

Contribution of Conversation Analysis to Psychotherapy by Tele-psychology to adolescents with Eating Disorders in the context of Covid-19

Lautaro Barriga^a, Marco Villalta^b

Abstract

Background: Measures to prevent the spread of COVID-19 cause psychological distress in the general population and aggravate symptoms in patients with mental health problems, e.g., adolescents with eating disorders who need specific, long-term, transdisciplinary, and complex treatments. The Ministry of Health of Chile authorizes Tele-psychology in public mental health services, being the telephone the main means of contact. In this context, the study whose objective is to propose verbal communication actions to telephone psychotherapy of adolescents with eating disorders supported by Conversation Analysis emerges.

Method: Systematic bibliographical review with qualitative, descriptive, integral and interpretative method of search of articles in indexed databases with information that relates Conversation Analysis to psychotherapy of adolescents with eating disorders and Tele-psychology. The information is shown in 2 sections organized in a table that allows the systematic reading to analyze the convergence and divergence with the purpose of interpreting and integrating the data from the descriptive analysis.

Results: Conversation Analysis projects three phases in Tele-psychology by telephone, where the importance of the elements of the context that should be present before, during and at the closing of the call is highlighted; the need to promote different types of dialogues that facilitate therapeutic conversation and that should be initiated by the psychotherapist, such as adhesion dialogues and exchanges of subjective stories and to cautiously apply the exchange of self-knowledge.

Conclusions: Conversation Analysis provides psychotherapists with the therapeutic information and knowledge that allows them to understand the importance of the communicative framework when progressively using the structure of conversational exchanges through a communication channel that is eminently verbal

Keywords: Conversation Analysis; Psychotherapy; Adolescents; Eating Disorders; Tele-psychology.

Introduction

In December 2019, in the city of Wuhan (China), the first case of Coronavirus in the world was diagnosed (COVID-19), with a rapid spread and high contagion to the point of being considered a pandemic (Conoraviridae Study Group [CSG], 2020). The main symptoms are cough, fever, pneumonia, headaches and dyspnea, with more aggressive

behavior in older adults and people with chronic diseases (Gguo et al, 2020). This last point, together with the virus mutations and the absence of a world-wide produced vaccine in the short term, allows to anticipate the difficulties in the response of the public health system and its possible collapse, in the psychosocial problems of the population and in the contraction of the macro and micro economy.

Chile implemented a series of measures to prevent contagion, including: a curfew that limits population movement; sanitary cordons that prohibit entry to and exit from certain territories; the use of masks; social distancing; quarantines that force people to stay in their homes; and other measures (Ministry of Health [MINSAL], 2020).

^aUniversidad Bernardo O Higgins. Escuela de Psicología. Santiago de Chile. Universidad Gabriela Mistral. Escuela de Psicología. Santiago de Chile.

Orcid 0000-0002-0128-7133

^bUniversidad de Santiago de Chile. Escuela de Psicología. Santiago de Chile. Orcid 0000-0002-7553-925X

Correspondencia: Lautaro Barriga. Fono: 56-2 25680815. Mail: laupsi@gmail.com

Quarantines alter the psyche, increase stress, hopelessness, fear, anguish, anger, anxiety, uncertainty, and decrease life satisfaction and well-being (Brooks, 2020; Duan, 2020). If people without mental pathology are affected, children and adolescents with eating disorders, depressive disorders, bipolar disorders, and autism are expected to be more affected, who in addition cannot attend school and restrict their face-to-face psychotherapeutic treatments, anticipating a pandemic of psychological decompensations during and after the waves of the Covid-19 pandemic (She et al, 2020; Pierce et al, 2020).

In this panorama, the Chilean health authority authorizes the implementation of the strategy of the Digital Hospitals in the public services of mental health, that is to say, Tele-psychology will be used to minimize the psychological risks in the general population and to maintain the stability in patients with mental disorders (MINSAL, 2020; Official Newspaper of Chile, 2020). However, Tele-psychology to approach a face-to-face psychotherapy that requires adolescents with eating disorders, should consider: 1- That public health institutions provide an adequate context for the interventions, such as technological tools, connectivity and safety protocols that protect the rights and welfare of patients and psychotherapists; 2- That the psychologist deploy verbal communication skills in a relationship that is mediated by technological tools to generate the frame, build the relationship and promote therapeutic change (Matheson, Bohon & Lock, 2020). In this last point, we can mention the communicational strategies, specifically the Analysis of the Conversation that gives guidelines on how to establish contact with patients to favor the therapeutic relationship. In this context, the research question arises: How to sustain communication through a channel that is eminently verbal in order to establish and make possible therapeutic conversation with interlocutors who share synchronously the same communication channel, but located in different physical spaces?

