Effectiveness of Care Provided by Psychology Trainees in University Counseling Centers*

[English version]

Eficacia de la atención ofertada por psicólogos en formación en centros de atención universitarios

Eficácia do atendimento oferecido por psicólogos em formação em centros de atendimento universitários

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Abstract

Objective: To evaluate the clinical effectiveness of psychological interventions provided by student trainees at university care centers, under the teaching-service model. **Methodology:** A quantitative, descriptive design was used, with the Outcome Questionnaire (OQ-45.2) administered before and after the therapeutic process. An initial sample of 167 participants was obtained but only 98 cases with both measurements were analyzed. The mean age was 37 years (SD = 14.1), and 59.2% were female. **Results:** A significant decrease in the OQ-45.2 total score was observed, from a mean of 65.23 to 53.77 points ($p < 0.001$), it showed clinical improvement, although the threshold required for a reliable change (17 points) was not reached. The subscales also showed reductions: symptomatic distress (−5.25), interpersonal relationships (−1.91), and social role performance (−1.3), all statistically significant ($p < 0.001$). The main reasons for consulting were related to family difficulties and psychosocial factors (62.2%), then, by mental disorders (37.7%) anxiety and stress as the most common. Most

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patients had no psychological (73.5%) or psychiatric (91.8%) reports, and 16.3% were on medication. The most common therapeutic approach was psychodynamic (44.9%). **Conclusions:** The psychological care services provided by students led to significant improvements in patients' mental health. This demonstrates the relevance of the teaching-service model as a clinical training strategy and a community contribution.

Keywords: mental health; psychopathology; health service (obtained from the UNESCO thesaurus).

Resumen

Objetivo: evaluar la eficacia clínica de las intervenciones psicológicas brindadas por estudiantes en formación en centros de atención universitaria, bajo el modelo de docencia-servicio. **Metodología:** se utilizó un diseño cuantitativo, descriptivo, con aplicación del instrumento *Outcome Questionnaire* (OQ-45.2) antes y después del proceso terapéutico. Se tuvo una muestra inicial de 167 consultantes, de la cual, se analizaron 98 casos que completaron ambas mediciones. La edad promedio fue de 37 años (DE = 14,1) y, con relación al género, el 59,2% fueron mujeres. **Resultados:** se evidenció una disminución significativa en el puntaje total del OQ-45.2, al pasar de una media de 65,23 a 53,77 puntos ($p < 0,001$); lo que indica una mejoría clínica, aunque sin alcanzar el umbral requerido para un cambio confiable (17 puntos). Las subescalas también evidenciaron reducciones: malestar sintomático (-5,25), relaciones interpersonales (-1,91) y desempeño del rol social (-1,3), todas con significancia estadística ($p < 0,001$). Los principales motivos de consulta se relacionaron con dificultades familiares y factores psicosociales (62,2%), seguidos de trastornos mentales (37,7%), siendo los más comunes los relacionados con ansiedad y estrés. La mayoría de los usuarios no tenía antecedentes psicológicos (73,5%) ni psiquiátricos (91,8%), y el 16,3% estaba en tratamiento farmacológico. El enfoque terapéutico más frecuente fue el psicodinámico (44,9%). **Conclusiones:** los procesos de atención psicológica brindados por estudiantes generaron mejoras significativas en la salud mental de los usuarios. Esto evidencia la pertinencia del modelo docencia-servicio como estrategia de formación clínica y aporte comunitario.

Palabras clave: salud mental; psicopatología; servicio de salud (obtenidos del tesauro UNESCO).

