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## **Summary of the Doctoral Thesis**

# **Adolescent Life Satisfaction and Its Relationship with Triadic Family Interactions and Mental Health**

## **Životní spokojenost dospívajících a její vztah k triadické rodinné interakci a duševnímu zdraví**

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## Abstract

Adolescents experience changes, discomfort and increased risk of psychopathology (Vicente et al., 2012), whose approach has been insufficient from the perspective focused on vulnerability/risk. The multidimensional perspective of health that considers protective and opportunity factors of development (Steinberg, 2014) becomes important. Subjective well-being (SWB) has been positioned as a multidimensional health assessment (Suldo & Shaffer, 2008), and the life satisfaction construct (LS) (Diener et al., 1985) as the most stable measure of SWB in constituting the overall judgment of the adolescents regarding their lives and the achievement of their aspirations, values and interests influenced by culture (Eid & Diener, 2004; Maddux, 2018; Seligman, 2011) in addition to their discomfort or symptoms. **Objectives:** to assess the relationship between life satisfaction, quality of triadic interactions (QIT) and mental health (MH) characteristics (risk and protection) in two groups of Chilean adolescents. **Method:** case-control study (Case: 30 triads with adolescent receiving care in mental health and Control: 15 triads with adolescent not receiving), non-experimental, cross-sectional with correlational analysis. Measurement with self-report and observational methodology was used (Satisfaction with Life Scale Adapted for Children, Family APGAR, Parenting Alliance Inventory, Relationship Assessment Scale, Strengths and Difficulties Questionnaire, Millon Adolescent Clinical Inventory, KIDSCREEN-52, Survey of Variables Associated with Life Satisfaction and Lausanne Trilogue Play). **Results:** in the case group, adolescents self-reported significantly lower LS and lower perception of protective mental health factors, higher levels of internalizing and externalizing problems, and on average, each adolescent reported more expressed concerns, clinical syndromes and personality prototypes. The QTI, triad structure and dynamics, and co-parenting observed were significantly lower. Meanwhile, triad involvement and adolescent engagement was similar in both groups. Self-reported co-parenting was significantly different between mothers and fathers in each case triad, and mothers were less satisfied in the co-parenting and couple relationship domain than controls. The relationship between adolescent APGAR and that of their respective father figure was inverse in both groups. Case group adolescent LS correlated negatively with emotional and peer problems and in both groups with depressive affect and

personality traits in the pain and dependency polarities. Meanwhile, in both groups, the association between LS, adolescent APGAR and protective factors such as physical and psychological well-being, family, school and peer relationships, etc. was positive. In the case group, LS correlated positively with the ability of the triad to co-construct and focus on a task (LTP). The group variable contributed 9.8% of the variance of LS, and the multivariate model implemented with adolescent, father, mother and group APGARs, 52%, without maternal perception being significant. **Discussion:** evaluating LS, from a context of triadic interactions, with observational LTP methodology in middle adolescence and case-control design, places this study as a pioneer. It is suggested to replicate the study, correcting its limitations, mainly the sample size. In addition, the results on the inverse relationship between paternal perception of the family, co-parenting and couple and adolescent LS should be considered. All of the above will make it possible to strengthen the conclusions and guide prevention and intervention strategies, reinforcing co-parenting in families with adolescent children.

**Keywords:** Subjective well-being, life satisfaction, adolescence, triadic interactions, co-parenting.

### Abstract

Dospívající zažívají změny, nepohodlí a zvýšené riziko psychopatologie (Vicente et al., 2012), což doposud není dostatečně řešeno z hlediska vulnerability/rizika. Na významu nabývá vícerozměrná perspektiva zdraví, která zohledňuje ochranné faktory a faktory rozvojové příležitosti (Steinberg, 2014). Subjektivní well-being (SWB) zaujal pozici multidimenzionálního hodnocení zdraví (Suldo & Shaffer, 2008) a konstrukt životní spokojenosti (ŽS) (Diener et al., 1985) jako nejstabilnější měřítko SWB tím, že představuje globální úsudek dospívajících o jejich životě a dosažení jejich aspirací, hodnot a zájmů ovlivněných kulturou (Eid & Diener, 2004; Maddux, 2018; Seligman, 2011) mimo jejich nepohody či symptomů. **Cíle:** Posoudit vztah mezi ŽS, kvalitou triadických interakcí (KTI) a charakteristikami duševního zdraví (DZ) (rizikové a ochranné) u dvou skupin chilských adolescentů. **Metoda:** studie případů a kontrol (případ: 30 triád s adolescenty, s duševní péčí, a kontrola: 15 triád s adolescenty, bez duševní péčí), neexperimentální, průřezová s korelační

analýzou. Bylo použito sebesposuzovací měření a pozorovací metodika (Škála spokojenosti se životem upravená pro děti, Rodinný APGAR, Inventář rodičovské aliance, Škála hodnocení vztahů, Dotazník silných stránek a obtíží, Millonův klinický inventář pro dospívající, KIDSCREEN-52, Průzkum přidružených proměnných a Lausannská trilogie hra, LTP).

**Výsledky:** V případové skupině adolescenti sami uváděli významně nižší ŽS a nižší vnímání ochranných faktorů DZ, vyšší úroveň internalizujících a externalizujících problémů a v průměru každý adolescent uváděl více vyjádřených obav, klinických syndromů a osobnostních prototypů. Významně nižší byla pozorovaná KTI, struktura a dynamika triády a rodičovské aliance. Zatím co účast triády a angažovanost adolescentů byly v obou skupinách podobné. Sebehodnocení obou rodičů o rodičovské alianci se významně lišilo v každé případové triádě. Rodičovské aliance a partnerské vztahy matky z případové skupiny hodnotily méně uspokojivě než matky z kontrolní skupiny. Vztah mezi APGAREm dospívajícího a jeho otcem byl opačný v obou skupinách. ŽS adolescentů případové skupiny negativně korelovala s vrstevnickými a emočními problémy a v obou skupinách s depresivním afektem a osobnostními rysy v polarita bolesti a závislosti. V obou skupinách byla pozitivní korelace mezi ŽS a adolescentním APGAREm a ochrannými faktory DZ, jako je fyzická a psychická pohoda, vztahy v rodině, ve škole atd. Ve skupině případů ŽS pozitivně korelovala se schopností triády spoluprvát a soustředit se na úkol (LTP). Skupinová proměnná přispěla k varianci ŽS 9,8 % a vícerozměrný model realizovaný s APGAREm dospívajícího, otce, matky a skupiny přispělo 52 %, i když matčin APGAR nebyl významný.

**Diskuse:** Vyhodnocení ŽS v kontextu triadických interakcí, s metodikou pozorování LTP, ve střední adolescenci a designem případ-kontrola řadí tuto studii mezi průkopnické. **Diskuse:** Vyhodnocení LS v kontextu triadických interakcí, s metodikou pozorování LTP ve střední adolescenci a designem případ-kontrola řadí tuto studii mezi průkopnické. Navrhuje se studii zopakovat a obohatit její omezení, především velikostí vzorku. Kromě toho by měly být zváženy výsledky týkající se inverzního vztahu mezi otcovským vnímáním rodiny, rodičovské aliance a partnerských vztahů a ŽS adolescenta. Vše výše uvedené umožní posílit závěry a nasměrovat preventivní a intervenční strategie v rámci veřejné politiky v oblasti DZ.

Klíčová slova: subjektivní well-being, životní spokojenost, adolescence, triadické interakce, společné rodičovství.

### Abstract

Los adolescentes experimentan cambios, discomfort y aumento del riesgo de psicopatología (Vicente et al., 2012), cuyo abordaje ha sido insuficiente desde la perspectiva centrada en la vulnerabilidad/riesgo. La perspectiva multidimensional de salud que considera factores protectores y de oportunidad del desarrollo (Steinberg, 2014) cobra importancia. Bienestar subjetivo (BS) se ha posicionado como una evaluación multidimensional de salud (Suldo & Shaffer, 2008) y el constructo de satisfacción vital (SV) (Diener et al., 1985) como la medida más estable de BS al constituir el juicio global del adolescente respecto a su propia vida y el logro de sus aspiraciones, valores e intereses influenciados por su cultura (Eid & Diener, 2004; Maddux, 2018; Seligman, 2011) sumado al malestar o síntomas psicológicos. **Objetivos:** evaluar la relación entre SV, calidad de las interacciones triádicas (CIT) y características de salud mental (SM) (de riesgo y protección) en dos grupos de adolescentes chilenos. **Método:** estudio caso-control (Caso: 30 triadas con adolescente que recibía atención en SM y Control: 15 triadas con adolescente que no recibía), no-experimental, observacional con análisis correlacional. Se utilizó medición con auto-reporte y metodología observacional (Escala de Satisfacción con la Vida adaptada para niños, APGAR Familiar, Inventario de Alianza Parental, Escala de Valoración de la Relación, Cuestionario de Capacidades y Dificultades, Inventario Clínico para Adolescentes de Millon, KIDSCREEN-52, Encuesta de Variables Asociadas con Satisfacción Vital y Lausanne Trilogue Play). **Resultados:** en el grupo caso, los adolescentes auto reportaron significativamente menor SV y menor percepción de factores protectores de salud mental, mayores niveles de problemas internalizantes y externalizantes y en promedio cada adolescente señaló más preocupaciones expresadas, síndromes clínicos y prototipos de personalidad. La CIT, la estructura y dinámica de la triada y la coparentalidad observada fue significativamente menor. En tanto, la participación de la triada y el compromiso adolescente fue similar en ambos grupos. La coparentalidad autoreportada fue significativamente diferente entre madres y padres de cada

tríada caso y las madres estaban menos satisfechas en el ámbito de la co-parentalidad y de la relación de pareja que las controles. La relación entre APGAR adolescente y el de su respectiva figura paterna fue inversa en ambos grupos. La SV de adolescentes caso correlacionó negativamente con problemas emocionales y con pares y, en ambos grupos, con afecto depresivo y rasgos de personalidad en las polaridades de dolor y dependencia. En tanto, en ambos grupos fue positiva la asociación entre SV, APGAR adolescente y factores protectores de SM como el bienestar físico y psicológico, las relaciones familiares, escolares y con pares, etc. En el grupo caso, SV correlacionó positivamente con la capacidad de la triada para co-construir y focalizarse en una tarea (LTP). La variable grupo aportó un 9,8% de la varianza de SV y el modelo multivariado implementado con APGAR hijo, padre, madre y grupo un 52%, sin que la percepción materna fuese significativa.

**Discusión:** evaluar la SV, desde un contexto de interacciones triádicas, con metodología observacional LTP, en adolescencia media y diseño caso-control, sitúa este estudio como pionero. Se sugiere replicar el estudio, subsanando sus limitaciones, principalmente el tamaño muestral. Además, considerar los resultados acerca de la relación inversa entre percepción paterna sobre la familia, co-parentalidad y pareja y SV adolescente. Todo lo anterior, permitirá robustecer las conclusiones, guiar las estrategias de prevención e intervención, reforzando la co-parentalidad en familias con hijo adolescente y la generación de políticas públicas en SM.

**Keywords:** Bienestar subjetivo, satisfacción con la vida, adolescencia, interacciones triádicas, coparentalidad.

## Introduction

This thesis addresses interest in adolescent mental health (MH) from a multidimensional perspective, considering this period a window of opportunity for development in the construction of adolescent life trajectories (Steinberg, 2014; Seiffge-Krenke et al., 2010), which is influenced by risk and protective factors in the neurobiological, psychological, relational and social dimensions (Henderson & Martin, 2016). The research question is based on the robust evidence of the increased risk of MH problems and the prevalence of mental disorders (Kieling et al., 2011), which constitute the greatest burden of disease at this period (Zhou et al., 2020); as well as the MH treatment gap (Merikangas et al., 2010; Vicente et al. al., 2012; WHO, 2005) and the effects of the absent or late intervention in adult psychopathology (Patel et al., 2007).

