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Spanish Validation of the "Life Snapshot Inventory"

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Validación española del "Inventario de Instantánea Vital"

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Abstract.
Introduction: The Life Snapshot Inventory (LSI) is a self-report instrument to measure the meaningful vital, personal, and social directions. It was created in the Functional Analytic Psychotherapy as a continuous evaluation of vital changes in areas of life (family, work, love, spirituality, sexuality, health, etc.). **Objective:** The aim was to validate its psychometric characteristics for the first time. **Method:** This study involved 530 participants (average age 33 years), in a Spanish sample. The questionnaire has been compared with the Rosenberg Self-Esteem Scale (RSES) to obtain convergent validity. **Results:** The results showed a high internal consistency ($\alpha = .93$) and a correlation of .61, both statistically significant. The factorial analysis showed only one factor (43.56% of variance). In addition, it was sensitive to changes due to interventions, and made it possible to differentiate those people with vital problems. **Conclusion:** This questionnaire could be a helpful measure for healthcare and clinical contexts.

Resumen.
Introducción: El Inventario de Instantánea Vital (Life Snapshot Inventory; LSI) es un instrumento de autoinforme para medir las direcciones sociales, personales y vitales significativas para el individuo. Se ha creado desde la Psicoterapia Analítica Funcional (FAP) como una evaluación continua de los cambios en diversas áreas de la vida de un individuo (familia, trabajo, amor, espiritualidad, sexualidad, salud, etc.). **Objetivo:** Validar por primera vez las características psicométricas de este instrumento. **Metodología:** Este estudio implicó una muestra española donde participaron 530 personas (edad media 33 años). El cuestionario se ha comparado con la Escala de Autoestima de Rosenberg (RSES) para obtener validez convergente. **Resultados:** Los resultados mostraron una alta fiabilidad como consistencia interna ($\alpha = .93$) y una correlación de .61, ambas estadísticamente significativas. El análisis factorial mostró un único factor (43.56% de la varianza). Además, el instrumento fue sensible a los cambios originados por la intervención, y permitió diferenciar aquellas personas con problemas vitales. **Conclusión:** Este cuestionario podría ser una medida de gran ayuda para utilizar en contextos clínicos y sanitarios.

1. Introduction

FAP emphasizes the importance of the contingencies that happen during the therapeutic session and the therapeutic context. It establishes a functional equivalence between the client's daily environment and the clinical situation (Kohlenberg et al., 2005). It uses natural reinforcement and shaping of clinically relevant behaviours as a form of intervention. One of its greatest contributions is that it uses its own therapeutic relationship as a way to promote change in the client, focusing on the "here and now, on what happens within the clinical session, both in the problems and in the clients improvements (López-Bermúdez et al., 2021; Maitland et al., 2017). It is an idiosyncratic intervention, as it adapts to each person in particular. It does not add a set of specific techniques but uses those already known from behaviour change. It is a way of acting handling all the current knowledge of functional analysis of behaviour and applying them in a natural context of the relationship between the therapist and the client (Tsai et al., 2019). In addition, it is not only a psychotherapy by itself, as it can also be combined with other therapies, producing synergistic results in different conditions and clinical settings (Kanter et al., 2017; Kohlenberg et al., 2005; Macías et al., 2019; Maitland & Gaynor, 2012).

In the review carried out by Valero and Ferro (2015), we can observe that in the last twenty years there has been a progression of both theoretical and applied publications of FAP (efficacy and effectiveness studies, supervision of therapists, integration with other therapies, and forms of evaluation) (Kanter et al., 2017; Mangabeira et al., 2012; Valero-Aguayo & Ferro-García, 2015, 2018). In particular, in relation to forms of evaluation, some rating scales about the therapist-client interactions have been created. Several questionnaires have also been developed as useful tools to help the therapist (e.g., Case Conceptualization Form, the Mid-Therapy Questionnaire, or the Experience of Closeness in the Therapeutic Relationship). Those questionnaires can be found in the original book by Tsai et al. (2009). Some others, like Experiencing of Self Scale, have been tested yet in its psychometric properties also with Spanish sample (Valero-Aguayo et al., 2014). Those instruments reflect in written form, as self-registration and therapy product, the problems that are the objectives of change during the process of FAP.