Resumo

Objetivo: avaliar a eficácia clínica das intervenções psicológicas realizadas por estudantes em formação em centros de atendimento universitário, sob o modelo de docência-serviço. **Metodologia:** utilizou-se um delineamento quantitativo e descritivo, com aplicação do instrumento Outcome Questionnaire (OQ-45.2) antes e depois do processo terapêutico. A amostra inicial foi composta por 167 usuários, dos quais 98 completaram ambas as medições e, portanto, foram analisados. A idade média foi de 37 anos (DP = 14,1), e 59,2% eram mulheres. **Resultados:** observou-se uma redução significativa no escore total do OQ-45.2, passando de uma média de 65,23 para 53,77 pontos ($p < 0,001$), o que indica melhora clínica, embora sem atingir o limite necessário para uma mudança confiável (17 pontos). As subescalas também apresentaram reduções: desconforto sintomático (-5,25), relações interpessoais (-1,91) e desempenho do papel social (-1,3), todas com significância estatística ($p < 0,001$). Os principais motivos de consulta estiveram relacionados a dificuldades familiares e fatores psicossociais (62,2%), seguidos por transtornos mentais (37,7%), sendo os mais comuns aqueles associados à ansiedade e ao estresse. A maioria dos usuários não possuía antecedentes psicológicos (73,5%) nem psiquiátricos (91,8%), e 16,3% fazia uso de tratamento farmacológico. A abordagem terapêutica mais frequente foi a psicodinâmica (44,9%). **Conclusões:** os processos de atendimento psicológico realizados por estudantes geraram melhorias significativas na saúde mental dos usuários. Isso evidencia a pertinência do modelo docência-serviço como estratégia de formação clínica e contribuição comunitária.

Palavras-chave: saúde mental; psicopatologia; serviço de saúde (obtidos do tesauro UNESCO).

Introduction

To ensure quality education in the health sciences and to guarantee competent and standard training in various disciplines, the Colombian government has established clear and demanding regulatory actions. The Decrees 2376 of 2010 and 780 of 2016 have established that all undergraduate students in health-related programs must be trained under a standardized medical model. This model, known as "teaching-service", is commonly implemented on university psychological counseling centers and supported by a pedagogical structure based on progressive assignment of clinical responsibilities. Students begin with direct observation and gradually adopt an active role in leading therapeutic processes.

This strategy not only promotes comprehensive clinical training but also allows future professionals to gain significant experience before practicing independently (Marín *et al.*, 2023). However, applying the model without specific adjustments to psychological practice has drawn criticism regarding its relevance, especially concerning the quality of service and its impact on patients (Soni and Kumar, 2024).

These concerns have led to reflection on the need to evaluate not only formative outcomes but also clinical effects of the interventions provided by psychology trainees. Recent research shows that many university students access psychological services for the first time within these institutional settings (Almeida *et al.*, 2021), and that structural and attitudinal barriers affect the continuity and effectiveness of therapeutic process (Kim & Lee, 2023).

The current research is framed within a line of research focused on treatment effectiveness which is understood as the ability of a psychological intervention to produce significant changes in the patient's well-being (Echeburúa *et al.*, 2010). Recent studies have validated instruments such as OQ-45.2 for monitoring therapeutic progress in university populations (Boswell *et al.*, 2013). It is highlighting for its sensitivity in noticing improvements even in brief interventions.

Several studies have shown that brief and focused approaches, both cognitive-behavioral and psychodynamic, can be effective, mainly with young adult university students (Schleider *et al.*, 2025). Furthermore, it has been documented that the most significant advances usually occur before the eighth session, which has led to a reconsideration of the optimal duration of psychotherapy (Painepán & Kühne, 2012).

Despite these findings, much of the literature has focused on postgraduate contexts, with clinically more advanced students (García, 2004; Labrador *et al.*, 2010). In contrast, this research addresses clinical procedures carried out by undergraduate students who are in the early stages of their professional training.

Previous studies have pointed out limitations in the effectiveness of these settings, with low levels of therapeutic goal attainment (Londoño *et al.*, 2017) and high dropout rates (Rondón *et al.*, 2009). However, recent research has highlighted the importance of relational factors such as the therapeutic alliance and social support in adherence to and success of university psychotherapy (Flückiger *et al.*, 2018).

This research was conducted at the Psychosocial Support Centers, CAPS and CAPL (for its Spanish acronyms), of Corporación Universitaria Minuto de Dios (UNIMINUTO) and the Corporación Universitaria Lasallista, where care is provided by senior psychology students during their clinical internship under the teaching-service model. These students receive constant professional supervision and apply brief interventions with real patients, allowing them to assess both the clinical impact of their interventions and the quality of the training process in a real-world setting.

Methodology

This research is framed within an empirical-analytical, non-experimental paradigm, with a descriptive scope and pre-test and post-test measures. The sample consisted of 167 participants over 18 years; all were users of university psychological services under the "teaching-service" model: the Psychosocial Care Center (CAPS) of Corporación Universitaria Minuto de Dios (UNIMINUTO) and the Centro de Atención Psicológica Lasallista (CAPL) of the Corporación Universitaria Unilasallista. However, for the research purposes 98 of these participants were included, as they met the requirement of completing the second administration of the instrument.

