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**Effects of a self-compassion training program on university students'
mental health: A randomized controlled trial**

**Tesis en torno a una hipótesis o problema de investigación y su
contrastación**

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Niños, Adultos y Familias
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Effects of a self-compassion training program on university students' mental health: A randomized controlled trial

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Effects of a self-compassion training program on university students' mental health: A randomized controlled trial

University students are a particularly at-risk population for mental health issues that can last a lifetime. In order to offer evidence-based practices for prevention, the effects of a self-compassion training virtual program were evaluated on different measures related to mental health, and its feasibility, acceptability and participants opinions about the program. A randomized controlled trial was carried out with participants (N=32) randomly assigned to an experimental group and a wait list control group. Depression, anxiety, subjective wellbeing, body image and self-compassion were assessed at pre- and post-test through virtual self-report measures. At the end of the program, participants had to complete a feedback questionnaire. The wait list control group was evaluated a third time after they finished the program. A MANOVA analysis was carried out and no statistical differences were found in the variables assessed at the different study's instances. Attendance was analysed to determine the program feasibility. Most participants attended most sessions, but they didn't meet the established benchmark. Acceptability was evaluated through a Likert scale and participants graded an average of 4, meeting the study's expectation of acceptability. Qualitative data was analysed through a content analysis. Overall, participants described the most important aspects of self-compassion as the concepts they considered most useful to their daily lives. Even though the study didn't yield statistically significant differences in the variables assessed, likely due to the size of the sample, the qualitative analysis provided valuable information about participants' perceptions of the program, which were positive and enthusiastic.

Keywords: self-compassion; university students; mental health; virtual

Introduction

Mental health is increasingly recognized as an issue of importance in our society. The pandemic caused by COVID-19 also brought greater attention to mental health. There are many instances during a person's development in which mental health can be affected, but young adults seem to be a population at heightened risk. The onset of most of the lifetime mental disorders is right around the age of the typical college student (Kessler et al., 2005). Likewise, several studies have documented the high prevalence of mental disorders in

university students (Eisenberg et al., 2007; Lipson & Eisenberg, 2017). In addition, mental health issues influence students' general wellbeing because they are related to substance and drug abuse, academic success, future employability and future relationships (Eisenberg et al., 2007). The high prevalence of mental health issues in university students demands ways to not only treat these disorders, but to prevent the development of incapacitating disorders that can last a lifetime.

In 2003, Kristin Neff introduced the ancient Buddhist concept of Self-compassion to the psychological literature. This concept describes an attitude with oneself that involves self-kindness specially in moments of suffering and failure; recognizing that our suffering is part of the human experience; and allowing ourselves to experience pain, without judging, avoiding or over-identifying with it (Neff, 2003). Researchers have since carried out numerous studies documenting the relationship between self-compassion and wellbeing and how it can be a protective factor for some mental disorders (Germer & Neff, 2019; Bluth & Neff, 2018). Germer and Neff (2019) provide an extensive review of the research about self-compassion which has documented links between higher self-compassion with less depression, anxiety and stress; reduced suicidal ideation, greater emotional intelligence; increased motivation; health related behaviors; greater adjustment to difficulties; positive body image and reduced eating disorders symptoms, etc. The promising results of these studies lead us to consider self-compassion as a positive resource for people to develop resilience during difficult times. It combats self-criticism, isolation, and becoming over identified with dysfunctional thoughts which can increase suffering.

The following study aims to develop and provide evidence for a self-compassion training program with the objective of offering resources that can teach coping tools to prevent mental health disorders and promote wellbeing in university students. A training program was developed and adapted for a Spanish-speaking population during the COVID-19

pandemic. The purpose of this research is to provide useful and practical information about the effect of this self-compassion training program on measures of depression, anxiety, body image, psychological wellbeing, and self-compassion. In addition, a long-term goal is to offer universities evidence-based practices to promote their students' wellbeing and academic success; therefore, this research seeks to obtain information about the feasibility and acceptability of the program developed and information about the participants' attitudes and opinions about it.

