

Triadic interactions, parental reflective functioning, and early social-emotional difficulties

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ABSTRACT

Early childhood is a critical period for social-emotional development; during this period, the child's immediate family is the system with the greatest influence on his or her development. The parents' capacity to reflect on the children's ability to process and interact within a social environment, called parental reflective functioning (RF), is considered an important factor in protecting children from highly prevalent social-emotional difficulties and may have a strong influence on children's long-term development.

Objective: To describe and analyze the relationships among parents' RF, the quality of the mother–father–child triadic interaction, and children's social-emotional difficulties.

Method: A nonexperimental, cross-sectional, correlational study was conducted. Fifty mother–father–child triads, each in a current relationship that included at least one child aged 12–36 months, were evaluated. Sociodemographic background, triadic interaction, parental RF, and social-emotional difficulties were assessed.

Results: Triadic interaction was found to have a significant effect on the child's social-emotional difficulties, explaining 9% of the variance. In addition, the mothers' RF had a significant influence on triadic interaction, explaining 19% of the variance. An exploratory finding showed that triadic interaction mediates the relationship between mothers' RF and children's social-emotional difficulties.

KEYWORDS

child social-emotional development, child social-emotional difficulties, family interaction, parental reflective functioning, triadic interaction

1 | INTRODUCTION

Several studies on early childhood development have shown that 11%–37% of children experience social-emotional difficulties between 6 and 60 months of age (Bian, Xie, Squires, & Chen, 2017; Briggs-Gowan et al., 2013; Centro de Microdatos-Universidad de Chile, 2014; Wendland et al., 2014). This prevalence is significantly considering that early development lays the foundations for later development and

that links have been identified between early difficulties and later behavioral, cognitive, and social-emotional problems (Briggs-Gowan & Carter, 2008; Cheng, Palta, Kotelchuck, Poehlmann, & Witt, 2014; Essex et al., 2006; Giannoni & Kass, 2012).

Interactions within the mother–father–child triad are complex and directly affect the child's social-emotional development (Favez et al., 2012). These interactions involve the reflective capacity of their participants and the ability of

each participant to create and maintain relationships involving more than two people and share affection, attention, and a common objective among three people. Such interactions allow children to address feelings of exclusion by developing better social skills (Fivaz-Depeursinge & Corboz-Warnery, 1999).

1.1 | Parental reflective functioning

Parental reflective functioning (RF) refers to the parents' ability to reflect on themselves as parents and to understand not only their own relationships with the child but the child's personal experiences with others, recognizing the link between the child's mental states and their behavior as parents (Fonagy, Steele, Steele, & Target, 1998; Slade, 2005). Slade (2005) has suggested that RF should be regarded as a fundamental human ability with far-reaching importance for inter- and intrapersonal functions, such as affective regulation and productive social relationships.

The literature on RF can be summarized in terms of three areas of study: the intergenerational transmission of attachment and parenting (e.g., Fonagy, Steele, Steele, Moran, & Higgitt, 1991; Steele & Steele, 2008); the intergenerational transmission of abuse, neglect, and psychopathology (e.g., Ensink, Bégin, Normandin, & Fonagy, 2017); and a third area, children's social-emotional outcomes, which has received less attention (e.g., Kårstad, Wichstrøm, Reinfjell, Belsky, & Berg-Nielsen, 2015).

Years of RF research suggest that maternal and paternal mentalization and sensitivity play complementary roles in the prediction of the attachment security (together, they explain 12% of variance), with mentalization exerting both a direct and indirect influence on infant–parent attachment (Zeegers, Colonnesi, Stams, & Meins, 2017).

Regarding social-emotional outcomes, children's understanding of their mental and emotional states has been positively associated with social competence in their preschool years (Cassidy, Werner, Rourke, Zubernis, & Balaraman, 2003). Likewise, Kårstad et al. (2015) found that the accuracy of parental mentalization predicts greater emotional understanding in the child at ages of 4–6 years. A similar result was found by Steele and Steele (2008), who showed that the mother's RF influenced the child's development of emotional understanding and that the mother's RF is associated with the child's RF at the age of 9 years (Ensink et al., 2015).

Heron-Delaney et al. (2016) found that preterm infants of high RF mothers showed the most negative affect and more self-soothing behavior during the Still Face experiment, whereas infants whose mothers were rated lower on RF exhibited the most negative affect during the reunion episode in the Strange situation experiment. These findings show that a child of a mother with higher RF is more likely to express his or her discomfort and to have more regulation skills.

