INVESTIGATION PROJECT

1. PROJECT IDENTIFICATION

The Tree of Life: a controlled trial to promote protective factors of bonding relationships and psychological adjustment in adolescents who have suffered sexual abuse

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2. BACKGROUND AND CURRENT STATUS OF THE ISSUE

The National Center on Child Abuse and Neglect (1978) defines child sexual abuse (CSA) as "contacts and interactions between a child and an adult, when the adult (abuser) uses the child to sexually stimulate himself, the child or to another person", and further states that "sexual abuse can also be committed by a person under 18 years of age, when this person is significantly older than the child (the victim) or when (the aggressor) is in a position of power or control over another minor" (Echeburúa and Guerricaecheburúa, 2021, pp. 33).

Child sexual abuse (CSA) is a type of serious maltreatment that deeply and globally impacts the person, damages their physical integrity and causes lasting and profound changes in physiological response, emotions, cognition and memory (Herman, 2004).

There is a relationship between sexual abuse and mental health: the greater the severity of the sexual abuse and the younger the age of onset, the greater the physical impact (somatizations, gastrointestinal problems, neurological problems, etc.), psychological impact (post-traumatic stress disorder, depression, anxiety, dissociative disorder, etc.), emotional (low self-esteem, fears, shame, guilt, distrust, etc.), behavioural (self-harm, suicide attempts, aggression, academic difficulties, etc.), sexual (distortion of image bodily, sexual dysfunction, hypersexualization, etc.) and social (isolation, feelings of betrayal, difficulties in interpersonal relationships, etc. (Echeburúa and Corral, 2006; Herman, 2004; Narang et al., 2019). Added to this is the effect of adverse childhood experiences (ACES) of parents, which negatively influence the appearance of more difficulties in the psychological adjustment and socio-emotional development of their children, who, in turn, could show a greater number of problems emotional and psychological disorders, maladaptive socio-affective relationships and greater reluctance to psychotherapeutic intervention (Frazier et al., 2009).

The consequences of CSA reach their maximum impact when the abuse occurs within the family. They fracture the family, friendship, love and community ties that had been forged in the construction of attachment, understood as a socio-affective bond that arises from the interaction between the child and significant people, who help him/her to form an internal model of protection and security to explore and respond to the environment around him/her, regulate his/her emotions and behaviour (Bowlby, 1989).

These early relational experiences are organised in the form of ordered narratives that integrate feeling and thinking in a way that allows us to construct who we are and attribute personal meaning to these experiences (Miró, 2005), and to configure our narrative identity (Arciero et al. 2004).

The concept of narrative identity refers to the composition and recompositing of a story through which the sense of personal continuity over time (sameness) is integrated with the variability and discontinuity of experience (ipseity); that is, a sense of self is generated that is continually constructed and reconstructed (Arciero et al., 2004; Botella, 2005; Miró, 2005). However, the relational aspect should be added to this definition since this sense of self is constructed and reconstructed through relationships with significant others (Gergen, 1994). We compare ourselves with other people and decide with other people to build our identity, and thus give meaning to the experiences that make up and shape our life, integrating them in a temporal sequence: how we are today and how we became today. So, it could be said that early relational experiences in the construction of socio-affective ties with significant people throughout life would be the natural way to build this narrative identity.

Therefore, when significant people in the child's life are directly involved in a situation of sexual abuse, which entails damage and profound alteration in the emotional relationship with the child, a dichotomy occurs in which the source of danger and protection lies in the same person. This dichotomy contributes to the development of a narrative identity shaped by the effects of abuse (Baita, 2015, pp38), which causes serious psychological and emotional problems and a significant alteration in the self-perception of socio-affective bonding relationships.

In this sense, there are studies that show the effects of relationships in emotional bonding on identity narratives and highlight the fundamental role of these relationships in the construction of these narratives and of these in mental health (Botella, 2005). Therefore, research focused on psychosocial interventions focused on the promotion of individual (interpersonal, emotional and emotional bonding competencies) and environmental (social support) protective factors that moderate the impact of the effects

of sexual abuse is essential (Domhardt et al., 2015) and contribute to the construction of a coherent narrative identity integrated with the sense of self.