Method

The current study is a randomized controlled trial with two groups that evaluates the effectiveness of a self-compassion training workshop on university students' mental health. The dimensions of mental health that are measured include: depression, anxiety, body image, subjective well-being, and self-compassion.

Participants

The study involved 37 college students at a private university in Quito, Ecuador, who were selected through convenience sampling. An add promoting the self-compassion training program was published in some of the university's internet platforms (Instagram, Facebook, e-mail). Participants were between 18 and 23 years old; the mean age was 21; 31 were female and 6 male. Thirty two percent of the sample were Psychology students; the remaining 68% were studying other majors like Architecture, Marketing, and Education. Participants were assigned a number in order of inclusion in the study and were randomly assigned to the two groups: the experimental group and the wait list control group. Randomization was performed using an online random number generator. To be included in the study, participants had to be

college students between ages 18 and 26. Participants were excluded if they showed high suicidal ideation (score of 4/4 in the four items that evaluated suicidal ideation). Five participants were excluded for this reason before the randomization assignment. Of the 37 participants, 5 abandoned the study (N=32), each group consisted of 16 participants.

Measures

Patient Health Questionnaire (Spitzer et al., 1999)

The PHQ-9 is a widely used and validated brief measure of diagnosis and severity (Löwe et al., 2004). This test evaluates symptoms of major depression, according to the diagnostic criteria of the DSM-IV. Major depression is diagnosed if the person reports having 5 or more of the 9 symptoms included in the questionnaire more than half the days in the last two weeks and if one of the symptoms is anhedonia or depressed mood (Koenke & Spitzer, 2001). "Other depression" is diagnosed if the person reports 2 to 4 symptoms more than half the days in the last two weeks. Additionally, the questionnaire has a severity measure from 0 to 27. Scores are interpreted as follows: 0 to 4, minimal depression; 5 to 9, mild; 10 to 14, moderate; 15 to 19, moderately severe, and 20 to 27, severe depression.

Löwe et al. (2004) established that the test can be used for longitudinal and cross-sectional studies. Familiar et. al. (2014) reported "strong factor loadings (0.71 to 0.90) and high internal consistency (Cronbach's alpha = 0.89)" in the Spanish version of the PHQ-9. Authors established that the test provides a global measure of depression and concluded that it can be used for research and for clinical settings.

Generalized Anxiety Disorder Scale (Spitzer et al., 2006)

GAD-7 is a self-report questionnaire with 7 items that measures symptoms of generalized anxiety disorder. Scores range from 0 to 21. Scores from 0 to 4 indicate minimal

anxiety, from 5 to 9 mild, from 10 to 14 moderate and from 15 to 21 severe (Spitzer et al., 2006). Löwe et al. (2008) established that the scale has good reliability and criterion, construct, procedural and factorial validity. In addition, they reported that the test measures anxiety in different age groups, as evidenced by the identical internal consistency in these groups. The test has shown an internal consistency of 0.92, and a test-retest reliability of 0.83. The Spanish version shows a Cronbach's alpha of 0.936 and a high correlation with other instruments that measure anxiety: HADS Anxiety Scale ($r = 0.903$) and Hamilton Anxiety Scale (HAM-A) ($r = 0.852$) (García-Campayo et. al., 2010).

Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983)

HADS is a questionnaire developed to identify symptoms of anxiety and depression in a hospital context and to identify mood problems without being influenced by somatic symptoms. It consists of 14 items - 7 for anxiety and 7 for depression. Scores in each scale range from 0 to 21 and are interpreted as follows: 0 to 7, normal; 8 to 10 borderline abnormal, and 11 to 21, abnormal. Currently the HADS is used in different contexts as a valid and reliable tool to measure anxiety and depression. De las Cuevas et al. (1995) evaluated the psychometric properties of the Spanish version of the HADS and found that the correlation between the anxiety and depression scales is 0.03. The items of the depression subscale showed correlations between 0.42 and 0.71; while the items of the anxiety subscale had correlations between 0.36 and 0.64. (De Las Cuevas et al., 1995)

