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Unified Protocol for Emotional Disorders in University Students: Protocol for a Randomized Trial of Online and Blended Formats

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ABSTRACT

Objectives: Psychological problems frequently emerge between ages 15 and 24, often coinciding with the university period. In Spain, anxiety and depressive disorders are prevalent among university students, yet only a small fraction receive treatment. This randomized controlled trial aims to compare the effectiveness, acceptability, and implementation of UP in online group format versus a blended format among university students with EDs at the University of Córdoba.

Method: Participants (n = 70) will be randomly assigned to either condition. The study includes pre-intervention, post-intervention, and follow-up assessments at one and 3 months. Primary outcomes are improvements in anxiety, depression, emotional regulation, and distress tolerance. Secondary outcomes include program adherence and acceptability.

Results: Data will be analyzed using SPSS, employing tests for normality, descriptive statistics, t-tests, repeated measures ANOVA, and linear mixed models to evaluate differences and changes over time. Effect sizes will be calculated, and implementation outcomes will be assessed through descriptive analysis. Improvements are expected to be obtained in the assessed outcome variables in all evaluation periods in both intervention conditions and that are maintained over time. No statistically significant differences are expected to be obtained between the two conditions. Participants are expected to report high acceptability and satisfaction scores regarding the intervention, its components, and the intervention format in both conditions. UP-App good usability scores, as well as high acceptability and intention to use in the future are expected to be reported by participants in the UP blended format condition.

Conclusions: This study aims to demonstrate the utility and efficiency of UP in treating EDs in university settings. If effective, these formats could enhance access to mental health services, improve student well-being and support academic success. The findings could inform the development of cost-effective, scalable interventions for university mental health services.

1 | Introduction

Entering university represents a challenging period for young adults, as it often involves significant changes in the environment, daily routines, and social integration. Additionally, this stage of life has been identified in the literature as a critical period for the onset of various mental health disorders (Kessler et al. 2005), particularly Emotional Disorders (EDs). This group of disorders refer to a highly comorbid mental health conditions characterized primarily by intense and dysregulated negative affect, such as anxiety disorders, depressive disorders, and related conditions (e.g., obsessive-compulsive disorder and post-

traumatic stress disorder), following the conceptualization proposed by Bullis et al. (2019).

Regarding the global prevalence of EDs among university students, data from a multi-country study involving 21 nations indicated that 20.3% of students experienced a mental disorder within a 12-month period (Auerbach et al. 2016). Specifically, reported rates for major depressive disorder range between 21.2% and 33.6%, while generalized anxiety disorder has been found to affect between 18.6% and 39% of students (Auerbach et al. 2019).

In Spain, EDs are the most prevalent among university students (19.3% and 23.1%, respectively), particularly among women (Ballester et al. 2020). It is known that being a university student with an ED diagnosis is closely associated with problems such as difficulties in academic performance, substance abuse, personality disorders and suicide attempts (Monteiro et al. 2015), and has negative consequences such as dropping out of college, poor academic performance, relationship difficulties and reduced emotional functioning (Wu et al. 2020). Despite the evidence of the high prevalence of EDs in university students and its negative effects, data reveals that only 16,4% of the students who suffer from a mental disorder receive treatment (Auerbach et al. 2016).

University counseling services are a possible resource to which university students can turn, but there is little literature describing interventions carried out in these services. Moreover, studies show that these services face major challenges in responding to the high number of students with a wide variety of mental health problems (e.g., anxiety and depression; Larsson et al. 2022), often failing to provide an adequate solution. In this sense, and given that this stage of life represents a period of heightened vulnerability for the onset of EDs, and that mental health services within this context often fall short of meeting students' needs,it is urgent to implement interventions with more appropriate, accessible (Worsley et al. 2022), and cost-effective formats.

In this line, psychological interventions that follow a transdiagnostic theoretical approach are presented as a possible alternative, since they offer advantages over interventions aimed at specific disorders (McManus et al. 2010). In this regard, the transdiagnostic approach involves interventions that, instead of focusing on the symptoms of each specific disorder, target the shared mechanisms involved in the development and maintenance of common psychopathology (Sauer-Zavala et al. 2017). Thus, the literature supports the existence of different mechanisms shared by the group of EDs, such as negative temperament or neuroticism, intolerance to uncertainty and avoidance, among others (Rosellini and Brown 2019). Therefore, by focusing on the mechanisms shared by EDs, transdiagnostic interventions allow the treatment of individuals with more than one comorbid ED diagnosis (Brown et al. 2001) or the group treatment of individuals with different ED diagnoses, as well as reduce the burden on mental health professionals by having to be trained in a single treatment rather than in a different treatment for each specific disorder (McHugh et al. 2009).