Smaling et al. (2017) found that in young, pregnant, high-risk women, high prenatal RF was related to lower child physical aggression when the child was 6, 12, and 20 months old. They also observed moderating effects of intrusiveness, in which higher prenatal RF was particularly associated with less physical aggression among infants of mothers who showed no or low signs of intrusiveness.

Research on the links among triadic interaction, parental RF, and child development is ongoing. To date, few studies have examined these variables together. One study employed the insightfulness assessment to establish a link between triadic interaction and parents' capacity for reflection (Marcu, Oppenheim, & Koren-Karie, 2016). This instrument assesses parents' reflective capacities during interactions with their child and has shown that triads in which both parents are insightful score higher for family cooperation than triads in which only one parent or neither parent is insightful. Another study developed a brief intervention called Reflective Family Play, which focused on mentalization and coparenting and involved families (parents and siblings) of young children. Preliminary findings suggest that Reflective Family Play works, improving whole-family interaction, coparenting, and parental mentalization (Philipp, Cordeiro, & Hayos, 2018). Both studies show how RF plays a protective role in the quality of family interactions. Questions regarding the relationship of these variables to child development remain open and are relevant for understanding child and family mental health.

1.1.1 | Triadic interactions and early childhood development

The influence of the quality of early triadic interactions on child development has also been studied. The ability to interact in a triad has been proposed as one of the main tasks required to develop an autonomous self and acquire social skills, which result from experiences with primary caregivers and depend on the quality of these interactions (Fincham, 1998; Sroufe, 1996). Thus, researchers have shown how more positive experience in a triad prepares children to function more competently with adults and peers in nonfamily, multiperson environments (Feldman & Masalha, 2010).

Empirical studies have shown the effect of the quality of family triadic interaction on children's social-emotional competence. This influence can be seen at an early age. For example, in an innovative adaptation of the Still Face procedure (involving both parents together with the baby), when mothers and fathers display more positive and cooperative interpersonal engagement and coordination during triadic interaction and the Still Face experiment, their 3-month-old babies show more coordinated gaze shifts from one parent to the other during the Still Face procedure (McHale, Fivaz-Depeursinge, Dickstein, Robertson, & Daley, 2008).

Likewise, Hedenbro and Rydelius (2014) found that a child's capacity to make contributions and initiate turn-taking sequences at 3 months within the family triad is associated with the parents' responsiveness, which, in turn, correlates with the child's peer and social competence at 48 months. Additionally, in preschoolers, a higher degree of family coordination is associated with more relational and social competence with peers (Cigala, Venturelli, & Fruggeri, 2014).

The evolution of the quality of triadic interaction has also been shown to have an effect on the development of theory of mind in early childhood. For instance, Favez et al. (2012) found that children in a family with stable, high-coordination interactions obtained higher scores on theory of mind tasks and better affective outcomes than children in a family with a trajectory of high-to-low coordination of interactions over time. Moreover, children in the high-to-low group had better outcomes on theory of mind tasks than children in the families in the consistently low coordination group.

In terms of attachment, Frascarolo and Favez (1999) found no association between problematic alliances and insecure attachment. However, in a Chilean sample, a study found that triadic family interactions were linked to preschoolers' levels of attachment security (Pérez, Moessner, & Santelices, 2017) and that parents in families that show cooperative alliances had a higher frequency of a secure attachment style (Olhaberry, Santelices, Schwinn, & Cierpka, 2013).

Moreover, several studies suggest that paternal involvement has a positive effect on child development, the mother–father–child relationship, and the parental subsystem (Frascarolo, 2004; Pleck & Masciadrelli, 2004; Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008). For example, higher levels of paternal involvement have been observed to correspond with better interactive competences of the child within triadic interaction (Simonelli, Parolin, Sacchi, De Palo, & Vieno, 2016).

Finally, Fivaz-Depeursinge and Favez (2006) suggest that the interaction between the child and his or her mother and father can help resolve dysfunctional dyadic interactions with the other parent because the intervention of a third party with adequate interaction skills encourages the child to adopt new emotional regulation strategies during the interaction, thereby reducing tension and stress. More recently, Udry-Jørgensen, Tissot, Frascarolo, Despland, and Favez (2016) showed that parents are significantly more sensitive within the triadic context than in the dyadic context. Likewise, the researchers reported that family alliance is globally associated with sensitive parenting, suggesting that the triad is a protective factor for early infant–parent dyads.

