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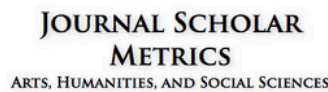
Telepsychology: Clinical Utility of the Transdiagnostic Unified Protocol with University Students

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Abstract

The main purpose of this study was to explore the clinical utility of an online group psychological intervention based on the Transdiagnostic Unified Protocol to improve emotional regulation in a non-clinic context with Spanish university students. From a quantitative, exploratory, descriptive and interactive approach, and a quasi-experimental design, pre-posttest measures were assessed for paired samples. Participants were 103 university students with an average age of 19.79 years. The online intervention combined synchronous and asynchronous sessions that were delivered from September to December 2020. As a result of the intervention a statistically significant reduction in ruminative ($t= 1.993$; $p <.049$) and avoidant behaviour ($t= 2.520$; $p <.013$) was found. Most of the participants were satisfied or very satisfied with the quality of the treatment.
Key words: Transdiagnostic Unified Protocol, emotional regulation, telepsychology, non-clinical context, university students..

Novelty and Significance

What is already known about the topic?

- The effectiveness of the Transdiagnostic Unified Protocol for the transdiagnostic treatment of emotional disorders in different contexts has been proven.
- Different studies have indicated the prevalence of anxiety and depression symptoms in undergraduated students during the COVID-19 pandemic.

What this paper adds?

- Assesses the feasibility of a psychological intervention based on the Transdiagnostic Unified Protocol for the treatment of emotional disorders in a non-clinical context with university students.
- Analyzes the clinical utility of the applied intervention in a pandemic context and its results are encouraging as it helped taking care of participants and even improving their wellness in an adverse context.

Emerging adulthood includes people from 18 to 29 years (Arnett, 2014) and this developmental stage represents a risky time for mental health (Blevins, Marsh, Stein, Schatten, & Abrantes, 2021). Emotional disorders are the most prevalent worldwide (World Health Organization, 2017) especially among the youngest (Murray *et alia*, 2019).

Even before the COVID-19 pandemic a higher prevalence of emotional disorders was observed among university students compared to other groups such as non-university young adults or older adults (Auerbach *et alia*, 2016; Cuijpers *et alia*, 2016; Ibrahim, Kelly, Adams, & Glazebrook, 2013).

Due to the pandemic, governments implemented a mandatory lockdown that increased emotional disorders. In fact, an increase in the severity and interference of anxious and depressive symptoms, as well as stress or insomnia among university students was found. During the pandemic Cobo Rendón, Vega Valenzuela, and García Álvarez (2020) considered university students as a vulnerable group. In Spain, the lockdown affected the emotional state of the population, specially of younger people and females (Sandín, Chorot, García Escalera, & Valiente, 2021).

University students required psychological treatment, so universities had to delivered interventions to promote students' mental wellness and to improve their emotional regulation and coping strategies (Cao *et alia*, 2020).

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In 2020, the Psychological Service of the Universidad de Cadiz (Spain) received 373 requests for psychological assistance from students. Six out of ten of those requests related to emotional symptoms (34.9% reported anxiety symptoms and 26.5% depressive ones).

Tele-psychology may be considered as "the provision of psychological services using information and telecommunication technologies (ITCs), through electrical, electromagnetic, electromechanical, electro-optical or electronic means" (Consejo General de la Psicología de España, 2017, p.8). Due to the pandemic, during lockdown, online therapy, especially through video chat, was a viable alternative to offer psychological therapy (Consejo General de la Psicología de España, 2020).

Universities play an important role in the early detection of vulnerable psychological profiles (Sauer-Zabala Tirpak, Eustis, Woods, & Russell, 2021) and in the implementation of health prevention interventions (Osma, 2019).