In Chile, 16.5% of adolescents from 12 to 18 years old, are predominantly diagnosed with disruptive, anxious and depressive disorders (8%, 7.4% and 6.9% respectively), the latter demonstrating an increase compared to the 3.4% reported from 4 to 11 years old (Vicente et al., 2012). Unfortunately, 41.6% sought some form of care, with only 19.1% of cases at a formal MH care service (Vicente et al., 2012; De la Barra et al., 2012). These figures are similar to those reported in the United States by Merikangas et al. (2010).

The perspective focused on vulnerability, risk behaviors and adolescent psychopathology has not reduced the prevalence of disorders nor the existing treatment gap; therefore, it has been deemed necessary to consider the multidimensional perspective of health (Antaramian et al., 2010; Greenspoon & Saklofske, 2001; Keyes, 2006; Suldo & Shaffer, 2008), which highlights the importance of subjective well-being (SWB) (Diener & Seligman, 2004) or the capability of dealing with normal tensions of life, working productively, and contributing to the community (WHO, 2001; National Mental Health Plan 2017-2025, Chile) and includes positive aspects beyond absence of disease (CIHI, 2009).

One key component of SWB is Life Satisfaction (LS) which considers the overall judgment of the adolescents of their lives and the achievement of their aspirations, values and interests influenced by culture (Diener et al., 1985). Adolescents generally reach



adequate levels of LS (Casas et al., 2015; Moksnes et al., 2019; OECD, 2017; Oyanedel et al., 2015; Huebner, 2004; Park & Huebner, 2005). LS has been related with individual and interpersonal variables and life context (review synthesis by Proctor et al., 2009). A decrease in LS/SWB during middle adolescence and an increase in late adolescence (Casas & González-Carrasco, 2019; Goldbeck et al., 2007; Salmela-Aro & Tuominen-Soini, 2010), lower scores in women (see meta-analysis Chen et al. 2019; Esteban-Gonzalo et al., 2020), and in adolescents who report material deprivation (Main & Bradshaw, 2012) have been demonstrated. Furthermore, a positive association between LS and physical activity, extroversion, perception of social self-efficacy and social support, self-esteem, school environment and academic performance was found, while negative relationships were observed with anxiety and depression scales, suicidal behavior, substance abuse, chronicity of stressors, neuroticism and emotional instability (Bücker et al., 2018; Chu et al., 2010; Freire & Ferreira, 2020; Gilman & Huebner, 2006; Hoyt et al., 2012; Huebner et al., 2014; Lewis et al., 2011; Marcionetti & Rossier, 2016; Moksnes et al., 2019; Narr et al., 2019; Parker et al., 2015; Shek & Liang, 2018; Shek & Li, 2016; Siedlecki et al., 2014; Steel et al., 2008; Steinmayr et al., 2019; Steinmayr et al., 2018). While low LS has been reported as a predictor of an increase in general psychological symptoms and interpersonal problems, one year after the initial evaluation of LS (Gilman & Huebner, 2003; Huebner et al. 2000; Huebner et al., 2005), psychopathology is not synonymous with low levels SWB (Suldo & Shaffer, 2008), given that high levels have been found in adolescents with or without psychopathology.

Cultural characteristics of countries, such as individualistic or collectivist values, independent or interdependent self-construal and beliefs of horizontal or vertical relationships (Hofstede, 2001; Markus & Kitayama, 2010; Spencer-Rodgers et al., 2010) have been reported as potential mediators of SWB/LS and their determinants (Hofstede, 2001; Karacaoglu et al., 2019; Maddux, 2018; Su et al., 2013; Suh & Koo, 2008; Tov & Nai, 2018). In individualistic cultures, the association between LS and self-esteem and suppression of emotional expression is stronger than collectivist ones (Butler et al., 2007; Diener & Diener, 1995; Kwan, 2008; Park & Huebner, 2005; Su & Oishi, 2013). While, in collectivist cultures, harmonious relationships and achievement of goals are more strongly associated (Kang et al., 2003). However, family satisfaction has not been found to have a

greater impact on LS in collectivist societies (Diener & Diener, 1995). Chile is in a process of transition from a collectivist culture to an individualist one (Olhaberry et al., 2011).

The adolescent's changes, developmental tasks, decrease in LS and increased risk of psychopathology (Álvarez et al., 2019; Álvarez et al., 2016; Álvarez et al., 2015; Amone-P'Olak et al., 2009; Casas & González-Carrasco, 2019; Freire & Ferreira, 2020) create challenges for the family (Baena et al., 2021; Branje, 2018) and their interactions, whose quality can be a protective or risk factor for mental health (Jacobvitz et al., 2004; Kerig, 2016; Minuchin et al., 2006; Morris et al., 2017; Mousavi et al., 2022; Zhu & Shek, 2020). Although, dyadic (mother-child, father-child, co-parenting) and triadic interactions are tense in this period, the study of co-parenting and triadic interactions has been scarcely reported in families with an adolescent child (Venturelli et al., 2016) and lesser so from an observational and systemic perspective (McHale et al., 2000; McHale & Lindahl, 2011).

In this thesis, triadic interactions have been understood from the perspective of Fivaz-Depeursinge & Corboz-Warnery (1999) which describes the primary triangle as an early form of multiperson communication (Fivaz-Depeursinge et al., 2014; McHale & Fivaz-Depeursinge, 1999) with four hierarchically-ordered functions (participation, organization, focalization, and affective contact) and an emphasis on the study of co-parenting as an indicator of family functioning (Favez & Frascarolo, 2013; Feirbeng, 2003; McHale et al., 2018; McHale, 1995, 2007a, 2007b; McHale & Sullivan, 2008; Talbot & McHale, 2004; Teubert & Pinquart, 2010).

The literature reviewed demonstrated an association between commitment and cooperation of the triad and the achievement of emotional security, the capacity for self-regulation, adaptation, and social insertion as an individual, a satisfied personal identity and well-being (Kerig, 2019; Galdiolo & Roskam, 2016; Tammilehto et al., 2021), and cooperative co-parenting, affective interactions and involvement of both parents in the activities has been described as protective factor of the adolescent risk behaviors and predictor of positive self-esteem and social competencies (Riina & MacHale, 2014). On the other hand, the low QTI and conflictive co-parenting has been associated with externalizing problems and predicts adolescent risk behaviors (Calders et al., 2020; Baril et al., 2007; Feinberg et al., 2007; Koch et al., 2020; Masud et al., 2019; Margolin et al., 2001; Perez-Gramaje et al., 2020; Pinquart & Gerke, 2019; Riina et al., 2020; Teubert & Pinquart, 2010).

The Lausanne Trilogue Play (LTP) (Fivaz-Depeursinge & Corboz-Warnery, 1999) is a semi-structured, observational and systemic methodology, that enables us to evaluate, through the Family Alliance Assessment Scale (FAAS) (Lavanchy et al., 2013), QTI and conclude on family alliance, co-parenting and child commitment (participation and self-regulation). LTP has been implemented in research and clinical settings, in pregnancy, infancy and finally adolescence (Favez et al. 2012; Frascarolo et al., 2018). In triads with adolescents, the relationship between families with high levels of parental conflict and the presence of internalizing symptoms, somatic complications, and attention problems has been found (Gatta et al., 2015). Additionally, understanding family interactions orient interventions to those aspects which are dysfunctional (Balottin et al., 2018; Gatta et al., 2016). The relationship between LS/SWB and family interactions has been less studied in triads with adolescents (see Bradley & Putnick, 2012) and the observational methodology has not been used yet (see meta-analysis by Taubert et al., 2010).

The evidence shows that family satisfaction accounts for 40% of the variance in adolescent LS (Lee & Yoo, 2014) and indicates the following predictors: the positive family events and family environment (Willroth et al., 2021), the positive perception of parent-child relationship, presence of problems/illness in the family (Rask et al., 2003), parental support and parenting styles and co-parenting (Baril, 2007; Diener & Diener-McGavran, 2008; Dmitrieva et al., 2004; Feinberg et al., 2007; Shek, 1997a, Shek, 1997b; Shek, 1998; Shek, 2002a, Shek 2002b; Suldo & Huebner, 2006; Teubert & Pinguart, 2010). In addition, the qualitative results described six family factors reported by adolescents related to their SWB: comfortable home, emotionally warm atmosphere, open communication, family involvement, possibilities for external relations and a sense of personal significance in the family (Joronen & Åstedt-Kurki, 2005).

In summary, LS is considered a stable measure of SWB and predictor of psychopathology and health behaviors (Chervonsky & Hunt, 2019; Huebner et al., 2000; Kalak et al., 2014; Park, 2004). Its measurement acquires relevance for health prevention and promotion (Das et al., 2020), subsyndromal symptom research, early intervention strategy design, psychopathological diagnosis with a multidimensional vision, and a public policy on MH that contributes to reducing the MH care gap (De la Barra et al., 2012) and inequity (Cabieses et al., 2020; Irrázaval, 2019). Nevertheless, the research is scarce in

middle adolescence and the clinical population, and with case-control study design and observational methodology to assess family variables.

In light of the above, this thesis, in general, aims to assess the relationship between LS, QTI, and MH characteristics in adolescents who receive and do not receive professional MH care.

### **Objectives and Hypothesis**

1. To analyze life satisfaction in adolescents by case/control.

Adolescent LS in both groups was evaluated with SWLS-C and a significantly lower average in case group adolescents was hypothesized.

2. To analyze the quality of triadic interactions in the family by case/control.

Triads in both groups were evaluated with LTP which was coded with FAAS. Significantly lower total scores of QTI and levels of participation, organization, focus, emotional climate, interactive sequences, co-parenting and adolescent subsystem were hypothesized in the case group.

3. To compare the characteristics of family functioning, co-parenting, and couple satisfaction by case/control.

Family functioning, co-parenting and couple satisfaction were assessed with self-report questionnaires (APGAR, PAI and RAS, respectively). Significantly lower scores were hypothesized in the case group.

4. To compare the MH of adolescents by case/control in terms of problems and protective factors.

Internalizing and externalizing symptoms, maladaptive personality prototypes, and expressed concerns were evaluated with SDQ and MACI. Furthermore, health-related quality of life dimensions, prosocial behavior and other variables related to MH protective factors were assessed with KIDSCREEN-52, SDQ and a survey created for the study. MH with more problems and fewer protective factors in case group adolescents were hypothesized.

5. To analyze the relationship between adolescent life satisfaction and the quality of triadic interactions in the family and MH characteristics by case/control.

The following hypotheses were formulated for both groups: the positive relationship between LS and QTI, LS and perception of family functioning of all members, and LS and

MH protective factors. A negative relationship between LS and internalizing symptoms; LS and personality prototypes oriented towards passivity, pain, and dependence, and LS and number expressed concerns.

Finally, a difference in the relationship between LS, QTI and MH by group was hypothesized.

### **Method**

The **research design** was case-control, non-experimental, observational (cross-sectional) and with quantitative methodology. The study was conducted in a psychiatric center and in the general population of Santiago, Chile from January 2018 to September 2019.