The objective of the study is to propose, from the analysis of the conversation, verbal communicative actions to make possible the therapeutic conversation from Tele-psychology by phone in public mental health institutions in the context of COVID-19. For this purpose, articles indexed in scientific journals that relate psychotherapy to the analysis of the conversation of adolescents with eating disorders will be analyzed.

Public Health and Tele-psychology in the context of COVID-19.

Public health is understood as the collective health that includes the psychosocial factors that condition the health-disease process and that emphasizes the search for the population's well-being (Forascepi, 2018).

The Chilean public health system presents deficiencies in its infrastructure, deficit in state-of-the-art technology, impersonality when treating the patient and difficulty in accessing medical care in a timely manner (Goic, 2015). The latter allows for the promulgation of the health policy of the Digital Hospitals that modernizes the health system and implements the modality of Tele-medicine that complements the face-to-face attention, bringing the health personnel closer to the most vulnerable population (MINSAL, 2019). The health authority extends the policy of digital hospitals to public mental health centers to reduce the psychological impact caused by the measures against COVID-19, authorizing Tele-psychology to be implemented and thus maintain stabilized patients with mental disorders who cannot attend treatment in person, a situation that for some authors will be structural in health (González-Peña, Torres, Barrio & Olmedo, 2017; Márquez, 2020).

Psychotherapy to adolescents with Eating Disorders (AD).

The measures against COVID-19 impact, on the one hand, the mental health of the general population, who would present irritability, anger, anxiety, increased consumption of alcohol - drugs and stress, and on the other hand, the mental health of adolescents with AD (Zhu et al, 2020; Matheson, Bohon & Lock, 2020; Phillipou et al, 2020). AD, especially Anorexia Nervosa (AN) characterized by dietary restriction, dissatisfaction with the body and fear of gaining weight, and Bulimia Nervosa (BN) with binge eating, weight control and compensatory behaviors, are serious, complex, function-altering mental disorders associated with high rates of suicidal ideation and planning (Lazo, Durán-Agüero, 2019; Mustafa et al, 2015; Benjet, Méndez, Borges, Medina-Mora, 2020). In Chile, AD is the third most common chronic disease in adolescents, with increasing prevalence and reports indicating that one out of every two adolescents between the ages of 15 and 16 is believed to be overweight (Urzúa, Castro & Lillo, 2011; Benjet, Méndez, Borges, Medina-Mora, 2020; Matheson, Bohon & Lock, 2020). Adolescents with AD present in different socioeconomic strata and ethnicities, with more male cases the last

decade and high mortality among mental disorders (Lazo & Durán-Agüero, 2019; Cruzat, Ramírez, Melipillán & Marzolo, 2008). The causes of AD are multifactorial and include a personal-psychological domain that interferes with the understanding of oneself and others; a biological-hereditary domain with neurobiological organizations that distort the body image; and an interpersonal-environmental domain of anomalous subjective construction (Behar et al, 2018; Friederich et al, 2010).

Face-to-face treatment of adolescents with AD is difficult, long and requires public health institutions of high complexity and technical specificity, with outpatient and inpatient mental health care, a transdisciplinary approach and biopsychosocial approach to medically stabilize the patient and then perform psychotherapy with a psychologist in his role as psychotherapist (Behar et al, 2018). It is emphasized that psychotherapy causes clinical improvement when performed by a psychotherapist who is an expert in linking patients with AD, since because they are uncooperative, dishonest with their subjectivity and because of the difficulty in interpersonal contact, it is essential to install and strengthen the Therapeutic Alliance in order to access their internal world and achieve change (Cruzat, Ramírez, Melipillán & Marzolo, 2008, Behar et al, 2018, Cruzat-Mandich et al, 2017). In this sense, the importance of the Alliance as a support of Tele-psychology by telephone is revealed, where the psychotherapist accesses the verbal language and tones of the voice that discriminate by the handset, but with no access to body language and facial expressions, restricting coordination and synchronization. This is a challenge for the psychotherapist, who must also consider that studies of telephone psychotherapy in AD patients are scarce and with little evidence (Matheson, Bohon & Lock, 2020). In this context of eminently verbal communication, conversational strategies such as Conversation Analysis emerge.

Conversation Analysis (CA) and Psychotherapy.