Barlow *et alia* (2019) have created an effective program for the treatment of emotional disorders that is simple to implement and with an optimal cost/benefit ratio: the Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders (UP). It is a structured cognitive behavioral intervention, whose effectiveness has been proven in various contexts and formats, mainly in clinical context, in a face-to-face individual format. Composed of eight modules, it promotes the improvement of the emotional regulation of people through the training of five skills: emotional awareness, cognitive flexibility, identification of emotional behaviors, interoceptive and emotional exposure.

The UP is a versatile structured protocol (Osma & Peris Baquero, 2021). Even before the pandemic, universities in different parts of the world had used the UP online (Mullin *et alia*, 2015; Mira *et alia*, 2019; Sandín *et alia*, 2019) to promote students´ wellness in those contexts.

Bentley, Nock, Sauer-Zabala, Gorman, & Barlow (2017) reported positive results from a preventive pilot project based on a 2-hour online workshop with university students. Sauer Zabala *et alia* (2021) have designed a short online version of it that lasts one hour called "Emotions 101" (Osma & Sauer Zabala, 2019). In fact, the UP for adolescents (PU-A; Mora-Ringle, Tonarely, & Ehrenreich-May, 2019) and the UP for children (PU-N; Saez Clarke, Grossman, & Ehrenreich-Ma, 2019) have been adapted for the educational system with preventive purposes in primary and secondary schools.

In order to obtain information of the UP' clinical utility with university students, a pilot study was designed. This type of studies serves as the initial application, on a small scale of an intervention protocol (Kazdin, 2007). We aimed to assess its adequacy in this particular non-clinical context. The general objective of the present study was to explore the clinical utility of a psychological online intervention based in the Transdiagnostic Unified Protocol in a non–clinic context with Spanish university students.

METHOD

Design and Participants

This was a quantitative pilot study with an exploratory-descriptive and interactive approach, with a quasi-experimental design, with pre post test measurements for paired samples. The sample was an incidental one, composed of volunteer university students who responded, "actively to an invitation" (Hernández Sampieri *et alia*, 2014, p. 387).

Participants were 103 university students from the first two years of the Grado en Psicología (*Bachelor's Degree in Psychology*) with an average age of 19.79 years (*DT*= 3.31; range 17-44).

Instruments

The online assessment protocol included the following instruments validated in Spain with adequate psychometric properties, and an *ad hoc* sociodemographic survey:

Overall Anxiety Severity and Impairment Scale (OASIS, Norman *et alia*, 2011; Osma *et alia*, 2019). The OASIS is a general scale to evaluate the frequency, severity and interference of anxiety during the last week. Composed of five items scored on a Likert scale ranging from 0 ("I did not feel anxious") to 4 ("I've constantly felt anxiety"). The total score ranges from 0 to 20. Higher scores indicate higher frequency, severity, and interference of anxious symptomatology. In the Spanish version, the cut-off mean point established for the clinical sample is $M= 10$ points (Osma *et alia*, 2019) and for the non-clinical population is $M= 4$ points (Osma *et alia*, 2022a). The OASIS has an excellent internal consistency with an alpha of Cronbach of 0.94 (Osma *et alia*, 2022a).

Overall Depression Severity and Impairment Scale (ODSIS, Bentley *et alia*, 2014; Osma *et alia*, 2019). The ODSIS is a general scale that evaluates the frequency, intensity and interference of depressive symptoms experienced during the last week. It consists of five items with answers ranging between 0 ("I did not feel depressed") and 4 ("I've constantly felt depressed"). The total scores range from 0 to 20, and higher scores indicate a greater severity of depressive symptomatology. In the Spanish version, the cut-off mean point for the clinical sample is $M= 10$ points (Osma *et alia*, 2019) and for the non-clinical population a $M= 5$ points (Osma *et alia*, 2022a). ODSIS shows excellent psychometric properties with an alpha of Cronbach of 0.95 (Osma *et alia*, 2022a).