There is a consensus in empirical studies that indicates that therapy facilitates children's recovery, and this improvement is significant compared to no treatment, regardless of the intervention modality used, whether individual, family or group (Narang et al., 2019). However, it is true that group interventions for the treatment of CSA are the most widely used and empirically supported (Shuman, 2020); The results studies report its effectiveness in addressing the effects of CSA in the emotional, socio-affective, behavioural, and sexual areas, as well as with evident improvements in interpersonal relationships, global psychological adjustment and quality of life (Shuman, 2020).

The most used treatments of choice are cognitive-behavioural therapy such as cognitive-behavioural therapy (CBT), stress inoculation, prolonged exposure, EMDR therapy and trauma-focused cognitive-behavioural therapy (T-CBT). CBT-T is the therapy of choice for the treatment of the symptoms associated with the experience of CSA with great benefits to reduce post-traumatic symptoms, relieve psychological distress and improve adaptive behaviour (Narang et al, 2021). However, it has certain limitations (McTavish et al., 2021; Narang et al., 2019):

- Excessive emphasis on symptomatology and vulnerability.
- Absence of an evolutionary and relational perspective.
- They do not consider the cultural, racial, ethnic, religious and gender context.
- Its highly structured nature can be overwhelming for some children and teenagers.
- High cost.

In recent years there has been a change in trend towards non-directive approaches and non-traditional intervention models (Narang et.al, 2021), such as narrative therapy.

Narrative practices may be more useful, in terms of giving meaning and coherence of narrative identity, than other more traditional approaches, such as cognitive behavioural therapy and that are congruent with positions that focusing trauma and loss, people's symptoms and deficits (Hughes, 2014).

Narrative therapy proposes using narrative metaphor as an organizing principle of human experience and action (White and Epston, 1993). People give meaning to our lives from stories ordered in a temporal sequence that incorporate not only the interpretation that we make of the experience, but also the interpretation that significant other people make of said experience.(Morgan, 2000).These narratives reflect the social beliefs of the culture, and, therefore, can represent and shape reality and the sense of identity (Bruner, 2006), thus shaping our preferred narrative identity.

We start, then, from the relationship between narrative psychology and the construction of individual narrative identity, with the attribution of meaning to experiences between the relationships of socio-affective bonding with sexual abuse, to move on to influence how the construction of new meanings of the experience on individual narrative identity involves a relevant factor to provide a positive self-perception of interpersonal and emotional competencies in the construction of socio-affective bonding relationships, and therefore, greater psychological adjustment.

Narrative practice proposes to restore, to children who have suffered CSA, the reconnection of their sense of self, their narrative identity, as well as the relational reconnection with their immediate environment and the community (Herman, 2004; White, 2004), to starting from a new resignification of their experiences, their socio-emotional relationships, their life purposes and the actions they have carried out to confront the abuse.

Within narrative practices, collective narrative practices (CNP) have been developed to work with communities and groups that have experienced social suffering in contexts where it seems there is a strong sociocultural component (Chimpén-López and Dumitrascu, 2013), as well as where individual intervention is not possible or does not seem appropriate (Denborough, 2008).

The Tree of Life, (ToL), is a type of PNC that was developed by Ncazelo Ncube and David Denborough (2007) to work with children who lived through the Rwandan genocide. Currently it has extended to multiple contexts: adolescence, adulthood, mental health, women survivors of gender violence, etc. (Lock, 2016). The Tree of Life uses the different parts of a tree as a metaphor to represent the different aspects of our lives. The use of this metaphor invites people to tell their story in an active process of construction, reconstruction and continuous review of their skills, their beliefs, their values, their dreams and hopes, their relationships with the important people in their lives, etc.

