOS 19.0.

RESULTS

Sample characteristics

3158 affected family members were invited to participate in the study. The questionnaire was complete in its entirety (no missing data) by 3056 participants (96.8%).

The majority of participants reported to be in the age group of 45–54 years old (30.3%) followed by the age group of 55–64 (25.8%). The majority were women (79.4%), white (68.2%) and parents of a substance misusing relative (60%). Also represented were partners (11.6%) and siblings (12%) of a substance misusing relative. Participants were recruited from the five geographic regions of Brazil, the largest numbers from the south-east (41.8%) and north-east region (24.8%). For further information about the sample characteristics see Orford et al., 2017.

Confirmatory factor analysis

- **COPE**

CFA revealed that the original 3 factor model of the COPE had poor model fit, $\chi^2=7413.47$, $df=402$, $p<.001$; RMSEA=.07; SRMR = .11; TLI=.75, CFI = .77. However, four items from the withdrawal scale (*Put the interests of other members of the family before his?/ Pursued your own interests or looked for new interests or occupation for yourself, or got more involved in a political, church, sports or other organisation/Sometimes put yourself first by looking after yourself or giving yourself treats?/ Stuck up for him or stood by him when others were criticising him?*) and one item from the tolerance scale (*Accepted the situation as a part of life that couldn't be changed?*) had low factor loadings (.20, .09, .28, .08 and .20 respectively). In addition, the factor loading of item '*Sat down together with him and talked frankly about what could be done about his drinking?*' into the withdrawal scale was also low. Accordingly, a second model was run with these four items omitted as the path

of the crossed loaded item. Although a better fit was achieved, it was still not within acceptable standards, $\chi^2 = 3700.75$, $df = 272$, $p < .001$; RMSEA = .07; SRMR = .05; TLI = .86, CFI = .87. In order to improve model fit, modification indices were evaluated which suggested high error covariance between 7 items in the engagement scale (MI ranging from 26.21 to 300.00). As the content of these items seems to be more inclined to coping strategies associated to assertiveness rather than emotional coping (i.e., *Refused to lend him money or to help him out financial in other ways?/ Made it quite clear to him that his drinking was causing you upset and that it had got to change?*) another test was conducted to test the structure of a four factor model. Results from this analysis showed that model fit improved significantly, however, it remained as a marginal fit model, $\chi^2 = 3095.38$, $df = 269$, $p < .001$; RMSEA = .06; SRMR = .04; TLI = .88, CFI = .89. Another inspection of modification indices suggested that the item in the new assertiveness scale '*Pleaded with her about her consumption of alcohol*' showed high error covariance with other items in the same scale (MI ranging from 20.18 to 137.48) and showed a high covariance residual with items from the engagement, tolerance and withdraw scales. By excluding this item from the scale, acceptable fit indices were achieved, $\chi^2 = 2378.61$, $df = 246$, $p < .001$; RMSEA = .05; SRMR = .04; TLI = .90, CFI = .91. Inter-correlations between engagement, assertiveness and tolerance were statistically significant. The withdraw scale was significantly correlated with engagement and tolerance and non-significantly correlated with assertiveness. All items loaded significantly in their respective factors. Therefore, it was decided that the latest four-factor model with 24 items as appropriate for the Brazilian version of the COPE. It is not clear however, the reason for such low factor loading on the 5 omitted items and the high error and residual covariance of the excluded item from the assertiveness scale. Table 1 describes the

factor loadings and factor correlations for the final four-factor model of Brazilian COPE.

- **HOPE**

The initial analysis of the two factor structure of the adapted HOPE marginal fit of the model, $\chi^2 = 773.29$, $df=34$, $p<.001$; RMSEA=.08; SRMR = .04; TLI=.89, CFI = .92.

High modification indices were found in two item-pairs, 1-5 and 9-10 (MI 81.88 and 60.87, respectively). The first pair of item refers to hopefulness associated with thinking ahead, whereas the second pair refers to hopelessness of no changes in the behaviour of the relative. As the content of these item-pairs overlap each other and the initial model tested showed only marginal results for RMSEA and TLI only, we tested the fit of a re-specified model imposing co-variances among the error terms associated to those items. Results from this analysis showed excellent model fit, $\chi^2 = 493.27$, $df=19$, $p<.001$; RMSEA=.07; SRMR = .04; TLI=.91, CFI = .94. Table 2 shows the standardized factor loadings, internal consistencies, and factor correlations for the two factor model of HOPE's Brazilian Portuguese version.