1.2 | The present study

Considering the relevance of the family triad, this study examined the relationship between parental RF (i.e., the RF of

the mother and father), the quality of triadic interaction, and the child's social-emotional difficulties. The triads participating in a brief video feedback intervention were studied. This study used the first assessment of the family, which was conducted before the intervention began. According to the empirical evidence presented, we hypothesized that (a) higher quality triadic interaction is negatively associated with the child's social-emotional difficulties and (b) higher paternal and maternal RF are negatively related to the child's social-emotional difficulties.

2 | METHODS

2.1 | Participants

Fifty mother–father–child triads from Santiago, Chile, with children between 12 and 38 months old were referred because of observed social-emotional difficulties. The families were referred by a family health care center, a JUNJI (National Board of Daycare Centers of the Ministry of Education of the Government of Chile) nursery or kindergarten, or other participants.

The participating toddlers were 12–38 months old ($M = 26.70$, $SD = 7.77$ months), 58% were males, and 64% were firstborn. Half of the children (51.1%) were attending nursery school or preschool.

The mothers ranged in age from 20 to 43 years ($M = 31.52$, $SD = 4.84$), and the fathers ranged from 22 to 49 years ($M = 33.58$, $SD = 5.83$). The participants' education level was high: 37 mothers and 41 fathers had a technical or university degree, while 39 mothers and 49 fathers had a paid job at the time of the study.

The inclusion criteria for the fathers and mothers were being over 18 years of age, being in a current heterosexual couple relationship, and having at least one child between 12 and 36 months of age with difficulties in one or more of the following areas: sleep, feeding, behavioral, emotional, or relationship issues, as reported by the parents or professionals.

Exclusion criteria for both the parents and children included the presence of disabilities (intellectual or sensory), psychoses, and/or addictions (in the adults) reported by a health professional, by the referring educational institution, or at the first family interview.

2.2 | Procedure

The population included in this study participated in Fondecyt Start-up Project Number 11140230, which was approved by the institutional Human Research Ethics Committees of the Catholic University of Chile and the University of Chile and by the Chilean National Commission of Scientific and Technological Research.

The participants were contacted by phone through certified members of the research team, who explained the study to them in detail and then determined whether they met the inclusion or exclusion criteria. For those triads who met the criteria and agreed to participate, the first evaluation session was coordinated and scheduled to take place in the triad's household.

The study began with assessment of the triad by one clinical psychologist and one psychology student specially trained in the use of family evaluation instruments. First, both parents signed the informed consent forms that explained the objective of the study, its benefits and risks, data confidentiality safeguards, and the voluntary nature of participation. Then, they completed surveys about their sociodemographic and psychological characteristics and a questionnaire on their concerns about their child's social-emotional development. After that, individual interviews about parenting were video-recorded, as was the triadic interaction during the relevant session. Each assessment took approximately 2 hr; assessments were conducted in 2016 and 2017.

At the end of the evaluation, the triads participated in a brief intervention that included three video feedback sessions.

2.3 | Measures

2.3.1 | Personal information form

To collect the participants' sociodemographic information, a questionnaire was administered that included questions about the child's age, gender, birth order, and whether he or she attended nursery or preschool and about each parent's age, number of children, years of education, and job situation.

2.3.2 | Social-emotional difficulties

To screen and monitor the children's social-emotional difficulties, the "Ages & Stages Questionnaires: Social-Emotional (ASQ:SE)" (Squires, Bricker, & Twombly, 2002), designed for use with children from 3 to 65 months old, was administered. There are eight different age range-specific forms, and the number of items on each form varies. The questionnaire comprises seven subscales (self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people). It was completed by parents and scored according to the number of concerns that parents reported directly to the therapists who performed the intervention. This manner of scoring was used due to the high potential for a social desirability effect among the participating parents. Higher scores indicate more problems, whereas low scores suggest that the child's social and emotional behavior is considered appropriate by his or her parent. Considering the diversity of ages among the participating children and the use of different evaluation templates according to age, it was not possible to directly compare the scores obtained. Thus, the percentage of social-emotional

difficulties for each child was calculated in relation to the maximum for the child's age. The cutoff scores for the ASQ-SE templates range from 12.69 to 14.54.

