

differences between reactive and entrenched long-term HCD. Third, our methodological approach enables us to investigate the factors in a process-like manner and see their specific interconnectivity related to the enduring process of HCD. We carried out a qualitative study using a constructivist grounded theory methodology. Data were collected during two rounds of interviews 6-12 months apart. We talked with 21 participants during the first interview. Eighteen of them agreed to participate in the second interview round. Participants were (a) still legally married, (b) lived in Lithuania, (c) in a divorce process for at least six months (not living together or in a litigation process). The results of the study are discussed alongside the interconnected factors of the HCD, based on Johnson (1994) and Polak and Saini (2019) models.

The Role of Affective Family Attributes and Family Rules in the Prediction of Depressive Symptoms in Adolescents

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P9-3-1

Depressive symptoms in adolescents are a major problem in today's society, and it is well established that family environment, as well as sociodemographic variables, such as sex, age and socio-economic status (SES), contributes to them. However, family attributes are not accurately defined, some of them sharing characteristics but differing in labels, which reveals the different theoretical and methodological frameworks of the studies focusing on family attributes. Thus, the genuine family attributes responsible for the depressive symptoms when both sociodemographic variables and other family attributes are controlled remain unclear. In this study, we aimed to rise above these limitations both employing an inclusive and widely used measure of family attributes, the Family Assessment Device (FAD), and a methodological approach that allow identifying the family attributes that contribute to depressive symptoms, but also isolating the effect of each family attribute from others, thus revealing their real/unique effects. For this purpose, we used regression analyses, as well as Pratt's measure, which qualifies us to quantify the non-shared amount of depressive symptoms explained for each family attribute. Our results showed that, although all the family variables measured by FAD seemed to be related to depressive symptoms, when a proper analysis was carried out that controlled for the overlapping between them, only affective responsiveness (AR), affective involvement (AI), and behavioural control (BC) genuinely predicted adolescent depressive symptoms. As a conclusion, our results showed that, as expected, the affective family attributes (AR and AI) are of paramount importance to prevent adolescent depression but, interestingly, also revealed that the existence and obedience of rules within the family (BC) also play an important role to its prevention.

Kelles Social Wellbeing Scale: Psychometric Analysis in a Colombian Sample

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P9-3-2

A social orientation definition of wellbeing is proposed by Keyes (1988) as "the assessment of the circumstances and functioning in society", with the inclusion of 5 social subdimensions in the Social Wellbeing Scale (SWS): integration, acceptance, contribution, update, and coherence. Socially oriented conceptualization of well-being complements as usual individual / psychological perspectives. A Spanish research are needed to understand and complement social dimensions of well-being in Colombian population. With this aim we conducted a psychometric instrumental research (Montero, & León, 2007) in a sample of n = 450. Factor analysis show the predominance of a general factor, which would contain the definition of the theorized sub-dimensions. The results will complement well-being research, especially to understand pandemic/syndemic effects on social wellbeing variables in Colombian/Spanish speakers' population.

The Arousal Modulation Model Questionnaire (AMMQ)

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P9-3-3

One of the key aspects of traumatization is the "biphasic" response to trauma: alternating hyperarousal and intrusive responses with numbing and constriction. Hyperarousal behaviors include "hyperreactivity, explosive aggressive outbursts... and re-enactment of situations reminiscent" (van der Kolk, 1987). To describe these swings in autonomic arousal, Sensorimotor Psychotherapy has proposed a diagram called the Modulation Model (Ogden et al., 2006). Therefore, according to this theoretical frame, we developed the Arousal Modulation Model Questionnaire (AMMQ) to assess individuals' zone of optimal arousal ("Window of Tolerance"), and Hyper- and Hypo-arousal reactivity (Fight-Flight Response, Freezing, Numbing/ feigned death). A sample of healthy adults (n = 249) completed an online survey distributed through the Institute of Systemic Psychotherapy "Naven" in Udine (Italy). The systematic mixed-methods process involved reviewing the current literature, specifying the multidimensional conceptual framework of Sensorimotor Psychotherapy, evaluating prior instruments, developing items, and analyzing focus group responses to scale items. Items were field-tested in a sample of 249 healthy adults. Final item selection was achieved by submitting the field test data to an iterative process using multiple validation methods, including exploratory cluster and confirmatory factor analyses, correlations with established measures of