The **sample** consisted of adolescents and their respective parents, divided in two groups. The case group (G1) adolescents receive professional MH care, while in the control group (G2) they did not. Inclusion criteria were: to be between 13 and 16 years old and to have two primary care figures. Additionally, case group adolescents had to have MH disorder diagnosis (DSM-5 or ICD-10) provided by a professional doctor. Exclusion criteria were: in G1 adolescents with moderate or severe mental disability (Law 20.422, 2010) and/or acute psychosis; in G2 adolescents with MH problems, symptoms, or disorders (category "difficulties" in SDQ) and/or having attended a MH consultation in the last 12 months.

The total estimated sample size was 44 adolescents (22 cases and 22 controls), calculated with Epidat 4.2. A 20% difference in mean LS in favor of controls, 25% case-20% control variances, 95% reliability and a power of 80% were considered for the estimation. The **final sample consisted of 45 triads**: case = 30 (randomly recruited) and control = 15 (73.33% recruited by restricted randomization and 26.63% by convenience) (Figure 1). The case/control ratio was 2.7:1 and due to the fact that the initially proposed control group recruitment (adolescents referred by case group participants) was not successful. Two recruitment methods were proposed which presented the following difficulties: a low percentage of adolescents from the school met the inclusion criteria while the convenience selection was interrupted by the Chilean social crisis<sup>1</sup> (October 2019),

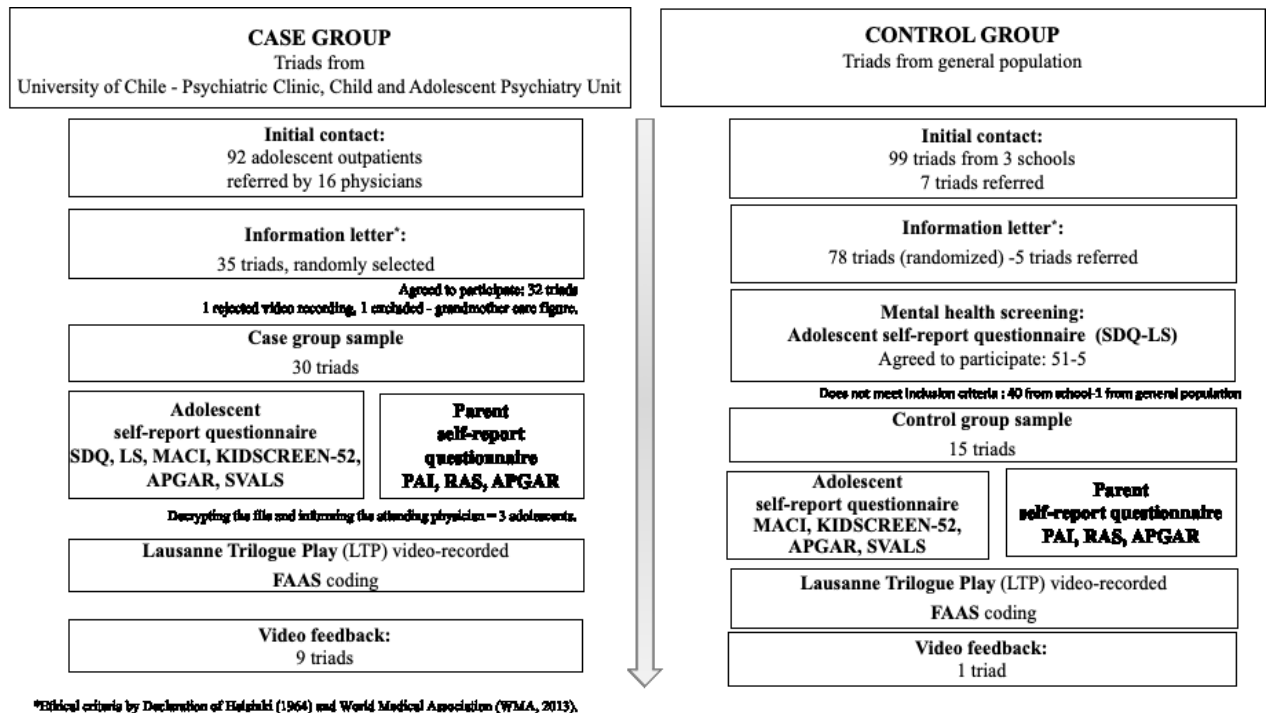
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<sup>1</sup> Collective action and massive participation of the population at the national level in response to decades of growing socioeconomic inequality and weakening of the social safety net (von Elm, Madrid, Urrútia, 2019). This social crisis led

given the change in living conditions and the expected emotional effects on children and adolescents in the context of community violence (McDonald, 2019) (Dhavale et al., 2002; Moussa et al., 2015).

Figure 1

*Study Procedure*



Videos were coded with FAAS by independent evaluators<sup>2</sup> in 42.22% of the sample, reaching good interrater reliability  $\kappa = .60 - 1.00, p < .001$  in 13 of the 15 variables. The only two variables with moderate reliability were co-parenting support and interactive mistakes during activities ( $\kappa = .40-42, p = .008$ , and  $p = .011$ , respectively).

Both groups of triads were similar in most sociodemographic characteristics: adolescent age (G1:  $M = 14.94, SD = 1.10$  vs. G2:  $M = 14.97, SD = 0.78$ ), educational establishment (state-subsidized: 85.71% vs. 66.67% case/control; private: 14.29% vs. 33.3% case/control), the distribution between primary and secondary schooling<sup>3</sup>, educational lags<sup>4</sup>

to a state of emergency (e.g., night curfew), community demonstrations that destroyed public places and means of transport, and violent repression by law enforcement with numerous violations of the human rights of adults, children, and adolescents.

<sup>2</sup> Trained evaluators who were 95% women.

<sup>3</sup> In Chile, Primary or “básica”: 1<sup>st</sup>-8<sup>th</sup> grades; Secondary or “media”: 9<sup>th</sup>-12<sup>th</sup> grades.

<sup>4</sup> Educational lag: gap between the completed years schooling and expected adolescent age.

(46.7% vs. 33.3%), birth order (youngest: 46.7% vs. 33.3%, oldest: 20% vs. 46.7%), the family structure (two-parent: 50% vs. 53.33%, blended: 30% vs. 13.33% case/control), number of children ( $M = 2.77$ ,  $SD = 1.28$  vs.  $M = 2.13$ ,  $SD = 0.64$ ) and people in the household ( $M = 3.87$ ,  $SD = 1.20$  vs.  $M = 4.8$ ,  $SD = 2.15$  case/control), the tertiary educational level of parents (Mother: 63.33% vs. 66.67%; Father: 65.52% vs. 73.33% case/control), psychiatric treatment of mother (35.71% vs. 26.67%) and siblings (27.29% vs. 13.33%).

The main differences between case and control group were: adolescent sex distribution (female: 53.33% vs. 86.67%, G1/G2), academic performance<sup>5</sup> ( $M = 5.6$ ,  $SD = 0.61$  vs.  $M = 6.10$ ,  $SD = 0.58$ ), class attendance in the last month (51.72% vs. 93.33%, repetition only observed in the case group), home size, health care system (private: 44.4% vs. 80%), number of MH consultations prior to the study ( $M = 10.84$ ,  $SD = 18.64$  vs.  $M = 2.33$ ,  $SD = 1.75$ ) and greater incidence of bullying in G1.

The **measures** of the study variables contemplated the use of self-report and observational and systemic methodology (Table 2).

**Table 2**

*Study Variables*

Variable Type	Variable Description	Instrument	Administration
Dependent	<b>Life satisfaction</b>	Satisfaction with Life Scale Adapted for Children, SWLS-C (Gadermann et al., 2010 validated in Chile by Álvarez et al., 2018)	Adolescent
Independent	<b>Triadic interactions in the family</b>	Lausanne Trilogue Play, LTP Family Alliance Assessment Scale, FAAS	Triad
	<b>Family functioning</b>	Family APGAR (Smilkstein, 1978 validated in Chile by Maddaleno et al., 1987).	Adolescent, Mother, Father
	<b>Parenting alliance</b>	Parenting Alliance Inventory, PAI (Abidin, & Brunner, 1995 adapted by Menéndez et al., 2012).	Mother, Father
	<b>Couple satisfaction</b>	Relationship Assessment Scale, RAS (Hendrick, 1988).	Mother, Father

<sup>5</sup> The grade point averages range from 1 – 7 (min-max).

	<b>Mental health characteristics</b>	Strengths and Difficulties Questionnaire, SDQ (Goodman, 1997/2011, adapted by Sánchez, 2016).  Millon Adolescent Clinical Inventory, MACI (Millon, 1993 adapted and validated in Chile by Vinet and Forns, 2008).	Adolescent, Mother or Father Adolescent
	<b>Health-related quality of life</b>	KIDSCREEN-52	Adolescent
	<b>Associated variables</b>	Survey of Variables Associated with Life Satisfaction, SVALS	Adolescent
<b>Socio-demographic survey</b>	Sex, age, educational background, SES, family structure sex, ethnicity, parent's education and employment, health histories.		Mother or Father

The **statistical analyses**<sup>6</sup> tested reliability of the instruments (Cronbach's alpha). The descriptive analysis considered frequencies for the categorical variables and central tendency and dispersion statistics for the numerical ones. Each variable was compared by case/control (Mann-Whitney U test for independent sample or contingency table and Chi-Squared test). Following this, bivariate analysis was conducted between the variables of interest according to case/control, considering  $\alpha = .05$  and non-parametric test (Spearman correlation coefficient), due to the non-normal distribution (Kolmogorov-Smirnov test) and the control group sample size ( $n=15$ ). Individually reported variables (PAI, RAS and APGAR) were paired and compared (Wilcoxon test for related samples). Finally, linear regression models were conducted for each of the independent variables (QTI and mental health) and the dependent variable (LS), by group. All analyses were performed with the Statistical Package for Social Science software (SPSS) (U. Illinois) V.26.00.

## Results

### Life Satisfaction in Adolescents by Case/Control

In G1, the average LS (SWLS-C) was significantly lower than that observed in the adolescents of G2 ( $M = 15.17$ ,  $SD = 5.60$ , 5-25 min-max vs.  $M = 18.60$ ,  $SD = 3.54$ , 14-25 min-max,  $p = .030$ ).

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<sup>6</sup> The information collected was processed in the following order: design of the database, validation of the information, and finally the statistical analyses.



### **Quality of Triadic Interactions in the Family by Case/Control**

The case group triads presented significantly lower total score QTI ( $M = 14.73$ ,  $SD = 4.88$  vs.  $M = 19.67$ ,  $SD = 5.33$ ,  $p = .005$ , G1/G2) and lower scores in triadic structure & dynamics ( $M = 10.53$ ,  $SD = 3.92$  vs.  $M = 14.40$ ,  $SD = 3.98$ ,  $p = .005$ ) and the co-parenting subsystem scale ( $M = 1.60$ ,  $SD = 1.04$  vs.  $M = 2.47$ ,  $SD = 1.36$ ,  $p = .021$ ). The adolescent subsystem scale (commitment and self-regulation) showed no difference between the groups (LTP-FAAS). Concerning subscales and variables, G1 triads showed significantly lower scores in: organization ( $M = 1.57$ ,  $SD = 1.30$  vs.  $M = 2.47$ ,  $SD = .83$ ,  $p = .027$ ) and role implication variable (adjusting to the active or passive role in the different LTP stages); affect sharing ( $M = 3.13$ ,  $SD = 1.50$  vs.  $M = 4.87$ ,  $SD = 1.06$ ,  $p = .001$ ) (frequent negative and hypercritical verbal and non-verbal expressions and low parental attunement and validation of the adolescent); parental conflict (open or covert) management ( $M = 0.83$ ,  $SD = 0.59$  vs.  $M = 1.33$ ,  $SD = 0.72$ ,  $p = .019$ ), and lower averages in focalization and timing/synchronization (no statistical difference).