An example of intervention based on a transdiagnostic approach is The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP; Barlow et al. 2011, 2018), which is a transdiagnostic and manualized Cognitive-Behavioral Therapy based intervention that focuses on the etiological and maintenance mechanisms of EDs such as neuroticism, worry, rumination or emotional dysregulation, among others (Barlow et al. 2011). UP consists of 8 modules that include training of 5 core emotional regulation skills: mindfulness awareness, cognitive flexibility, countering emotional behaviors, interoceptive exposure, and emotional exposure (Barlow et al. 2018). Additionally, its modular nature makes it more flexible and adaptable to different clinical problems (e.g., Martínez-Borba et al. 2022; Sauer-Zavala et al. 2021) and applicable in cost-effective formats, such as in group and online (Peris-Baquero et al. 2023; Schaeuffele et al. 2022). To date, several systematic reviews and meta-analyses have supported the clinical utility of the UP to intervene with individuals with ED diagnosis (Ayuso-Bartol et al. 2024; Carlucci et al. 2021; Longley and Gleiser 2023; Schaeuffele et al. 2024).

In Spain, the UP has proven to be an efficient and cost-effective intervention for the treatment of EDs in its application in group format in public mental health units (Peris-Baquero et al. 2023; Peris-Baquero and Osma 2023). Regarding the application of the UP in the university context, six studies have applied interventions based on the UP until now, five of which with a preventive approach and one with a clinical sample. Concerning the studies with a preventive approach, all of them applied adaptations of the UP in a group format, but with different modes of application (e.g., online, face-to-face) and different numbers of sessions (from 1 group session to 12 weekly sessions), obtaining results that indicate that brief programs based on the UP can be very useful for preventing EDs in this population (Arrigoni et al. 2021; Bentley et al. 2018; Castro-Camacho et al. 2022; Sauer-Zavala et al. 2021; Socías-Soler et al. 2024). Finally, the only study in which UP was applied in a clinical sample of university students, was carried out in the psychological care service of the University of Balearic Islands and consisted of the application of the UP in an individual and face-to-face format to 17 students with EDs diagnosis. After the intervention, encouraging results were obtained indicating that the UP may be a useful intervention for the treatment of EDs in the university psychological services, with only two participants maintaining a diagnosis of EDs after the intervention and reductions in depressive and anxious symptomatology in all but one participant (Socías-Soler et al. 2022).

In addition to transdiagnostic and group interventions, another format that could improve access to ED treatment is the use of technology, namely online and blended formats (sessions with the therapist in combination with treatment through technology tools). The online format improves the accessibility of the intervention, and allows it to be applied more quickly and to a greater number of individuals (Stoll et al. 2020). Additionally, the flexibility of the online format enables university students to more easily adapt the sessions to their class and practice schedules (Socías-Soler et al. 2024). The blended format is dynamic and flexible, as it allows to use technology to motivate, support, and treat patients without losing face-to-face sessions (Van Gemert-Pijnen et al. 2011; Wentzel et al. 2016). Simultaneously, this format saves clinics' time, reduces dropouts, and helps to maintain the benefits obtained in the long term (Erbe et al. 2017).

In this sense, taking into account the need to implement services that improve the availability and access to the treatment of EDs in the university context in Spain, as well as the advantages of a transdiagnostic treatment such as the UP and its possibility of being applied in different cost-effective and advantageous formats, the present study aims to compare and analyze the effectiveness, acceptability, and implementation of the UP in its application for the treatment of EDs in university students from Spain in two cost-effective formats, the online group format and the blended format. In addition, the specific aims of the study are.

1. Improve the anxiety and/or depression symptomatology, as well as the emotional regulation, the tolerance to discomfort, transdiagnostic dimensions, quality of life and interference of psychological problems in daily life of the university students with ED.
2. To study and compare the efficacy of the UP in both formats for the treatment of EDs and the maintenance of improvements through follow-ups at 1 month and 3 after the end of the intervention.
3. To evaluate program adherence, acceptability, and satisfaction with the intervention following the application of the UP in both formats in a university students' sample.
4. To contribute to the advancement of the knowledge about the treatment of EDs in university students through cost-effective formats such as online group and blended online group.