- **FMI**

Initial results indicated that the two factor structure of the Brazilian Portuguese version of the FMI fitted the model poorly, $\chi^2 = 3562.70$, $df=103$, $p<.001$; RMSEA=.10; SRMR = .08; TLI=.76, CFI = .79. An inspection of modification indices misspecified high error covariance for 6 items in the worrying scale (MI ranging from 102.9 to 390.8). The analysis of these items suggests that when translated to Portuguese, they might reflect a construct more inclined to 'distress' rather than 'worries' (i.e., *Does your relative steal or borrow money and not pay it back?/ Have the family's finances been affected?/ Does your relative come and go at irregular or*

awkward times?). Accordingly, the structure of a three factor model was tested. Results from this second analysis showed that model fit improved significantly and provided acceptable indices, $\chi^2=1305.57$, $df=101$, $p<.001$; RMSEA=.06; SRMR = .05; TLI=.91, CFI = .93. Inter-correlations between the three latent FMI factors – worry, distress, and disturbance - were statistically significant, as were all the factor loadings. Given that the two factor structure of FMI has not been explored using CFA elsewhere it was concluded that a three factor model of FMI's Brazilian Portuguese version should be used. Table 3 shows the standardized factor loadings, internal consistencies, and factor correlations for the adapted version.

- **SRT**

The fit indices indicated a marginal fit for the two-factor structure of the Brazilian Portuguese version, $\chi^2= 4124.88$, $df=376$, $p<.001$; RMSEA=.06; SRMR = .04; TLI=.88, CFI = .89. A high modification index was found between items 29-30 (MI 730.0). As the factor loading of item 30 was lower than item 29 (.49, *awakening early and not being able to fall asleep again*), we tested the fit of a re-specified model excluding item 30. Results from this analysis provided acceptable indices, $\chi^2= 3312.54$, $df=375$, $p<.001$; RMSEA=.05; SRMR = .04; TLI=.90, CFI = .91. As there was a chance that the error covariance between those two items is likely to be influenced by the format of the items, it was decided that the two-factor model with the excluded item was more appropriate. Factor loadings and factor correlations of the Brazilian version of SRT are reported in Table 4.

Multiple-group CFA: testing model invariance across gender

Factorial invariance analyses were then conducted across gender. For the adapted version of the FMI, HOPE, and COPE, model invariance across men and women could be assumed since the two models did not differ significantly ($\Delta CFI < .01$) (Table 5). For the SRT scale the measurement residual between groups was marginal ($\Delta CFI = .01$). However, as results demonstrated a good metric invariance (Model 1) and equal variance across groups (Model 2), it was decided to not compromise the conclusions about the measurement invariance of the SRT scale.

DISCUSSION

This study reports the evaluation of the Brazilian version of a set of standard measures for the assessment of coping (COPE), hopefulness (HOPE), stress (FMI) and strain (SRT) of family members affected by a relative's substance misuse. To our knowledge, this is the first study exploring the factorial structure of the measures beside the initial study conducted by Orford et al. (2005b). The measure structure of the non-English version of these measures are reported for the first time in the literature.

Our findings partially support the factorial structure of those proposed by Orford et al (2005b). Specifically, the Brazilian version of COPE showed that a four factor model with 24 items fit the data better than the original 3 factor model with 30 items. Similar the FMI measured showed that a three factor model is more appropriated to the Brazilian version of the scale than the 2 factor model found in the English sample. While both the HOPE and SRT Brazilian's version had the same two factor model structure with those proposed by Orford et al (2005b), the factor model for the SRT with 29 items fitted the data better than the original 30 items scale. Our

findings also showed that the Brazilian version of this set of measures indicated full measurement and structural invariance for both males and females. This represents an important quality indicator of the measures, as groups comparisons can be safely conducted without suffering from response bias.

Given that conceptual and linguistic equivalence is a primary aspect to the validation of an instrument for a new cultural context (Borsa, Damásio & Bandeira, 2012), it is likely that differences in the language adequacy of the translated items of the COPE and FMI scales might have been the key determinant to the differences in the factorial structure of the models. As noted in the FMI, some items were more inclined to measure feelings of 'distress' rather than "worry". Yet, items of the engagement subscale (COPE) have acquired a more connotative approach to coping strategies associated with assertiveness.