The CA is a comprehensive and inductive approach to the analysis of language organization in its interactive and intersubjective dimension of conversation (Villalta, 2009; Gaete, Aristegui & Krause, 2017). It has methodological approaches from pragmatic linguistics, psychology and sociology, which share the interactive character of communication (Barriga & Villalta, 2019; Villalta, 2009). It is relevant that from psychology it was Sacks and Schegloff from the University of Berkeley who called AC to the study of the interaction of people who called by phone to a Suicide Prevention

Center, concluding that dialogues and behaviors are intelligible by shared procedures and methods of understanding what the other tries to say or do from what he speaks (Sack, Schegloff & Jefferson, 1974). Indeed, verbal emissions are linked and configure comprehensive, cooperative sequences organized by two speech actions, where the first action of one interlocutor invites a second action of the other interlocutor, connecting the speakers and generating dialogues (Kaukomaa, Peräkylä & Ruusuvuori, 2014). In this line, the CA contributes with key concepts that promote the psychotherapeutic relationship: 1- Conversation is action and interaction; 2- The action of conversation is organized in coordination structures of interlocutors to achieve objectives and; 3- Conversation sustains intersubjectivity, confirms roles, status and identity (Sack, Schegloff & Jefferson, 1974; Kaukomaa, Peräkylä & Ruusuvuori, 2014). These concepts allow us to understand that sustaining the conversation requires cooperative action, building sequential interactions, identifying the structures of the conversation, and recognizing how participants orient themselves to each other by organizing, interpreting, and obtaining meaning in everyday or formal interaction, such as medical consultation, psychotherapy, oral judgment, and others. In this sense, the CA brings to the meanings to the conversation of the psychotherapist with the adolescent with AD, to the co-construction in units of dialogues, which in terms of pragmatic linguistics is called Conversational Exchange (Kerbrat-Orecchioni, 1998; Villalta, 2009; Barriga & Villalta, 2019). In this perspective, the conversation is hierarchical with a minimum unit that is the communicative orientation between two different interlocutors - Interchanges -, which is composed of: 1- Mono - logical units, referring to the intervention of each interlocutor and; 2- Dialogical units, referring to themes and moments of the Exchange (Kerbrat-Orecchioni, 1998; Villalta, 2009).

Method

Design

Systematic Bibliographic Review Study with a qualitative method, of a descriptive, comprehensive and interpretative type of documentary information that relates psychotherapy to AC applied to adolescents with AD from Tele-psychology by telephone.

Data collection procedure

Scientific articles were searched in the Web of Science (WOS), SCOPUS and EBSCO databases.

These databases were chosen because they produce rigorous and academically focused articles

(Chaparro-Martinez et al, 2016). The following search equation was used (Table 1).

Table 1. Database search equations.

Database	Search Equation
WOS	Psychotherapy and Adolescents and Eating Disorders and Conversation Analysis. Tele-psychology and Telephone and Adolescents and Eating Disorders and Psychotherapy.
SCOPUS	Psychotherapy and Adolescents and Eating Disorders and Conversation Analysis. Tele-psychology and Telephone and Adolescents and Eating Disorders and Psychotherapy.
EBSCO	Psychotherapy and Adolescents and Eating Disorders and Conversation Analysis. Tele-psychology and Telephone and Adolescents and Eating Disorders and Psychotherapy.

Source: Own elaboration

According to the title and the abstract, the articles will be downloaded in full text to be read by each researcher and leave those that meet the criteria

for inclusion and exclusion previously established (Table 2 and 3).

Table 2. Inclusion Criteria.

Inclusion Criteria.
1- Articles that include the following key words in English, Spanish and French: Psychotherapy, Adolescent, Eating Disorders, Conversation Analysis and Tele-psychology by phone.
2- Scientific articles from the WOS, SCOPUS and EBSCO databases between January 2007 and October 2020
3- Articles with Adolescent population between 13 and 18 years old.
4- Articles with Adolescents with Eating Disorders.

Source: Own elaboration

Table 3. Exclusion Criteria.

Exclusion Criteria
1-Article duplicated in the databases.
2-Article not available in full text.
3-Population outside the age range.

Source: Own elaboration

Data analysis

The selected articles will be organized in 2 sections: 1-The AC related psychotherapy of Adolescents with AD and; 2-Telephone psychotherapy to Adolescents with AD. Both sections will be shown in a single informative table that obtains the information of the selected articles and that are organized with the purpose of the systematic reading and description of the texts by each researcher, to later review both researchers exhaustively and interpretatively the divergences and convergences that arise from the descriptive analysis, according to the objective of the study.. The total information gathered by the researchers will be reviewed by 2 clinical psychologists with extensive experience in adolescents with AD.

Results

In the first section, the search with the equation psychotherapy and adolescents showed more than 66,000 articles, but, when adding to the DA

equation they were reduced to 4,421 and when adding to the AC it was reduced to 0. However, 35 articles were found that related the CA to some keyword in the search equation, from which the 10 closest to the inclusion criteria were selected. In the second section, the search by Tele-psychology delivered 843 articles, but when adding adolescents and telephone only 5 were left and when adding DA and psychotherapy it was reduced to 1. However, this single article did not meet all the inclusion criteria, so of the 5 articles that had been left in the previous search, the 2 that were closest to the study's objectives were left (Table 4).