General Health Questionnaire (Goldberg & Hillier, 1979) suicidal ideation items

The GHQ-28 contains 4 items that assess suicidal ideation. These items are multiple choice with 4 different options of answers. The two first answers receive a score of 0 and the two last ones, a score of 1. Watson et al. (2001) evaluated the validity of measuring suicidal

ideation with the 4 items when compared with the Suicidal Ideation Scale and the Suicidal Intent Scale (SIS).. They found a statistically significant correlation (0,425) between the four items and the Suicidal Ideation Scale and statistically significant correlations (0.380, 0.386, 0.454) between three of the items and the SIS, They found a moderate to large effect size in said correlations, therefore they concluded that using the 4 items is a valid way to measure suicidal ideation. In general, the GHQ-28 is a valid and reliable instrument (Gili-Planas et al., 2001).

Multidimensional Body Self-Relations Questionnaire (Cash, 1990)

The brief version was applied. It is a self-report questionnaire with 44 items that measure 4 factors in relation to attitudes about body image, that includes evaluative, cognitive and behavioral aspects (Botella García del Cid et al., 2009). The test gives scores in five subscales: Subjective Importance of Corporality, Behaviors Oriented to Maintaining Physical Fitness, Self-assessed Physical Attractiveness, Physical Appearance Care and a fifth one that takes into account the last 5 items about Satisfaction with their Body Parts (Botella García del Cid et al., 2009). Scores in the different scales are averaged to get a final score between 1 to 5. Higher scores indicate higher attitudes about what the subscale is evaluating. The full version in Spanish was validated by Botella García del Cid et al. (2009) who reported an internal consistency of 0.884 and found significant differences between groups (people with and without eating disorders) in all factors except in Behaviors Oriented to Maintaining Physical Fitness (COMF).

WHO-5 Well-Being Index

WHO-5 is a 5-item questionnaire that measures subjective well-being. It includes only positive statements, and the person is expected to answer how much each item applies to

him or her in the last 14 days. Total scores range from 0 (the worst imaginable well-being) to 100 (the best imaginable well-being). Topp et al. (2015) found that the test is an adequate instrument for the identification of depression and as an assessment of a treatment or intervention results in clinical contexts. In addition, they established that it is a valid measure of well-being in general. This test allows not only to identify symptom reduction but also to identify if the participant feels better, which has practical implications. Additionally, it provides an evaluation of well-being in the event that the symptoms of anxiety and depression are mild.

Satisfaction with Life Scale (Diener et al., 2985)

The SWLS is a 5-item scale that assess global life satisfaction, one of the components of subjective well-being. The person is expected to answer how much he or she agrees or disagrees with each statement using a 7-point Likert scale. Total scores range from 5 to 35 points; higher scores mean greater satisfaction. Around 20 years of research supports the strong psychometric properties of the SWLS, and it has been used with many different samples and cultures (Vázquez et al., 2013). Vázquez et al. (2013) validated the Spanish version of the scale. The authors concluded that this test is a valid instrument to assess life satisfaction; they found a “unifactorial structure with significant correlations between the SWLS, and subjective happiness and social support” and an internal consistency coefficient of 0.88 (Vázquez et al., 2013).

Self-Compassion Scale (Neff, 2003a)

The SCS contains 26 items that assess the following subscales: kindness towards oneself, judgment towards oneself, common humanity, perception of isolation, mindfulness and over-identification (Araya & Moncada, 2016). The test results can be interpreted

individually with the averages (range from 1 to 5) of each subscale or with the overall self-compassion scale (the sum of the six subscales; the scores range from 5 to 30). Higher scores in the overall self-compassion scale mean higher self-compassion. The test has an internal consistency of $r = 0.9$ and a test-retest reliability of $r = 0.93$ after 3 weeks (Araya & Moncada, 2016). Garcia-Campayo et al. (2014) validated the long and short Spanish versions and concluded that they are reliable and valid instruments to measure self-compassion. The Spanish version Cronbach's α was 0.87 and showed a test-retest coefficient of 0.92 (Campayo et al., 2014).