Changes in the meaning of the words when translated from English to Portuguese might have also affected few items in the HOPE and SRT scales, which showed error variances to be highly correlated. Correlated error variances tend to suggest two possible issues; an overlap in content among the items, and neglected latent factors in the model that could explain the residual variance of the items not explained by the search for meaning construct (Brown, 2006). A qualitative inspection of the HOPE items led us to believe that translated items were written in such a similar way that might be result in overlapping content. As HOPE showed only marginal fit indices in RMSEA and TLI, along with acceptable fit in the remaining indices, it is unlikely that the correlate error variances would just increase model fit, without improvement in the measures themselves (Cole, Ciesla & Steiger, 2007). What is less clear however, are the reasons for the high error correlation between

items 29 and 30 in the SRT scales. Therefore, exclusion of the item with the lower factor loading would be more appropriate than the correlate error variances.

Overall, our findings support the cross-cultural applicability of the four measures for the Brazilian population. We hope that the evaluation of the Brazilian version of these measures will further stimulate research in this area in Brazil and will encourage the psychometric investigation of these measures in other languages and cultures. In doing so, it is hoped that further improvements are achieved in theoretical understanding of the dimensions on which the measures are based.

Limitations

Since this study utilised secondary data, we were unable to provide a full psychometric evaluation, including test-retest reliability and convergent validity. Future studies should explore whether this set of measures are congruent with other psychological measures related with coping with adversities, mood, expectancies and self-regulation. Given that participants were recruited from substance misuse self-help groups and treatment services might have interfered some of our findings, e.g., the data variance could be limited due to similar characteristics of those family members who have been receiving some form of information/support regarding the substance misusing relative. While we explored possible variances in the model structure of the measures across sex, it would be important to assess whether the factorial models would be adequate across different age groups and types of relationship with the relative's substance misuse (e.g., parents, siblings, and partners). Another valuable avenue for future research is to explore whether the sum of the total scores for each of the four measures could be used as a single composite score, indicating a total psychological burden of AFMs. Analysis of bi-

factor models might be a useful method to test the dimensionality of a general factor (Norton et al., 2013; Picariello et al., 2016).

Conclusion

Our findings provide support for the structural validity of the Brazilian version of a set of standard measures for the assessment of stress, coping, strain and hopefulness of family members affected by their relatives' substance misuse. Therefore, it presents a preliminary set of measures for future studies aiming to explore means in supporting AFMs in Brazil. Multi-group analyses showed measurement invariance of the four measures across sex. A full psychometric evaluation is now warranted in order to provide further evidence regarding the convergent validity of the adapted measures in the Brazilian cultural context.

Conflict of interest

The authors declare that they have no conflict of interest.

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Table 1. Standardized factor loadings, internal consistencies and factor correlations for the four-factor model of Brazilian Coping Questionnaire (COPE).

Items	Assertiveness	Engagement	Tolerance	Withdrawal
1. Recusado ou negado a emprestá-lo dinheiro ou ajudá-lo financeiramente de outras maneiras? (<i>Refused to lend him money or to help him out financial in other ways?</i>)	.42			
5. Sentado com ele(a) para conversar sobre o que poderia ser feito quanto ao seu hábito de beber ou se drogar? (<i>Sat down together with him and talked frankly about what could be done about his drinking?</i>)	.75			
9. Deixou claro que a bebedeira ou o efeito das drogas dele(a) estava te deixando preocupado e isso tinha que mudar? (<i>Made it quite clear to him that his drinking was causing you upset and that it had got to change?</i>)	.85			
11. Tentou colocar regras para limitar seu consumo da bebida ou das drogas, como, esconder a bebida em algum lugar ou proibilo(la) de trazer amigos para casa que bebiam ou faziam uso de drogas? (<i>Tried to limit his drinking by making some rule about it, for example forbidding drinking in the house, or stopping him bringing drinking friends home?</i>)	.63			
13. Você o(a) incentivou a jurar ou prometer nunca mais beber ou a se drogar? (<i>Encouraged him to take an oath or promise not to drink?</i>)	.51			
19. Você deixou claro que não aceitaria seus motivos por beber ou usar drogas ou tentou encobri-lo(la)? (<i>Made it clear that you won't accept his reasons for drinking, or cover up for him?</i>)	.76			
21. Deixou claro para ele(a) suas expectativas de como ele(a) deveria agir para contribuir com a família? (<i>Made clear to him your expectations of What he should do to contribute to the family?</i>)	.79			
6. Começado uma discussão sobre o fato de ele(a) beber ou se drogar? (<i>Started an argument with him about his drinking?</i>)		.67		
16. Ficava temperamental, ou tinha mudanças de humor, ou emocional com ele(a)? (<i>Got moody or emotional with him?</i>)		.70		