Although traditional models have strategies and techniques that can be useful, they do not provide a clear way to allow people to acquire power and control over their own lives (Paredes & Busto, 2018).The novelty of ToL, compared to other traditional interventions, is that it is based on the idea that the individual disclosure of the traumatic experience could contribute to an increase in vulnerability and a possible re-traumatization of the telling and retelling of the experience (Denborough, 2008). Besides, encourages people to participate actively, turning them into agents of change for themselves and their community, empowering them, transforming them and joining their efforts to confront experiences of suffering (Chimpén-López and Dumitrascu, 2013).

ToL maintains that people are not a passive recipient of trauma (Denborough, 2008) and helps them understand their response to the experience of abuse as a sign of strength and resilience, rather than a sign of weakness, shame, guilt or distrust. in

relationships (Hughes, 2014; Jacobs, 2018). Thus, the ToL promotes individual and environmental protective factors (interpersonal, emotional, and emotional bonding skills, social support), which mitigate the adverse effects of sexual abuse. In this way, the ToL offers a safe territory of identity to reconstruct the internal system of beliefs about trust in basic human relationships, as well as the emotional bonds that offer security and protection; and, consequently, provides a feeling of control over their behaviours and emotions in difficult situations (Herman, 2004; Kamsler, 1993) to build their preferred narrative identity away from the effects of the experience of sexual abuse. Very few studies have been found that use the ToL and practically none applied to the field of child sexual abuse. In general, the studies found show results that highlight the creation of new meanings in interpersonal relationships and socio-affective bonding (see, Farooq, 2021; Gardner, al., 2015; Jacobs, 2017, etc); increased perceived social support (see, Casdagli, 2021; Randle-Philips, 2016); improvement of psychological and emotional adjustment (see, Azarova, 2018; Huselhurst, 2021; Ibrahim & Allen, 2018; Vitale, 2019; etc.). On the other hand, the studies found present great limitations in their research designs to demonstrate the effectiveness of the intervention with the ToL, possibly because the epistemological points of view of psychiatry and/or evidence-based psychology are incongruent with those of the narrative therapy. Despite everything, in the review carried out, the majority of studies encourage more research with strong designs that explore the effectiveness of the ToL. For example, one of the studies describes a research protocol to examine the effectiveness of the ToL that has been manualized but not yet published (Stiles, et al., 2019).

Likewise, there are few interventions based on evidence, replicable and based on theory that focus on the strengths and internal resources of the person, from a relational, social, cultural and community perspective, to address psychological, emotional, and

relational difficulties. of socio-affective bonding, a consequence of sexual abuse. The ToL would respond to this need. That is why the implications of this project for research and practice are relevant at both the individual clinical, family, and social levels; they also support the commitment included in the 2030 Sustainable Development Agenda for the protection and rights of children, in order to achieve the SDGs (Sustainable Development Goals), committed to promoting health, specifically the objective number 3 (health and well-being).

3. OBJECTIVES AND HYPOTHESES

3.1.General objectives

- Adapt, implement, and evaluate the effectiveness of the Tree of Life intervention program, in response to the psychological, emotional and socio-affective bonding needs of children who have suffered experiences of sexual abuse.

3.2.Specific objectives

- Analyse the program implementation process.
- Evaluate the results of the program, emphasizing: 1) psychological adjustment at an emotional and psychological level; 2) perception of satisfaction in socio-affective relationships; 3) personal resources as protective factors.
- Examine the extent to which program effectiveness is affected by moderating variables such as adverse family experiences.

3.3. Hypothesis

The intervention of The Tree of Life will be effective for:

1. Increase psychological adjustment at an emotional and/or general psychological level compared to the group that does not receive intervention.

2. Will perceive greater satisfaction in socio-affective and/or attachment relationships in contrast to the group that does not receive intervention.

3. Increase protective factors measured as personal resources.

4. Attenuate the effects of family ACEs on program effectiveness results

4. METHOD

4.1. Design

This research project will be carried out based on a quasi-experimental design of a non-equivalent control group with pretest and post-test measurement. Tow research groups are established:

- Group 1 (Experimental Group): receives the intervention of The Tree of Life.
- Group 2 (Control group): does not receive the intervention of The Tree of Life. It is important to mention that the control group will receive the intervention once the research process is completed to comply with the corresponding ethical guarantees.