One of the questionnaires in the FAP handbook is the Life Snapshot Inventory (LSI), and works as a tool for clinicians to evaluate the development of therapy (Appendix C; Tsai et al., 2009). No standardized psychometric properties of this questionnaire have been published, neither in Spanish nor in English language. This questionnaire consists of a record sheet that assesses the client on a series of values and goals in clients life. The individual is asked to rate on a 10-point Likert scale how satisfied he or she is at that particular time, or during that week, in each of the areas considered by the questionnaire. These values include satisfaction with their life, self-care, love and intimacy, health, exercise, discipline, family relationships, friends, spiritual life, altruism, authenticity, artistic expression, gratitude, etc. Therefore, in some way, this instrument would reflect a snapshot of how the individual is doing in all those vital aspects at the time of the evaluation. It is used for the initial evaluation of the client's values and the progressive changes that occur with respect to their goals throughout the course of therapy. This record sheet can be useful to evaluate the evolution of the stage at a glance, as it is quite easy and short to do. In addition, it can measure the effectiveness of the intervention itself, by observing week-by-week changes during the therapeutic process.

The content analysis of this instrument is related with other concepts, such as personal values, life satisfaction, and self-esteem. All of them are theoretical constructs about how the person situates him/herself in his/her life and context. Perhaps, it could be related with other constructs such as self-concept, self-efficacy or subjective experience of self, but those are more specific, focusing on the individual and how he/she views himself/herself in different capacities and competencies (Céspedes et al., 2021). The content of this instrument is more general; it is more about the individual in the world, about his or her life. In any case, we have to consider that from an analytical-functional point of view, any questionnaire is only the verbal answers that the individual gives in writing to a series of questions, and we have to consider that it is only his/her verbal behaviour, that is, it is what he/she tells us about him/herself and his/her satisfaction with the world.

From other contextual therapies (Acceptance and Commitment Therapy; Hayes et al., 2012), instruments for the evaluation of values have also been developed, which would include not only the importance that the person gives to each of the areas of their life, but the level to which they have behaviours that are in accordance with those values, and the level to which they are committed to carrying out those values in his or her life (Reilly et al., 2019). The most similar questionnaire to the one presented here is the Valued Living Questionnaire (VLQ; Wilson et al., 2010), in which people value the importance of each area of their lives and also how consistent they are in achieving those values. The difference between the VLQ and the LSI is that the purpose of the questionnaire presented here focuses more on current reality, how the individual finds or values him or herself in their current situation in the various areas of his or her life, and not so much on what they expect.

On the other hand, "self-esteem is also an affective concept, which defines how the subject feels about himself or herself (Rosenberg, 1989). He is the author of the

best known and most widely used scale for assessing this construct (Rosenberg Self-Esteem Scale; RSES). Originally, it was the feeling of worth, but it has been shown that it is a concept with a high correlation with vital areas, such as social relations, work and health, as well as psychological adjustment, positive emotions, and prosocial behaviour (Mann et al., 2004). Well-being has also been correlated with higher self-esteem in other studies (Krieger et al., 2015). Thus, this concept of "self-esteem would be much related to how people judge themselves in the different areas of their life, which is in particular what the Life Snapshot Inventory tries to evaluate. For example, how the client sees him/herself with regard to his/her personal relationships, family, spiritual life, friendships, finances, altruism, creativity, gratitude, etc., would indicate that verbal construct of "self-esteem, but also the satisfaction with his/her life at that moment. In this sense, the concepts as self-esteem and life satisfaction may be closely related (Moksnes & Espnes, 2013; Orth & Robins, 2014). We could say that individuals that give positive evaluations about their lives in general have high self-esteem. It is a verbal construct as product of the peoples experiences. Besides, this construct has a hight correlation with satisfaction, personal well-being, health and happiness, while presenting negative correlations with anxiety and depression (Bajaj et al., 2018; Leary & MacDonald, 2003; Liu et al., 2014; Orth & Robins, 2014). Therefore, we believe that it can be a good instrument for comparison and standard validity.