Each article was described and an exhaustive and interpretative analysis was carried out for the proposal of knowledge transference of the communicational interaction of the CA towards the psychotherapy of adolescents with AD from Tele-psychology by telephone. This proposal is articulated in three sequential and interdependent phases:

**-1st Phase: Before carrying out the Tele-
psychology by phone:**

The first thing is the place of attention. For this it is necessary to take into account the elements of the Communicative Framework, such as the socio-

spatial context and the management of the participation process (Table 5), which mark Tele-
psychology from beginning to end as a conversation (Voutilainen, Peräkylä & Ruusuvoori, 2011; Villalta, 2009).

Table 4. Results of the Documentary Search in Databases.

Author and year	Name of Article	Magazine
1-Lepper, G & Mergenthaler, E. (2007)	Therapeutic collaboration: How does it work?	Psychotherapy Research : Journal of the Society for Psychotherapy Research
2-Castelnuovo, G; Manzoni, G; Villa, V; Cesa, G; Pietrabissa, G & Molinari, E. (2011)	The STRATOB study: design of a randomized controlled clinical trial of Cognitive Behavioral Therapy and Brief Strategic Therapy with telecare in patients with obesity and binge-eating disorder referred to residential nutritional rehabilitation.	Trials
3-Villalta, M. (2009)	Conversation analysis. A proposal for didactical interaction research in the classroom.	Pedagogical Studies
4-Kondratyuk, N; & Peräkylä, A (2011)	Therapeutic work with the present moment: A comparative conversation analysis of existential and cognitive therapies	Psychotherapy Research : Journal of the Society for Psychotherapy Research
5-Voutilainen, L; Perakyla, A & Ruusuvoori, J. (2011)	Therapeutic change in interaction: conversation analysis of a transforming sequence	Psychotherapy Research : Journal of the Society for Psychotherapy Research
6-Weiste, E & Peräkylä (2013)	A comparative Conversation Analytic study of Formulations in Psychoanalysis and Cognitive Psychotherapy.	Research on Language and Social Interaction
7-Sutherland, O; Peräkylä, A & Elliott, R. (2014).	Conversation analysis of the two-chair self-soothing task in emotion-focused therapy.	Psychotherapy Research : Journal of the Society for Psychotherapy Research
8-Kobak, K; Mundt, J & Kennard, B (2015)	Integrating technology into cognitive behavior therapy for adolescent depression: A pilot study.	Annals of General Psychiatry.
9-Tomicic, A; Pérez, J; Martínez, C & Rodríguez, E. (2017)	Vocalization--Silence Dynamic Patterns: A system for measuring coordination in psychotherapeutic dyadic conversations	Latin American Journal of Psychology
10-Gaete, J; Arístegui, R & Krause, M (2017)	Four Practices to Invite a Therapeutic Shift in Focus	Argentine Journal of Psychological Clinic ,
11-Barriga Carvajal, L & Villalta Paucar, M. (2019).	The Expert and Novice Psychotherapeutic Conversation. An Exploratory Study in Chile.	Argentine Journal of Psychological Clinic
12-Barriga, L & Villalta, M. (2019)	Analysis of the conversation: Psychotherapy of depressed adolescents with attempted suicide in a hospital context.	Psychological Therapy

Source: Own elaboration

Table 5. The Elements of the Communicative Chart

Socio-Spatial Context			Participation process		
1.Space-time	2.Purpose	3.Quality of participants	1.Role of the interlocutor	2.Receiver type	3.Interactive role
1.1Function	2.1Data	3.1Number	1.1Sender	2.1Direct	3.1Complementary
1.2Features	2.2 Built	3.2 Status	1.2Recipient	2.2Indirect	3.2Symmetrical
		3.3Emotionality			

Source: Adapted from Villalta, 2009, page 225

Indeed, the space-time situation, as well as the qualities of the participants - in this case

adolescents with AD and especially psychotherapists - require infrastructure conditions

and professional skills for Tele-psychology (Castelnuovo et al, 2011; Kobak, Mundt & Kennard, 2015). It is suggested:

A-Consider ethical, technical and professional aspects: 1- The psychotherapist should contact the responsible adult, evaluate the need for psychotherapy and request authorization to initiate it; 2- The psychotherapist should be aware of his/her clinical competencies and limitations in the care of serious pathologies and risk management and; 3- The psychotherapist should focus on the mental-physical stability of the adolescent, on the family-social functioning and on the risk situations that arise in order to inform and decide with the responsible adult the therapeutic actions that will safeguard the integrity of the adolescent.

B. Consider that public mental health services should 1-Guarantee a noise free care office and telephone with exit to the outside to make the phone call and; 2-Guarantee access to the adolescent's clinical record.