2.3.3 | Mother–father–child triadic interaction

To assess triadic interaction, the Lausanne Trilogue Play (LTP; Fivaz-Depeursinge & Corboz-Warnery, 1999) was used. This is a systematic observational tool that measures mother–father–child interactions. The activity begins with the triad sitting around a table forming a triangle; then, the following instructions are given: "Now you are going to play as a family in four separate parts: (a) One parent plays actively with the child while the other parent is present; (b) the parents switch roles; (c) then all play actively together; and (d) the mother and father talk while the child is simply present." The family has between 10 and 15 min to complete the task. The interaction is recorded using two cameras: one focused on the body and face of the parents and the other on the child.

Family interaction was analyzed with the Family Alliance Assessment Scales (FAAS; Lavanchy, Tissot, Frascarolo, & Favez, 2013). This instrument measures five triadic aspects and two subsystems aspects, yielding a Family Total Score and three subgroup scores: (a) the triad as a whole, (b) the coparenting dyad, and (c) the child. The sum of all the triadic aspects constitutes the Triadic Score, which ranges from 0 to 22 points. The coparenting and child involvement aggregates can range from 0 to 4, and the triadic score plus the subsystem scores constitute the Family Total Score, which ranges from 0 to 30 points and represents the functionality level of the interaction.

Studies conducted by the Lausanne team reported mean scores of 19 points in a normative sample and 10.3 in a clinical sample (Favez, Scaiola, Tissot, Darwiche, & Frascarolo, 2011). In Chile, one study reported an average of 10.09 in a nonclinical mid and low socioeconomic status population (Pérez et al., 2017).

The FAAS showed moderate-to-good interrater reliability, $\kappa = .61-.90$, $p < .05$ (Favez et al., 2011). The alpha value obtained by the participating triads was .901. Three reliable coders who had trained with the developers of the FAAS and its coding in Switzerland evaluated the videos. Twenty-five percent of the videos were coded three times to calculate the interrater reliability for family scores, which was found to be excellent (intraclass correlation coefficient, ICC = .97).

2.3.4 | Parental reflective functioning

This aspect was measured using the Parent Development Interview–Revised, Short Version (PDI-R) (Slade, Aber, Berger, Bresgi, & Kaplan, 2012). The PDI-R is a semistructured individual interview for parents of children between 3 months and 14 years of age that assesses the narratives of the current states of the relationship with the child. The PDI-R

is used to assess and code parental RF in relation to the child, the parent's own parents, and the self, with questions such as "Describe a time during the last week when you and your child truly 'clicked'" and "What gives you the most joy in being a parent?" There are 29 questions, but only the 15 questions that required the use of RF were coded. The interviews took approximately 40 min to complete and were video-recorded and transcribed for coding purposes.

To assess RF, each set of questions was coded with the scoring system developed by Fonagy et al. (1998), as adapted for the PDI (Slade, Bernbach, Grienberger, Levy, & Locker, 2004). Scoring was based on an 11-point scale, from -1 (negative RF) to 9 (complete or exceptional RF). Scores of 5 or more are indicative of high reflectiveness levels and a clear and solid understanding of the child's mental state (Slade, Grienberger, Bernbach, Levy, & Locker, 2005).

A score of 3 reflects a questionable or low capacity for RF, the frequent use of mental state language such as "happy" or "sad" without clear evidence of reflection, and discourses that appeared clichéd, banal, or superficial. Alternatively, this score might represent excessively deep and detailed but unconvincing and/or irrelevant responses (Slade et al., 2004).

Finally, scores under 3 show poor RF capacity and are characterized by concrete explanations of behavior, the avoidance of references to mental states, or the possibly occurrence of self-serving statements or distortions. Additional behavioral characterizations may include hostile, bizarre, and negative language (Slade et al., 2004).

Studies conducted using the PDI and the parental RF scale have reported that mean scores of 5 indicate typical RF in normative samples (Slade et al., 2005); however, in a high-risk sample, a score over 4 has also been found to indicate typical RF ($M = 5.0$, Perry, Newman, Hunter, & Dunlop, 2015; $M = 4.57$, Stacks et al., 2014). To date, no studies have been conducted in Chile using these tools. Reliability estimates using the coding manual have been shown to be good, with ICCs ranging from .78 to .95 (Slade et al., 2005). The interviews were evaluated by two reliable coders. Interrater reliability was calculated for 25% of interviews. The ICC analyses yielded a value of .89, which is considered adequate by this instrument's author.