The instrument was *Outcome Questionnaire* (OQ-45.2) developed by Lambert *et al.* (1996). It is a 45-item self-administered scale used to measure clinical outcomes in psychotherapy. For the research purposes, the Latin American, specifically Chilean, standardized version by Correa *et al.* (2006) was used in contrast to the research in Colombia led by Londoño *et al.* (2017). This tool enables the evaluation of the results in the therapeutic process across three areas: 1) symptoms of distress, 2) interpersonal relationships, and 3) social role, and a sociodemographic factor.

The data obtained from the OQ-45.2 instrument were analyzed using the SPSS v27 statistical package and manual analysis with Excel tools. This allowed for descriptive and correlational analyzes, taking into account the sociodemographic characterization variables and the results of the OQ-45.2 instrument.

Data collection was conducted under the supervision of researchers assigned to mentor clinical psychology interns, who managed patient information in an encrypted format according to the professional code of ethics and the relevant ethical considerations approved by the institutional committee. The instrument was administered by research interns and clinical psychology interns from CAPS and CAPL of the respective university psychological care centers. They were responsible for tabulating and providing the information to the centers. Exclusion and inclusion criteria were taken into account, such as the participants' legal age and adherence to treatment.

Results

Sociodemographic Characteristics

Table 1 describes sociodemographic characteristics related to gender, marital status, schooling level, place of origin, ethnicity, disability, relationship with the institution, and program.

At first, 167 patients from the university psychological counseling centers of two universities (CAPS, CAPL) participated, and the OQ-45.2 instrument was administered to them. And 98 of the participants, 59%, were evaluated a second time, completing phases A (pre-intervention) and B (post-intervention) of the research. This final sample of 98 was primarily composed by female (59.2%), followed by male (40.8%). The average age of the participants was 37 years (SD 14.1 between 18–62 years). Most consultants were single (54.1%), the highest schooling level was mainly secondary school (36.7%), and about residence was mostly in the municipalities of Caldas (38.8%) and Medellín (21.4%). Only 2.0% belonged to the Afro-descendant community, and 97.9% did not report any particular ethnic group. Two individuals (2.0%) reported having a disability, and 97.9% did not report disabilities. The majority of participants were external to the universities (58%) and, to a lesser extent (41.8%), students or employees belonging to the universities. About schooling level (taking into account that a large number of patients were at the lower secondary level), the majority were psychology students (88.8%), followed by 9.2% who had not completed their undergraduate degree, and 1.0% belong to the government and 1.0% of art and digital entertainment.

Table 1. *Sociodemographic Data.*

Variables	N	%
Genre		
Woman	58	59,2
Man	40	40,8
Marital Status		
Single	53	54,1
Married	15	15,3
Divorced	12	12,2
Free union	10	10,2
Widow	8	8,2
Schooling Level		
No schooling	3	3,1
Primary	17	17,3
Secondary	36	36,7
Technical	7	7,1
Technological	4	4,1
University	17	17,3
Graduate	14	14,3
Place of Residence		
Caldas	38	38,8
Medellín	21	21,4
Bello	13	13,3
La Estrella	9	9,2
Itagüí	7	7,1
Envigado	5	5,1
Sabaneta	3	3,1
Amaga	1	1,0
Copacabana	1	1,0
Disability		
Disability	2	2,0
No disability	96	97,9
Etnic Group		
Afro-descendant	2	2,0
No ethnic group	96	97,9
Person		
External	57	58,2
Internal	41	41,8
Program		

Variables	N	%
Phsychology	87	88,8
Administration	1	1,0
Not applicable	9	9,2
Art and digital entertainment	1	1,0

Distribution of Mental Health Diagnoses Among Participants.