It should be noted that the intervention will be carried out in a group format, since the literature review demonstrates the importance of perceived social support and mutual understanding when sharing similar life experiences to build a feeling of belonging to the community and to strengthen one's own personal agency (Denborough, 2008; Ncube & Denborough, 2007; Shuman, 2020). Likewise, the group nature of the intervention optimizes the resources available in social services (Jackson et al., 2009; Shuman, 2020).

4.2.Participants

The sample is made up of the adolescent population that attends the Intervention Program with Boys, Girls and Adolescents Victims of Sexual Abuse, carried out by the Meniños Foundation and subsidized by the Department of Social Policy of the Xunta de Galicia. The Intervention Program with Boys, Girls and Adolescents Victims of Sexual

Abuse of the Meniños Foundation conceives the intervention from a comprehensive perspective that addresses the consequences produced by CSA in the minor and focuses on the support of the family environment and closest community as an essential part of the recovery process.

The people participating in the research study will be selected through convenience sampling, and will meet the following inclusion and exclusion criteria:

The inclusion criteria to participate in the study are:

- Adolescents between the ages of 12 and 19.
- Adolescents who participate in the Therapeutic Intervention Program with Boys, Girls and Adolescents Victims of Sexual Abuse in the provinces of Pontevedra, Vigo, A Coruña, Ourense and Lugo.
- Have the authorization and consent of the guardians and/or legal guardians of the adolescents.

The exclusion criteria are:

- Present cognitive and/or language difficulties that prevent you from answering the questionnaires or following the therapeutic intervention.
- Present a diagnosis of serious psychological and/or psychiatric disorder.

Regarding the size of the sample, it will be collected for 1 year among all users of the program. The participation of individuals in the study will be completely voluntary and there will be informed consent and the corresponding ethical guarantees.

4.3. Instruments

The following questionnaires have been selected to carry out the study and their most relevant characteristics, scales and psychometric properties are described.

- *Sociodemographic data questionnaire*: ad-hoc questionnaire designed specifically for this research that collects personal, family, social

information, typology of sexual abuse and therapeutic process in the Intervention Program with Children and Adolescents Victims of Sexual Abuse. The main objective is to carry out a descriptive analysis of the main characteristics of the sample and know its homogeneity.

- *Post-intervention qualitative questionnaire:* self-report designed ad-hoc that includes open questions in relation to the perceived usefulness of the intervention carried out and the changes that it may have generated in their life, at a personal, social and family level with respect to the experience of sexual abuse.
- *Child and Adolescent Evaluation System (SENA),* by Fernández-Pinto, Santamaría, Sánchez-Sánchez, Carrasco and del Barrio (2015). It is a comprehensive, multisource and multidimensional evaluation system, aimed at identifying the main emotional and behavioural problems in children and adolescents, but also considers other variables of clinical relevance (vulnerability and resource factors). For this research project, the self-report of 12-18 years old (Secondary level) will be used, with 144 items with a Likert-type response with 5 options, (from never to almost never to always or almost always). It is made up of five scales: control scale, problems scale (emotional, behavioural and others), contextual problems, vulnerabilities scale and personal resources scale. A global index and five specific indices are obtained.
- *Attachment Style Questionnaire (ASQ) by Feeney, Noller and Hanrcham (1994).* It is a self-report questionnaire designed to measure attachment styles. It evaluates five factors: trust, discomfort with intimacy, need for approval, concern about relationships, and relationships as secondary. It

consists of 40 Likert-type response items on a 6-point scale (from totally agree to totally disagree).

