A PILOT EVALUATION OF AN INTERVENTION PROGRAM TO REDUCE PSYCHOLOGICAL VULNERABILITY AND STRESS IN UNIVERSITY STUDENTS

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Abstract: This pilot study developed and evaluated a six-week acceptance and commitment therapy–based intervention with an emphasized mindfulness component. Four university students participated in the intervention, and four served as a control group. Psychological vulnerability, operationalized as risk work-related patterns, and perceived stress were assessed before and after the intervention. In the intervention group, two participants showed a shift toward more adaptive work-related patterns, and stress levels decreased in two participants, whereas no pattern changes and increased stress were observed in two cases in the control group. Participants in the intervention group also reported satisfaction with the intervention and perceived subjective benefits. These preliminary findings indicate potential effectiveness and support further evaluation.

Keywords: psychological vulnerability, stress, acceptance and commitment therapy, mindfulness, university students

1 Introduction

Among various occupational and age groups, university students have consistently been shown to be at risk for poor mental health outcomes and decreased well-being, manifested, for example, in high levels of distress, anxiety, and depression (e.g., Evans et al., 2018; Stallman, 2010). Up to 83.9% of surveyed student populations report elevated distress levels, which increasingly reduce their capacity for work or study activities and lead to diminished academic achievement (Stallman, 2010). These mental health challenges may partly reflect the upheavals of emerging adulthood (approximately ages 18–29), including identity struggles and limited social support (Arnett et al., 2014). An additional burden is the transition from school to university, which brings increased responsibilities and heightened pressure related to academic performance and career planning (Beiter et al., 2015). Moreover, the number of university students with serious mental health challenges has risen worldwide in the context of recent global crises, including the COVID-19 pandemic, climate change, armed conflicts, and shortages of essential commodities, which have exacerbated the challenges individuals face in their daily lives (Cao et al., 2020). Recent data indicate that 36.6% of European university students display clinical levels of anxiety and 11.3% display clinical levels of depression. Czech university students show even higher rates, with 40.1% and 12.3% displaying clinical levels of anxiety and depression, respectively (Vallone et al., 2023). Another matter of concern is increased psychological vulnerability, or vulnerability to occupational health issues, observed in up to 69% of Czech students (Mašková, 2024). This vulnerability not only has immediate negative effects on individuals but also increases the risk of developing serious physical and mental health problems in the long term if left unaddressed (Schaarschmidt, 2005). Taken together, these findings underscore an urgent need for effective mental health interventions for university students, which the present study seeks to develop and pilot-evaluate.

1.1 Psychological vulnerability

A central concept of this study is psychological vulnerability, which is grounded in the model of Work-related Coping Behavior and Experience Patterns (*Arbeitsbezogenes Verhaltens- und Erlebensmuster* in German; AVEM; Schaarschmidt & Fischer, 2008). This concept refers to individuals' experiences of occupational stress and the typical behavioral responses they use to cope with such stress. Classification into a specific work-related pattern is based on a diagnostic inventory of the same name, which captures health-relevant constellations of motivation, coping resources, and emotional functioning. Based on the degree to which an individual's responses correspond to prototypical pattern profiles, individuals can be assigned to one of four work-related patterns. Two of these patterns are considered healthy (patterns G and S), whereas the remaining two indicate increased psychological vulnerability and are associated with long-term risks to occupational health (risk patterns A and B). From this perspective, this diagnostic approach enables early identification of individuals at increased risk and supports the targeting of preventive interventions before health problems fully develop.

The characteristics of the four work-related patterns are as follows: (1) Pattern G (Healthy Ambitious): A health-promoting profile characterized by high but balanced professional commitment, strong coping resources, and high subjective well-being. Individuals can engage deeply in work while maintaining emotional distance and resilience. (2) Pattern S (Unambitious): Marked by low professional commitment and reduced work investment, but with adequate coping capacity and high well-being. Although health is not at risk, motivation tends to be low, and engagement is minimal. This pattern may act as an energy-saving strategy under stressful conditions. (3) Risk pattern A (Excessively Ambitious): Defined by very high commitment (strong ambition, perfectionism, overexertion) combined with weak coping resources and limited emotional detachment. Individuals experience high strain and low emotional reward, which increases vulnerability to stress-related health problems. (4) Risk pattern B (Resigned): The least favorable profile, combining low professional commitment with very low coping capacity and poor well-being. It mirrors core features of burnout—exhaustion, negative emotions, and withdrawal—and signals heightened long-term vulnerability to occupational health issues (Kieschke & Schaarschmidt, 2008; Schaarschmidt & Fischer, 2008).

Psychological vulnerability, reflected in assignment to risk patterns A and B, has been identified in a substantial proportion of Czech university students (Mašková, 2024). This finding is particularly concerning given the relative stability of these patterns, which tend to persist or shift toward less adaptive patterns in the absence of targeted intervention, making spontaneous improvement unlikely (Schaarschmidt, 2005). Despite this, evidence-based interventions aimed at reducing psychological vulnerability among university students remain scarce. One exception is a targeted intervention program developed specifically for teacher education students. The Strengthen for the Teaching Profession program consisted of an initial three-day intensive training followed by an eight-week application phase. During the training, participants completed core modules related to professional competencies and developed an individual action plan based on self-assessment, which was subsequently implemented and reflected upon during the application phase. In the full version of the program, the proportion of students classified into risk patterns decreased significantly, while the proportion classified into the most desirable pattern G increased markedly, from 27% at pretest to 55% at posttest (Çelebi et al., 2014). Despite its effectiveness, the program's focus on teacher education students limits its broader applicability, highlighting the need for efficient and widely applicable interventions within higher education.