Feedback Questionnaire

A questionnaire was developed to assess the participants' opinions about different characteristics of the workshop. The questionnaire (see Appendix A) had four questions with a 5-point Likert scale in which participants were asked to answer how much they agreed or disagreed with each statement. The questions were about whether in general participants liked the workshop. In addition, the questionnaire included two yes-no questions that assessed the participants' opinions about the workshop's length and virtual teaching mode. And it included 4 open-ended questions about their experience in the workshop.

Procedure

Due to the COVID-19 pandemic that began in 2020, the entire study was designed and carried out through virtual or remote communication and platforms. An add promoting the study and workshop was published in the university's social media platforms (the Student Council Instagram account and the university health-related Facebook page). In addition, faculty shared the announcement to their students by e-mail. Students who were interested completed a digital registration form with their contact information. Then, participants were

given general information about the study and the informed consent by e-mail. Several Zoom meetings were organized so that potential participants could ask questions about the study and the informed consent. Also, they were encouraged to ask any questions through e-mail or Whatsapp. Then, participants were asked to sign and send the informed consent by e-mail. Upon receiving the informed consent, each participant was assigned a code to ensure their confidentiality. The recruitment period lasted around two months, and afterwards participants were sent the digital assessment questionnaire using Microsoft Forms, with all the tests described previously. Participants identified themselves in the questionnaire using the assigned code. Once every participant completed the form, the suicidal ideation items analysis was carried out. Participants with a score of 4 over 4 (1 point for each item) were excluded. Individual Zoom meetings were carried out with each excluded participant to notify them, explain why the workshop may not be the best option for them, and offer appropriate resources for treatment. Excluded participants were not evaluated but they were allowed to participate in the workshop.

At the end of the selection process, participants were randomly assigned to either the experimental group or the wait list control group. A wait list control group was chosen in order to deliver the intervention to as many people as possible so that they could benefit from it and to have the opportunity to replicate the study with the control group. Both groups were notified by e-mail. The start date, the workshop's introductory videos, and the meeting link were sent to the experimental group. A message was sent to the control group notifying them that they were part of the wait list group and that they would have to wait a month and a half to start the workshop.

The intervention consisted of a 6-week virtual group workshop, one session of 90 minutes per week, in which participants were given theoretical information and practiced different exercises with the objective of learning how to be self-compassionate. The workshop

was developed based on the Mindful Self-Compassion Program by Germer and Neff (2019) and Compassion Focused Therapy by Paul Gilbert (Kolts, 2016). The workshop was designed to teach the following principles: 1. Mindfulness: identifying when we are suffering and connecting with that suffering (Germer & Neff, 2019); 2. Recognize the basis of our difficulties: understand what influences us, how our brain works; it is necessary to recognize that our difficulties are not our fault, but they are our responsibility (Kolts, 2016); 3. Connect: recognize that suffering is part of living, that we all go through similar things and that we all want to be loved (Germer & Neff, 2019); 4. Be kind to ourselves in times of difficulty (Germer & Neff, 2019); develop a compassionate self, how does that self think? (Kolts, 2016).

The workshop was delivered to the experimental group. There was one teacher who delivered the course and participants had two sessions a week at different times so they could choose the class they wanted to attend and have greater flexibility. There was a psychologist present in each virtual session. If participants felt overwhelmed during the class, they could contact the psychologist through the virtual chat to ask for individual emotional support. In this study, no participant asked for the psychologist's assistance.

Once the experimental group finished the workshop, all participants (experimental and control group) were sent the assessment questionnaire again through Microsoft Forms. The experimental group received, in addition to the assessment questionnaire, the feedback questionnaire. Then, the wait list control group was notified with the start date and was sent the introductory videos and the meeting link. The control group received the intervention with the same characteristics as the experimental group, and at the end of the workshop, they were sent the assessment and feedback questionnaires.