2.3.5 | Data analysis procedure

Data were analyzed using IBM SPSS statistics version 21.0.

First, the triads were characterized by their sociodemographic characteristics and subsequently by child social-emotional difficulties, triadic interaction, and RF. Then, a correlation matrix was computed with the main and sociodemographic variables to obtain preliminary results and assess which sociodemographic characteristics would be used as control variables in the following analyses.

Thereafter, several multiple linear regression analysis models were generated in which the child's social-emotional difficulties were the dependent variables and RF and triadic interaction were the independent variables. Additionally, the interaction of the Triadic Score and RF on the child's social-emotional difficulties was examined.

Finally, and according to the results, the influence of the mothers' and fathers' RF on triadic interaction was studied using a linear regression with an entry method. Two steps were tested; the fathers' RF was introduced to the equation first, followed by the mothers' RF.

First, the requirements for ordinary least squares (OLS) multiple linear regression analysis were assessed for each regression model (Stevens, 2009). An analysis of influential cases was performed for each model; potentially, influential cases were those with a leverage value greater than two points and a Cook distance greater than one point. Then, to ensure the absence of multicollinearity, variance inflation factors (VIFs) were reviewed. Both to assist with interpretation of the data and to avoid the problems of collinearity, all predictors were centered on their grand mean (Shieh, 2011). Normal distribution of residuals was assessed using a histogram of studentized residuals. Homogeneity of variance and linearity were assessed by plotting standardized residuals versus standardized predicted values. All procedures indicated no significant deviation from the requirements for multiple regression analysis. Only the coefficients that contributed significantly to explaining the variance of the study variables were interpreted.

3 | RESULTS

3.1 | Descriptive analysis

First, no significant differences were found between boys' and girls' total scores on the social-emotional difficulties score (boys $M = 14.87$, $SD = 7.48$, girls $M = 12.01$, $SD = 6.46$, $t(df = 48) = -1.41$, $p = .16$, $d = 0.41$). Therefore, subsequent analyses grouped the boys and girls together. The mean percentage of social-emotional difficulties for boys and girls together was $M = 13.67\%$. Note that the cutoff scores at which social-emotional difficulties were identified ranged from 12.69% to 14.55%. In total, 23 children were above the cutoff for their respective age form (for the 12 months form, three of three children were above the cutoff; for the 18 months form, 5 of 12 children were; for the 18 months form, 5 of 12 children were; for the 24 months form, 4 of 8 children were; for the 30 months form, 5 of 12 children were; for the 36 months form, 6 of 15 children were).

There were no significant differences in the mean RF scores for the mothers and the fathers (mothers $M = 3.64$, $SD = 1.12$; fathers $M = 3.56$, $SD = 1.11$, $t(df = 48) = .45$, $p = .66$, $d = 0.07$). Additionally, the descriptive analysis of

TABLE 1 Correlations among triadic interaction, maternal and paternal RF, and child socio-emotional difficulties

	1	2	3	4	5	6	7
1. % SE difficulties	1						
2. Family total score	-.40**	1					
3. Triadic score	-.32*	.98**	1				
4. Coparenting	-.23	.68**	.61**	1			
5. Child contribution	-.52**	.70**	.59**	.21	1		
6. Maternal RF	-.05	.43**	.40**	.41**	.28	1	
7. Paternal RF	-.09	.38**	.37**	.34*	.204	.43**	1

Abbreviations: SE, social-emotional; RF, reflective functioning.

*Correlation is significant at the .05 level (2-tailed).

**Correlation is significant at the .01 level (2-tailed).

triadic interaction through the FAAS showed a Triadic Score $M = 13.22$ ($SD = 3.59$) and a Family Total Score $M = 18.44$ ($SD = 4.90$).

3.2 | Correlational analysis

First, the associations between the main study variables (Family Total Score, Triadic Score, mother's RF, father's RF, and child's social-emotional difficulties) and the sociodemographic variables (child's age, gender and birth order; child attending nursery or daycare [0 = no, 1 = yes]; parent's age, number of children, years of education, and whether the parent was employed [0 = no, 1 = yes]) were examined and found to be nonsignificant.

Regarding the main variables, mother's and father's RF displayed a significant positive correlation with the Family Total Score (see Table 1). However, the mother's and father's RF did not correlate significantly with the child's social-emotional difficulties.

A significantly negative correlation was found between the Family Total Score and social-emotional difficulties (see Table 1); thus, higher scores were associated with a lower level of social-emotional difficulties.