17. Ficava de olho em cada passo dele(a) ou o(a) checava o tempo todo ou ficava sempre atento?	.68
<i>(Watched his every move or checked up on him or kept a close eye on him?)</i>	
25. Acusado, ou culpado(a) ele(a) de não te amar ou de tê-lo(la) decepcionado(a)?	.49
<i>(Accused him of not loving you, or of letting you down?)</i>	
26. Sentado com ele(a) e o(a) ajudado a resolver a situação financeira?	.46
<i>(Sat down with him to help him sort out the financial situation?)</i>	
28. Procurou pela bebida ou droga, escondeu ou voce mesmo jogou fora?	.57
<i>(Searched for his drink or hidden or disposed of it yourself?)</i>	
3. Ajudado sempre, por exemplo, colocado ele(a) na cama ou limpado a bagunça deixada por ele(a) depois de ter bebido ou usado drogas?	.42
<i>(Put yourself out for him, for example by getting him to bed or by clearing up mess after him after he had been drinking?)</i>	
4. Dado dinheiro mesmo sabendo que seria gasto com bebida ou drogas?	.37
<i>(Given him money even when you thought it would be spent on drink?)</i>	
10. Teve medo de fazer alguma coisa?	.55
<i>(Felt too frightened to do anything?)</i>	
14. Sentiu-se sem esperança para fazer alguma coisa?	.56
<i>(Felt too hopeless to do anything?)</i>	
20. Fez ameaças dizendo que não queria continuar assim?	.69
<i>(Made threats that you didn't really mean to carry out?)</i>	
23. Ficou num estado onde você não podia e nem conseguia tomar qualquer decisão	.65
<i>(Got in a state where you didn't or couldn't make any decision?)</i>	
27. Quando coisas aconteceram como resultados da bebida ou das drogas, você justificou por ele(a), ou o(a) defendeu e o(a) encobriu, ou tomou a culpa para si	.40
<i>(When things have happened as a result of his drinking, made excuses for him, covered up for him, or taken the blame yourself?)</i>	
30. Tentou manter as coisas parecerem	.43

normais, fez de conta que tudo estava bem quando não estava ou escondia o grau do quanto ele(a) bebia ou se drogava?
(Tried to keep things looking normal, pretended all was well when it wasn't or hidden the extent of his drinking?)

2. Priorizado os interesses de outros membros da família antes do parente dependente químico? .43
(Put the interests of other members of the family before hers?)

12. Tido seus próprios interesses ou procurado por novos, ou alguma ocupação para você, ou se envolveu em política, igreja, esportes ou outra organização? .65
(Pursued your own interests or looked for new interests or occupation for yourself, or got more involved in a political, church, sports or other organisation?)

29. Algumas vezes se colocou em 1 lugar, se cuidando ou lhe dando alguns prazeres? .73
(Sometimes put yourself first by looking after yourself or giving yourself treats?)

Cronbach's alpha		.76		
	.87		.75	.62
<i>r</i> with Engagment		-		
<i>r</i> with Tolerance	.72**	.71**		-
<i>r</i> with Withdraw	.65**	-.07*	-	-
	.02		-.07**	-

Note: * $p < .05$ and ** $p < .001$. Item number according to original English version (see supplement material)

TABELA 2. Standardized factor loadings, internal consistencies and factor correlations for the two-factor model of Brazilian Hopefulness-Hopelessness Questionnaire (HOPE)

Items	FEELINGS	PERCEPTIONS
1. Estou agora começando antecipar um novo futuro. (<i>I am now starting to anticipate a new future</i>)	.47	
5. Eu acredito que alguma coisa realmente boa virá para ele(a) (<i>I believe something good will come out of this for him/her</i>)	.51	
9. Estou começando a ter de volta a pessoa que conheci. (<i>I'm starting to get back the person I know</i>)	.85	
8. As coisas estão começando a melhorar (<i>Things are beginning to pick up</i>)	.75	
10. Eu sinto mais positiva sobre as coisas agora. (<i>I feel more positive about things</i>)	.75	
2. Estou temeroso(a) sobre como meu parente vai prosseguir (<i>I'm fearful about how my relative will get on</i>)		.39
3. Meu parente não está encarando as coisas com suficiente seriedade. (<i>S/he isn't looking at things seriously enough</i>)		.61
4. Estou pessimista em relação ao future imediato. (<i>I'm pessimistic about the immediate future</i>)		.60
6. Nunca haverá nenhuma mudança, meu parente está no mesmo lugar (<i>There's never going to be any change, s/he's stuck</i>)		.58
7. Temo que meu parente vá beber e se drogar até o fim (<i>I worry that s/he will use till the end</i>)		.56
Cronbach's alpha	.79	.69
<i>r</i> with Perception		.55**