Also, from a more general point of view, the LSI would also refer to the construct of "subjective well-being, the level of satisfaction that the individuals have with their own life and pursuit their personal values (Wersebe et al., 2018). A concept that would be composed of an affective component (either positive or negative) and a cognitive component on that general satisfaction (Emerson et al., 2017), but it would be a global evaluation that people make on their life. The concept of "life satisfaction is also a cognitive assessment of one's quality of life, closely related to well-being, and a predictive variable of physical and psychological health, positive living habits, and greater well-being in social relationships (Miller et al., 2019). Life satisfaction reflects the individual's overall assessment of their quality of life and has been negatively associated with fewer psychological problems as well as greater individual progress (Grant et al., 2009; Richter et al., 2019), but also with other domains like finances, family, and friends through different countries and cultures (Diener & Diener, 2009; Sortheix & Lönnqvist, 2013).

Furthermore, it seems that this concept of life satisfaction could change with therapy and would be influenced by events in the individual's history. However, unlike the psychometric instruments in use, the Life Snapshot Inventory assess the level of satisfaction (greater or lesser) that the individual has with each of the areas

of his or her private and social life. As such, the subjects have to observe themselves at the moment they are asked, and to judge what level he/she is satisfied with his/her life in each of these areas. In this way, it offers a *snapshot* of how the individual considers himself or herself when they observe and evaluate themselves. It is obvious that this concept depends on the experiences, and above all on the reinforcers that a person has had before. What is obtained in the questionnaire would be the individuals appreciation of those experiences. Logically, this satisfaction and its valuation can change with new and different experiences. Therefore, this snapshot can change over time and according to the events that occur in his/her life. We do not assume a permanent or immutable trait from the questionnaire scores, but only a quantification of the individuals verbal responses. In this way, we assume that those scores could change, so it would be a good instrument for the evaluation of pre-post changes obtained in a therapeutic process.

This study has the following specific objectives: (a) to translate the Life Snapshot Inventory for its use with the Spanish population and in a clinical context; (b) to evaluate its psychometric properties regarding reliability by internal consistency, because this instrument has not yet been published in a standardized form; (c) to study the convergent validity with another similar self-report instrument; and (d) to test its sensibility to detect changes due to therapeutic process.

2. Method

2.1 Participants
A total of 530 people participated in this study, 381 women (71.9%) and 149 men (28.1%), with an average age of 33.72 years ($SD = 13.31$), ranging from 18 to 72 years. The only criterion for inclusion was to be of legal age and to answer all socio-demographic and questionnaire questions. The recommended minimum number of participants was 340, as the total number of items was 34, but this number was almost doubled in the sample. The majority were students (40.5%), with university-level education (88.8%) and workers in companies (23.9%). Of the complete sample, 59 people were in psychological treatment (11.1%). Table 1 shows the complete distribution of the sample of participants. In addition, a different small sample of workers and students ($n = 55$) was used to demonstrate the sensitivity of the questionnaire to changes due to the effect of a group intervention. They were people that participated in different group-therapy about self-improvement. They were evaluated about three months between pre and post for each group treatment.

2.2 Instruments
The following questionnaires, which were given to all participants, have been used:

Table 1

Socio-demographic Data of the Sample

Variables	Frequency	%
Sex		
Male	149	28.1
Female	381	71.9
Employment situation		
Unemployment	43	8.1
Students	212	39.9
Self-employment	59	11.2
Companies	129	24.4
Administration	68	12.8
Retired or similar	19	3.6
Educational levels		
Primary	1	.2
Secondary	9	1.7
High school	49	9.2
University	473	88.9
Psychological treatment		
Yes	59	11.3
No	472	88.7

Life Snapshot Inventory (LSI; Tsai et al., 2009). It is an instrument that allows the continuous assessment of the vital and general psychological state of the individual of special relevance when intervening with FAP. This self-report consists of 24 items related to different values: personal care, time, work, love and intimacy, home, purposes in life, altruism, friendships and social relationships, emotional flexibility, gratitude, etc. The response coding is based on a Likert type scale (1-strongly disagree to 10-strongly agree) on life satisfaction in the different areas listed. Table 2 shows the description of all 24 items of the questionnaire.

Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1989; Spanish version by Atienza et al., 2000). We considered using this particular questionnaire because of its wide use in studies, both in clinical and normative samples, on how the individual views him/herself, also him/herself in the world. This comparison could give convergent validity to the LSI itself, as it is widely used and standardised, outside of contextual therapies. It is the classical scale used for the global measurement of self-esteem, so its comparison is a standardised way of validating. The concept of self-esteem is defined as the individuals attitude towards themselves, the opinion one has of oneself. The questionnaire consists of 10 items focusing on feelings of respect and acceptance of oneself, five with positive statements and five with negative statements about oneself. To answer the questionnaire, a Likert scale is used (1-strongly disagree to 4-strongly agree). In relation to its internal consistency, it is high in adolescents, university students, and adults (Atienza et al., 2000), as well as in the clinical population (Vázquez et al., 2004). Generally, the overall score of the questionnaire is con-

sidered: the higher it is, the better the positive consideration towards oneself. Many of the studies that have used this instrument have focused on the psychometric properties, including the controversy over whether it has only one or two factors (Salerno et al., 2017), and only some of them have studied their levels and the comparison between different groups (Ancer et al., 2011). Therefore, it is considered that low levels of self-esteem would be in scores between 10 and 25, medium level between 26 and 29, and high levels between 30 and 40 points. This instrument has shown high levels of reliability with internal consistency in the Spanish population —between .81 and .87—, and as test-retest reliability —between .82 and .88 (Vázquez et al., 2004)—. It has also been shown to be valid in different languages and cultures (Schmitt & Allik, 2005).

2.3 Procedure
For the adaptation of the Life Snapshot Inventory, the original English translation has been made into Spanish with the vocabulary used in it by several native speakers and professionals with contextual therapies. The questionnaire was then applied to a small sample to see its usefulness and possible problems in understanding the items. In this way, the final version was obtained, which is the one that was given to the participants. This study was conducted and approved by the Experimental Ethics Committee of the University of Málaga (Spain, Ref. 47-2018-H). This research was conducted in accordance with the ethics of the American Psychological Association.

The application of the questionnaire has been done through an on-line web application, individually on the computer. The sample was recruited from higher education centres, and well as in organizations and workplaces. In these places, the procedure and purpose of the study were explained, and they were given the web address to access and fill in the items. In addition, different social networks were used to disseminate and recruit more sample for the study, always giving the same indications and personal access to the web address to complete the questionnaire. The information on the website asked for informed consent, voluntary participation, and anonymous processing of the data and personal information of the respondents. In compliance with the data protection law, the web program did not record the IP addresses, cookies, e-mails, origin, or identifying names of the respondents; however, the sample was only for people who received the specific web address to apply to the questionnaires. They use only a code of three letters and three numbers of his/her complete identification card.

The first page of information in the web address asked for sociodemographic data without any personal identification, and later the items from the LSI and RSES questionnaires appeared, without identifying their names. The whole process took approximately 10-15 minutes in total.

The same evaluation procedure was used for the group of 55 participants, in order to test the sensitivity of the instrument to pre-post changes. These participants were tested before and after various courses and workshops to improve social relations, affectivity, personal self-esteem, and parity. There were biweekly sessions, in a total of 5 sessions of 2 hours each. The time between each assessment was about three months.

2.4 Data Analysis

The data were recorded in an Excel file, encrypted with a key, and later the data were analysed with the software SPSS 21 for Mac. We made first an analysis of the sample with descriptive parameters and Chi^2, and later the reliability analysis of the questionnaire (with Cronbachs *alpha*), and finally an exploratory factorial analysis with Varimax rotation was made to find the common elements that group together most of the items. In order to establish the possible differences between sub-groups of the sample, we use *t*-Student and factorial analysis. Consequently, to find convergent validity, the two questionnaires were compared with a Pearsons correlation. And, also, to evaluate the sensitivity of the questionnaire to detected changes due to treatment, we also made a pre-post analysis (with *t*-Student) of the small group of the sample that had received a group psychological intervention.