On the other hand, regarding the hypotheses on the results of the study, first, we expect to obtain improvements in the variables evaluated in all evaluation periods in both intervention conditions. Therefore, we do not expect to obtain statistically significant differences between the two intervention formats. Furthermore, it is expected that the improvements obtained after the application of the UP in both conditions will be maintained in the medium term, at the 1-month and 3-month follow-ups, as well as that participants in the study will report high acceptability and satisfaction scores with respect to the intervention, its components and the application format in both conditions. As a final hypothesis, it is expected that participants in UP in blended format condition will report a positive opinion on the acceptability, usability, usefulness and intention to use the UP-APP in the future.

2 | Methods

2.1 | Study Design

We describe a randomized clinical trial where participants will be randomly assigned to one of the two interventions: (1) UP in online group format or (2) UP in blended format.

2.2 | Participants

The study population will be university students attending the Psychological Assistance Service of the University of Córdoba. As eligibility criteria were defined: (1) be enrolled at the University of Córdoba, in any of the degrees; (2) having a diagnosis of an ED (major depressive disorder, dysthymia, panic disorder, agoraphobia, generalized anxiety disorder, social anxiety disorder, illness anxiety disorder, adjustment disorders and unspecified anxiety and depressive disorders) assessed by the Structure Interview for Anxiety and Related Disorders (ADIS-5; Brown and Barlow 2014), according to the Diagnostic and Statistical Manual of Mental Disorders, fifth version revised (DSM-5-TR: American Psychiatric Association 2022); (3) be at least 18 years; (4) be fluent in Spanish; (5) have a technological device (computer, tablet, mobile phone) with internet connection; (6) have a smartphone device with Android eight or higher operating system; (7) in case of taking pharmacological treatment for treatment of the ED, maintenance of the same doses and medications for at least 3 months before starting their participation in the study and during the whole treatment; (8) signing the informed consent form.

Exclusion criteria included: (1) present a diagnosis of obsessive-compulsive disorder or post-traumatic stress disorder; (2) present a severe condition that requires priority for treatment, such as a severe mental disorder (e.g., personality disorder, schizophrenia, an organic mental disorder), suicide risk at time of assessment or substance abuse at the last 3 months.

2.3 | Procedures

Participants will be recruited through the Psychological Care Unit (PCU) of the University of Córdoba. The PCU will refer to the research team those persons whose reason for consultation refers to an emotional problem (anxious and/or depressive symptomatology). Potential participants will be contacted by the research team via email and will be sent an information sheet about the study and informed consent, which they will be able to read and sign online through a Google Forms link.

Next, two individual online sessions will be arranged with those who agree to participate and sign the informed consent form, which will be conducted by one of the members of the research team. In these sessions, a clinical interview will be conducted in which the patient's problems will be explored and screening questions will be asked about the different mental health problems listed in the DSM-5-TR (American Psychiatric Association 2022), as well as assessing whether the patient meets the inclusion criteria for the study. Participants not included in the study will receive a specific intervention by a professional from the PCU of the University of Córdoba.

After the evaluation, the participant will be sent a Google Forms link through which they will answer the pre-intervention evaluation protocol (T0). Once completed, they will be informed that in the coming weeks they will receive an email notifying them of the condition to which they have been randomly assigned: UP in online group format or UP in hybrid online group format (online face-to-face group sessions and smartphone App). Randomization to the different conditions will be performed with the “randomizer” software. A balanced (1:1) and stratified randomization process will be

conducted based on the severity of anxiety and depressive symptoms, which will be assessed using the ODSIS and OASIS instruments. Each condition will be composed of 35 participants (5 groups of approximately 7 people in each experimental condition). Additionally, the study will employ a single-blind design to minimize potential biases. Each treatment group will be led by an expert therapist with an UP-Level II training, supported by a co-therapist. All therapists are either pursuing a PhD or have already obtained one. Among the lead therapists, two out of three were male, with ages ranging from 28 to 32 years and a mean of 4.6 years of clinical practice experience.