- *International Questionnaire on Adverse Childhood Experiences (ACE-IQ)*published by the World Health Organization (WHO). Self-report questionnaire designed to measure adverse experiences during childhood. Its original version has 43 items divided into 7 areas (sociodemographic issues, marital life, relationship with parents/legal guardians, family and community, violence between peers, witness of community violence, exposure to war conflicts/collective violence). For this study, an adaptation of the questionnaire has been carried out, eliminating the sociodemographic area, since these data are collected in the questionnaire designed ad hoc. It would apply only to the families of the study participants.
- Verbal Comprehension Scale of the Wechsler Intelligence Questionnaire for Children and Adolescents IV (WISC-IV) by David Wechsler (2005) (Spanish adaptation). It is a self-report questionnaire for children aged 6 to 16 years. The language comprehension scale is made up of 5 subtests: similarities, vocabulary, comprehension, information, and riddles. This language measure is used as a control variable that will allow the effectiveness of the intervention to be analysed more precisely.
- Wechsler Intelligence Questionnaire Verbal Comprehension Scale for Adults IV (WAIS-IV) by David Wechsler (2012) (Spanish adaptation). It is a self-report questionnaire for adults aged 17 to 99 years. The language comprehension scale is made up of 4 tests: similarities, vocabulary, information and comprehension. This language measure is used as a control

variable that will allow the effectiveness of the intervention to be analysed more precisely.

4.4. Procedure

Firstly, the family of each child user of the Intervention Program of Boys, Girls and Adolescents Victims of Sexual Abuse will be individually summoned to invite them to participate in the study, sign the authorization and informed consent for the research. and give them the sociodemographic questionnaire in the personal, family, and social area, and the Adverse Experiences questionnaire. Once all authorizations and consents have been collected, the intervention groups will be convened in group sessions. Thus, with the experimental group (program participants in the provinces of Pontevedra, Coruña, Lugo), the Tree of Life intervention will be developed; while for the control group (program participants in the provinces of Pontevedra, Coruña, Orense) the intervention will not be carried out, although this project undertakes to carry it out with this group once the research is completed.

In both groups, the SENA, ASQ and the WISC-IV/WAIS-IV Verbal Comprehension Scale questionnaires will be administered before starting the intervention; The sociodemographic data questionnaire around sexual abuse and therapeutic context will be completed by each of the therapists. At the end of the intervention, the SENA, the ASQ, the WISC-IV/WAIS-IV Verbal Comprehension Scale and the qualitative questionnaire are administered again.

It is important to highlight that the therapists of the Intervention Program with Children and Adolescents Victims of Sexual Abuse will receive specific 8-hour training in the principles of narrative practice and in the intervention of The Tree of Life, with the aim of acquiring the skills necessary to implement the intervention. The training design is presented in Table 1.

Table 1. Training for Professionals

Training for professionals			
Activity	**Instruments**	**Indicators**	**Result**
Research consent signature	Consent model	Number of signed consents	Total number of professionals participating in the training
Professional training session	- 8-hour theoretical-practical presentation on narrative therapy and the Tree of Life - Qualitative questionnaire useful for training	- Number of trained professionals - Number of questionnaires completed correctly	Acquisition of knowledge and skills about narrative therapy and the application of The Tree of Life.

The intervention will be developed in 8 group sessions on a weekly basis and lasting an hour and a half throughout 4 well-differentiated stages: drawing the tree; the forest of life; the storms of life; ceremony and celebration. However, before starting there will be a session prior to the intervention to complete the pre-test questionnaires and a session after the intervention to complete the post-test questionnaires.

a) First stage: Drawing of the Tree of Life

- Roots: they represent our origins, our ancestors.
- Earth: represents the present moment of our lives.
- Core: knowledge, skills, values and beliefs.
- Branches: dreams and hopes for the future
- Leaves: important people in our lives.
- Fruits: the gifts that these people have given us that are related to aspects of care, help, support, affection...
- Other spontaneous drawings on the tree itself that represent the gifts that the participants have given to the important people in their lives.