Grouping by cooperative and non-cooperative alliances, the distribution percentage by group (G1/G2) was significantly different: 23.3% cooperative and 76.6% non-cooperative, and 53.3% and 46.7%, respectively ( $\chi^2(1, N = 45) = 4.05$ ,  $p = .044$ ).

### **Family Functioning, Co-Parenting, and Couple Satisfaction by Case/Control**

The self-reported **family functioning** (APGAR) by each member was lower in the G1 (not statistically significant). In both groups, the adolescent perception was lower than the parents', and the fathers' was the highest of the triad. The adolescent's self-report on family functioning was significantly lower than that of his or her father in the both groups.

The **perception of co-parenting** (PAI) by mothers in G1 was significantly lower ( $M = 71.50$ ,  $SD = 15.56$  vs.  $M = 89.00$ ,  $SD = 16.51$ ,  $p = .002$ ), while the fathers in both groups were similar. Additionally, in G1, the perception of both parents revealed disagreement (Mother  $M = 69.81$ ,  $SD = 15.82$  vs. Father  $M = 82.70$ ,  $SD = 12.68$ ,  $p < .001$ ), and their self-reported co-parenting coincided with previously described LTP results.

**Couple satisfaction** was evaluated in mothers and fathers who live together (two-parent and extended two-parent families, case = 16, control = 11). In G1, the mothers self-reported couple satisfaction was significantly lower than in G2 ( $M = 24.25$ ,  $SD = 7.9$  vs.  $M$

= 30,  $SD = 4.12$ ,  $p = .025$ ), and presented a positive correlation with co-parenting ( $r_{s(14)} = .562$ ,  $p = .036$ ). Moreover, this relationship was observed in the fathers of both groups ( $r_{s(14)} = .839$ ,  $p = <.001$  y  $r_{s(9)} = .604$ ,  $p = .049$ , case/control). Furthermore, in G2, a significant association between mother-father couple satisfaction was found ( $r_{s(9)} = .814$ ,  $p = .002$ ).

**Some relationships between self-reported family variables and observational measures** were observed. In G1, the adolescent self-reported family functioning (APGAR) associated with triad's organization to perform a common task ( $r_{s(28)} = .409$ ,  $p = .025$ ) and the role implication ( $r_{s(28)} = .444$ ,  $p = .014$ ) (LTP). The mother's perception correlated with the presence of postures and gazes as nonverbal expression of participation in the triad ( $r_{s(28)} = .391$ ,  $p = .033$ ). The father's perception of family functioning correlated with family warmth ( $r_{s(28)} = .421$ ,  $p = .036$ ). Meanwhile, in G2, the self-report of each member was associated with family warmth, and the self-reported co-parenting of both parents correlated with the following LTP items: total score QTI; structure & dynamics scale; participation subscale and role implication, structure and cooperative co-parenting variables. Moreover, in G1, the family functioning reported by each member was better in triads classified as non-cooperative than cooperative.

The mother's self-reported couple satisfaction in G1 showed significant correlation with the triad's ability for focalization ( $r_{s(14)} = .661$ ,  $p = .001$ ) and co-construction ( $r_{s(14)} = .610$ ,  $p = .004$ ). In G2 mothers, it was associated both with the organization and structure in triadic interactions ( $r_{s(9)} = .659$ ,  $p = .014$ ) and the co-parenting subsystem ( $r_{s(9)} = .596$ ,  $p = .032$ ), especially concerning the absence of conflicts ( $r_{s(9)} = .561$ ,  $p = .046$ ) and role implication ( $r_{s(9)} = .562$ ,  $p = .046$ ). Meanwhile, in G2, the father's perception correlated with the timing/synchronization, role implication ( $r_{s(9)} = .650$ ,  $p = .016$ ) and the co-parenting subsystem ( $r_{s(9)} = .637$ ,  $p = .019$ ) in terms of mutual cooperation and support ( $r_{s(9)} = .665$ ,  $p = .013$ ).

### **Adolescent Mental Health: Problems and Protective Factors by Case/Control**

Concerning **mental health problems** (Table 3), G1 adolescents showed significantly more difficulties (internalizing and externalizing problems) (SDQ), more clinical syndromes and maladaptive personality prototypes per adolescent (MACI) and higher scores in nine of the 12 personality prototypes. Additionally, the G1 parents significantly reported more problems in their children than the control group.

Regarding **psychological concerns**, G1 adolescents presented significantly higher scores in self-devaluation, identity, sexual discomfort, family discord, and childhood abuse. There were no significant differences in concerns about body appearance and personal/social expectations, peer acceptance and satisfaction, and emotional insensitivity of others. In more than 50% of the G1 adolescents, normative or non-normative situations exceed their capacities and become conflictive.

**Table 3**

*Adolescent Mental Health Problems, Personality and Psychological Concerns by Case/Control*

	Case				Control				<i>p</i> value
	<i>M</i>	<i>SD</i>	Mdn	min-max	<i>M</i>	<i>SD</i>	Mdn	min-max	
Internalizing problems reported by adolescent	9	4.40	10	0 - 17	4	1.93	4	1 - 7	<.001
Externalizing problems reported by adolescent	9.17	3.82	10.50	3 - 16	4.87	2.62	5	1 - 9	<.001
Difficulties reported by adolescent	18.17	6.28	19.50	4 - 29	8.87	3.68	8	2 - 14	<.001
Internalizing problems reported by parents	9.43	3.95	10	0 - 17	4.87	2.64	6	0 - 8	<.001
Externalizing problems reported by parents	8.03	3.90	7.50	2 - 19	3.80	2.62	4	0 - 8	.001
Difficulties reported by parents	17.47	6.36	18	7 - 29	8.67	4.56	9	0 - 15	<.001

Clinical syndromes per adolescent	3.1	1.27	3	0 - 5	1	1.18	0	0 - 6	<.001
Maladaptive personality prototypes per adolescent	6.2	3.42	6	0 - 12	2.53	2.47	2	0 - 9	.001
Expressed concerns per adolescent	4.23	1.92	4	0 - 7	1.4	2.13	0	0 - 6	<.001
Identity confusion	59.31	18.43	60	11-84	46.36	18.58	52	11-82	.024
Self-devaluation	64.83	26.89	72	10-99	42.79	20.79	47	5-67	.008
Sexual discomfort	56.96	9.28	57	35-76	47.13	9.86	46	33-72	.004
Family discord	53.70	18.01	59	11-79	40.36	14.14	43	8-60	.008
Childhood abuse	51.07	23.62	58.50	7-91	30.80	21.27	26	1-69	.008

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\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ . Mann-Whitney U test for independent samples.

Concerning **protective factors**, G1 adolescent reported significantly lower scores in physical activity and energy, social and peer support, self-efficacy at school, social acceptance, and availability of financial resources (KIDSCREEN-52), while adolescent prosocial behavior (SDQ normal) obtained similar levels in both groups. In G1, fewer adolescents perceived their fathers “always” or “many times” happy (53.3% vs. 93.3%) ( $\chi^2(3, N = 45) = 8.05, p = .045$ ) and reported having a friend to confide in (83.3% vs. 93.3%) ( $\chi^2(1, N = 45) = .865, p = .352$ ). Levels of religiosity/spirituality, participation, recreation, and activities with the family did not present differences between the groups (SVALS).

## Relationship Between Adolescent Life Satisfaction and the Quality of Triadic Interactions in the Family and Mental Health Characteristics by Case/Control

The **bivariate analysis** demonstrated, in G1, a positive correlation between LS (total score) and the LTP co-construction variable ( $r_{s(28)} = .399, p = .029$ ), which is the triad's ability to choose together the topic discussed and respect the proposals and speaking times of the members. Parents spoke in monologues, neither alluding to the impact of the adolescent process in the triadic interactions nor comparing points of view with their child. Other positive associations were observed between specific items of SWLS-C and triadic interactions (Table 4).

**Table 4**

*Correlation by SWLS-C Item and Quality of Triadic Interactions by Case/Control*

SWLS-C Item	Triadic interactions according to LTP	
	Case	Control
1. In most ways my life is close to the way I would want it to be	Co-construction $r_s = .435, p = .016$	----
2. The things in my life are excellent	Focalization $r_s = .407, p = .026$ Co-construction $r_s = .496, p = .005$	Co-construction $r_s = .529, p = .042$
3. I am happy with my life	----	----
4. So far I have gotten the important things I want in life	Organization $r_s = .371, p = .044$	Total score QTI $r_s = .554, p = .032$ Structure & dynamics $r_s = .600, p = .018$ Co-parenting support $r_s = .537, p = .039$ Participation $r_s = .562, p = .029$ Body posture $r_s = .636, p = .011$ Organization $r_s = .578, p = .024$ Structure and time $r_s = .571, p = .026$ Family warmth $r_s = .533, p = .041$
5. If I could live my life over, I would have it the same way	----	----

*Note.* \* $p < .05$ ; \*\* $p < .01$  (bilateral significance). Spearman correlation coefficient.

**LS and the adolescent perception of family functioning (APGAR)** correlated in both groups ( $r_{s(28)} = .537, p = .002$  and  $r_{s(13)} = .786, p = .001$ , case/control); however, other associations were not found between adolescent LS and self-reported family variables (co-parenting and couple satisfaction). In G1, a negative direction between the fathers' perception of these family variables and adolescent LS was observed.

In terms of the relationship between **LS and mental health problems**, in both groups, adolescent LS levels were inverse to the presence of self-reported difficulties, achieving statistical significance in the case group, regarding internalizing problems (SDQ) ( $r_{s(28)} = -.654, p < .001$ ). Moreover, in both groups, LS correlated negatively with depressive affect ( $r_{s(28)} = -.543, p = .002$ ;  $r_{s(13)} = -.539, p = .038$ ). In G1, LS was additionally associated negatively with eating dysfunctions ( $r_{s(27)} = -.390, p = .036$ ) and suicidal tendency ( $r_{s(30)} = -.576, p = .001$ ), and positively with impulsivity ( $r_{s(26)} = .654, p < .001$ ) and anxious feelings ( $r_{s(26)} = .517, p = .005$ ). The parents' perception of adolescent internalizing problems correlated negatively with LS in both groups ( $r_{s(28)} = -.374, p = .042$ ;  $r_{s(13)} = -.707, p = .003$ ).

In terms of **personality**, in both groups, the doleful trait correlated negatively with LS, and additionally in the case group the introversive, inhibited, dramatizing, egotistic, conformist, oppositional, self-demeaning and borderline characteristics were associated. In other words, the relationship between LS and personality was observed primarily around the polarity of pain and dependence, according to Millon's theory (Vinet & Alarcón, 2003).

Both groups presented a negative association between **LS and psychological concerns**: self-devaluation ( $r_{s(28)} = -.641, p < .001$  and  $r_{s(13)} = -.588, p = .027$ ) and childhood abuse ( $r_{s(28)} = -.397, p = .030$ ;  $r_{s(13)} = -.612, p = .015$ ). Furthermore, in the case group, LS correlated negatively with identity confusion ( $r_{s(28)} = -.507, p = .005$ ), body disapproval ( $r_{s(28)} = -.455, p = .013$ ), peer insecurity ( $r_{s(28)} = -.525, p = .003$ ) and average number of concerns per adolescent ( $r_{s(28)} = -.549, p = .002$ ), and positively with social insensitivity ( $r_{s(28)} = .520, p = .005$ ).