-2nd Phase: Development of Tele-psychology by telephone:

In this phase, a dialogue takes place between the psychotherapist and the adolescent with AD over the phone, which presents specificities to be considered in their development:

A- The psychotherapist knows that the psychotherapeutic conversation is inserted in a Specific Communicative Context regardless of the communication channel, where the roles of transmitter - receiver alternate in the interaction in a cooperative and reciprocal way to sustain the cooperative action by the technological resource of the telephone, but that only in the empathic disposition is the purpose of psychotherapy reached and promoted (Sutherland, Peräkylä & Elliott, 2014). The quality of the participants, the role of the interaction and the purpose of the participants are co-constructed through the structure of the dialogue (Voutilainen, Peräkylä & Ruusuvaori, 2011; Kondratyuk & Peräkylä, 2011; Barriga & Villalta, 2019), therefore each verbal intervention is not neutral and impacts positively or negatively on the therapeutic relationship (Lepper & Mergenthaler, 2007).

The 5 examples of psychotherapy of adolescents with AD presented below are simulated and have been adapted from Barriga & Villalta (2019):

Example 1: Psychotherapist talks on the phone with teenager with AD and focuses on symptoms.

1-Psychotherapist: Hello, how are you?

2- Adolescent with AD: Good

3-Psychotherapist: How have you felt, have you

vomited, have you done a lot of exercise?

4-Adolescent with AD: Noooo, nothing, all good, I've been fine.

In this example the communicative context is not considered, because the purpose is given (only the symptoms are considered). In this sense the conversation is not co-constructed, nor is empathy promoted since the psychotherapist in his role as sender is only interested in the symptoms, putting his status and emotionality above the patient, which can generate opposition and denial. Example 2: Psychotherapist on the phone focuses on issues not narrated by the adolescent with AD.

1-Psychotherapist: Hello, nice to hear from you

2- Adolescent with AD: Hi, yes.

3-Psychotherapist: Your mom told me you were sick, why? What happened?

4- Adolescent with AD: Nothing, she has no idea, she just talks because.....

In this example, the communicative context is not considered, since the purpose is not constructed and the psychotherapist in the role of emitter does not generate a role of complementary interaction with the mother's information, but rather treats it as a narrative of the adolescent, detonating a family conflict. In this sense, it is necessary to understand and apply the Communicative Context when structuring the dialogues on the phone.

B- The psychotherapist knows that Connection is not the same as Contact and that in a telephone call corporality as a physical structure is eliminated, but that the distortion of the subjective body image in AD patients persists, so a structure of dialogue is needed to guarantee psychotherapeutic intervention (Weiste & Peräkylä, 2013; Lepper & Mergenthaler, 2007). In this sense, conversational strategies allow the psychotherapist to prudently access the psyche narrated by adolescents (Lepper & Mergenthaler, 2007; Barriga Carvajal & Villalta Paucar, 2019; Gaete, Arístegui & Krause, 2017).

There is a Structure of Conversational Therapeutic Exchanges (Table 6), built with successful therapeutic processes of Chilean adolescents with serious mental disorders, whose organization of exchange knowledge can be progressively transferred to the therapeutic approach by telephone psychotherapy (Barriga Carvajal & Villalta Paucar, 2019). Psychotherapeutic examples of the Structure of Simulated Conversational Exchanges of adolescents with AD adapted from Barriga & Villalta are shown (2019). Example 3: Adherence exchange when talking on the phone with the adolescent with AD.

1-Psychotherapist: Hello, it's good to talk on the

phone during this difficult time.

2- *Adolescent with AD*: Yes, it is difficult.

3-*Psychotherapist*: Sure, the measures against COVID-19 have caused changes.

4- *Adolescent with AD*: Yes, imagine that I take care of my grandmother so that she doesn't get sick with COVID-19 and she's been fine.

5-*Psychotherapist*: I congratulate you, that speaks very well of you, it's very good to take care of the elderly, that's goodjjjj

6-*Adolescent with DA*: Haaaaaaaa, Ouhh, Thank you very much -little smile, loose and relaxed tone of voice

The Adherence Exchange is transversal and responsible for sustaining the Therapeutic Alliance over time, for this reason it is necessary to produce it during whole the process (Barriga & Villalta, 2019). The alliance is essential in all interaction (Lepper & Mergenthales, 2007), regardless of the medium through which the conversation is established.

The Exchanges of exploration of the Symptoms and of the Context occur when the Alliance is already installed and precede the production of the Subjective Story Exchange, necessary to decompress the psyche. At all times one should be attentive to the phono-articulatory sounds of the adolescent, such as smiles, laughter, murmurs, whispers, extended phonemes such as haaaaaa; ammmmmmm, ssssss, and others (Tomicic, Perez, Martinez & Rodriguez, 2017) and various comments that appear in the conversation, because they are signals that allow one to be prudent in applying the Structure of Exchanges.

Example 4: Subjective story exchange when talking to the adolescent with AD.

1-*Psychotherapist*:...(talking about the symptom)..... you tell me that you have felt regular and sometimes bad, has something happened?