3. Results

The sample data shows a bias of female participants (71.8%) versus male participants (28.2%). Thus, there are significant differences between the sexes with respect to the level of studies ($\chi^2 = 538.50, df = 12, p < .001$), and with respect to the employment situation ($\chi^2 = 538.50, df = 12, p < .001$), since the sample is mostly made up of female students and university students who do not have a job yet.

A reliability analysis using Cronbach's *alpha* coefficient, to check the internal consistency, has obtained an $\alpha = .939$, a value that exceeds the established criterion of $\alpha = .70$ which is considered to be an acceptable internal consistency.

To check the existence of factors in the questionnaire, a factorial analysis with Varimax rotation of all items has been carried out. After this analysis, we found a single factor that groups all the items and that will group 43.59% of the variance. Table 2 shows the average scores of each item and its contribution to the overall factor of the questionnaire.

To study convergent validity, a correlation analysis between the LSI and the RSES scale has been carried out. Correlation was high and statistically significant between both ($r = .611; p < .001$).

In order to establish clinical criteria, the mean and standard deviation ($M = 166.87, SD = 29.85$) were taken,

Table 2

Items Scores and Correlation with Overall LSI Factor

Items	Mean	S.D.	r
Satisfaction with life	7.42	1.70	.794
Self-care	7.59	1.58	.654
Time management/discipline	6.48	1.90	.679
Meaningful work	7.24	1.93	.724
Love and intimacy	7.18	2.24	.663
Sexuality	6.72	2.52	.575
Health and nutrition	7.13	1.68	.612
Exercise	5.88	2.26	.458
Home management/environment	7.10	1.86	.640
Life purpose	7.62	2.00	.820
Friendships and social support	7.55	2.04	.713
Family relationships	6.96	2.19	.654
Finances	6.20	2.10	.494
Courage/Ability to take risks	7.34	1.84	.716
Spiritual life	6.47	2.31	.525
Contribution to community/ altruism	6.62	1.96	.541
Emotional insight/cognitive flexibility	7.26	1.84	.701
Mindfulness	6.90	1.87	.701
Authentic expression/Speaker inner voice	7.63	1.80	.624
Creative and artistic expression	6.46	2.14	.400
Problems as opportunities	6.37	2.00	.688
Sense of gratitude	7.79	1.68	.737
Activities that bring pleasure	7.44	1.79	.780
Lifelong learning	7.80	1.79	.745

so that those people who were found 2 standard deviations below the mean (i.e., a score of 107 or less), would allow us to identify participants with possible vital problems. Using this criteria, 28 persons were detected with a possible clinical problem that might require some kind of psychological help.

Those who have psychological treatment ($M = 86.93$, $SD = 16.89$) and those who do not ($M = 171, SD = 22.25$) present significant differences between them ($t = 19.82, gl = 528, p < .0001$). Similarly, significant differences have also appeared between them in the RSES questionnaire ($t = 10.77, gl = 528, p < .0001$), since they have average scores of 22 points, which would imply low self-esteem in them. No significant differences appear in relation to the work situation ($F = 2.288, gl = 5, p = .045$), but in the *post-hoc* comparison between those who were unemployed, and those who worked or were studying, differences appear since this group of participants has a lower average than all the other groups ($M = 147.09, SD = 37.32$, as opposed to $M = 177.37, SD =$

28.76). There are no significant differences between the sexes, or in the different educational levels.

On the other hand, the pre-post data comparison in the results of the small sample group, who received a group intervention, showed significant changes ($t = -6.29, gl = 54, p < .001$), with an initial mean of 157 points that went to 178 points at the end. This indicates the improvement in the opinion that these participants had of themselves in each of the vital areas. Therefore, those data showed that this questionnaire can reflect changes due to psychological treatment. We can conclude that when the client improves in his/her life, higher scores may appear in the questionnaire, he/she gives greater value to the various aspects of his/her personal life, family, friendships, community, activities, leisure, etc.