Questionnaire of Optimism (COP, Pedrosa, Celis Atenas, Suárez Álvarez, García Cueto, & Muñiz, 2015). The COP assesses dispositional optimism briefly, validly, and reliably. Optimism has shown numerous benefits regarding well-being and mental health. Composed with 9 items has a response format of 5-point Likert ranging from 1= totally disagree to 5= totally agree. A general index is calculated by adding together all items with a total range from 9 to 45. The Cronbach alpha is 0.84 (Pedrosa *et alia*, 2015).

Positive and Negative Affection Scale (PANAS, Watson, Clark, & Tellegen, 1988; Spanish adaptation Sandín *et alia*, 1999). The PANAS is a 20 items self-report that evaluates two dimensions in two independent scales: the positive affect subscale (PA) and the negative affect (NA) one. Includes 10 positive affect y 10 negative affect descriptors scored with a Likert scale that goes from 1= nothing or almost nothing to 5= a lot. Each scale has a total score that ranges from 10 to 50. Higher scores indicate a more positive or negative affect. In a university Spanish students sample Sandín *et alia* (1999) found an M of 30.37 ($SD= 6.08$) for female and a M of 22.69 (DS= 6.83) for males (Sandín *et alia*, 1999). The PANAS's Spanish version has shown good internal consistency both on the positive (Cronbach's alpha of 0.87) and negative scale (Cronbach's alpha of 0.89).

Rumiative Response Scale (RRS, Nolen-Hoeksema & Morrow, 1991; Spanish adaptation Hervás Torres, 2008). The RRS assesses the presence of recurrent negative thoughts while experiencing negative emotions. It consists of 22 items with a 4-point Likert scale ranging from 1= almost never to 4= almost always. The total score ranges from 22 to 88 points. Higher scores indicate higher rumination. The Cronbach's alpha is very good (0.93).

Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM, Feixas *et alia*, 2012; Spanish adaptation Trujillo, Feixas, Bados, & García Grau, 2016). The CORE-OM is a reliable and valid instrument to assess psychological distress and to monitor progress in psychotherapy. Composed by 34 items with a 5-point Likert scale ranging from 0= not at all to 4= all the time, focused on the last 7 days. It evaluates four dimensions: Well-being, Problems or Symptoms, General functioning, and Risk. From the sum of the scores obtained in the four dimensions the VISI (Visibility) scale is obtained. Lower scores in the VISI scale reflect a decrease in psychological distress and a greater therapeutic progress. The VISI scale of the CORE-OM Spanish version has shown very good psychometric properties with an alpha of Cronbach of 0.94 (Trujillo *et alia*, 2016).

Brief Experiential Avoidance Questionnaire (BEAQ, Gámez *et alia*, 2014; Spanish adaptation Vázquez Morejón, León Rubio, Martín Rodríguez, & Vázquez Morejón, 2019). The BEAQ evaluates experiential avoidance, that is, what people do to avoid connecting with certain concrete private experiences (such as interoceptive sensations, emotions, memories, or images) altering the form, frequency or context of the appearance of emotions (Hayes, 2016; Valencia, 2018). It is composed by 15 items with a 6-point Likert scale ranging from 1= I strongly disagree to 6= I totally agree. The total score ranges from 15 to 90 points and higher scores indicate greater experiential avoidance. The Cronbach's alpha of the Spanish version is adequate (0.82; Vázquez Morejón *et alia*, 2019).

Satisfaction/Opinion Scale (Borkovec & Nau, 1972). A Spanish adaptation of the Satisfaction/Opinion Scale was used in the posttest phase. Composed by 5 items it evaluates participants´ satisfaction level with different aspects of the treatment received: the logic of the treatment, the treatment received, if they would recommend the treatment, the usefulness for other problems, the usefulness for their own problem. A Likert scale ranging from 0=Not at all to 10= A lot is used to assess the satisfaction level. Higher scores reflect higher satisfaction's level with the received treatment.