Concerning the **protective factors of mental health**, in both groups the relationship with LS was positive in terms of physical and psychological well-being, moods/emotions, parent relations/home life and school environment (KIDSCREEN-52) (Table 5). However, no significant association with prosocial behavior (SDQ) was found.

**Table 5**

*Correlation Between Adolescent Life Satisfaction and Health-Related Quality of Life (Protective Factors) by Case/Control*

	Life Satisfaction	
	Case	Control
	$r_{S(28)}, p$	$r_{S(13)}, p$
Physical well-being	.420, .023	.650, .009
Psychological well-being	.525, .003	.737, .002
Moods and emotions	.533, .002	.568, .027
Self-perception	.680, .001	.456, .087
Autonomy	.508, .004	.108, .702
Parent relations and home life	.764, .001	.747, .001
Social support and peers	.396, .030	.621, .013
School environment	.521, .003	.664, .007
Social acceptance (bullying)	.394, .031	.073, .797
Financial resources	.488, .006	.144, .608
Health-related quality of life (HRQoL)	.790, .001	.692, .004

*Note.* n Case= 30, n Control= 15. Measurements with KIDSCREEN-52 and SWLS-C.

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$

Spearman correlation coefficient.

The **quality of triadic interactions** (LTP) in G1 correlated with personality characteristics (MACI) and psychological concerns (MACI), however not with MH problems evaluated with SDQ, and in G2 it was associated positively with internalizing symptoms and negatively with depressive affect. In G1, an association was found between the adolescent subsystem and protective factors of MH (Table 6).

**Table 6**

*Correlation Between Quality of Triadic Interactions and Mental Health Problems*

Triadic Interactions according	Mental Health	
	Case	Control
LTP		
Structure & dynamics	Expressed concerns of family discord $r_{s(30)} = -.406, p = .026$	Internalizing symptoms (peer problems) $r_{s(15)} = .545, p = .036$
Role implication		Submissive trait $r_{s(15)} = -.609, p = .049$

Family warmth	Egotistic trait $r_{s(30)} = .489, p = .008$ Forceful trait $r_{s(30)} = -.370, p = .044$	Depressive affect $r_{s(15)} = -.524, p = .045$ Self-demeaning $r_{s(15)} = -.524, p = .045$
Parental support	Introversive trait $r_{s(30)} = .362, p = .049$	Substance abuse proneness $r_{s(15)} = -.578, p = .003$
Co-parenting subsystem	Egotistic trait $r_{s(30)} = .425, p = .024$	Internalizing symptoms (peer problem) $r_{s(15)} = .748, p = .001$
Adolescent self-regulation	Introversive trait $r_{s(30)} = -.400, p = .029$	
Adolescent subsystem	Physical well-being $r_{s(28)} = .478, p = .009$ Perception of financial resource availability $r_{s(28)} = -.551, p = .033$	
Quality triadic interactions (total score)		Internalizing symptoms (peer problem) $r_{s(15)} = .587, p = .021$

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*Note.* Measurements with LTP, MACI, SDQ and KIDSCREEN-52.

\*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$

Spearman correlation coefficient.

After the bivariate analysis, **multiple linear regression models** were implemented, considering LS as the dependent variable and family and mental health characteristics as the independent ones. The group variable accounts for 9.8% of the variance in LS ( $\beta = 3.433, p = .037$ ), that is, being a control group adolescent leads to an increase of 3.433 SD in the level of LS (SWLS-C). When considering QTI and MH problems, the group variable did not contribute to the variance in LS and was only significant in models considering autonomy/free time (KIDSCREEN-52) ( $F(42) = 8.399, p < .001; R^2 = .286$ ) and self-reported family functioning (father and adolescent APGAR) ( $F(38) = 11.263, p < .001; R^2 = .498$ ). For each additional point of adolescent's APGAR, LS increases .572 SD, for each point less in the father's APGAR, LS increases .294 SD, and for each change from case to control group, the adolescent presents .307 SD more LS ( $\beta = .307, p = .026$ ). Regarding LS and MH and the group, self-reported internalizing problems and difficulties explain 41.2% and 37.9% of the variance in LS respectively ( $\beta = -.785, p < .001; \beta = -.681, p < .001$ ) without significance of the group. Concerning the parental report of internalizing problems, for each point, LS decreases .472 SD ( $p = .004$ ), without significance of the group.



Regarding personality characteristics, the group variable was only statistically significant in the model which considered social insensitivity,  $\beta = .349, p = .013$ ;  $\beta = .384, p = .007$  respectively) with  $R^2 = .283$  ( $F(40) = 7.904, p = .001$ ). Personality traits account for between 25.8% and 41.8% of the variance in LS. In addition, the average numbers of maladaptive personality prototypes and expressed concerns per adolescent were negatively associated with LS, that is, for each, LS presented  $-.516$  and  $-.483$  SD.

## Discussion

The results provide information to accept the first hypothesis, in terms of significantly lower LS in the G1 ( $M = 15.17$  vs.  $18.60, p = .030$ ) and displayed lower scores than reported in previous Chilean studies with clinical and institutionalized population ( $n = 75, M = 16.93$ ;  $n = 325, M = 16.1$ ) (Álvarez et al., 2016; Álvarez, et al, 2015). Moreover, LS in G2 was lower than the general Chilean population which can be understood by the male/female ratio (1:6.5 in the study control group vs. 1:1.35 in the general population), the average age (14.97 vs. 13.90, respectively), and the changes in macro- and micro-social factors from 2010 to present.

The second hypothesis regarding triadic interactions was partially confirmed. The QTI (total score) was lower in G1, and this result can not be compared to Italian studies on adolescent patients (Balottin et al., 2018; Gatta et al., 2016; Gatta et al., 2017; Miscioscia et al., 2022) given a different implementation of the FAAS. In studies with infants, this evidence coincides with Swiss (Favez et al., 2011; Marcu et al., 2016) and Chilean studies (Olhaberry et al., 2017); however, this result was lower than that reported by León & Olhaberry (2020), and higher than that by Pérez et al. (2017) with a non-clinical population in the context of poverty and high parental stress.

Regarding the LTP scales and dimensions, the triadic structure & dynamics, co-parenting subsystem, organization and affect sharing presented lower averages in G1. It is very interesting to note the similar results in both groups concerning appropriate or moderate triad participation and adolescent commitment and self-regulatory capacity. Miscioscia et al. (2022) evaluated clinical adolescents with and without non-suicidal self-injury (NSSI) and found significantly lower scores in these dimensions in NSSI adolescents and lower averages in both groups compared to the clinical sample in this study. These

differences require a cross-cultural analysis and FAAS validation for the adolescent population<sup>7</sup> with standardized criteria. For example, the self-regulation of the adolescent could be misevaluated as self-exclusion<sup>8</sup>.

The third hypothesis was also partially accepted. The adolescents' self-reported family functioning (APGAR) was lower than the parents' in both groups, which has been found by Rask et al. (2003). Additionally, a significant difference between the adolescents' perceptions and their respective fathers was observed, as reported by multiple studies comparing family members (Lamb & Lewis, 2010; McDonnell et al., 2019), which can be explained by adolescent characteristics, role and gender cultural values, differences in parenting activities, mother's lower perception of father's self-reported involvement, etc. (Mikelson, 2008; Westerman & Massoff, 2001). The mother's co-parenting (PAI) and couple relationship (RAS) perception showed significant differences between groups, while the fathers' reports were similar. In terms of assessment with RAS, results coincide with other Chilean studies (Olhaberry et al., 2017; Rivera & Heresi, 2011) and correspond to high declared marital satisfaction (Dicke & Hendrick, 1998). In the same triad G1, mothers PAI was lower than the fathers, which coincides with Baril et al. (2007) and has been reported as severe family dysfunction (Galdiolo & Roskam, 2016 and Westerman & Massoff, 2001).

Unlike other studies (Favez et al., 2006; McHale et al., 2000; Olhaberry et al., 2017; Zahidi et al., 2019) in this thesis, associations were found between the self-reported and observational assessments (LTP) regarding family functioning, co-parenting and couple satisfaction: G1: Adolescent APGAR positively associated with organization, mothers RAS with the focalization and co-construction and mothers PAI with QTI total score, structure & dynamics, co-parenting subsystem, participation and organization. The non-cooperative family alliance was associated with higher scores in the report of each member regarding family functioning. G2: Adolescent APGAR positively associated with affect sharing, mothers RAS with the organization, role implication and co-parenting subsystem

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<sup>7</sup> Magaz, Von Muralt & Bida developed a proposal of descriptors for adolescent FAAS (Centre hospitalier universitaire vaudois, l'Unité de Recherche du Centre d'Etude de la Famille).

<sup>8</sup> Given the application of video feedback, adolescents explained their non-verbal behavior as self-regulation mechanisms.

(conflict management), fathers RAS with role implication and the co-parenting subsystem (support). Results from studies implementing LTP with prenatal and infant samples did not find relationships between LTP and parents' couple satisfaction, hypothesizing social desirability bias in the self-report (Favez et al., 2006); or only observed a positive association with the fathers' RAS (participation, and co-construction and affect sharing) (Olhaberry et al., 2017). Moreover, parents' couple satisfaction was a predictor of observed co-parenting (conflict management), and specifically more conflict was observed with greater father satisfaction (Favez et al., 2016).

The fourth hypothesis was confirmed regarding more problems and fewer protective factors in G1 adolescents; however, in both groups, the adolescents reported having more externalizing than internalizing problems (G1  $M = 9.17$  vs.  $9.00$ , G2  $M = 4.87$  vs.  $4.00$ , extern/intern), which contradicted that reported by the parents (G1:  $M = 8.03$  vs.  $9.43$ , G2:  $M = 8.67$  vs.  $4.87$ , extern/intern) and the predominantly internalizing psychopathology diagnoses in G1; and coincided with results from the Chilean study by Sanchez (2016) ( $M = 6.35$  vs.  $5.31$ ). All the above leads to the following questions: Do teenagers minimize internalizing symptoms or feel as though they do not have space to talk about them? Do externalizing problems generate more consequences for adolescents in interacting with others and therefore make them more problematic? Do externalizing problems dominate the parent/adolescent conversation? What is the parental consistency between the representation they have of their children and the feedback they give them?

The G1 adolescents reported a greater number of concerns ( $M = 4.2$  vs.  $1.4$ ,  $p < .001$ ), and more than 50% would have difficulty coping with them (vs. less than 20% in the G2), which concurs with the Chilean MACI validation study by Vinet & Fornis i Santacana (2006). Additionally, G1 presented more distinctive (maladaptive) personality prototypes per adolescent ( $M = 6.2$  vs.  $2.53$ ,  $p = .001$ ).

Regarding the protective factors (KIDSCREEN-52), adolescents in G1 presented significantly lower average Rasch in the following dimensions: physical well-being, social support & peers, school environment, social acceptance, and financial resources. Furthermore, these scores were notably lower than those reported for the same age range in the Chilean validation study (Molina et al., 2014; Sepúlveda et al., 2013). It should be noted that no significant case/control difference was found regarding the adolescent's

perception of the quality of interactions with their parents and the family environment, and the average was similar to the aforementioned study. Although these results appear to contradict those obtained from the adolescent APGAR and the expressed concerns about family discord of the MACI, the questionnaires should be considered complementary given the differences between the emphasized aspects of the family in the instrument items. On the one hand, the APGAR items are formulated in terms of the adolescent's feelings about his/her family as a whole (e.g., "I like how my family and I share time together" (5)), while the MACI elaborates on the family relationship (fights, not feeling understood, etc.) and the autonomy/dependency tension and experiences of abuse, and the KIDSCREEN-52 focuses the adolescent's opinions of his/her parents' behavior and the relationship with them in the last week (e.g., "Have your parent(s) understood you?" (6.1) or "Have you been able to talk to your parent(s) when you wanted to?" (6.6)).