3.3 | Regression analysis

To test how mothers' and fathers' RF level and the quality of triadic interaction would predict children's social-emotional difficulties, multiple linear regression analyses were conducted. In these analyses, RF and triadic interaction were defined as independent variables, while children's social-emotional difficulties were defined as dependent variables.

It is important to consider that the LTP procedure and the FAAS coding system assess five triadic aspects and two subsystem aspects (coparenting and the child's contribution), which include child engagement and assertiveness and, in turn, are parts of the child's social-emotional development construct. Thus, to be more rigorous and not assess the same variable in different ways, the Triadic Score (not the Family Total Score) was considered as a predictor in the analysis in which social-emotional difficulties were defined as the

dependent variable, leaving out the coparenting and child subsystem.

The results revealed that the Triadic Score was significantly associated with child social-emotional difficulties, explaining 9% of the variance. In contrast, the mother's and father's RF did not significantly predict child social-emotional difficulties (see Table 2, models 1 and 2).

Based on the results obtained, exploratory analyses were performed. First, moderation analyses were run for both the mother's and father's RF with the Triadic Score and child social-emotional difficulties. In both cases, the interaction term was not significant (see Table 2, models 3 and 4).

Considering that parental RF was not found to predict or moderate child social-emotional difficulties to a significant degree, new analyses were conducted.

Based on the correlational results obtained, maternal and paternal RFs were tested as predictors of the Family Total Score with an entry regression. The first step introduced only the father's RF score, which was a significant predictor of the Family Total Score, explaining 13% of the variance. In the second step, only the mother's RF score was introduced; it was a significant predictor, explaining 17% of the variance. The third model included both the mother's and the father's RF; when both were entered together into the regression, the significant contribution of the father's RF disappeared, and only the mother made a significant contribution. Although the father's RF helped to increase the explained variance from 17% to 20%, this change was not significant (father's $\Delta R^2 = 0.05$, $p = .097$; see Table 3, model 3).

Finally, two exploratory mediation models were calculated using the mother's RF and the father's RF as independent variables, Triadic Score as a mediating variable, and child social-emotional difficulties as a dependent variable. Mediation was statistically tested through the process tool for SPSS developed by Hayes (2013). The analysis is based on 95% bias-corrected and accelerated bootstrap confidence intervals for the product of regression coefficients with 5,000 bootstrap recalculations. A significant indirect effect was identified only for the mediation model with the mother's RF as an

TABLE 2 Regression and moderation analysis considering social-emotional difficulties as a dependent variable

Variable	B	Std. error	B std.	t	p	95% CI		R	R ²	F	p
						LL	UL				
<i>Model 1</i>								.32	.09	5.55	.023
Intercept	13.67	.97		14.14	.000	11.73	15.61				
Triadic S	-.64	.27	-.32	-2.35	.023	-1.19	-0.09				
<i>Model 2</i>								.33	.05	0.18	.834
Intercept	13.67	.98		13.89	.000	11.69	15.65				
Triadic S	-.72	.31	-.36	-2.31	.026	-1.35	-0.09				
Mother's RF	.55	1.01	.09	0.54	.590	-1.45	2.59				
Father's RF	.07	1.02	.01	0.07	.943	-1.98	2.13				
<i>Model 3</i>								.341	.04	0.29	.595
Intercept	14	1.08		13	.000	11.73	16.07				
Triadic S	-.74	.32	-.37	-2.33	.024	-1.37	-0.10				
Mother's RF	.54	1.02	.09	0.53	.597	-1.51	2.6				
Father's RF	.10	1.03	.02	0.10	.922	-1.98	2.18				
M RF × TS	-.14	.26	-.08	-.54	.595	-0.67	0.39				
<i>Model 4</i>								.36	.05	0.96	.333
Intercept	14.10	1.08		13.08	.000	11.93	16.27				
Triadic S	-.80	.32	-.40	-2.48	.017	-1.45	-0.15				
Mother's RF	.54	1.01	.09	0.53	.596	-1.50	2.58				
Father's RF	.35	1.06	.06	0.33	.742	-1.79	2.49				
F RF × TS	-.30	.30	-.14	-0.98	.333	-0.91	0.31				

Note. Dependent variable = percentage of social-emotional difficulties.

Abbreviations: CI, confidence interval; LL, lower limit, UL, upper limit; M, mother; F, father; RF, reflective functioning; Triadic S, triadic score.