Based on the final sample of participants (n=98), table 2, it was found that, among both university psychological care centers and according to the International Classification of Diseases (ICD-10), 62.2% of cases overall corresponded to factors influenced by health status and contact with health services for other determinants. Within that group, diagnoses with potential health risks stand out at 46.9%, especially problems related to the support group, including family determinants. 15.3% corresponds to individuals providing health services, highlighting problems related to lifestyle (Z72) and life's difficulties (Z73). Finally, mental and behavioral disorders represented 37.7% of the overall total. Neurotic disorders, stress-related disorders, and somatoform disorders 29.6%, followed by mood (affective) disorders at 7.1%, personality and behavioral disorders in adults 1%.

Table 2. *Distribution of Mental Health Diagnoses Among Participants.*

Main categories of ICD-10	n	%
Mental and behavioral disorders		
Neurotic disorders, stress-related disorders, and somatoform disorders		
F41. Other anxiety disorders	16	16,3
F42. Obsessive-compulsive disorder	2	2,0
F43. Severe stress reaction and adjustment disorders	11	11,2
Total main category	29	29,6
Mood (Affective) Disorders		
F32. Depressive episode	2	2,0
F33. Recurrent depressive disorder	2	2,0

F34. Persistent mood [affective] disorders	3	3,0
Total main category	7	7,1
Personality and behavioral disorders in adults		
F60. Specific personality disorder	1	1,0
Total main category	1	1,0
Global total	37	37,7
Factors influencing health status and contact with health services		
People at potential risk to their health for socioeconomic and psychosocial determinants		
Z55. Problems related to education and literacy	1	1,0
Z58. Problems related to the physical environment	1	1,0
Z60. Problems related to the social environment	6	6,0
Z61. Problems related to negative life events in childhood	3	3,0
Z62. Other problems related to parenting	1	1,0
Z63. Other issues related to the primary support group, including family determinants	34	34,7
Total main category	46	46,9
Health services contact for other health determinants		
Z70. Consultant related to sexual attitude, orientation, or behavior	1	1,0
Z72. Lifestyle-related problems	6	6,0
Z73 Problems related to managing life's difficulties	6	6,0
Z74. Problems related to the caregiver for a dependent person	1	1,0
Z76. People in contact with health services for other determinants	1	1,0
Total main category	15	15,3
Global total	61	62,2

General Pre-Test and Post-Test Analysis.

Table 3, a mean of 65.23 on the OQ pre-test was identified (SD = 17.948; range 28–106), below the functional population/dysfunction cutoff (PC = 73). This suggests that the participants' quality of life is no higher than that of the general population. Regarding the post-test, the OQ Total score averaged 53.77 points (SD = 15.603; range 24–101); it decreased by 11.46 points, which would mean losing the minimum score required to achieve a reliable change index (RCI). This is derived from the adaptation and validation research of the Spanish OQ-45.2 instrument by Von Bergen and De la Parra (2002), it shows that if "[…] the patient's score decreased by 17 points or more, the change is clinically significant ($p < 0.05$)" (p. 174).

Table 3. *Pre-test and Post-Test General Analysis.*

	Pre-test				Post-test				Test Statistics		
	M	SD	Min	Max	M	SD	Min	Max	z	p	n^2
QQ-45 Total	65,23	17,948	28	106	53,77	15,603	24	101	-7,083	<0,001	0.256
Stress or Symptomatic Distress	38,61	13,254	15	69	33,36	13,059	13	70	-6,745	<0,001	0.232
Interpersonal Relationships	16,55	6,156	4	29	14,64	6,821	4	41	-5,886	<0,001	0.177
Social Role Performance	10,83	4,358	3	22	9,53	5,243	3	40	-5,615	<0,001	0.161

Participants' Mental Health History and Type of Therapy.

Figure 1 shows that the majority of participants had no prior psychological (73.5%) or psychiatric (91.8%) record. Regarding current mental health treatments, only 1% had psychiatric support, 100% were in ongoing therapeutic processes by the teaching-service model, and only 16.3% were currently receiving pharmacological treatment.