Note: ** $p < .001$. Item number according to original English version (see supplement material)

TABELA 3. Standardized factor loadings, internal consistencies, and factor correlations for the three-factor model of the Brazilian Family Member Impact Questionnaire (FMI)

FMI items	Disturbances	Distress	Worries
1. O seu parente tem muitas mudanças de humor? (Does your relative have very changeable moods?)	.55		
2. O seu parente não se comunica bem? (Does your relative communicate badly?)	.37		
5. O seu parente briga com você? (Does your relative pick quarrels with you?)	.72		
6. O seu parente já o ameaçou? (Has your relative sometimes threatened you?)	.66		
7. Pessoas de fora da sua família já tiveram que se envolver? (Have people outside the family had to get involved?)	.57		
10. O seu parente já incomodou eventos da família? (Has your relative upset family occasions?)	.55		
3. O seu parente rouba ou empresta dinheiro e não paga de volta? (Does your relative steal or borrow money and not pay it back?)		.57	
4. A parte financeira da família tem sido afetadas? (Have the family's finances been affected?)		.52	
8. O seu parente entra e sai de casa em horários irregulares ou estranhos? (Does your relative come and go at irregular or awkward times?)		.65	
9. O uso de álcool/drogas de seu parente atrapalha ou incomoda sua vida social? (Does your relative's drinking/drug use get in the way of your social life?)		.65	
11. O seu parente negou ou se recusou a participar das atividades familiares? (Does your relative fail to join in Family activities?)		.63	
12. O seu parente se atrasa ou não é confiável? (Has your relative been late or unreliable?)		.66	
13. Você está preocupado que a habilidade do seu parente em trabalhar ou estudar tenham sido afetados pelo uso de álcool/drogas? (Are you worried that your relativ's ability to work or study has been affected by the drinking/drug use?)			.76

14. Você está preocupado(a) que a saúde física de seu parente tenha sido afetada pelo uso de álcool/droga? (Are you worried that your relative's physical health has been affected by the drinking/drug use?)				.84
15. Você está preocupado(a) que o seu parente tenha negligenciado sua aparência e o cuidado de si próprio? (Are you worried that your relative has neglected his/her appearance or self-care?)				.68
16. Você está preocupado que a saúde mental de seu parente está sendo afetada pelo uso de álcool/droga? (Are you worried that your relative's mental state is becoming affected by the drinking/drug use?)				.83
Cronbach's alpha	.71	.78		.86
	-	.72**		.52**
r with distress				
r with worries				.46**

Note: ** p<.001. Item number according to original English version (see supplement material)

Tabela 4. Standardized factor loadings, internal consistencies and factor correlations for the two-factor model of Brazilian Symptom Rating Test (SRT)

SRT items	PHYSICAL	PSYCHOLOGICAL
1. Tontura ou desmaio. (Feeling dizzy or faint)	.58	
2. Cansaço ou falta de energia. (Feeling tired or lack of energy)	.64	
4. Pressão ou peso na cabeça. (Feeling pressure or tightness in the head)	.63	
6. Pouco apetite. (Poor appetite)	.45	
7. Coração bater forte ou rapidamente sem motivo (latejando ou pulsando). (Heart beating quickly or strongly without reason (throbbing or pounding))	.64	
11. Dores no peito ou dificuldade para respirar ou sentir falta de ar. (Chest pains or breathing difficulties or feeling of not having enough air)	.60	
14. Dores musculares, dores ou reumatismo (Muscle pains, aches or rheumatism)	.59	
16. Tremores ou agitações. (Trembling or shaking)	.62	
21. Partes de seu corpo parecem anestesiadas ou formigando. (Parts of your body feel numb or tingling)	.64	
27. Fraqueza em partes do corpo. (Parts of the body feel weak)	.67	
29. Leva muito tempo para dormir, ou sono inquieto, ou pesadelos. (It takes a long time to fall asleep, or restless sleep, or nightmares)	.62	
3. Nervosismo. (Feeling nervous)		.65
5. Medo ou susto (Feeling scared or frightened)		.61
8. Sentir que não há esperança. (Feeling that there was no hope)		.49
9. Agitada ou nervosa. (Restless or jumpy)		.64
10. Memória fraca. (Poor memory)		.55
12. Culpa. (Feeling guilty)		.47
13. Preocupação. (Worrying)		.46