TABLE 3 Regression analysis considering family total score as a dependent variable

Variable	B	Std. Error	B std.	t	p	95% CI		R	R ²	Delta R ²	F	p
						LL	UL					
<i>Model 1</i>								.38	.13	.15	8.19	.006
Intercept	12.44	2.19		5.67	.000	8.03	16.85					
Father's RF	1.69	.59	.38	2.86	.006	0.50	2.87					
<i>Model 2</i>								.19	.17	.19	11.17	.002
Intercept	11.58	2.15		5.39	.000	7.26	15.99					
Mother's RF	1.87	.56	.43	3.34	.002	0.75	3.00					
<i>Model 3</i>								.49	.20		7.24	.023
Intercept	9.44	2.46		3.84	.000	4.50	14.38			.05		.097
Father's RF	1.06	.62	.24	1.69	.097	-0.20	2.31			.09		.023
Mother's RF	1.43	.61	.33	2.35	.023	0.21	2.66					

Note. Dependent variable = family total score

Abbreviations: CI, confidence interval; LL, lower limit, UL, upper limit; RF, reflective functioning.

independent variable ($b = -0.95$; CI [-2.1409, -0.1201] see Figure 1). The results show that the relationship between the mother's RF and child social-emotional difficulties is fully explained by the Triadic Score as a mediator, because without the Triadic Score, there was no significant relationship between the mother's RF and child social-emotional difficulties (c').

4 | DISCUSSION

This study provides evidence in support of the link between fathers' and mothers' RF, the quality of triadic interaction, and child social-emotional difficulties. Maternal RF is indirectly associated with children's social-emotional development through the quality of the triadic interaction.

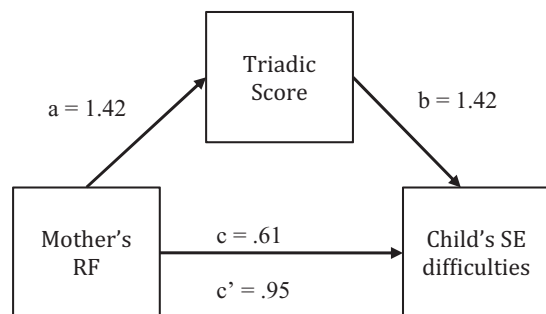


FIGURE 1 The triadic score mediates the relationship between the mother's RF and the child's social-emotional difficulties

Regarding the study hypothesis, higher triadic interaction quality was expected to be negatively associated with children's social-emotional difficulties. This hypothesis was corroborated; the results showed that the triadic interaction score was negatively associated with child social-emotional difficulties, explaining 9% of the variance. This finding is consistent with early family literature, which has shown since the 1980s that the immediate family is the most influential relationship system in which a child develops (Bronfenbrenner, 1987).

In the triad, the child learns to share affection and attention while also finding out how to deal with feelings of exclusion (Fivaz-Depeursinge & Corboz-Warnery, 1999), which are fundamental competences for achieving adequate self-regulation. Additionally, this result is in line with the study by Feldman and Masalha (2010), who reported that family-level cohesion predicts child social competence. It is also consistent with Cigala et al. (2014), who showed that children in families with a higher degree of coordination had more social competency with peers, which contributed to the development of a relevant aspect of the child's social-emotional development.

Regarding the second hypothesis, contrary to expectations, maternal and paternal RFs were not predictive of child social-emotional difficulties. Consequently, the question regarding the influence of RF remains open. Thus, based on the literature and these results, additional explanatory analyses were conducted. The first one explored whether RF has a moderating effect on child social-emotional difficulties. Neither maternal nor paternal RF was found to be significant moderators in the relationship between triadic interaction quality and child social-emotional difficulties. Considering these results and the theoretical background of mentalization, another exploratory analysis was developed to determine whether RF influences triadic interaction. As expected, paternal and maternal RFs were significant predictors of family interaction, but when both were examined together, only maternal RF was a significant predictor. This could indicate that the effect of the father's RF was due to its correlation with the mother's RF ($r = .43$), which acted as a

confounding variable; in other words, maternal RF is more reliably associated with the Family Total Score. These results are similar to the findings reported by Marcu et al. (2016) under the concept of insightfulness, in which they showed that when both parents are insightful, the family cooperation score is higher than in other family combinations.