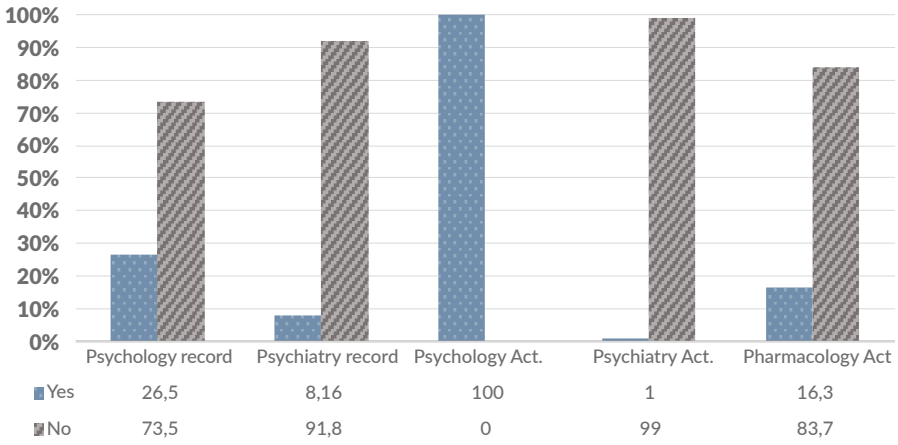

Figure 1. *Characteristics Related to Participants' Mental Health History.*

Regarding the intervention approaches (table 4), students in clinical practice showed a preference for developing psychodynamic interventions (44.9%), cognitive-behavioral interventions (37.8%) and Gestalt interventions (17.3%).

Table 4. *Characteristics of the Therapeutic Intervention.*

Variables	n	%
Type of Therapeutic Intervention		
Psychodynamics	44	44,9
Cognitive Behavioral	37	37,8
Gestalt	17	17,3

Discussion

Regarding sociodemographic aspects, the demand for psychotherapy services is mainly female, in accordance with Santibáñez *et al.* (2009), Narváez and Aguirre-Loaiza (2016) and Colón *et al.* (2020). This trend not only persists but has been confirmed by recent research showing that female university students show higher levels of anxiety, academic stress, and willingness to seek psychological support compared to male (Weber *et al.*, 2022). Multiple factors have been attributed to this phenomenon, including more avoidant attachment styles in men and higher anxiety in women, which directly influence the motivation to seek assistance (Weber *et al.*, 2022). Recent systematic reviews have shown that, although both genders value the therapeutic relationship, women show a more positive attitude toward psychotherapy and a greater willingness to initiate it (Kim & Lee, 2023). In Latin American contexts, this difference is further reinforced by sociocultural variables such as chauvinism, the stigma surrounding men's mental health, and social pressure to avoid emotional expression, which contribute to low male demand for psychological care centers (Jassir *et al.*, 2021). It is concluded that psychotherapy in most studies, including this sample, has been mainly composed of women, a pattern that remains consistent in contemporary research.

About age, the majority of participants were between 20 and 40 years old, with an average age of 37 years. These data are consistent with the ones reported by Alcázar (2007) and Colón *et al.* (2020), Narváez and Aguirre-Loaiza (2016) and Labrador *et al.* (2010). It also aligns with the age-group analysis by age range

in the National Mental Health Survey conducted in Colombia, where "the most requested therapy is psychotherapy:" 58.3% (7 to 12 years) and 72.7% (18 to 44 years) (Ministry of Health and Social Protection, 2015, p. 319). Thus, it can be concluded that psychotherapy is mostly sought by adults who regularly use these services and are aware of some emotional distress.

A multicenter study conducted at Latin American universities found that young adults aged 25 to 39 show the highest adherence to and continuity in psychotherapeutic processes, motivated by emotional distress, relationship difficulties, or symptoms of anxiety and depression. International studies have confirmed that this age group shows greater psychological awareness and a greater willingness to seek help compared to adolescents or older adults, which may be related to higher emotional literacy, economic independence, and access to university or workplace mental health services (Almeida *et al.*, 2021). Thus, it is concluded that psychotherapy is primarily sought by young adults, who regularly access these services and show a greater awareness of emotional distress and the need for intervention.

In pre- and post-test, some studies have few participants; however, this research exceeds the population average, with a total of 98 participants in the pre- and post-tests. Other studies report between 21 and 25 participants (Santibáñez *et al.*, 2009; Painepán & Kühne, 2012). This is a relevant and new finding, given that continuity in therapeutic processes at such a high volume is not common.

Recent literature has pointed out that one of the main challenges in clinical-academic settings is just the high dropout rate or discontinuity in therapeutic processes, especially among young adults, due to academic overload, a lack of perceived need, or stigma toward mental health factors (Buizza *et al.*, 2019). Modern studies highlight that less than 40% of those who begin psychotherapy in university services manage to complete it, which positions this sample as an indicator of exceptional adherence (Negash *et al.*, 2020). This level of sustained participation suggests not only an effective response from psychologist trainees, but also a supportive environment that facilitates the therapeutic bond and promotes retention, key elements for clinical and educational success.