15. Sentir que as pessoas tem pena de você ou pensem mal de você. (<i>Feeling that people look down on you or think badly of you</i>)		.49
17. Dificuldade em pensar claramente ou dificuldade em tomar decisões. (<i>Difficulty in thinking clearly or difficulty in making up your mind</i>)		.61
18. Sentir sem valor ou fracasso (<i>Feeling unworthy or a failure</i>)		.66
19. Tensa ou machucada. (<i>Feeling tense or 'wound up'</i>)		.70
20. Inferioridade em relação a outras pessoas. (<i>Feeling inferior to other people</i>)		.59
22. Irritada. (<i>Irritable</i>)		.68
23. Pensamentos que você não consegue tirar da cabeça. (<i>Thoughts that you cannot push out of your mind</i>)		.60
24. Perda de interesse em muitas coisas. (<i>Lost interest in most things</i>)		.69
25. Infeliz ou deprimida. (<i>Unhappy or depressed</i>)		.72
26. Ataques de pânico. (<i>Attacks of panic</i>)		.45
28. Não consegue concentrar-se. (<i>Cannot concentrate</i>)		.64
Crombach's alpha	.86	.91
<i>r</i> with psychological		.87**
Note: p<.001. Item number according to original English version (see supplement material)		

Table 5. Fit Index for gender MGCFA for the adapted Brazilian version of the FMI, HOPE, COPE and SRT

	FMI		HOPE		COPE		SRT	
	CFI	Δ CFI	CFI	Δ CFI	CFI	Δ CFI	CFI	Δ CFI
Model 2								
Equal factor loading	.933	.001	.927	.001	.891	.005	.903	.007
Model 3								
Equal latent variance	.932	.004	.924	.004	.890	.006	.901	.009
Model 4								
Equal measurement residuals	.924	.009	.921	.007	.890	.006	.899	.011

Supplement Material. Original English version of the measures and Brazilian translation

Original version	Translated version
COPE	
1. <i>Refused to lend him money or to help him out financial in other ways?</i>	Recusado ou negado a empréstá-lo(a) dinheiro ou ajudá-lo(a) financeiramente de outras maneiras?
2. <i>Put the interests of other members of the family before hers?</i>	Priorizado os interesses de outros membros da família antes do dependente químico?
3. <i>Put yourself out for him, for example by getting him to bed or by clearing up mess after him after he had been drinking?</i>	Ajudado sempre, por exemplo, colocado ele(a) na cama ou limpado a bagunça deixada por ele(a) depois de ter bebido ou usado drogas?
4. <i>Given him money even when you thought it would be spent on drink?</i>	Dado dinheiro para ele(a) mesmo sabendo que seria gasto com bebida ou drogas?
5. <i>Sat down together with him and talked frankly about what could be done about his drinking?</i>	Sentado com ele(a) para conversar sobre o que poderia ser feito quanto ao seu hábito de beber ou se drogar?
6. <i>Started an argument with him about his drinking?</i>	Começado uma discussão sobre o fato de ele(a) beber ou se drogar?
7. <i>Pleaded with him about his consumption of alcohol?</i>	Suplicado sobre seu consumo de álcool ou drogas?
8. <i>When he was under the influence of drink, left him alone to look after himself or kept out of his way?</i>	Quando ele(a) estava sob a influencia da bebida, você o deixou sozinho(a) para cuidar de si mesmo ou seguir o seu próprio caminho das drogas?
9. <i>Made it quite clear to him that his drinking was causing you upset and that it had got to change?</i>	Deixou claro que a bebedeira ou o efeito das drogas dele(a) estava te deixando preocupado(a) e isso tinha que mudar?
10. <i>Felt too frightened to do anything?</i>	Teve medo de fazer alguma coisa?
11. <i>Tried to limit his drinking by making some rule about it, for example forbidding drinking in the house, or stopping him bringing drinking friends home?</i>	Tentou colocar regras para limitar seu consumo da bebida ou das drogas, como, esconder a bebida em algum lugar ou proibi-lo(la) de trazer amigos para casa que bebiam ou faziam uso de drogas?
12. <i>Pursued your own interests or looked for new interests or occupation for yourself, or got more involved in a political, church, sports or other organisation?</i>	Tido seus próprios interesses ou procurado por novos, ou alguma ocupação para você, ou se envolveu em política, igreja, esportes ou outra organização?
13. <i>Encouraged him to take an oath or promise not to drink?</i>	Você o(a) incentivou a jurar ou prometer nunca mais beber ou a se drogar?
14. <i>Felt too hopeless to do anything?</i>	Sentiu-se sem esperança para fazer alguma coisa?
15. <i>Avoided him as much as possible because of his drinking?</i>	Evitava ele(a) o máximo possível por causa da bebida/uso de drogas?
16. <i>Got moody or emotional with him?</i>	Ficava temperamental, ou tinha mudanças de humor, ou emocional com ele(a)?