4. Discussion

This work is the first psychometric study of the Life Snapshot Inventory (LSI), which was published in English by the original authors of Functional Analytic Psychotherapy (Tsai et al., 2009), but without sample data or application-specific data. It is an instrument that is used to compare the effectiveness of the changes produced by this therapy, or by any other type of the behavioural and contextual therapies with adults. Not only as an evaluation before and after the treatment, but also because it has characteristics of self-registration, it can be used weekly or continuously to observe those changes in a progressive way in the values of the individual's life. In fact, in our clinical practice, it is very useful as an additional tool for case conceptualization, and as a "thermometer" of the weekly changes that are happening session after session (Valero-Aguayo & Ferro-García, 2015, 2018).

Data from this study have shown high reliability for internal consistency ($\alpha = .939$). At the same time, it has also shown that it can be sensitive to changes after a treatment, since in the small sample that it has applied, the satisfaction scores increase and are in the average scores of the total sample.

On the other hand, its sensitivity has also been tested to detect people with problems (with a cut-off criterion of 107 points in this instrument), which also corresponds to those who present very low self-esteem scores. Additionally, with respect to those people who are unemployed, because they also obtain significantly lower scores, perhaps because of less satisfaction with their life, but also with less self-esteem, due to the situation they are living in. The results are similar to those found in other studies, where higher self-esteem is related to better social and work relations (Orth & Robins, 2014). Similarly, those with low life satisfaction have some type of problem that leads them to receive psychological or psychiatric treatment (Miller et al., 2019). This instrument seems to measure some concepts similar to that of

self-esteem, since it has been shown that this LSI correlates with the standardized SRES scale on self-esteem ($r = .61$), since both ask the individual to evaluate their life and their satisfaction in very different aspects of that life, both social and individual. This correlation between life satisfaction and self-esteem also found here is similar to other studies (Krieger et al., 2015; Lin, 2015; Miller et al., 2019; Richter et al., 2019).

The sample used has a wide age range (average 33 years) from 18 to 72 years old. However, special attention should be paid because the sample is mostly female students. Although there are no significant differences in the Life Snapshot Inventory scores between men and women, the sample can be considered to be biased by this type of population. Like here, most of the research on self-esteem and life satisfaction has been carried out on young people, including adolescents (Ancer et al., 2011; Atienza et al., 2000; Rosenberg, 1989; Salerno et al., 2017), but it would be necessary to repeat this type of research with older population, and also with clinical population, increasing the small sample used here in order to be more certain about the normative scores and the criteria for considering the vital problems of the person being assessed. It was not our intention to use this questionnaire as a diagnostic tool and therefore no clinical sample has been used for comparison. Perhaps we can do this later, in a subsequent study on the clinical validity of the instrument. In fact, we have already used it in clinical cases, in single case designs, assessing the progressive changes week by week, and also pre-post changes when applying FAP.

Besides that, because of the procedure for recording the data, a differentiated study would be necessary between participants who answer exclusively on-line, on their own and isolated, and those who do it in pencil and paper or on the computer, but with the presence of the researcher. Although the equivalence between the two formats is not perfect (Gnambs & Kaspar, 2016), the results that are usually found are similar when applying the same assessment instrument in the two formats. In this research it has not been possible to compare this circumstance, but it could be replicated with another comparative sample.

5. Conclusion

In summary, we believe that the Life Snapshot Inventory can be a good instrument for clinicians working in psychotherapy with adults, even if they may use other types of non-behavioural or contextual treatments. Also, it could be useful for those therapies to observe the changes in the individual's life that are occurring progressively, and not just wait for a final evaluation. However, the results in the participants who received a psychological intervention show the sensibility of the LSI to measure the final change in personal satisfaction and

self-esteem after a treatment. Furthermore, the exploration during the sessions of the contents of the questionnaire itself can allow the professional to go deeper into the problems and vital dissatisfactions presented by the individual in the therapeutic context, and work with them by focusing on lifes clinical targets (Villas-Bôas & Kanter, 2016) rather than on the diagnostic categories. In fact, our clinical practice has showed the utility of this instrument for the assessment, for the conceptualization of the cases, and for the valuation of final results of the treatment with FAP (Valero-Aguayo & Ferro-García, 2015, 2018).

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