Characteristics Associated with Participants' Mental Health History

The findings regarding the characteristics associated with participants' mental health history (figure 1) are both relevant and innovative, since the studies reviewed only show the reason for consultation or diagnostic impression, without mentioning any involvement in the support process by another specialty (Narváez and Aguirre-Loaiza, 2016; Colón *et al.*, 2020; Talley & Clack, 2006; Alcázar, 2007; Labrador *et al.*, 2010).

Recent research has underscored the need to integrate information on the articulation between psychotherapy and other levels of mental health care, especially when seeking to understand the complexity of the clinical approach in university settings. In fact, contemporary studies indicate that most students who access university psychological services do so as their first point of care, without any prior history of psychiatric or pharmacological treatment, suggesting both an underutilization of the comprehensive mental health system and an opportunity for early detection in these settings (Osborn *et al.*, 2022). It has been documented that less than 10% of university psychological service patients are simultaneously under psychiatric care, it aligns with the findings of this research and underscores the importance of strengthening interinstitutional networks to provide comprehensive care (Vergara, 2023).

These findings show two main reasons for seeking assistance at both support centers. These correspond, in terms of the ICD-10, to two broad categories: determinants influencing health status and contact with health services (62.2%), and mental and behavioral disorders (37.7%). For the first category, Pérez and Gómez (2017) find the most prevalent reasons to frame the relational factor, within difficulties in the family, romantic relationship, and peer contexts. This also has a special connection to the OQ-45.2 results on the "interpersonal relationships" subscale, it was the only subscale to reach the minimum cutoff point.

Additionally, the OQ-45.2 scores support this trend, as the interpersonal relations subscale was precisely the only one to reach the minimum clinical cutoff in the sample, it indicates significant difficulties in the social domain. These findings align with recent studies that highlight how, in university settings, relational distress is one of the main predictors of psychological distress, especially among young adults experiencing relationship breakups, unresolved family conflicts, or difficulties in social adjustment (Liu *et al.*, 2025). Moreover, it has been emphasized that relational and contextual factors, although not formal psychiatric disorders, can have an equal or even greater functional impact than established clinical diagnoses, reinforcing the importance of their early detection and timely therapeutic intervention (Acoba, 2024).

Regarding the second category, "mental and behavioral disorders," this study most frequently indicates "neurotic disorders" related to stress (29.6%). This is related with studies such as Labrador *et al.*, 2010; however, only that study is mentioned, which is somewhat limited for making inferences and generalizations about diagnostic prevalence.

Characteristics of the Therapeutic Intervention

For the OQ-45.2 Total pre-test, a mean of 65.23 (SD = 17.948; range 28–106) was identified, which is below the cutoff point that distinguishes between functional and dysfunctional populations (PC = 73). This indicates that participants experience a level of quality of life comparable to that of the general population. Regarding the post-test, the OQ-45.2 Total score had a mean of 53.77; according to the adaptation and validation study of the OQ-45.2 in Spanish by Von Bergen and De la Parra (2002), if "[…] a patient's score has decreased by 17 points or more, the change is clinically significant ($p < 0.05$)" (p. 174). This was also described by Correa *et al.* (2006).

This criterion was also described by Correa *et al.* (2006), who validated the OQ-45.2's sensitivity in detecting significant changes during the therapeutic process. Recent research states the OQ-45.2's utility as a tool for monitoring clinical progress in university settings, highlighting its sensitivity in observing improvements, even in patients without a formal clinical diagnosis, as well as its ability to assess specific areas of dysfunction (Boswell *et al.*, 2013). These findings suggest that, although patients did not initially report high levels of discomfort, the psychological support process did generate positive effects on their quality of life and on the reduction of perceived emotional distress.

Painepán and Kühne (2012) state that psychotherapy serves as a very good indicator of symptomatic improvement. It is effective after 12 sessions; moreover, after eight sessions, patients no longer showed clinical indicators. This particular finding is consistent with this research, in which therapeutic sessions ended at session eight and statistically significant results were obtained on all three scales by at least 15%. It is suggested that, for long-term effects, it is important to allow for therapies with no time limit.