During the process of drawing and describing The Tree of Life, questions are asked in each part of the participants' story to generate knowledge of themselves, in which they identify what is valuable to them, what they know how to do, what they enjoy, important relationships and what they dream of in the future.

b) Second stage: The Forest of Life. A safety island is built that allows participants to stand in a different place and from a different position. Participants share their trees and their history individually and then as a group. All the drawings are placed on a wall and participants are invited to write words of support on the other participants' trees. In this part, a safe space is created to talk about the experience of sexual abuse in the next stage.

c) Third stage: The Storms of Life. In this stage, the stories of actions, interactions, meanings, and knowledge that are part of the response that until now had not been told to the experience of sexual abuse become visible; People are not passive recipients of trauma (Denborough, 2008). The conversation in this stage is group, so that the recovery of the knowledge that the participants have in their ways of facing abuse is shared as a group. These shared responses generate what is called local knowledge in narrative practice (White and Epston, 1993), the richness of the lived experience.

d) Fourth stage: Ceremony and Celebration. This stage aims to recognize their stories of resistance, skills and dexterity. In the original design (Ncube and Denborough, 2006), certificates were awarded to each participant in which their skills and knowledge were recognized. In this project we are also going to use the creation of a Collective Document with the aim of strengthening the reconnection with the group and creating a feeling of belonging.

Below, Table 2 shows the development of each of the sessions. It is important to remember that as minors, it is a necessary requirement prior to the intervention to have the authorizations and consents signed by their responsible guardians/legal persons.

Table 2. Program fidelity record: The Tree of Life (Experimental Group)

The Tree of Life					
Session No.	**Activity**	**Description**	**Indicators**	**Result**	**Observations**
PREVIOUS SESSION	- Presentation of the research to the group - Pass questionnaires (SENA, ASQ, WISC-IV, WAIS-IV).	- A dynamic presentation is carried out to the group and the research is explained. - The participants fill out the questionnaires.	- Number of participants who cover the questionnaire - Number of questionnaires completed correctly	Information on the participants' baseline symptoms and pre-intervention measure	
FIRST STAGE: THE TREE OF LIFE					
SESSION 1	- Draw The Tree of Life. - Cover Roots and Earth - Talk about roots and land	– Introduction of the metaphor and individual drawing of the tree. – The roots represent the origins: they are invited to think about where they come from, their history, people who taught them and/or helped them in life. – The earth represents the present moment: where they live, daily activities, what they like to do. – Parallel to the process, conversations are opened to thicken the story they tell through reflective questions that help create a coherent narrative.	- Number of participants who make the drawing - Number of trees of life drawn - Number of trees covered correctly - Number of responses in the roots - Number of responses on earth	Drawing of The Tree of Life Number of stories told: alternative history recognition	
SESSION 2	Cover the trunk. Talk about the trunk	The trunk represents skills, knowledge, values and beliefs. You are invited to talk about your internal strengths and resources, in	- Number of participants - Number of trees covered correctly	Number of stories told: Recognition of alternative history	

		addition to talking about the principles that guide your lives.	- Number of responses in the trunk		
SESSION 3	Cover the branches and leaves Talk about the branches and leaves	The branches represent dreams and hopes for the future: you are invited to open conversations that encourage you to think about the direction you want your lives to take. - The leaves represent important people in your lives: you are invited to talk about your relationships with those people.	- Number of participants - Number of trees covered correctly - Number of responses in the branches - Number of answers on the leaves	Number of stories told: Recognition of alternative history	
SESSION 4	Cover the fruits and other draws in the picture Talk about fruits and other draws	- The fruits represent the gifts that those people give us (friendship, love, care...) - Other draws represent the gifts that the person gives to the important persona of leaves - Conversations with relational influence are opened: who or who supported the person	- Number of participants - Number of trees covered correctly - Number of responses in the fruits - Number of responses in the other draws	Number of stories told: Recognition of alternative history	
SECOND STAGE: THE TREE OF LIFE					
SESSION 5	Realize the forest of life	– Share the trees and their history with the partner next door. – Share your stories as a group. – Post the drawings on the wall – Write messages of support on other people's trees	- Number of trees of life placed on the wall - Number of shared stories - Number of support messages	Building an identity insurance space	
THIRD STAGE: THE STORMS OF LIFE					
SESSION 6	Realize the storms of life	A metaphorical introduction is made to the dangers that trees face and then moves on to the dangers that children face. Difficulties are expressed collectively without the participants defining them.	- Number of participants - Number of responses	Talk about the abuse experience without retraumatizing	