Both groups of adolescents presented normal prosocial behavior factors of the SDQ (includes items on empathy, generosity, and solidarity with peers and elders), which coincides with Sanchez (2016). On the other hand, the variables of recreation, participation and spirituality showed no significant intergroup difference and obtained low scores. Regarding other protective factors reported in the literature, only the father's perception of happiness was significantly lower in adolescents in G1 (43% vs. 6.7% rarely reported seeing him happy and 30% vs. 66.7% frequently, case/control).

Regarding the fifth hypothesis, in the case group, LS correlated positively with the capability of the triad members to *co-construct* (LTP) a dialogue about how the process of the child's adolescence has been for each of them and for the interactions between all. This variable is part of the focalization (third function of the LTP hierarchical model), and involves coordinating the attention of one triad member with other(s) to achieve a joint task (Fivaz-Depeursinge & Corboz-Warnery, 1999). This positive relationship between the variables can be understood as they both contemplate the achievement of a task<sup>9</sup>; however, the contribution of this result is in the association with an interactional variable that highlights the importance of the coordinated relationship with other(s) to achieve it, even

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<sup>9</sup> The items of the SWLS-C reflect the heart of the LS construct, as the overall judgment that people make regarding whether they like their lives and/or if in it, they have achieved their own aspirations (Diener et al., 2006, Maddux, 2018).

more so in a period of development such as adolescence. As an example, we can see the significant association between co-construction and the following SWLS-C items: "In most ways my life is close to the way I would want it to be" (1) and "The things in my life are excellent" (2). This study gives the basis to continue research on the effect of "conducting" a joint triadic task on adolescent LS. By participating in the activity with their parents, the adolescents materialize the representation of themselves and others, their difficulties and strengths, and their parents may or may not identify and encourage the "use" of such strengths. Waters (2015) emphasized the importance of parental practices based on stimulating the use of their children's resources as this use predicts the self-knowledge of resources and in turn their subjective well-being (Jach et al., 2018). In the control group, LS was positively correlated with family warmth (part of affect sharing) and with co-parenting support, in addition to the LTP variables of participation and organization. In other words, LS was associated with being "in playful or empathetic communion" in the triad (Fivaz-Depeursinge & Corboz-Warnery, 1999, p. 68). This knowledge can be useful to define and organize promotion, prevention, and intervention strategies for families with adolescents from the base of triadic interactions, considering the functions to be stimulated and strengthened in ascending hierarchical order of complexity.

The lack of studies that relate adolescent LS with triadic interactions measured observationally, does not permit a direct comparison of these results, but inevitably refers to research with the use of questionnaires that provide similar evidence on the association between LS and parental support and quality of parent-child interactions (Bedin & Sarriera, 2014; Casas et al, 2012; Flouri & Buchanan, 2003; Flouri & Buchanan, 2002; Gray et al., 2013; Suldo & Huebner, 2006; Størksen et al., 2005). In both groups, adolescent LS was positively associated with self-reported family functioning which coincides with several studies<sup>10</sup> (Barragán et al., 2021; Briceño et al., 2017; Lee & Yoo, 2014; Risk, 2003; Sari & Dahlia, 2018; Schotanus-Dijkstra et al., 2016; Shek 2002b; Rask et al., 2003). This relationship between LS and family functioning was higher in control group adolescents. From the item wise analysis of both instruments, "So far, I have gotten the important things I want in life" was the SWLS-C item that correlated with all components of the APGAR<sup>11</sup>

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<sup>10</sup> Using different instruments to assess LS/SWB.

<sup>11</sup> APGAR components: A: adaptability, P: partnership, G: growth, A: affection, R: resolve

(except growth in the control group). However, no association was found between adolescent LS and family functioning reported by the parents, which concurs with the Greek study by Lampropoulou (2018) that stated that only the adolescents' perception played a significant role in their level of life satisfaction. This result merits continuing the research with a larger sample size to hypothesize about the effect of one variable on the other and answer the question of whether it is the adolescent's satisfaction with family functioning that contributes to their satisfaction with the tasks achieved or vice versa, if there are other variables (such as parenting style<sup>12</sup>) that moderate or mediate this relationship, and how the fact of receiving or not receiving MH care affects this (group variable).

In both groups, LS correlated positively with protective MH factors linked to interpersonal contexts (parent relations & home life, social support & peers, school environment), physical and psychological well-being, mood, and emotions, and moreover in G1, with social acceptance, aspects of the self, such as self-perception and autonomy and financial resources. International evidence reports comparable results although not necessarily in case/control studies (Fernandes Ferreira & Araujo de Morais, 2018; Newland et al., 2019; Shek, 2002b). In turn, the European Community Project (2001) found a negative association between MH problems and health-related quality of life (KIDSCREEN-10).

Regarding MH problems, in G1, LS negatively correlated with internalizing symptoms measured by SDQ, which coincides with previous studies (Gilman & Huebner, 2006; Greenspoon & Saklofske, 1998); however, it was positively associated with anxious feelings (MACI), and those adolescents who presented these feelings achieved significantly better LS than those without. This relationship requires future studies to evaluate moderating or mediating variables (e.g., receiving MH care and parental support, Delvecchio et al., 2015). It should also be noted that SDQ includes anxious and depressive feelings within internalizing problems, which are evaluated independently in the MACI. Nevertheless, depressive feelings negatively correlated with adolescent LS in both groups

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<sup>12</sup> Baumrind (1971), where the authoritative style (which among other characteristics promotes autonomy, but with adjustment to rules) has been positively associated with adaptive performance, low levels of passivity and failure in adolescents (Zarra-Nezhad et al., 2014).

as extensive literature reports. In G1, LS correlated negatively with egotistic, inhibited, self-demeaning, dramatizing, doleful, introversive, oppositional, borderline tendencies, and conformist traits; having a maladaptive personality prototype; and a greater number of prototypes per person. Additionally, LS correlated negatively with the number of expressed concerns. In G2, LS correlated negatively with the doleful trait; however, having a definite prototype did not imply a significant difference in LS levels. Considering this evidence, it is necessary to evaluate other psychological variables that act as mediating or moderating variables in the relationship between LS and personality (e.g., coping behavior style, self-regulation, self-efficacy, self-esteem, parenting style, etc.) (Lyons et al., 2016), and to consider, for example, the Muris et al. (2011) proposal of five clusters, each with protective variables and personal vulnerability (personality traits, psychopathology, coping, self-regulation, social support).

Despite the limitations related to the sample size (especially of the control group), various multivariate models of linear regression were implemented considering LS as a dependent variable, group as covariate, and the triadic interactions observed, the self-report of family functioning and co-parenting, and MH as independent. The results showed that belonging to a specific group only contributed 9.8% of the variance in LS, so that adolescents receiving MH care have a decrease of 3.433 SD in the SWLS-C. However, the group variable loses significance in most models that include, in addition to the group variable, other independent variables. The models in which the group variable remained significant were those implemented with mother, father, and adolescent family functioning (APGAR) and the autonomy and free time dimension (KIDSCREEN-52). Regarding the first, better fathers' APGAR was associated with lower LS, and the group variable was significant ( $F(38) = 8,930, p < .000; R^2 = .52$ ). This result in addition to the inverse relationship between fathers' couple satisfaction and conflict in LTP, as reported by Favez et al. (2006), invites a deeper examination of the role of the father in triadic interactions and adolescent well-being (Frascarolo et al., 2020). On the other hand, it should be noted that the dimension related to relations with parents and home life (KIDSCREEN-52) explained 61% of the variance; however, the group variable does not reach statistical significance, although it is hypothesized that with a small increase in the sample size it would reach significance.

Given the low average LS in G2 and the four G1 adolescents in the normal category (SDQ difficulties), a dichotomized analysis was conducted, and the sample was regrouped: the case group includes adolescents in the original abnormal category of the SDQ difficulties factor ( $n = 20$ ) and control group those who qualified in the normal and borderline category ( $n = 25$ ). The results in terms of case/control LS mean were similar to the original dichotomization of the study ( $M = 13.40$  vs.  $18.64$ ,  $p = .001$ ), and the multivariate regression analysis behaved similarly regarding group ( $\beta = .503$ ,  $p < .001$ ). The only distinct result was the statistical significance for LTP co-construction ( $\beta = 2.20$ ,  $p = .027$ ) and group ( $\beta = 4.357$ ,  $p = .003$ ), in the model that includes both variables and would explain 33.6% of the variance in LS with a good fit ( $F(42) = 10.624$ ,  $p < .000$ ).

The study presents strengths and limitations. Within the strengths is the very object of the study, that is, the LS of adolescents as a positive measure of MH. It also considers the adolescents inserted in an intersubjective context, so it studies their LS with a focus on triadic interactions. Another strength is in the case-control design, considering a group of adolescents who receive MH care and another who do not, providing information scarce until now. In addition, it is a contribution to study the middle adolescence stage, in which there is less research on both LS and triadic interactions, and at the same time, it is the stage with a significant increase in psychological discomfort for adolescents and a challenge for the parent-child relationship. Furthermore, the self-reported questionnaires provided useful evidence on the variables studied from the perspective of each of the informants, while the LTP assessment allowed to capture in situ, to characterize and to compare the dynamics of adolescents and their parents of both groups, recording information not obtained by the self-reported questionnaires.

Within the limitations of the study are the ratio of sample size by case/control, the difficulties in recruiting and the predominance of female adolescents in G2. Additionally, the pioneering nature of the study does not make it possible to compare its results with other research evaluating adolescent LS and QTI, and being able to make approximations with studies that used questionnaires on parenting, co-parenting and family characteristics. Moreover, given the cross-sectional and correlational nature of the study, and although LS has been defined as a dependent variable, it is not possible to establish a causality between the variables. Studies with a larger sample size and of a longitudinal nature will make it



possible to know the direct, moderating or mediating influences between LS, triadic interactions in the family, co-parenting and MH problems, including other variables such as the MH characteristics of the parents, coping and emotional regulation styles of the adolescent, etc.

Another limitation is the lack of FAAS standardization in triads with adolescent children, where only a preliminary adjustment by Gatta et al. (2014) has been conducted. Nevertheless, its application was useful, approved, supervised by the University of Lausanne team, and interrater reliability was conducted. In a future standardization, this study proposes the inclusion of the narrative perspective (Linares, 1996; White, 2007), which considers language as the organizer of the relational pattern (relational structure) and the meanings of narratives as systems and not only the family as a system. These narratives can be dominant or problematic<sup>13</sup> or alternatives<sup>14</sup>, and give meaning which organizes the relational structure or behavior. In turn, they may or may not coincide with non-verbal language. Furthermore, codifying the variables in each of the LTP stages is suggested.

Another limitation emerges from the low correlation between observational methodology and self-reported questionnaires, as reported by McHale (2000), Hendriks et al. (2018) and Zahidi et al. (2019) in terms of social desirability, normalization and/or idealization of the latter. When replicating this study, it is suggested to assess the multi-person variables with the multiple perspectives involved to allow for a correlation between self-reports and observational interactions (e.g., evaluating co-parenting from the perspective of the mother, father and adolescent) and include the assessment of the other variables such as parenting style, adolescent attachment, parental psychopathology, etc.