Procedure and Intervention

University students from the first two years of the Grado en Psicología were invited to participate in this study. The inclusion criteria were: to read and speak Spanish fluently, to be enrolled in the 1st or 2nd year of the Grado en Psicología in the course 2020-21, to have access to internet and technological resources to participate online (smartphone or computer), to know how to use ICTs, to have availability to participate in the sessions and to understand and accept the content of the informed consent expressed when signing it.

The intervention period lasted from September to December 2020 in a context of mobility restrictions because of the COVID-19 pandemic in Spain.

From a health prevention perspective an online psychological intervention was delivered using the standardized UP of 8 modules. The intervention included 12 group weekly sessions of 90 minutes, which combined three synchronous sessions (1st, 4th and 12th) and nine asynchronous ones (delivered through pre-recorded videos).

Whereas synchronous sessions allow "visual and/or auditory interactions between emitters and receivers simultaneously" (Cabas Hoyos, 2020, p. 45), asynchronous ones are not simultaneous (Consejo General de la Psicología de España, 2017) and its communication exchanges involve certain material shared by email or some web platform (Drum & Littleton, 2014; Osenbach, O'Brien, Mishkind, & Smolenski, 2013). All sessions were coordinated by the same therapist and the program included weekly tasks for home.

The study was conducted in accordance with the Guidelines of Helsinki, the current European Union legislation and the current Spanish legislation on data protection. Participants gave prior informed consent at the beginning of the study. Participation was voluntary and without financial compensation.

Data Analysis

The SPSS 21 was used for data analysis. First, the sociodemographic characteristics of the total sample were analyzed and descriptive statistics of the different instruments used were obtained. Taking into account that the sample size was greater than 50, the Kolmogorov Smirnov normality test was used for the analysis of the normality. A Multivariate Analysis of Variance (MANOVA) was performed to check whether there were statistically significant differences between pre and post test measurements establishing

the level of significance in *p* <.05. For the analysis of significance, the parametric t Student test was used (when normal distribution) or the non-parametric test Wilcoxon test (when non-normal distribution). The d Cohen was also calculated (Cohen, 1988).

An adaptation of the Satisfaction/Opinion Scale (Borckovec & Nau, 1972) was used to assess participants' satisfaction level.

RESULTS

The results of the descriptive analysis of the sociodemographic variables show that 86.4% of the participants were women, 99% were single, 85.4% lived with family members. 97% were Spanish and 93.2% haven't got any children; 36.9% were on the 1st year of the Grado en Psicología and 63.1% on the 2nd year.

In regard to participants' general health 92.2% referred not having any disease, 94.2% did not take any kind of medication and 95.1% were not in psychiatric or psychological treatment (see Table 2).

Table 1. Sociodemographic data of Participants (*N*= 103).

		n (%)
Sex	Female	89 (86.4)
	Male	13 (12.6)
	Prefers not to say	1 (1)
Civil status	Single	102 (99)
	Married	1 (1)
Lives with	Romantic partner	1 (1)
	Partner & children	1 (1)
	Family members	88 (85.4)
	Alone	3 (2.9)
	Other	10 (9.7)
Nationality	Spaniard	100 (97)
	Other	3 (2.9)
Number of children	0	96 (93.2)
	1	1 (1)
	2	4 (3.8)
	3	1 (1)
	4	1 (1)
Educational level	Incomplete University studies	93 (90.3)
	Professional Training	10 (9.7)
Work activity	Student	103 (100)
Bachelor's Degree in Psychology	1st	38 (36.9)
	2nd	65 (63.1)

The means and the typical deviations of the instruments as well as the size effect are shown in Table 3.

Kolmogorov Smirnov's normality test showed a normal distribution (p >.05) for Anxiety, Optimism, Positive and Negative Affect, Rumiative Behavior, CORE OM VISI Scale and Avoidant Behavior; and a non-normal distribution (*p* <.05) for Depression.