It is suggested that, for long-term effects, it is important to allow for therapies with no time limit. Recent evidence has also highlighted the efficacy of brief psychotherapy in university settings, especially on goal-oriented, problem-solving, or crisis intervention approaches, showing significant improvements from the fourth to the eighth session (Howard *et al.*, 1986). However, several authors agree that, for longer-lasting effects and greater consolidation of psychological change, it is necessary to make the time limits of therapies more flexible, promoting open-ended frameworks that respond to the complexity of the case rather than solely to administrative or institutional criteria (Cifuentes, 2023). This consideration is key if the goal is to foster deep transformational processes and prevent relapses in those experiencing persistent symptomatology or long-standing relational difficulties.

Regarding the subscale scores, the pre-test for "1) Symptomatic Distress" yielded a mean of 38.61 points (SD = 13.254; range 15–69), which does not reach the cutoff point of 43; this indicates a tendency toward the absence of symptoms in the final sample. And in the post-test, the mean score was 33.36 points (SD = 13.059; range 13–70); it decreased by 5.25 points, indicating that the minimum score required to achieve the RCI (Reliable Change Index) of 12 points was not met. Regarding "2) interpersonal relationships," in the pre-test a mean score of 16.55 points (SD 6.156; range 4–29) was found, which exceeds the cutoff point of 16 and indicates a tendency in the population to experience difficulties in relationships with partners, family, and others. And in the post-test, the mean score was 14.64 points (SD = 6.821; range 13–70); it decreased by 1.91 points, indicating that the minimum score required to achieve the RCI of 9 points was not met.

For the "3) social role" subscale, the pre-test shows a mean of 10.83 (SD 4.358; range 3–22); this figure does not reach the cutoff point of 14 and indicates a tendency in the population to experience adjustment to roles in their various life domains. And in the post-test, the mean score was 9.53 points (SD = 5.243; range 3–40); it decreased by 1.3 points, indicating that the minimum score required to achieve the RCI of 8 points was not met. And regarding the instrument's sensitivity, Correa *et al.* (2006) indicate validity and reliability in its application, even in patients with a record of hospitalization.

The above is reaffirmed by Santibáñez *et al.* (2009), who indicate that post-intervention cutoff points improve significantly on the symptom scale by at least 5 points below the cutoff; on the interpersonal relationships scale, by at least 5 points; on the social role scale, by 6 points; and finally, on the total scale, by at least 12 points among 17 participants.

Conclusions

The findings allow us to answer the initial question of whether a therapeutic process could positively influence the outcomes on the OQ-45.2 scale. The cutoff points for the three subscales showed symptomatic reduction, including the total scale. Regarding the therapeutic approach, this research reveals a preference among students for developing interventions from a psychodynamic perspective.

Additionally, the recurring reason for seeking care is associated with health status and contact with health services, with eight sessions there is a reduction of symptoms associated with clinical indicators. Most of the clients had no prior psychological history.

From a broader perspective, it is suggested to continue advancing the development of studies that, by comparative methods such as Jacobson and Truax's (1991), allow for a deeper exploration of the results of clinically significant change. The above is described for the purpose of improving the mental health at both centers, based on their pre- and post-intervention outcomes, as well as the quality of the psychological support service provided under the teaching-service model.

Finally, it should be mentioned that the results of this research brought to light specific needs and characteristics of the population. These findings provide key inputs for future research and for the development of mental health promotion and intervention strategies.

Based on these findings, the importance of strengthening the continuity of therapeutic processes beyond academic cycles is recognized. Retaining participants and enabling longitudinal follow-up would let to get more robust and reliable data, as well as the exploration of the sustained effects of the interventions over time.

These results encourage reflection on the clinical training of psychologists in training within the teaching-service model and demonstrate the potential to generate a positive and measurable impact on their patients' mental health. This experience represents a valuable opportunity to develop clinical competencies from an ethical, humanistic, and evidence-based perspective.

Finally, the need to incorporate prevention and mental health promotion strategies within the university environment is raised, prioritizing early interventions to address emotional distress before it becomes chronic. The data obtained provide a solid foundation for designing interventions more aligned to the psychosocial realities of the student population.

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