		The group conversation revolves around the recognition and recovery of the skills and knowledge that have been put in place to confront the abuse.			
FOURTH STAGE: COLLECTIVE DOCUMENT					
SESSION 7	Create a collective document	As a group, the collective document is built that recognizes the individual stories of each participant in a joint and community document.	- Number of participants - Number of responses	Contribution to the community Sense of belonging	
SESSION 8	Celebration and certificated	- Reading the collective document and possible modifications - Celebration of achievements before the audience (families)	- Number of participants - Number of changes produced	Give credibility to the group's achievements in addressing abuse	
POSTEST SESSION	Pass questionnaires (qualitative, SENA, ASQ, WISC-V/WAIS-IV)	- Qualitative questionnaire designed ad hoc - SIGN - ASQ - WISC-V/WAIS-IV	- No. participants who cover the questionnaire - Number of questionnaires completed correctly	Obtaining post-intervention measurement	

4.5 Data analysis

To analyse the sociodemographic data, a descriptive statistical analysis will be carried out using SPSS v.25 in order to know the characteristics of the study sample.

Regarding the evaluation of the effectiveness of the intervention through the application of psychometric questionnaires, this will be carried out with the SPSS v statistical program. 25, through statistical tests that allow us to know the effect of the intervention in the sample. Thus, in the planned statistical analysis, on the one hand, the ANOVA of independent measures with different groups will be used to evaluate their initial equivalence, and, on the other hand, the ANOVA of repeated measures will be used

in both the control group and in the experimental group to evaluate the effectiveness of the treatment.

A regression test will be used that allows us to analyse the relationship between the number of adverse experiences (covariate), socio-affective relationships and psychological adjustment (dependent variables); so that we can analyse to what extent adverse experiences would explain their relationship with the two dependent variables (socio-affective relationships and psychological adjustment).

Finally, a regression test will also be used to analyse to what extent adverse experiences would predict greater problems in the two dependent variables (socio-affective relationships and psychological adjustment) after the intervention.

For the analysis of the qualitative data collected in the qualitative questionnaire designed ad hoc, and those collected from the analysis of the conversations about the tree of life, the forest of life, the storms of life and the collective document, will be carried out using the Grounded Theory method. For the analysis of the drawings and mural resulting from the intervention, the procedure defined by Braun and Clarke (2006) will be used, which includes a thematic analysis. We will use the Atlas ti., v8 computer program for both analyses.

4.3. Ethical implications or considerations

In the research presented, very particular care will be taken regarding the confidentiality of the data, so that personal data cannot be identified. Regarding the possible negative emotional impact that the research may have, we consider that this will be null, since the instruments and procedures used mainly constitute elements for reflection on one's own identity and the emotional bond with significant other people. On the other hand, the proposal is a proposal about strengthening individual and relational identity. The information and consent sheet are included in Annex 3.

5. WORKPLAN

This research project is articulated based on 4 objective phases (see table 1). The planned execution period is 3 years, which correspond to 3 academic years of the Doctorate in Psychology program.

Table 1. *Structured summary of the study procedure*

PHASE 1
• Literature Review • Intervention design • Choice of evaluation instruments
PHASE 2
• Training of external professionals
PHASE 3
• Pre-intervention evaluation • Execution of the intervention • Post-intervention evaluation
PHASE 4
• Analysis results • Evaluation of the effectiveness of the intervention • Publication of results and scientific dissemination

The project schedule is as follows:

	2023-2024									2024-2025									2025-2026								
PHASES	O	N	D	J	F	M	A	M	J	O	N	D	J	F	M	A	M	J	O	N	D	J	F	M	A	M	J
PHASE 1 Literature Review Intervention design Choice of evaluation instruments																											
PHASE 2 Training of external professionals																											
PHASE 3																											

Pre-intervention evaluation Execution of the intervention Post-intervention evaluation																									
PHASE 4 Analysis results Evaluation of the effectiveness of the intervention Publication of results and scientific dissemination																									

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