Once the intervention is over, they will be asked by email to access the Google Forms link to fill out the post-intervention evaluation (T1). Follow-ups will be carried out after the end of the program at 1 month (T2) and at 3 months (T3) through an online group session, after which participants will complete the follow-up evaluation questionnaires through a Google Forms link that will be provided by email, following the same procedure as the post-intervention evaluation. The flow chart of the study design is shown in Figure 1.

2.4 | Treatment Conditions

2.4.1 | UP in Blended Format

The participants will receive a combined treatment format over 8 sessions, in which participants will receive half of the UP modules through four online group sessions and the other half through an UP-based smartphone application (UP-APP). The sessions will be held weekly, and group and online sessions will last 2 h, using the Google Meet platform. The UP-APP that will be used in this condition was design and developed in the context of other previous studies carried out by the research team (Osma et al. 2021) and considering professionals and users familiar with the UP in its design (Osma et al. 2022). Intellectual property rights registration number for the UP-APP is n.º 00765-02388060. Participants randomized to this condition will find all the content of the UP, as well as the exercises and the corresponding records in the UP-APP, therefore they will have available through the UP-APP the material of the modules worked in online group sessions as well as the modules worked through the app. The content and the application format of each session can be seen at the Table 1.

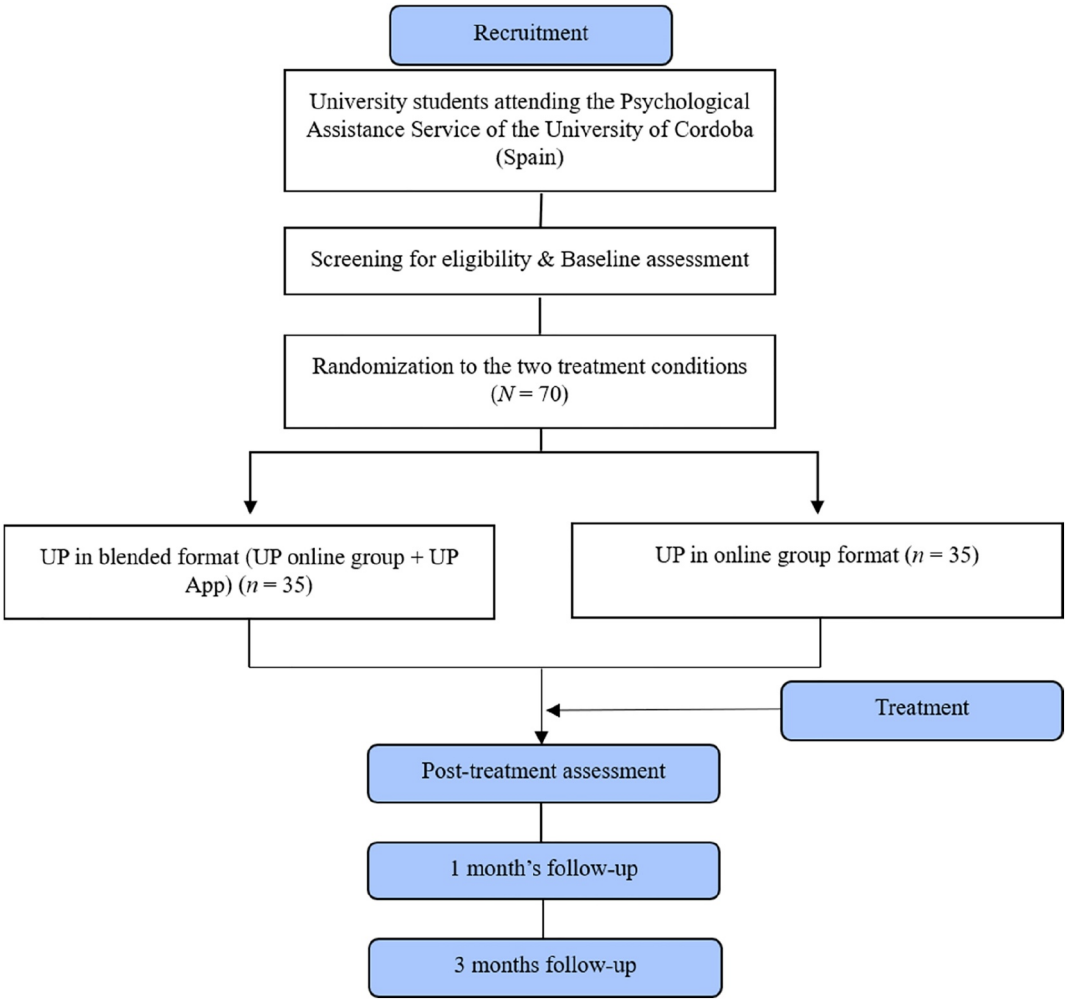

FIGURE 1 | Flow chart of the participants in the study.