The results from the OASIS pre intervention show a mean of 6.00. Osma *et alia* (2019) have established the cut-off point for clinical population at *M* ≥10 and for non-clinical population at *M* ≥4 (Osma *et alia*, 2022a). No statistically significant differences were found between pre- and post-test measurements (*t*= -0.802; *p* >.424).

The results from the ODSIS pre intervention measurements show a mean of *M*= 4.43. Osma *et alia* (2019) have established the cut-off point for clinical population at

Table 2. *Health status data from Participants*.

Health status		*n* (%)
Sick	Yes	5 (4.9)
	No	95 (92.2)
	DK/DA	3 (2.9)
Medication	Yes	5 (4.9)
	No	97 (94.2)
	DK/DA	1 (1)
Psychological/Psychiatric Treatment	Yes	5 (4.9)
	No	98 (95.1)

Note: DK/DA= Do not Know/No Answer.

Tabla 3. Descriptive statistical data.

Battery		Min.	Max.	*M*	*SD*	Increase/Decrease	Cohen' *d*
OASIS	Pretest	0	18	6.00	4.00	*+0.4*	*0.10*
	Postest	0	19	6.41	4.38		
ODSIS	Pretest	0	17	4.43	3.95	*+0.61*	0.15
	Postest	0	15	5.04	3.98		
COP	Pretest	21	41	31.61	5.05	*+0.94*	0.20
	Postest	22	41	32.55	4.34		
PANAS PA	Pretest	14	49	32.70	5.59	-0.32	-0.06
	Postest	19	50	32.38	5.86		
PANAS NA	Pretest	11	41	23.36	7.55	-0.3	-0.04
	Postest	12	39	23.06	6.94		
RRS	Pretest	22	78	47.04	12.81	-2.47	-0.21
	Postest	24	76	44.57	10.78		
CORE-OM VISI	Pretest	4	96	42.72	16.95	-1.69	-0.10
	Postest	8	95	41.02	15.87		
BEAK	Pretest	16	77	48.37	10.34	-2.95	-0.28
	Postest	15	70	45.42	10.58		

Notes: BEAK= Brief Experiential Avoidance Questionnaire; COP: Optimism Questionnaire; CORE-OM VISI: Clinical Outcomes in Routine Evaluation-Outcome Measure; Max.= Maximum; Min.= Minimum; OASIS: Overall Anxiety Severity and Impairment Scale; ODSIS: Overall Depression Severity and Impairment Scale; PANAS PA: PANAS Scale Positive Affect; PANAS NA: PANAS Scale Negative Affect; RRS: Rumiative Behavior Scale.

$M \geq 10$ and for non-clinical population at $M \geq 5$ (Osma *et alia*, 2022a). No statistically significant differences were found between pre- and post- test measurements (Z= -1.623; p >.105). The pre-test mean found was even below the cut-off point for non-clinical population.

Although no statistically significant differences were found between pre- and post-test measurements an increase in the Optimism of the participants was observed after their participation in the program (t= -1.820; p >.072). There was an increase of 0.94 points.

Regarding Positive Affect of the PANAS, although no statistically significant differences between the pre- and post-test measurements were found (t= 0.501; p >.617), a slight decrease was observed in the post-test measurements. The *t* Student test did not show statistically significant differences for the Negative Affect (t= 0.381; p >.704) and also a slight decrease was observed in the post-test measurements. In fact, the Positive Affect was reduced in 0.32 points; and the Negative Affect in 0.3 points.

The results of the Rumiative Response Scale showed a decreased in the post-test measurements. The *t* Student showed statistically significant differences between the pre- and post-test measurements (t= 1.993; p <.049). In this case, the rumiation was reduced in 2.47 points.

The overall Visibility Scale (VISI) of the CORE OM showed a decrease in the post-test measurements, however, no statistically significant differences were found

between pre- and post-test measurements ($t= 1.006$; $p >.317$). The average quantitative decrease observed in the post test was 1.69 points.