17. <i>Watched his every move or checked up on him or kept a close eye on him?</i>	Ficava de olho em cada passo dele(a) ou o(a) checava o tempo todo ou ficava sempre atento?
18. <i>Got on with your own things or acted as if he wasn't there?</i>	Cuidava de suas coisas ou agia como se ele não estivesse perto?
19. <i>Made it clear that you won't accept his reasons for drinking, or cover up for him?</i>	Você deixou claro que não aceitaria seus motivos por beber ou usar drogas ou tentou encobri-lo(la)?
20. <i>Made threats that you didn't really mean to carry out?</i>	Fez ameaças dizendo que não queria continuar assim?
21. <i>Made clear to him your expectations of what he should do to contribute to the family?</i>	Deixou claro para ele(a) suas expectativas de como ele(a) deveria agir para contribuir com a família?
22. <i>Stuck up for him or stood by him when others were criticising him?</i>	Ficou do seu lado ou ele(a) apoiou quando outros o(a) criticaram?
23. <i>Got in a state where you didn't or couldn't make any decision?</i>	Ficou num estado onde você não podia e nem conseguia tomar qualquer decisão?
24. <i>Accepted the situation as a part of life that couldn't be changed?</i>	Aceitou a situação como parte da vida e que não podia ser mudada?
25. <i>Accused him of not loving you, or of letting you down?</i>	Acusado, ou culpado(a) ele(a) de não te amar ou de tê-lo(la) decepcionado(a)?
26. <i>Sat down with him to help him sort out the financial situation?</i>	Sentado com ele(a) e o (a) ajudado a resolver a situação financeira?
27. <i>When things have happened as a result of his drinking, made excuses for him, covered up for him, or taken the blame yourself?</i>	Quando coisas aconteceram como resultados da bebida ou das drogas, você justificou por ele(a), ou o(a) defendeu e o(a) encobriu, ou tomou a culpa para si?
28. <i>Searched for his drink or hidden or disposed of it yourself?</i>	Procurou pela bebida ou droga, escondeu ou você mesmo jogou fora?
29. <i>Sometimes put yourself first by looking after yourself or giving yourself treats?</i>	Algumas vezes se colocou em 1 lugar, se cuidando ou lhe dando alguns prazeres?
30. <i>Tried to keep things looking normal, pretended all was well when it wasn't or hidden the extent of his drinking?</i>	Tentou manter as coisas parecerem normais, fez de conta que tudo estava bem quando não estava ou escondia o grau do quanto ele(a) bebia ou se drogava?

HOPE

1. <i>I am now starting to anticipate a new future</i>	Estou agora começando antecipar um novo futuro.
2. <i>I'm fearful about how my relative will get on</i>	Estou temeroso(a) sobre como meu parente vai prosseguir
3. <i>S/he isn't looking at things seriously enough</i>	Meu parente não está encarando as coisas com suficiente seriedade
4. <i>I'm pessimistic about the immediate future</i>	Estou pessimista em relação ao futuro imediato.
5. <i>I believe something good will come out of this for him/her</i>	Eu acredito que alguma coisa realmente boa virá para ele(a)

6. <i>There's never going to be any change, s/he's stuck</i>	Nunca haverá nenhuma mudança, meu parente está no mesmo lugar
7. <i>I worry that s/he will use till the end</i>	Temo que meu parente vá beber e se drogar até o fim
8. <i>Things are beginning to pick up</i>	As coisas estão começando a melhorar
9. <i>I'm starting to get back the person I know</i>	Estou começando a ter de volta a pessoa que conheci.
10. <i>I feel more positive about things</i>	Eu sinto mais positiva sobre as coisas agora.