TABLE 1 | Content and number of sessions in the UP blended format condition.

Session	Content	Format
1st session	Motivation for change and commitment to treatment	Online group session
2nd session	Understanding the adaptative function of emotions and learning to recognize and analyze them	UP-APP
3rd session	Emotional awareness training	UP-APP
4th session	Cognitive flexibility	Online group session
5th session	Emotional avoidance and emotion-driven behaviors	UP-APP
6th session	Awareness and tolerance to physical sensations	Online group session
7th session	Emotional exposure	Online group session
8th session	Achievement, maintenance and relapse prevention	UP-APP

Abbreviation: UP-APP, UP-based smartphone application session.

2.4.2 | UP in Online Group Format

Participants in this condition will receive the UP in online group format, over 8 weekly sessions (2 h), via the Google Meet platform. Each weekly session will correspond to one of the eight original UP modules and all the participants will receive by email an adapted manual with the main content of each session, the exercises, and the corresponding records.

The content and the number of sessions of the UP in online group format is the same as those of the blended version (see Table 1), but in this condition all 8 sessions are held in online group format.

3 | Outcome Measures

The presence of one or more diagnosis of an ED will be identified using the ADIS-5 (Brown and Barlow 2014), as well as other reasons for exclusion will be ruled out.

The evaluation protocol includes in the pre-intervention assessment a sociodemographic information questionnaire developed ad hoc that collects the following information: gender, age, marital status, professional situation, level of education (graduation, postgraduate: master's degree, continuing education courses, doctorate), degree and course of study, and year of enrollment. In terms of primary measures, the study will include the Overall Depression Severity and Impairment Scale (ODSIS: Bentley et al. 2014; Osma et al. 2019), the Overall Anxiety Severity and Impairment Scale (OASIS: Norman et al. 2006; Osma et al. 2019).

Among the secondary measures, the study will include the Multidimensional Emotional Disorder Inventory (MEDI: Rosellini and Brown 2019; Osma et al. 2023), the EuroQol (Brooks 1996; Badia et al. 1999), the Five Facet Mindfulness Questionnaire (FFMQ: Bohlmeijer et al. 2011; Asensio-Martínez et al. 2019), the Difficulties in Emotion Regulation Scale (DERS: Gratz and Roemer 2004; Hervás and Jódar 2008), the Emotion Regulation Questionnaire (ERQ: Gross and John 2003; Pineda et al. 2018) and the Maladjustment Inventory (MI:Echeburúa et al. 2000; Osma et al. 2024).

Finally, the study will also include the Satisfaction with Treatment Questionnaire (STQ), adapted from the Client Satisfaction Questionnaire (CSQ-8: Larsen et al. 1979), the Questionnaire of the UP Modules, app usage data, and the System Usability Scale (SUS: Brooke 1996; Sevilla-Gonzalez et al. 2020). Further details on each measure can be found in Table 2.

4 | Data Analysis

4.1 | Power Analysis

Using the G*Power software (Faul et al. 2007), and taking into account the two conditions, the 4 evaluation moments and the statistical models to be applied to analyze the data, we obtained a total sample size of 58 participants with a statistical power of 80% and an alpha coefficient of 0.05 and an effect size of 0.30. Considering a dropout rate of 20%, we estimate a sample size of 35 participants per condition (total $n = 70$).