2-*Adolescents with AD*: Look, eh, yesiii, I tell you that.

Another Exchange is that of Self-knowledge, which mobilizes, articulates, integrates emotions and suffering experiences to the psyche, therefore, it must be produced by having the certainty that there is a stable and robust therapeutic alliance and never before the third phone call, since doing so in the first calls can sharpen the symptoms, break the interpersonal relationship, strengthen the non-collaboration and perpetuate the scarce awareness of the illness of the adolescent with AD, and that could emit dialogues revolving around it: "I'm fine; there are no problems; I feel better; nothing has happened".

Example 5: Self-knowledge exchange when talking to the adolescent with AD.

1-*Psychotherapist*:(talking about a problem)..... and what did you feel in that situation?

2- *Adolescent with AD*: eh, I don't know, it's weird, like a mixture of anger, grief, fear, it's confusing and my stomach is tight.

3-*Psychotherapist*: mmmm, and what do you feel when your stomach gets tight?

The Structure of Conversational Exchanges could add other more specific Exchanges for the psychotherapeutic intervention of adolescents with AD.

Table 6. Structure of Therapeutic Conversational Exchanges.

N°	Exchanges	Definition
1	<i>Adherence.</i>	Dialogues that promote and encourage bonding, are colloquial in nature, sometimes extra - therapeutic, whose purpose is to transmit warmth, confidence, security, proximity and comfort.
2	<i>Exploration of the Symptom.</i>	Dialogues that allow obtaining specific, historical and updated information about the appearance, development and behavior of the symptom.
3	<i>Subjective. Story</i>	Dialogues that promote the narration of subjective experiences.
4	<i>Exploration of the context</i>	Dialogues that allow to obtain specific and precise information of the contexts in which the consultant develops: family, school, social, therapeutic, among others.
5	<i>Self -knowledge.</i>	Dialogues that allow to make visible, deepen, connect, articulate and integrate the experiences and emotional disturbances to the psychic structure of the consultant.
6	<i>Explanation of the problema of the other.</i>	Dialogues that allow agreement and consensus on different internal states of the consultant, such as: discomfort, suffering, confusion, tranquility, among others.

Source: Adapted from Barriga Carvajal & Villalta Paucar, 2019, page 712

-3rd Phase: Closure of Tele-psychology by telephone:

Upon closing the call: 1- The psychotherapist produces Adherence Exchanges, to produce the

signal that focuses on the adolescent and not on the symptoms and; 2-The psychotherapist informs the responsible caregiver that the session has ended and comments if there are any risk or emergency

situations.

Conclusions

The COVID-19 and the measures adopted by the Chilean government produce stress in the general population and aggravate the symptoms of adolescents with AD, who need to maintain their psychological treatments by non-presential platforms and thus ensure their stability.

An important element was the authorization to use Tele-psychology and Tele-therapy by telephone in public mental health services for patients with AD.

The use of Tele-psychology opens challenges in the psychotherapy of adolescents with AD that must be considered, since now the physical space is not relevant, an office is no longer needed for the adolescent to attend, nor does he have to move by locomotion, since the contact is distant, so it is necessary to guarantee the therapeutic effect and the well-being of the adolescents.

In this sense, it is important for the psychotherapist to have clinical experience, training in complex mental disorders and a good knowledge of the characteristics of adolescents with AD, but also to consider that the guidance of psychotherapy by telephone is insufficient.

Therefore, he needs to know and build the communicative framework in the space of the therapeutic encounter, which is virtual and where verbal language predominates. As proposed by Villalta (2009), the application of the communicative framework facilitates the construction of dialogues and it is easier for the adolescent to cooperate (Lepper & Mergenthaler, 2007).

CA theory contributes to the knowledge of dialogue construction (Weiste & Peräkylä, 2013) and to the understanding of therapeutic conversation between the interlocutors. In this study, the CA projects 3 phases in the telephone contact, which are the moment before the telephone call, the development of the call and finally the closing. In these phases important elements appear as: The Structure of Therapeutic Conversational Exchanges, which organizes the dialogues in the therapeutic conversation and which was raised with information from adolescents with mental disorders and where the Adherence Exchange stands out, which installs and maintains the Therapeutic Alliance during the process of change, the Subjective Story Exchange that allows the narration of the adolescent's experience and the Self-Knowledge Exchange that should be used with caution and never before the

third or fourth phone call. It is important to consider that in applying the Exchange Structure, the psychotherapist has to implement his or her knowledge in a progressive manner.

The Structure of Conversational Exchanges presented in this study could incorporate other Exchanges specific and exclusive to adolescent AD psychotherapy.