Data obtained from the analysis of the BEAK showed a reduction in Avoidance Behaviors. The t Student showed statistically significant differences between pre- and post-test measurements ($t= 2.520$; $p <.013$). Numerically, Avoidance Behaviors were reduced in 2.95 points.

The size effect was small for all the variables under study with scores ranging from 0.04 to 0.28 (see Table 3).

In summary, MANOVA showed statistically significant changes in Rumiative Behavior and Avoidance Behavior (see Table 4).

Tabla 4. Data from MANOVA pre-post test.

Instruments	Pre test M (SD)	Post test M (SD)	t/Z
OASIS	6 (4)	6.41 (4.38)	-0.802
ODSIS	4.43 (3.95)	5.04 (3.98)	-1.623
COP	31.61 (5.05)	32.55 (4.34)	-1.820
PANAS PA	32.70 (5.59)	32.38 (5.86)	0.501
PANAS NA	23.36 (7.55)	23.06 (6.94)	0.381
RRS	47.04 (12.81)	44.57 (10.78)	1.993*
CORE-OM VISI	42.72 (16.95)	41.02 (15.87)	1.006
BEAK	48.37 (10.34)	45.42 (10.58)	2.520*

Notes: *= $p <.05$; BEAK= Brief Experiential Avoidance Questionnaire; COP: Optimism Questionnaire; CORE-OM VISI: Clinical Outcomes in Routine Evaluation-Outcome Measure; OASIS: Overall Anxiety Severity and Impairment Scale; ODSIS: Overall Depression Severity and Impairment Scale; PANAS PA: PANAS Scale Positive Affect; PANAS NA: PANAS Scale Negative Affect; RRS: Rumiative Behavior Scale.

The results of the Satisfaction/Opinion Scale showed high levels of satisfaction with the different aspects related to the intervention (ranging from 8.9 to 7.83) (see Figure 1).
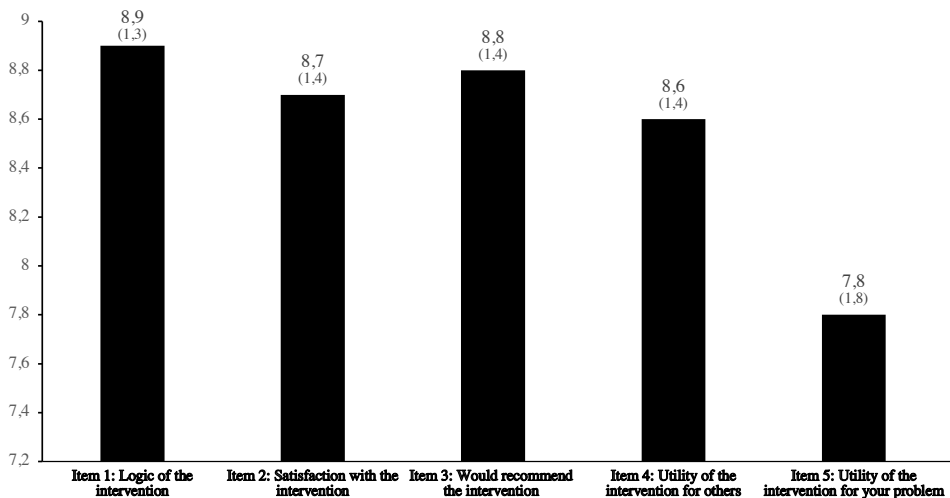

Figure 1. Results obtained in the Satisfaction/Opinion Scale.

Discussion

An Argentinian study highlights the important role played by universities in the care offered to its students during those exceptional circumstances (Universidad Nacional de Río Cuarto, 2020). Due to the lockdown and the closure of university facilities the psychological intervention was delivered completely online. The online group psychological treatment is cost-effective (Botella Arbona, García Palacios, Díaz García, González Robles, & Castillo López, 2019; Osma, 2019).