Data-Analytic Strategy

The current study involved several dependent variables and one or two independent variables. Due to these characteristics, a MANOVA analysis was chosen to analyze all variables at once and avoid conducting multiple statistical tests for each dependent variable.

Once responses were received in the first assessment and random assignment was made, a MANOVA analysis was carried out to ensure there were no significant differences in any of the dependent variables between the groups. There were 6 responses to individual items missing in the first evaluation. To complete the information, the responses of all participants for the same items in the first evaluation were averaged. In the second evaluation, a MANOVA analysis was carried out to identify group differences between the experimental and control group, after the intervention. By this time, 5 people abandoned the study, and their data was eliminated from the analysis. There were 5 responses to individual items missing, and to complete the information, the value the same participant answered in the first evaluation was inserted. Finally, a third MANOVA analysis was carried out to identify possible differences in dependent variables in the control group before and after the intervention. In this instance, 6 people abandoned the study, and their data was also eliminated to ensure that the real data was evaluated. There were 24 responses to individual items missing, and to complete the information, the value the same participant answered in the previous evaluation was inserted.

A qualitative analysis was also conducted with the information from the feedback questionnaire. Averages were taken from the Likert scale responses and the open-ended answers were analyzed using content analysis with codes and themes. A triangulation approach was used to determine the codes and themes with more precision.

Results

The current study was conducted in order to determine the effectiveness of a self-compassion training workshop to improve the mental health of university students. Depression, anxiety, body image, subjective well-being and self-compassion were measured in order to assess changes in symptoms after the workshop and between the experimental and control group.

In first place, a multivariate analysis of variance (MANOVA) was carried out using SPSS software, after the random assignment. Results showed no significant difference between the experimental and control group in any of the dependent variables at pretest.

To identify if self-compassion training decreased depression and anxiety and improved body image, subjective well-being and self-compassion, another MANOVA was carried out at post-test. Wilk's Lambda results showed no significant differences in the variables assessed.

Variables were also assessed in the control group after the workshop. A MANOVA analysis was carried out for this purpose. Wilk's Lambda results show no significant differences in the variables assessed.

In addition, a qualitative analysis was carried out with the responses of the feedback questionnaire and the analysis of attendance, in order to determine the feasibility and acceptability of the workshop, and to gather additional information that could be useful to the design and applicability of it. Of the 37 participants at pre-test, 5 people abandoned the study (two from the experimental group and three from the wait list control group). Namely there was a 13% dropout. In the second part of the study, during the application of the workshop to the wait list control group, 6 of the 17 participants abandoned the study: a 30% dropout. Therefore, 15 people attended the first workshop and 12 the second one. Of the experimental group, 47% of the participants attended 4 of the 6 sessions (67% of the workshop), 21% attended 5 sessions and 11% attended the 6 sessions. Of the wait list control group, 63% of the participants attended between 4 to 6 sessions.

In total there were 27 responses to the feedback questionnaire. In the first statement: “Overall, I enjoyed the workshop”, on a Likert scale of 5 points, participants gave an average rating of 4.6. In the second statement, “I found the workshop interesting and useful to my daily life”, participants scored an average of 4.8. In the third statement, “I would recommend this workshop to classmates or other people”, participants scored an average of 4.7. And, in the fourth statement, “Overall, I enjoyed attending the workshop via Zoom platform,” participants scored an average of 3.6. In the yes-no question “Would you have preferred it to be face to face?” 93% of the participants answered yes. In relation to the duration of the workshop, 93% thought 6 weeks was appropriate. Only two people felt it was not ideal; one said it should last four weeks, and the other said it should last two more weeks.