4.2 | Data Analysis Overview

The study will adopt an exploratory quantitative approach, utilizing the intention-to-treat method to include all participants in the analysis. Categorical variables will use label encoding, while continuous ones will use ordinal encoding. Statistical analyses will be carried out employing the statistical package IBM SPSS Statistics version 25.0 for Windows (IBM Corp 2017). First, normality tests (Shapiro-Wilk test) will be carried out to check whether or not the sample follows a normal distribution. Next, descriptive statistical analyses will be carried out with the aim of obtaining an overview of the scores on the variables and sociodemographic data. Parametric or non-parametric analyses will be carried out (depending on whether the sample follows a normal distribution or not). First, Student's *t*-tests will be performed in order to analyze whether there are differences between the two conditions at the different evaluation moments. Secondly, linear mixed models will be performed to analyze the evolution of the scores over time in each of the conditions. The linear mixed models will include the following structure: "Time" (within-subject: T1, T2, T3, T4) and "Group" (between-subject: Group 1: Online format, Group 2: Blended format) as

TABLE 2 | Clinical outcomes.

Instrument	Construct	Reliability (α)	Response range
Primary outcomes			
ODSIS (Bentley et al. 2014; Osma et al. 2019)	Severity and impairment of depressive symptoms	0.94	5-Point Likert scale ranging from 0 (I didn't feel depressed) to 4 (Constant depression)
OASIS (Norman et al. 2006; Osma et al. 2019)	Severity and impairment of anxiety symptoms	0.87	5-Point Likert scale ranging from 0 (I didn't feel anxious) to 4 (Constant anxiety)
ADIS-5 (Brown and Barlow 2014)	Principal diagnosis of ED	NA	Structured interview for anxiety and related disorders
Secondary outcomes			
MEDI (Rosellini and Brown 2019; Osma et al. 2023)	Transdiagnostic dimensions of ED's	0.66 to 0.91	9-Point Likert response scale ranging from 0 (not characteristic of me/does not apply to me) to 8 (Totally characteristic of me/applies to me very much)
EuroQol (Brooks 1996; Badia et al. 1999)	Quality of life	NA	5 items ranging from 1 (I do not have problems) to 3 (unable to perform these activities). Thermometer from 0 (worst imaginable health status) to 100 (best imaginable health status)
FFMQ (Bohlmeijer et al. 2011; Asensio-Martínez et al. 2019)	Mindfulness dimensions	0.80 to 0.91	Likert scale ranging from 1 (never or very rarely true) to 5 (very often or always true)
DERS (Gratz and Roemer 2004; Hervás and Jódar 2008)	Emotion regulation	0.73 to 0.93	5-Point Likert scale ranging from 1 (never or very rarely) to 5 (very often or always)
ERQ (Gross and John 2003; Pineda et al. 2018)	Cognitive Reappraisal/Restructuring and Expressive Suppression	¿?	7-Point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree)
MI (Echeburúa et al. 2000; Osma et al. 2024)	The extent of the patient's psychological problems affects areas of daily life	0.84 to 0.94	6-Point Likert scale ranging from 0 (not at all) to 5 (Extremely).
Satisfaction Outcomes			
STQ (adaptation of CSQ-8; Larsen et al. 1979)	Satisfaction with the treatment and format of delivery	NA	4-Point Likert scale ranging from 0 (bad/nothing) to 4 (excellent/very much).
Questionnaire of the UP modules	Usefulness of the program and the modules to improve emotional regulation	NA	11-Point Likert scale ranging from 0 (not at all) to 10 (very much)
App Outcomes			
App	Time spend using the app, videos watched, exercises completed, success and errors in "True and False exercises", among others.	NA	NA
SUS (Brooke 1996; Sevilla-González et al., 2020)	Usability of the app	0.81	5-Point Likert scale ranging from 1 (strong disagreement) to 5 (strong agreement).

Abbreviations: ADIS-5, Anxiety and Related Disorders Interview Schedule for DSM-5; App, Application; CSQ-8, Client Satisfaction Questionnaire; DERS, Difficulties in Emotion Regulation Scale; ED, Emotional Disorder; ERQ, Emotion Regulation Questionnaire; FFMQ, Five Facet Mindfulness Questionnaire; MEDI, Multidimensional Emotional Disorder Inventory; MI, Maladjustment Inventory; NA, Not Applicable; OASIS, Overall Anxiety Severity and Impairment Scale; ODSIS, Overall Depression Severity and Impairment Scale; SUS, The System Usability Scale; Scale reliability corresponds to the Cronbach's alpha coefficient.
*$p < 0.01$ **$p < 0.001$.

main effects, along with the interactions "Time*Group" and "Time*Group*Sessions". These interactions will be used to examine how scores evolve over time based on treatment conditions and the number of sessions received. Additionally, gender will be included as a covariate to assess its potential influence on the primary outcomes. Additionally, linear mixed models efficiently handle missing data in repeated measures studies (Baayen et al. 2008).