Finally, two exploratory mediation models were conducted and found that maternal RF is indirectly associated with child social-emotional difficulties through the Triadic Score. This unexpected finding is unprecedented in early family literature. As in other studies, such as Laranjo, Bernier, and Meins (2008), Stacks et al. (2014), and Ensink et al. (2018), the relationship between maternal RF and child outcomes is indirect, mediated by maternal sensitivity. Thus, mentalizing activity means that the parent is more likely to be aware, for example, of the infant's needs, thoughts, and feelings, but seems to need a conductor that can convert his or her thoughts about the infant's mind into direct, sensitive behavioral responses that impact the child's outcomes (Laranjo et al., 2008). In our case, the "conductor" that allows the mother's RF to impact the child's social-emotional competences is the quality of the interaction among the mother, the father, and the child.

The findings of this study are completely in line with several studies focused on parent-child relationships that show how maternal interest in the child's mental experience is associated with sensitive caregiving (e.g., Alvarez-Monjarás, McMahon, & Suchman, 2019; Grienberger, Kelly, & Slade, 2005; Rutherford, Booth, Luyten, Bridgett, & Mayes, 2015). In our case, adequate maternal RF appears to fulfill the function of channeling one's and others' mental states, and organizing the interaction and helping improve its coordination. Additionally, these findings confirm the contribution of family coordination and cooperation to children's social and emotional development (Cigala et al., 2014; Feldman & Masalha, 2010) and the contribution of maternal RF to the child's social-emotional competence through the triadic interaction, providing evidence based on a study of families with small children.

Additionally, this study shows that the father's contribution does not directly affect the child's early development. It is within the triad that the father, in interaction with the mother and the child, influences his child's development. This result has also been reported by other authors, suggesting that paternal involvement and reciprocity has a positive effect on child development, the mother-father-child relationship, and the couple subsystem (Feldman, 2010; Feldman, Bamberger, & Kanat-Maymon, 2013; Sarkadi et al., 2008; Simonelli et al., 2016).

This indirect influence of the father can be explained by the distribution of social and family roles and the amount and type of activities that the father performs with the family and his child. The reorganization of domestic and foster care has contributed to increased paternal involvement in

early childcare and has promoted multiple roles within the family (Lamb, 2013). In recent decades, the rate of economic participation of women has increased in Chile. However, it remains lower than that of men; male heads of household predominate (Instituto Nacional de Estadística, 2012), and the mother continues to be the main person in charge of the house and child rearing (Pleck & Masciadrelli, 2004). This sample is not an exception: 62.5% of the mothers had a full-time job, compared with 95.9% of the fathers, indicating that in many cases, the mother was the main child caregiver.

From a clinical perspective, these results invite professionals who work in early childhood to consider shifting their attention from the dyad to the early family, promoting the inclusion of the father or other significant caregivers. Shifting attention from the dyad implies working with the triad as a unit, which is different from working with the mother-child dyad and the father-child dyad simultaneously. Additionally, it is relevant for family intervention to include the development of parents' capacities to reflect on their child, as Philipp et al. (2018) do with the Reflective Family Play intervention. As these results show, maternal RF and family interaction quality could be regarded as a protective or detrimental factor for the social and emotional development of children. RF appears to be a variable that influences the quality of early family interactions because being able to represent one's own and others' mental states makes it possible to understand, regulate, and make sense of one's own and others' behavior (Fonagy, Gergely, Jurist, & Target, 2004).

Finally, this study has several limitations that need to be addressed. First, these findings must be confirmed using larger samples. It is also advisable to reduce the age range of the children because between 12 and 36 months, children undergo major developmental changes, primarily in terms of communication and self-regulation skills. Additionally, the cross-sectional design constitutes a limitation that makes it impossible to generate predictive models for observing causality and the direction of the variables.

In terms of the instruments used, although the ASQ-SE is an excellent and widely used instrument that can be administered by any mental health professional, it is no more than a screening assessment; therefore, it only detects the general aspects of child development. In this study, the participants completed the ASQ-SE in an interview with the clinician. This allowed the parents to be more aware of their children's difficulties but reduced comparability with other studies. Future studies would benefit from including other means of evaluating child social-emotional difficulties, such as child symptomatology or observational tasks, to complement the ASQ-SE.

It is important to consider that this is the second study to link family interaction and parents' reflective capacity and the first to also assess child social-emotional difficulties. Going beyond that, future research would benefit from considering

other family members who are in charge of daily childcare, such as grandmothers, stepmothers, and stepfathers, among others.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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