FMI

1. <i>Does your relative have very changeable moods?</i>	O seu parente tem muitas mudanças de humor?
2. <i>Does your relative communicate badly?)</i>	O seu parente não se comunica bem?
3. <i>Does your relative steal or borrow money and not pay it back?)</i>	O seu parente rouba ou empresta dinheiro e não paga de volta?
4. <i>Have the family's finances been affected?)</i>	A parte financeira da família tem sido afetadas?
5. <i>Does your relative pick quarrels with you?</i>	O seu parente briga com você?
6. <i>Has your relative sometimes threatened you?)</i>	O seu parente já o ameaçou?
7. <i>Have people outside the family had to get involved?</i>	Pessoas de fora da sua família já tiveram que se envolver?
8. <i>Does your relative come and go at irregular or awkward times?)</i>	O seu parente entra e sai de casa em horários irregulares ou estranhos?
9. <i>Does your relative's drinking/drug use get in the way of your social life?)</i>	O uso de álcool/drogas de seu parente atrapalha ou incomoda sua vida social?
10. <i>Has your relative upset family occasions?</i>	O seu parente já incomodou eventos da família?
11. <i>Does your relative fail to join in Family activities?</i>	O seu parente negou ou se recusou a participar das atividades familiares?
12. <i>Has your relative been late or unreliable?</i>	O seu parente se atrasa ou não é confiável?
13. <i>Are you worried that your relative's ability to work or study has been affected by the drinking/drug use?)</i>	Você está preocupado(a) que a habilidade do seu parente em trabalhar ou estudar tenham sido afetados pelo uso de álcool/drogas?
14. <i>Are you worried that your relative's physical health has been affected by the drinking/drug use?</i>	Você está preocupado(a) que a saúde física do seu parente esta sendo afetada pelo uso de drogas/bebidas?
15. <i>Are you worried that your relative has neglected his/her appearance or self-care?</i>	Você está preocupado(a) que seu parente tem negligenciado sua aparência e cuidados?
16. <i>Are you worried that your relative's mental state is becoming affected by the drinking/drug use?</i>	Você está preocupado(a) que a saúde mental do seu parente esta sendo afetada pelo uso de drogas/bebidas?

SRT

1. <i>Feeling dizzy or faint</i>	Tontura ou desmaio.
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2. <i>Feeling tired or lack of energy</i>	Cansaço ou falta de energia
3. <i>Feeling nervous</i>	Nervosismo.
4. <i>Feeling pressure or tightness in the head</i>	Pressão ou peso na cabeça.
5. <i>Feeling scared or frightened</i>	Medo ou susto
6. <i>Poor appetite</i>	Pouco apetite.
7. <i>Heart beating quickly or strongly without reason throbbing or pounding</i>	Coração bater forte ou rapidamente sem motivo (latejando ou pulsando)
8. <i>Feeling that there was no hope</i>	Sentir que não há esperança.
9. <i>Restless or jumpy</i>	Agitada ou nervosa.
10. <i>Poor memory</i>	Memória fraca.
11. <i>Chest pains or breathing difficulties or feeling of not having enough air</i>	Dores no peito ou dificuldade para respirar ou sentir falta de ar.
12. <i>Feeling guilty</i>	Culpa.
13. <i>Worrying</i>	Preocupação
14. <i>Muscle pains, aches or rheumatism</i>	Dores musculares, dores ou reumatismo
15. <i>Feeling that people look down on you or think badly of you</i>	Sentir que as pessoas tem pena de você ou pensem mal de você.
16. <i>Trembling or shaking</i>	Tremores ou agitações.
17. <i>Difficulty in thinking clearly or difficulty in making up your mind</i>	Dificuldade em pensar claramente ou dificuldade em tomar decisões.
18. <i>Feeling unworthy or a failure</i>	Sentir sem valor ou fracasso
19. <i>Feeling tense or 'wound up'</i>	Tensa ou machucada.
20. <i>Feeling inferior to other people</i>	Inferioridade em relação a outras pessoas
21. <i>Parts of your body feel numb or tingling</i>	Partes de seu corpo parecem anestesiadas ou formigando.
22. <i>Irritable</i>	Irritada
23. <i>Thoughts that you cannot push out of your mind</i>	Pensamentos que você não consegue tirar da cabeça.
24. <i>Lost interest in most things</i>	Perda de interesse em muitas coisas.
25. <i>Unhappy or depressed</i>	Infeliz ou deprimida.
26. <i>Attacks of panic</i>	Ataques de pânico.
27. <i>Parts of the body feel weak</i>	Fraqueza em partes do corpo.

28. *Cannot concentrate*

Não consegue concentrar-se.

29. *It takes a long time to fall asleep, or restless sleep, or nightmares*

Leva muito tempo para dormir, ou sono inquieto, ou pesadelos

30. *Awakening early and not being able to fall asleep again*

Acordar cedo e não conseguir dormir novamente