The findings of the study show the evidence of the scarce orientations that exist in the psychotherapeutic work by virtual platforms of adolescents with mental disorders and especially of those who are carriers of eating disorders. Also, the findings allow us to understand that the psychotherapist needs specific knowledge to work with adolescents with eating disorders in a context where corporality is lost and facial expressions cannot be accessed. Therefore, considering the theory of Conversation Analysis strengthens the understanding of the dialogues in the psychotherapeutic encounter and facilitates the application of the phases and the knowledge to use the Structure of Exchanges to ensure therapeutic changes through telephone contact.

The study has limitations. First, the Structure of Conversational Exchanges was obtained with processes of adolescents with depressive disorders in a hospital context. In this case, it is suggested to continue the research with adolescents with eating disorders in public and private contexts, of hospitals and other therapy centers with the purpose of identifying emerging conversational structures that provide specific evidence of therapeutic change in these patients through telephone contact, because we know that each narrative is interdependent on the narrator's story and that each conversation is interdependent on the specific contexts, therefore, to favor the mental health of patients it is relevant to develop a clinic of the therapeutic conversational patterns associated with the health and well-being of adolescents with eating disorders. Another limitation is that psychotherapy was only studied through a phone call, it is suggested to add other virtual platforms to future studies.

References

- [1] Coronavirida Study Group of the International Committee on Taxonomy of Viruses. (2020). The species Severe acute respiratory syndrome-related coronavirus: classifying 2019-nCoV and naming it SARS-CoV-2. *Nat Microbiol.* 2020, 5(4), 536-44.
- [2] Gguo Y, Cao Q, Hong Z, Tan Y, Chen S, Jin H. (2020). The origin, transmission and clinical therapies on coronavirus disease 2019 (covid-

- 19) outbreak – an update on the status. *Military Medical Research*, 7-11.
- [3] Ministerio de Salud Pública. (2020). Decree with force of law 725, Sanitary Code. Latest version 2020.
- [4] Brooks S, Webster R, Smith L, Woodland L, Wessely S, Greenberg N, Rubin G. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 912-920.
- [5] Duan L, Zhu G. (2020). Psychological interventions for people affected by the covid-19 epidemic. *Lancet psychiatry*, 7(4), 300-302.
- [6] She K, Yanq Y, Wang T, Zhao D, Jianq Y, Jin R. (2020). Diagnosis, treatment, and prevention of 2019 novel coronavirus infection in children: experts consensus statement. *World Journal of Pediatrics*. (Advance online publication).
- [7] Pierce M, McManus S, Jessop C, John A, Hotopf M, Ford T, and others. (2020). Says who? The significance of sampling in mental health surveys during COVID-19. *The Lancet*, 7(7), 567-568.
- [8] Official Journal of the Republic of Chile. (2020). Modification of the exempt resolution nº 277/2011, which approved the technical administrative norms for the application of the tariff of the health benefits regime of book II dfl nº 1, of 2005 of the Ministry of Health, in the modality of free choice.
- [9] Matheson B, Bohon C, Lock, J. (2020). Family-based treatment via videoconference: clinical recommendations for treatment providers during covid-19 and beyond. *International Journal of Eating Disorders*, 53(7),1142-1154.
- [10] Forascepi C. (2018). Chile: New health and institutional challenges in a country in transition. *Panama Journal of Public Health*, 42: e137.
- [11] Goic A. (2015). Chile's health system: a pending task. *Rev Med de Chile*, 143(6), 774-786.
- [12] Ministerio de Salud Pública. (2019). Exempt Decree 595 of the Ministry of Health of July 2, 2019, creates the Department of Digital Health Hospital in Chile.
- [13] González-Peña P, Torres R, Barrio V, Olmedo M. (2017). Use of new technologies by Spanish psychologists and their needs. *Clinic and Health*, 28(2),81-91.
- [14] Márquez J. (2020). Tele-consultation in the coronavirus pandemic: challenges for post-covid-19 tele-medicine. *Colombian Journal of Gastroenterology*, 35(suppl. 1), 5-16.
- [15] Zhu Y, Chen L, Ji H, Xi M, Fang Y, Li Y. (2020). The risk and prevention of novel coronavirus pneumonia infections among inpatients in psychiatric hospitals. *Neuroscience Bulletin*. (Advance online publication).
- [16] Phillipou A, Meyer D, Neill E, Tan E, Toh W, Van Rheenen T, Rossell S. (2020). Eating and exercise behaviors in eating disorders and the general population during the pandemic in Australia: initial results from the collate project. *International Journal of Eating Disorders*, 53(7), 1158-1165.
- [17] Lazo C, Durán-Aguero S. (2019). Effect of the diagnosis of diabetes mellitus and its complication with eating disorders. *Journal Chilena de Nutrición*. 46(3), 352-360
- [18] Mustafa M, Hashmi El, Illzam Am, Sharifa Mk, Win N. (2015). Current concepts on eating disorders, etiology and treatment. *Iosr j dental med sci*, 14(10), 77-83.
- [19] Benjet C, Méndez E, Borges G, Medina-Mora M. (2020). Epidemiology of eating disorders in a representative sample of adolescents. *Mental Health*, 35(6), 483-490.
- [20] Urzúa A, Castro S, Lillo A, Leal C. (2011). Risk prevalence of eating disorders in school adolescents from northern Chile. *Journal Chilena de Nutrición*. 38(2), 128-135.
- [21] Cruzat C, Ramírez P, Melipillán R, Marzolo P. (2008). Eating disorders and perceived family functioning in a sample of high school students from the commune of Concepción, Chile. *Psyche*, 17(1), 81-90.
- [22] Behar R, Arancibia M, Gaete M, Silva H, Meza-Concha N. (2018). The delusional dimension of anorexia nervosa: phenomenological, neurobiological and clinical perspectives. *Archives of Clinical Psychiatry*, 45(1), 15-21.
- [23] Friederich H, Brooks S, Uher R, Campbell I, Giampietro V, Brammer M, et al. (2010). Neural correlates of body dissatisfaction in anorexia nervosa. *Neuropsychologia*, 48(10), 2878-85.
- [24] Cruzat-Mandich C, Díaz-Castrillón F, Kirszman D, Moncada-Arroyo L, Aspillaga-Hesse C, Behar-Astudillo R. (2017). Phase of the therapeutic alliance in eating disorders. *Journal Argentina de Clínica Psicológica*, 2(26), 241-248.
- [25] Villalta M. (2009). Conversation Analysis. A proposal for the study of didactic interaction in the classroom. *Estudios pedagógicos*, 35(1), 221-238.
- [26] Gaete J, Aristegui R, Krause M. (2017). Four conversational practices to promote a change in therapeutic focus. *Journal Argentina de Clínica Psicológica*, 26(2), 220-231.
- [27] Barriga Carvajal L, Villalta Paucar M. (2019).