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<sup>13</sup> Saturated with the problem “You are always searching for trouble” or “I know you think”

<sup>14</sup> Resignification, openness and intersubjectivity

## **Ethical Considerations**

This research<sup>15</sup> has been governed by the ethical criteria promulgated in the Declaration of Helsinki (1964) and amended in subsequent assemblies of the World Medical Association (WMA, 2013) and has the approval of two Ethics Committees: the Scientific Ethics Committee in Social Sciences, Arts, and Humanities of the Pontifical Catholic University of Chile (eticadeinvestigacion@uc.cl) and the Ethics Committee of Research on Human Beings from the Medicine Faculty of the University of Chile's Dept. of Bioethics and Medical Humanities (comiteceish@med.uchile.cl).

Safeguards were taken to guarantee the autonomy and voluntary nature of the participation, the confidentiality, the delivery of direct benefits to the participating adolescents and parents, and the minimization of adverse effects.

## **Conclusion**

The results of this thesis characterize adolescents receiving (G1) and not receiving MH care (G2) and compare them in terms of the variables studied, minding the sample size limitation and the G1/G2 and male/female ratios.

G1 adolescents reported less LS, with lower MH protective factors (physical well-being, social and peer support, availability of financial resources, school environment), more internalizing and externalizing problems, and more personality prototypes and expressed concerns per adolescent. They considered their families dysfunctional, while their parents reported them functional. Moreover, the adolescents' perceptions were significantly lower than those of their fathers (which also occurred in G2). The vision of the fathers was also more positive regarding couple satisfaction and co-parenting, the latter being significantly disparate with the evaluation of parenting alliance made by the mothers, which invites reflection on the representations, perceptions and paternal attitudes in the family. Furthermore, the maternal perception of co-parenting was positively associated with their couple satisfaction, a relationship that did not occur in fathers. Although the participation and commitment of triads in both groups was similar, the co-parent

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<sup>15</sup> The researcher is ethically certified through Responsible Conduct of Research and Human Subjects Research, by the Collaborative Institutional Training Initiative (CITI Program).

subsystem in G1 presented greater conflictivity (predominantly covert), less affective attunement or only implicit signs of emotional validation and recognition of the child's subjectivity, with difficulty (of one of the parents or both) to stay adjusted to the role of the activity (affecting the organization function of the triad).

In terms of the relationship between LS and the aforementioned variables in G1, LS correlated positively with all HRQoL<sup>16</sup> dimensions, including parental relationships and home life, as well as the adolescent's family functioning perception. Regarding triadic interactions, it was associated with the ability of the triad to focus and perform a task in a co-constructive way. This is relevant considering the items of the questionnaire used (SWLS-C) and the developmental period of adolescence. The items allude to the satisfaction between the expectation or project and its achievement and the way to do so, while the co-construction in the triad involves performing a task. LS correlated negatively with internalizing problems (emotional and peer problems), and personality traits geared toward passivity, pain, and dependence.

The G2 adolescents were evaluated as more satisfied with their lives, but still, under the general population average with the same measure and below the mean of the psychological well-being dimension of KIDSCREEN-52. The G2 mothers showed more couple satisfaction and parenting alliance (than G1 mothers), and agreed with the father's perspective of their child. The fathers' couple satisfaction was positively related to their perception of parenting alliance. Each of the G2 triad members evaluated their families as functional. However, also in the G2 father/child triads, the adolescent perception was significantly lower than that of the respective father.

In terms of the relationship between LS and the aforementioned variables in G2, LS correlated positively with self-reported family functioning and with some HRqoL variables, the strongest association being with parental relationships and home life (as in G1).

It is important to highlight the reported relationship between the father's APGAR, adolescent's APGAR, LS and group. Given that the father's APGAR correlated negatively with LS and the group variable was also significant, the relationship between the

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<sup>16</sup> HRQoL: health-related quality of life. KIDSCREEN-52

adolescent's SWB and MH problems, and the father's perception of family requires additional study, which guides preventive and therapeutic strategies with adolescents reinforcing co-parenting. The need to incorporate the participation of the father and reduce the tendency to exclude him (by mothers and other professionals) has been reported in infant populations (Frascarolo et al., 2015; Neyrand, 2014).

The relationship between SWB and MH problems was reported in this study and substantiates the value of the SWLS-C instrument to perform a first screening, either in the context of school and/or primary health care, of psychological discomfort in adolescents, making visible those adolescents who require greater monitoring and intervention. The characteristics of the instrument (brief and with items formulated in positive terms) can facilitate the participation of adolescents, without fear of being stigmatized. The investigation of dissatisfaction in adolescents can also be a window of entry into the co-parent system from a less threatening position for parents, prevention of greater suffering and disability for adolescents, less expensive intervention and a contribution to reduce the care gap in Chile between those who require MH care and those who actually receive it.

On the other hand, the systemic, ecological, and observational measurement with the LTP allowed a significantly different Gestalt in the quality of the triadic interactions between the both groups. This pioneer study with LTP showed its applicability with Chilean adolescents and triads as well as its diagnostic value, and the objective of relating it to LS has not been, so far, found in the literature. Progress in the validation of the coding system for this age group is required, this thesis being a contribution in this line by suggesting, mainly, the inclusion of a dimension related to narratives and the attribution of meanings which contribute to the understanding of the relational systems in which the adolescent interacts.

In view of the aforementioned, subjective well-being and life satisfaction of adolescents must be emphasized in the health promotion and prevention policy (CAMH<sup>17</sup> de WHO, 2018; Diener et al., 2009), promoting its implementation in low and middle countries (Zhou et al., 2020; WHO, 2005; Belfer & Saxena, 2006). Moreover, it must consider a culturally contextual vision, with the participation of decision makers; legislative

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<sup>17</sup> Children and Adolescent Mental Health policy.

and executive representatives; researchers; health, education, and community professionals; and, most importantly, adolescents themselves, which be that as it may, know more about their life satisfaction.

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treatment populations, *Journal of the Georgia Public Health Association*, 7(2), 112-120. <https://doi:10.20429/jgpha.2019.070217>

Zhou, W., Ouyang, F., Nergui, O.E., Bangura, J.B., Acheampong, K., Massey, I.Y. & Xiao, S. (2020). Child and Adolescent Mental Health Policy in Low- and Middle-Income Countries: Challenges and Lessons Policy Development and Implementation.

*Frontiers in Psychiatry*, 3(1), 1-8. <https://doi:10.3389/fpsy.2020.00150>

Zhu, X. & Shek, D. (2020). The Influence of Adolescent Problem Behaviors on Life Satisfaction: Parent–Child Subsystem Qualities as Mediators. *Child Indicators Research* (2020) 13:1767–1789. <https://doi.org/10.1007/s12187-020-09719-7>

## Curriculum Vitae

### I. Academic Background

#### Undergraduate Education:

1990-1995 Degree in Psychology and Professional Title of Psychologist. Pontificia Universidad Católica de Chile.

#### Postgraduate Education:

2016-2017 Master's degree in Psychotherapy. Pontificia Universidad Católica de Chile

2004-2006 Master's degree in Psychoanalysis. Universidad Nacional Andrés Bello, Chile.

2006 Postgraduate course in forensic psychology and psychiatry in the penal procedural reform. Universidad de Chile, Faculty of Medicine, Graduate School.

2014 Accredited as CAT therapist by APCAIE (Spanish Association of Cognitive Analytic Therapy).

2012 Accredited as Psychologist Supervisor by the Accreditation Commission for Clinical Psychologists – Chilean Society of Clinical Psychology (Sociedad Chilena de Psicología Clínica).

#### Internships and Training Activities:

2018-2019: Internship at the Charles University (Prague) as part of the co-tutelle between the Doctoral Program in Social Psychology (Czech Republic) and the Doctoral Program in Psychotherapy (Chile).

2018: Using Video in Psychological Research and Practice, prof. PhD. Eva Sirova, Charles University, Prague.

2017: Training in Friend and Family Interview (FFI), prof. Howard Steele, Center for Attachment Research, The New School, New York (Londres July 24-25).

2017: Internship at the Center Hospitalier Universitaire Vaudois (CHUV), l'Unité de Recherche, du Centre d'Etude de la Famille Lausanne and training in Lausanne Trilogue Play (LTP), prof. France Frascarolo, Elisabeth Fivaz Depeursinge, Chloé Lavanchy (October).

2012: Training at Programa AMISTAD (FRIENDS), Monterrey, Mexico, Dra. Julia Gallegos, Australian accreditation by Dra. Paula Barrett.

2011: Internship in FUNDIPP (The Foundation for Research in Psychotherapy and Personality) – Santander, Spain for training in Cognitive Analytic Therapy (CAT), Dr. Carlos Mirapeix (September).

## **II. Participation in Congresses and Seminars**

**Álvarez, K.**, Olhaberry, M., Frascarolo, F. Širová, E. & Delgado, I. (2021). Quality of triadic interaction in the family and adolescent psychological concerns and life satisfaction. The 32nd International Congress Psychology ICP-2020, 18-23 de julio, Prague. Poster.

**Álvarez, K.**, Širová, E. Olhaberry, M. & France Frascarolo (2021). Adolescent Well-being and Triadic Interactions in Chilean and Czech Families. Symposium Dyadic and triadic family interaction and video-feedback: psychotherapeutic interventions. The 32nd International Congress Psychology ICP-2020, 18-23 de julio, Prague.

**Álvarez, K.**, Olhaberry, M., Frascarolo, F. & Delgado, I. (2020). Calidad de la interacción triádica (padre, madre, adolescente) y la percepción de los adolescentes respecto de su bienestar social y personal. XXXVII Congreso SOPNIA-Chile. (Quality of triadic interaction (father, mother, adolescent) and adolescents' perception of their social and personal well-being. XXXVII Child and Adolescent Psychiatry and Neurology Society, SOPNIA-Chile)

**Álvarez, K.** (2020) Bien-estar en la adolescencia: oportunidades y amenazas. XXXVII Congreso SOPNIA-Chile (Well-being in adolescence: opportunities and threats. Panel discussion. XXXVII Congress Child and Adolescent Psychiatry and Neurology Society, SOPNIA-Chile).

**Álvarez, K.** (2020). Cuando el hogar no es un lugar seguro: el maltrato de niños y adolescentes en tiempos de COVID-19. Segundas jornadas Grupo de Estudios de Políticas Públicas (GEPPIA) de la Sociedad de Psiquiatría y Neurología de la Infancia y Adolescencia (SEPIA). (When home is not a safe place: child and adolescent abuse in times of COVID-19. Second Conference of the Public Policy

Studies Group (GEPPIA) of the Child and Adolescent Psychiatry and Neurology Society (SOPNIA-Chile).