In addition, a content analysis was carried out with the information from the four open-ended questions. A triangulation approach was used and another professional with an undergraduate degree in teaching was asked to make the content analysis in addition to the principal researcher to compare answers. The results of this analysis found three main themes in the first question “What did you like the most about the workshop?”. The majority of the participants pointed out that different aspects related to the methodology, design and content of the workshop, and the learning of activities and perspectives that they can apply in their daily life was what they enjoyed the most. A third theme was the interaction or dynamics of the workshop; people liked listening to other’s experiences, developing empathy for others, and being able to share feelings. In the second question, “What do you think are the activities or concepts that will be most useful in your life?”, four themes were found. In the first place, people found it most helpful learning to treat themselves with kindness, and to value and show appreciation for themselves. A second useful activity was being able to understand and know themselves. In third place, participants found useful the different mindfulness exercises. Finally, there were two people that said that “everything” was useful. In relation to the third

question: “What did you like the least about the workshop?”, most people referred to some aspect of the dynamics such as the lack of participation of some attendants that caused uncomfortable silences or that the virtual modality made it boring. Most participants also found unpleasant aspects that had to do with the logistics like the virtual modality and the schedule. One person stated that she disliked the emotional charge of some exercises and another person mentioned the fact that she knew most of the things taught in the workshop. Four people mentioned that they disliked nothing. The last question was optional and asked for recommendations. Most people suggested an activity to promote participation in the classes; one person suggested participants be required to turn on their cameras. Another person wished for personalized attention or an extension of the workshop so they could still receive activities or do other courses. Finally, another person recommended applying better publicity strategies so that more people could participate in the workshop.

Discussion

The current study applied a self-compassion training workshop in order to generate scientific evidence to support its use for improving the mental health of university students, a particularly in risk population for mental health issues. Results showed no statistically significant differences between groups in the variables assessed. Attendance was analyzed in order to identify the feasibility of the workshop, and results show that the majority of participants attended to the majority of sessions. In addition, opinions were asked through a feedback questionnaire and answers showed that every participant enjoyed the workshop, they found it interesting and useful for their daily lives and they would recommend it to classmates and other people. The great majority preferred if it had been face to face instead of virtual and thought that the duration of 6 weeks was adequate. What most people liked about the workshop were the methodology, design and content of the workshop; the opportunity to

learn activities and perspectives that they can apply in their daily life, and the way they interacted with others. What participants found most useful was learning to treat themselves with kindness, to value and show appreciation for themselves; being able to understand and know themselves, and learning mindfulness exercises. What participants disliked was the lack of participation of some attendants that caused uncomfortable silences and the virtual modality which they felt made sessions monotonous, and logistic characteristics like the virtual modality and the schedule. Finally, most participants recommended doing something to promote participation in the classes.

The variables assessed did not yield statistically significant differences between groups. This contrasts with what has been found in previous related research. In general, self-compassion has been linked to wellbeing (Baer et al., 2012; Neff, 2011; Neff et al., 2007; Neff & McGehee, 2010), reduced depression (Campo et al., 2017; Friis et al., 2016; Shapira & Mongrain, 2010; Smeets et al., 2014;), reduced anxiety (Baer et al., 2012; Marsh et al., 2017), positive body image (Albertson et al., 2014; Ferreira et al., 2013; Kelly & Carter, 2014) and it has been found that self-compassion can be trained and improved in people (Germer & Neff, 2019; Kelly & Carter, 2014). One possibility is that low statistical power due to the small sample size made it difficult to identify differences in these variables. In relation to wellbeing, depression and anxiety, another possible reason could be the unique situation that COVID-19 pandemic creates which is full of uncertainties which can add additional stress to people's lives. Namely, other important variables like lack of social support and contact, grief, disease or financial issues could be negatively affecting all participants' wellbeing and increasing their levels of anxiety. In addition, although most participants attended most sessions, the virtual modality can make it difficult for participants to engage in the class and take in all the information, and the qualitative analysis mentioned

the lack of participation of some attendants. This issue with the modality could make the dosage insufficient to produce significant changes in the other variables.