- The psychotherapeutic conversation of expert and novice. An exploratory study in Chile. *Journal Argentina de Clinica Psychological*, 28(5), 703-713.
- [28] Sack H, Schegloff E, Jefferson G. (1974). A simple's systematics for the organization of turn-taking for conversation. *Language*, 50(4), 696-735.
- [29] Kaukomaa T, Peräkylä A, Ruusuvoori J. (2014). Foreshadowing a problem: Turn-opening frowns in conversation. *Journal of Pragmatics*, 71:132-147
- [30] Kerbrat-Orecchioni C. (1998). Verbal interactions. Interactional approach and structure of conversations. Tome I. Troisième Edition. Armand Colin., Paris, France.
- [31] Barriga L, Villalta M. (2019). Conversation Analysis: psychotherapy of depressive adolescents with suicide attempts in a hospital context. *Terapia Psicológica*, 37(1),39-57.
- [32] Chaparro-Martínez, Exio I, Álvarez-Muñoz, Patricio, & D'Armas-Regnault, Mayra. (2016). Information management: Use of scopus and web of science databases for academic purposes. *University, Science and Technology*, 20(81), 166-175.
- [33] Voutilainen L, Peräkylä A, Ruusuvoori J (2011). Therapeutic change uĉin interaccion: conversation analysis a transforming sequence. *Psychotherapy Research*, 21(3),348-65.
- [34] Castelnuovo G, Manzoni G, Cesa G, Giada P, Molinari E. (2011). The STRATOB study: design of a randomized controlled clinical trial of Cognitive Behavioral Therapy and Brief Strategic Therapy with telecare in patients with obesity and binge-eating disorder referred to residential nutritional rehabilitation. *Trials*, 12, 114.
- [35] Kobak K, Mundt J, Kennard B. (2015). Integrating technology into cognitive behavior therapy for adolescent depression: A pilot study. *Annals of General Psychiatry*, 14, 37
- [36] Sutherland O, Peräkylä A, Elliott R. (2014). Conversation analysis of the two-chair self-soothing task in emotion-focused therapy. *Psychotherapy Research*, 24(6),1-14.
- [37] Kondratyuk N, Peräkylä A. (2011). Therapeutic work with the present moment: A comparative conversation analysis of existential and cognitive therapies. *Psychotherapy Research*, 21(3),316-330.
- [38] Lepper G, Mergenthaler E. (2007). Therapeutic collaboration: How does it work? *Psychotherapy Research*, 17(5), 576–587.
- [39] Weiste E, Peräkylä A. (2013). A Comparative Conversation Analytic Study of Formulations in Psychoanalysis and Cognitive Psychotherapy. *Research on Language and Social Interaction*, 46(4):299-321.
- [40] Tomicic A, Pérez J, Martínez C, Rodríguez E. (2017). Vocalization-Silence Dynamic Patterns: A system for measuring coordination in psychotherapeutic dyadic conversations. *Journal Latinoamericana of Psychology*, 49(1),48-60