In 2020, 70% of 167 university students from Puerto Rico reported that the pandemic had negatively affected their lives (Rosario-Rodríguez *et alia*, 2020). Another study conducted in Chile and Nicaragua assessing the stress level of university students during the pandemic showed that Chilean students presented more symptoms of anxiety, depression, and suicidal ideas than their Nicaraguan counterparts (Acevedo-Mena & Amador-Jiménez, 2021). In Argentina, 36% of the students recognized experiencing distress, 51% insecurity and uncertainty and 20% loneliness during the COVID 19 pandemic (Universidad Nacional de Río Cuarto, 2020).

During the lockdown university students were considered a vulnerable group so Martínez Núñez *et alia* (2021) emphasized the need to design interventions to promote their well-being and mental wellness to reduce emotional distress and mental problems.

In our study, depressive and anxious symptoms remained relatively stable below the cut-off point established for the Spanish clinical population (M ≥10) (Osma *et alia*, 2019) and closer to the cut-off point for non-clinical Spanish university students (M ≥5 and M ≥4 respectively) (Osma *et alia*, 2022a).

While the pandemic context made increased people's mental health problems, the participants of this study have shown an improvement in their wellness. In fact, a progress was observed in the psychological variables under study: Optimism, Negative affect, Rumiative behavior, Psychological distress and Avoidance Behavior. As a lower score in the CORE OM reflects a higher wellness and progress in treatment, the results showed progress in treatment and a decrease in psychological distress.

As we delivered the intervention in a non-clinical context it was not a surprise to confirm that the size effect was small for all the variables under study as participants belonged to a non-clinical group.

Results are encouraging as these students managed to improve their emotional state despite the adverse context of pandemic.

The results obtained in the Satisfaction/Opinion Scale showed participants´ satisfaction with the different aspects of the psychological intervention.

In conclusion, the UP has shown its clinical utility in diverse contexts such as women victims of gender violence, fertility program, or with patients with chronic pain, among others (Osma, Quilez Orden, Ferreres Galán, Meseguer, & Ariza, 2022b; Martínez Borba, Osma, Crespo Delgado, Andreu Pejó, & Monferrer Serrano, 2022; Payne, 2018). It is an emotionally based cognitive behavioral psychological intervention that can improve the emotional regulation of young students.

The pandemic context was an opportunity to deliver psychological interventions to improve the emotional regulation of university students. It could be said that the clinical utility of the UP in the applied format and context has been proved.

Regarding the strengths of this study, it should be said that its online and group characteristics may be considered as one. Botella *et alia* (2019) have said that "online treatments are as effective as face-to-face ones" (p. 317) and Osma & Sauer Zabala

(2019) have pointed out that "group and online formats are the most cost-effective ones" (p. 333).

The combination of synchronous and asynchronous sessions made the intervention flexible which may have facilitated the adherence and motivation of the students.

The psychological intervention applied from a preventive perspective was cost-effective and allowed taking care of participants in a not stigmatizing context.

Although the results obtained from this study show the clinical utility of the UP in the format used it has some limitations. One of them was the sample size (N= 103) and the type of sample (non-probability sample of volunteers) which does not allow the generalization of the results obtained.

While these type of pilot studies are cost-effective for preliminary studies of the implementation of a specific psychological intervention in contexts not yet studied or poorly studied, the results obtained must be considered prudently as a preliminary stage.

The highlights of this study allow us to conclude that participating in an online, group, intervention from a health prevention perspective helped improve the emotional regulation of Spanish young university students.

The intervention has proved to be cost-effective: with very little human and economic resources, it was possible to offer psychological therapy for university students to promote their well-being in a pandemic context.

Mental wellness is a crucial component of healthy development in emerging adulthood as it protects them against stress and promotes resilience against psychopathology (Gatto *et alia*, 2022). The early detection of this problem is critical for this group and emotion regulation is a key mechanism for effective prevention due to its role in socio-emotional competence.

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