- Álvarez, K.** (2020). Taller “Superación en tiempos adversos: consideraciones en Niños/as y Adolescentes” I Conferencia Internacional de Psicología: Reflexiones y desafíos en tiempos complejos, nuevos escenarios de salud mental, Clínica Psiquiátrica Universitaria, Universidad de Chile. (Workshop "Overcoming in adverse times: considerations in children and adolescents" I International Conference of Psychology: Reflections and challenges in complex times, new mental health scenarios, University Psychiatric Clinic, University of Chile). November 6, Santiago.
- Álvarez, K., Olhaberry, M., Fajardo, C.** (2019). The quality of triadic interaction, mental health and personality characteristics in adolescents. 50th Annual Meeting of the Society for Psychotherapy Research, Buenos Aires, Argentina, 3-6, Julio. Panel.
- Álvarez, K., Olhaberry, M., Fajardo, C.** (2018). Adolescent life satisfaction and its relation with quality triadic interaction and mental health. 16th WAIMH World Congress Rome, Italy, 26 – 30 May 2018. Symposium.
- García, F., **Álvarez, K.,** Maturana, A., Ulloa, K. (2018). Caracterización de la población adolescente hospitalizada en Clínica Psiquiátrica Universitaria de la Universidad de Chile entre los años 2008-2017. XXXVI Congreso SOPNIA, Santa Cruz, Chile. (A characterization of the inpatient adolescent population at University Psychiatric Clinic of the University of Chile between the years 2008-2017, XXXVI Congress Child and Adolescent Psychiatry and Neurology Society, SOPNIA-Chile).
- Álvarez, K.,** Muñoz, C., Valdés, C., Olhaberry, M. (2017). Life satisfaction, as a measure of subjective well-being, and attachment in outpatients’ adolescents. International Attachment Conference, 29 jun - 1 jul, 2017, Londres. Award.
- Álvarez, K.,** Denegri, P., Valdés, C. (2017). Gender Differences and Life Satisfaction in Vulnerable Adolescents, AACAP's 64th Annual Meeting in Washington, DC, October 23-28, 2017. Poster.
- Álvarez, K.;** Denegri, P.; Delgado, I.; Allegro, F.; Alvarez, C. (2016). Satisfaction With life in a Clinical Adolescent Population. AACAP's 63th Annual Meeting, October 24-29, 2016, in N.York. Poster.

- Álvarez, K.** (2016) Trauma y desarrollo, Simposio: Trastornos de Personalidad. Diagnóstico Diferencial, LXXI Congreso Anual Sociedad Chilena de Neurología, Psiquiatría y Neurocirugía, 7 de Noviembre 2016, La Serena, Chile. (Trauma and development, Symposium: Personality Disorders. Differential Diagnosis, LXXI Annual Congress of the Chilean Society of Neurology, Psychiatry and Neurosurgery, November 7, 2016, La Serena, Chile).
- Allegro, F., **Álvarez, K.**, Álvarez, C., Delgado, I., Denegri, P., Pi, M. (2015). Satisfacción con la vida en adolescentes con discapacidad y/o patologías de salud mental que residen en el sistema de protección chileno. (Satisfaction with life in adolescents in RTFs, with disabilities and/or mental health pathologies). XXXIII Congress Child and Adolescent Psychiatry and Neurology Society, SOPNIA, nov 11-13, La Serena, Chile.
- Álvarez, K.** (2015) Satisfacción con la vida en adolescentes vulnerables y vulnerados: un estudio nacional. Simposio en XXXIII Congreso Anual SOPNIA, "Horizontes Diagnósticos y Terapéuticos", 12 de noviembre de 2015, La Serena, Chile. (Satisfaction with life in vulnerable and vulnerated adolescents: a national study. Symposium at XXXIII Annual SOPNIA Congress, "Diagnostic and Therapeutic Horizons").
- Álvarez, K.;** Delgado, I.; Alvarez, C.; et al. (2015). Life Satisfaction and Associated Variables in Chilean Adolescents Living in Residential Treatment Facilities; AACAP's 62th Annual Meeting, October 26-31, 2015, in San Antonio, TX. Poster.
- Álvarez, K.**, Álvarez, C., Delgado, I., Crempien, C. (2014): Satisfaction with life and experiences of care and adversity in Chilean teen residents' protection centers. At 45th Annual Society for Psychotherapy Research Meeting, Copenhagen, Denmark.
- Álvarez, C.; Briceño, A.M; Delgado, I.; **Álvarez, K.**; Bravo, M.; Zúñiga, V.; Abhufelle, M. (2013). Cross-Cultural Adaptation and Validation of the Satisfaction with Life Scale - Children Version in Chilean Adolescent Population; AACAP's 60th Annual Meeting, October 22-27, 2013, in Orlando, FL. Poster.
- Álvarez, K.** (2013). Abuso Sexual más allá de la pesquisa, en el 3º Simposio Internacional de Psiquiatría de Clínica Las Condes: "Trauma: la clínica de lo impensable". (Sexual

Abuse beyond the detection, in the 3rd International Symposium of Psychiatry of Clínica Las Condes: "Trauma: the clinic of the unthinkable"). May 3-4.

- Álvarez, C.; Briceño, A.M; Delgado, I.; **Álvarez, K.**; Bravo, M.; Zúñiga, V.(2013). Adaptación y Validación Transcultural de la Escala de Satisfacción con la Vida Adaptada para Niños (SWLS-C) en Población Adolescente Chilena de 10 a 18 años Premio 2º Lugar como trabajo científico. (Adaptation and Cross-Cultural Validation of the Satisfaction with Life Scale Adapted for Children (SWLS-C) in Chilean Adolescent Population from 10 to 18 years old. 2nd Place Award as scientific work). XXXI Congress Child and Adolescent Psychiatry and Neurology Society, SOPNIA Oct 23-26, Viña del Mar, Chile.
- Álvarez, C., Briceño, A., **Álvarez, K.**, Delgado, I., Zúñiga, V., Bravo, M. (2011). Uso de Entrevistas Cognitivas en Adolescentes para la Validación Transcultural de la Escala de Satisfacción con la Vida Adaptada para Niños (SWLS-C). (Use of Cognitive Interviews with Adolescents to Cross-Cultural Validation of the Satisfaction with Life Satisfaction Scale Adapted for Children (SWLS-C)). XXIX Congress Child and Adolescent Psychiatry and Neurology Society, SOPNIA-Chile.
- Álvarez, K.**; Molina, M.E.; Rapaport, E., Maltraín, H., Ben-Dov, P.; Tapia, C.; Farrán, A. (2009). Qualities of psychoanalytic therapeutic bond: analysis of a session. 40th SPR International Annual Meeting June 24 to 27, 2009 Santiago de Chile.

### III. Publications

- Álvarez, K.** (2019). Abuso Sexual en la Niñez y Adolescencia. En Almonte, C. & Montt, M.E. *Psicopatología Infantil y de la Adolescencia*, 3ª ed. Editorial Mediterráneo, Cap. 34.
- Maturana, A., **Álvarez, K.** & Ulloa, K. (2019). La hospitalización psiquiátrica de niños y adolescentes: una síntesis integradora desde una perspectiva de salud pública, salud mental y psicopatología. En Almonte, C. & Montt, M.E. *Psicopatología Infantil y de la Adolescencia*, 3ª ed. Editorial Mediterráneo, Cap. 75.
- Álvarez, C., Briceño, AM., **Álvarez, K.**, Abufhele, M. & Delgado, I. (2018). Estudio de adaptación y validación transcultural de una Escala de Satisfacción con la vida para

- adolescentes en Chile, *Revista Chilena de Pediatría* 89:53-60. Obtiene premio mejor artículo del año.
- Olhaberry, M., León, MJ, Escobar, M., Iribarren, D., Morales, I. y **Álvarez, K.** (2017) Video- feedback intervention to improve parental sensitivity and the quality of interactions in mother-father-infant triads. *Mental Health in Family Medicine* 13:532-543. <https://doi.org/10.25149/1756-8358.1304029>
- Briceño, A., Álvarez, C., Barco, B., **Álvarez, K.**, Delgado, I., & Zúñiga, V. (2016). Entrevistas cognitivas y su utilidad en la adaptación y validación de escalas para niños y adolescentes. *Contacto Científico*, 6(2). 6
- Álvarez, K. (2012). Abuso Sexual en la Niñez y Adolescencia” Cap. 26, del Libro Psicopatología Infantil y de la Adolescencia de Almonte, C. Y Montt, M. 2ª ed. Editorial Mediterráneo.
- Ramírez, A., **Álvarez, K.**, Varas, Y. (2010). La enseñanza de Psicoterapia Psicoanalítica a médicos durante su especialización en Psiquiatría: Una experiencia docente. Gaceta Universitaria.
- Álvarez K.**, Astroza, A., Pozo, P., Castillo, C. (2008): El Test de Relaciones Objetales en la Evaluación de Abuso Sexual: Comparación de Tres Grupos de Adolescentes, *Revista de Psiquiatría Clínica*, 45 (1/2): 59-71.
- Álvarez, K.** (2005). Los Sentidos psicológicos y éticos de la reparación del maltrato y abuso de niños y adolescentes. En: *La Violencia en la Familia Escuela y Sociedad. Sentidos, consecuencias y estrategias de intervención*. Santiago; Universidad Internacional SEK, 2005. pág. 123-134.
- Álvarez, K.** (2005). Abuso Sexual: Antecedente Biográfico o motivo de consulta. *Revista de Psiquiatría Clínica*, 42(2):26-35
- Álvarez, K.** (2003). Abuso Sexual en la Niñez y Adolescencia” cap. 32 del Libro Psicopatología Infantil y de la Adolescencia de Almonte, C.; Montt, M.; Correa, A. Editorial Mediterráneo, 2003, p.486-506
- Álvarez, K.** (2003). Una comprensión eco-sistémica, co-activa y de trauma en abuso sexual infanto-juvenil intrafamiliar ¿Es Posible?; Boletín Sociedad de Psiquiatría y Neurología de la infancia y adolescencia, Año 14, N°1, Abril 2003, p.14-30.



#### **IV. Funded Research Projects**

2019: Karlova Univerzita, PROGRES Q15 (260482)

2015-2018: National Doctoral Scholarship Program 2015/21150265, ANID, Chile

2017: Fondecyt project 11140230, "Implementation and evaluation of an intervention with videofeedback focused on the quality interaction and the reflexive parental function, aimed at mother-father-child triads with difficulties in socio-emotional development".

2014-2015: Consultancy for the evaluation of children and adolescents in SENAME Residential Centers (OCA and AD) in the framework of the Program for Quality Assurance and Continuous Improvement of the residential protection system (Funding Ministry of Justice, decree 22/approval 557).

2011 Cross-cultural validation of the Satisfaction with Life Scale for Chilean population between 10 and 18 years old (SWSL-C). Sponsored by the School of Government-UDD and funded by the UDD Internal Research Contest (23.400.057).

#### **V. Academic Experience**

1999 – 2022 Assistant Professor at the Department of Psychiatry and Mental Health, Northern Campus Faculty of Medicine, Universidad de Chile. Undergraduate and graduate teaching in the field of child and adolescent developmental psychology, psychopathology, intervention strategies, trauma and the role of the physician, family therapy and adolescent inpatient treatment. Postgraduate supervisor in psychotherapy in program to train specialists and doctors in psychiatric training.

#### **VI. Honors and Awards**

- Revista Chilena de Pediatría best article of the year award 2018: Álvarez, C., Briceño, AM., **Álvarez, K.**, Abufhele, M. & Delgado, I. (2018).
- International Attachment Conference Award 2017, London.: **Álvarez, K.**, Muñoz, C., Valdés, C., Olhaberry, M. (2017)

- Child and Adolescent Psychiatry and Neurology Society, SOPNIA Award 2015, La Serena Chile: Allegro, F., **Álvarez, K.**, Álvarez, C., Delgado, I., Denegri, P., Pi, M. (2015).
- Child and Adolescent Psychiatry and Neurology Society, SOPNIA Award 2013, Viña del Mar, Chile: Álvarez, C.; Briceño, A.M; Delgado, I.; **Álvarez, K.**; Bravo, M.; Zúñiga, V. (2013).