In the case that the sample does not follow a normal distribution, equivalent nonparametric tests will be performed for the same purpose (e.g., more flexible analyses such as Generalized Linear Models). For all statistical analyses, effect sizes will be calculated through Cohen's d statistic, whose estimates are usually interpreted as small ($d \approx 0.2$), medium ($d \approx 0.5$) or large ($d \approx 0.8$). For the remaining implementation outcomes (usability, acceptability, and satisfaction) we will use descriptive analysis. The study will follow the recommendations of the Consolidated Standards for Reporting Trials (CONSORT).

5 | Discussion

The implementation of cost-effective and acceptable interventions for university students with EDs is crucial to address the high prevalence and negative impact of these disorders in this population (Emmelkamp et al. 2014). Moreover, the significant level of comorbidity highlights the necessity of developing and testing transdiagnostic treatment approaches for college students (Auerbach et al. 2019). Evidence shows that the UP is not only effective in treating EDs but also cost-effective, which is vital given the limited resources in university mental health services (Worsley et al. 2022). Implementing the UP in the university context can significantly contribute to improving students' mental health and reducing dropout rates and poor academic performance (Bani et al. 2024; Berman et al. 2024). Also, this type of group intervention could contribute to resolve the overwhelmed University counseling services and could alleviate the burden on these services. In addition, the group format allows the creation of a common space where students meet other people with a problem similar to theirs, which has a number of benefits such as greater adherence to treatment and an improvement in symptomatology (Rosendahl et al. 2021).

Moreover, the use of technology to facilitate access to treatment, such as online and blended formats, represents a valuable opportunity to expand the availability and accessibility of interventions. In addition, these formats make it possible to reduce the costs of interventions, in particular costs related to travel, to the physical space where the therapy takes place, and also by reducing the presence of the therapist (Berman et al. 2024). On the other hand, this type of intervention format allows to apply interventions in a more intensive way, with the frequency and duration recommended by international organizations (National Collaborating Center for Mental Health (UK) 2011), which allows to reduce waiting lists and the time of suffering of the students. Finally, the use of technology, especially through a mobile app, allows therapeutic skills and techniques to be always available for use, at any time, which facilitates their use with greater intensity and frequency (Choudhury et al. 2023; Lin and Lou 2023), even after treatment is over.

In addition, finding non-significant differences between the two groups would have significant implications for the accessibility, scalability, and implementation of the UP in university settings. This could mean that through technology (a mobile app), we can significantly reduce the therapist's presence and direct attention to the group, which would drastically reduce treatment costs (Miralles et al. 2020). Furthermore, it would facilitate access to treatment for a greater number of students, given that it would increase the ratio of patients that a single therapist can handle (Erbe et al. 2017; Kooistra et al. 2016).

Finally, it should be noted that this project is a non-randomized sample study, but rather a convenience sample. This may limit the generalizability of the results, but given that the objective is to study the effectiveness and feasibility of applying these interventions in a sample diagnosed with ED, the option of randomizing the sample in a natural setting would limit the number of students eligible, decreasing the sample size and potentially further limiting the generalizability of the results.

In conclusion, the UP, a transdiagnostic psychological intervention focus on the training of emotion regulation skills for the treatment of individuals with one or more EDs, could be a cost-effective solution to improve the mental health of university students by providing evidence-based psychological interventions at the Spanish PCU universities.

Author Contributions

J. Socias-Soler: conceptualization, investigaction, writing – original draft, writing – review and editing. **C. Francisco:** conceptualization, investigation, writing – original draft, writing – review and editing. **L. Martínez-García:** investigation, writing–original draft, writing–review and editing. **O. Peris-Baquero:** investigation, writing – original draft, methodology, writing–review and editing, supervision. **J. Osma:** funding acquisition, investigation, project administration, supervision, writing – review and editing.

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Ethics Statement

This trial is registered on clinicaltrials.gov (NCT06432829) and all procedures that will be carried out were approved by the Research Ethics Committee of the Autonomous Community of Aragon under number PI23/624 and dated 01/24/2024. All participants sign the informed consent form.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study protocol.

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