Nevertheless, this study generated qualitative data about the opinions of the participants in order to determine the workshop's acceptability and feasibility. In terms of feasibility, parameters in a similar study (Campo et al., 2017) were used: the hypothesis was that 75% percent of participants will attend at least 75% of sessions. This study didn't meet the benchmark in terms of feasibility. It is interesting because the virtual modality could make it easier for participants to attend, but most people mentioned they would prefer the face-to-face format. Future research could inquire as to the reasons for desertion and lack of attendance and evaluate feasibility in a face-to-face modality. In terms of acceptability, this research met the expectation of an average score of 4 (the same parameter as Campo et al., 2017). Therefore, even though attendance was not as expected, everybody who attended at least a few sessions enjoyed the workshop, found it useful, and would recommend it. In addition, information collected from the other questions in the feedback questionnaire identified what participants enjoyed the most, what they found most useful, and what could change or improve. Although it was not possible to identify differences in most variables measuring the participant's mental health, we don't discard the possibility of it being a useful tool that might have clinical implications due, in part, to the findings in the qualitative analysis. One important aspect of self-compassion is to be kind with oneself in difficult moments and this was what the majority of participants stated they found most useful to their daily lives. Nevertheless, future research could focus on determining if this workshop in fact has clinical implications.

This study represents a first step toward examining evidence for potential programs that can be applied to provide valuable tools and develop coping strategies to prevent issues and improve college students' mental health. Future research could use a bigger sample in

order to bear out its effects on mental health and wellbeing. It could also identify mediators or specific aspects of the workshop that produce change. It would be important to analyze if its effects are sustained in the long term. Finally, other variables related to wellbeing or mental health like stress, rumination, self-esteem, etc. can be evaluated to provide more information to support its application.

The study has significant methodological strengths and attempts to mitigate the greatest number of threats as it is a randomized controlled trial. The threats to the internal validity of history, maturation and repeated evaluation of a construct are mitigated with the inclusion of a control group. Selection biases are avoided since a first evaluation was carried out before random assignment. Different valid and reliable tests are used to avoid an instrumentation threat.

On the other hand, the study also has some limitations. The most important one is the small size of the sample which reduces the study's statistical power and made it difficult to find significant differences in the variables assessed. This fact also makes it a study with limited external validity, so these results can't be generalized to the entire population evaluated. Also, because it included a lengthy intervention, attrition was another limitation which represents a threat to the randomization. There was a high level of attrition especially in the wait list control group. Another limitation was that the workshop had only one teacher, so it is not possible to rule out the possibility that effects are influenced by the teacher's particular characteristics. It is also important to mention that the study only used self-report measures, therefore the data may have some biases that have to do with honesty and level of introspection of the participants.

Even though statically significant differences were not found in the quantitative analysis, there is plenty of research that contrasts the results in this study and that support the idea that self-compassion could be a protection factor for psychopathology. The main issue

that could have influenced the results is the small sample and its statistical power. However, qualitative analysis provided valuable information about the opinions of the participants who were positive and enthusiastic about the workshop. To identify that what participants have learned and found valuable is exactly what the workshop intended makes us believe that, to some extent, the program achieved its objective. Some of the responses to the question about what concepts were more useful to them were: “How to appreciate good personal qualities and know how to support myself in difficult situations.”, “Give yourself love in situations of stress or sadness”, “Look at my situation with a neutral perspective, without judgment, in order to understand myself better.”, “Accept what I feel.”, “We are all valuable and should be compassionate with ourselves as we are with others.” The ultimate goal is the prevention of mental health issues in college students and this research importance lies in providing evidence for practices that target this.

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Appendix A. Feedback Questionnaire

We are interested in getting your opinion and comments about your experience in this workshop.

Please answer on a scale from 1 to 5, how much do you agree or disagree with the following statements:

(5=Strongly agree, 4=Agree, 3=Neither agree or disagree, 2=Disagree, 1=Strongly disagree)

1. Overall, I enjoyed the workshop.
2. I found it interesting and useful to my daily life.
3. I would recommend this workshop to classmates and other people.
4. Overall, I enjoyed attending the workshop via Zoom platform.
5. The total duration of the workshop (6 weeks) was adequate.
 - Yes
 - No (specify the time that would seem appropriate)
6. What did you like the most about the workshop?
7. What do you think are the activities or concepts that will be most useful in your life?
8. What did you like the least about the workshop?
9. Recommendations (Optional)