1.2 Acceptance and commitment therapy

The present study focuses on a promising new psychotherapeutic approach: Acceptance and Commitment Therapy (ACT), which is a modern behavior therapy belonging to the third-wave cognitive-behavioral therapy (CBT) approaches. Rather than seeking to change the form or frequency of unwanted thoughts and emotions, its goal is to cultivate psychological flexibility, which enables individuals to live a more rewarding life even in the presence of undesirable thoughts and emotions. The underlying mechanism of ACT is strengthening six core processes: (1) Acceptance – opening up to unpleasant emotions and sensations instead of fighting them. (2) Cognitive defusion –

reducing the literal impact of thoughts by shifting how one interacts with them. (3) Contact with the present moment – cultivating mindful, non-judgmental awareness of ongoing experience. (4) Self-as-context – adopting the perspective of an observing self-distinct from thoughts and feelings. (5) Values – clarifying personally meaningful life directions. (6) Committed action – taking concrete steps toward goals that are guided by these values (Hayes et al., 2006). Although research on ACT effectiveness has been introduced only recently, it shows promising results, which even suggest its superior effectiveness for treating certain mental health issues compared to other more established psychotherapeutic approaches, such as CBT. A recent meta-analysis showed a medium to large effect of group ACT on anxiety symptoms and a small to medium effect on depressive symptoms. The most common formats for group ACT interventions were 6–12 sessions of 90 or 120 minutes, delivered on a weekly basis. The 6–12-session format showed a superior effect over shorter formats. The student group was one of the samples for which the largest effect size was found (Ferreira et al., 2022). To date, there are several dozen studies focused on examining the intervention effect of group ACT on various outcomes in university students. These interventions have resulted in numerous short- and long-term positive outcomes, such as increased psychological flexibility, well-being, school engagement, academic performance, the importance of education-related values, and time and effort management skills. They have also decreased stress, anxiety, depressive symptoms, self-harming tendencies, and suicidal ideation (Browning et al., 2023; Grégoire et al., 2018).

1.3 Mindfulness-based interventions

Mindfulness is most commonly described as "the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment" (Kabat-Zinn, 2003, p. 145). Although rooted in Buddhist philosophy, mindfulness was adapted into a secular psychological approach with the development of the Mindfulness-Based Stress Reduction program by Jon Kabat-Zinn in 1979. Since then, mindfulness-based interventions have been widely adopted across clinical and non-clinical settings, particularly in high-stress populations. Accumulating evidence indicates that mindfulness-based interventions are associated with a broad range of beneficial outcomes for both mental and physical health. Current models suggest that the effects of mindfulness-based interventions are mediated at both neurobiological and psychological levels. Neurobiological mechanisms involve changes in brain systems responsible for stress regulation, whereas psychological mechanisms center on decentering (also termed metacognitive awareness or non-attachment), defined as observing thoughts, emotions, and bodily sensations with psychological distance. This process enables more flexible and deliberate responses to internal experiences and supports the cultivation of a more accepting and objective awareness of the present moment (Creswell, 2017). In university students, evidence from a meta-analysis of randomized controlled trials indicates that mindfulness-based interventions are effective in reducing stress and anxiety and in improving depression, well-being, and rumination (Dawson et al., 2020). Evidence from the Czech context further supports the effectiveness of mindfulness-based approaches for university students. Světlák et al. (2021) developed an eight-week online mindfulness-based program delivered to a large sample of university students (N = 692). The intervention produced large effect sizes for stress reduction, alongside significant decreases in the frequency and intensity of negative affect and increases in mindfulness and self-compassion. Although mindfulness is a core component of ACT, within the ACT framework it primarily serves a functional role in enhancing present-moment awareness and psychological flexibility through a more open and non-judgmental relationship with internal experiences (Hayes et al., 2006). The present intervention program placed a particular emphasis on mindfulness training as a distinct element, extending beyond brief experiential exercises typically used in ACT to include structured meditative practices such as the body scan exercise. This decision is grounded in the robust evidence base supporting mindfulness-based interventions in university students, as well as in their demonstrated effectiveness within the Czech cultural and educational context.

2 The present study

University students represent a high-risk population with respect to perceived stress and psychological vulnerability. To contribute to the range of available intervention programs targeting this population, particularly in the Czech context, the present study develops a six-week intervention program based on ACT, with a specific emphasis on mindfulness. The study aims to provide a pilot evaluation of this intervention program and is guided by the following research questions:

RQ1: Are there differences between students participating in the intervention program and those not participating in the program in levels of perceived stress and psychological vulnerability before and after the intervention?

RQ2: What are the experiences of students participating in the intervention program?

3 Method

3.1 Participants

Participants were eight students from the University of West Bohemia enrolled in the course Personality Psychology during the summer term of 2025. Four students constituted the intervention group (I1–I4); inclusion criteria required completion of both the pre- and post-intervention surveys and attendance at the majority of the intervention sessions. The remaining four students formed the control group (C1–C4); inclusion criteria required completion of both the pre- and post-intervention surveys and non-participation in any of the intervention sessions. Participant characteristics are presented in Table 1.

Table 1: Participant Characteristics

Participant	Gender	Age	Faculty	Field of study	Year of study
I1	Female	22	Faculty of Philosophy	Humanities	3
I2	Male	23	Faculty of Applied Sciences	Distributed Computing Systems	4
I3	Male	22	Faculty of Philosophy	Humanities	3
I4	Male	21	Faculty of Philosophy	International Relations	2
C1	Male	25	Faculty of Applied Sciences	Software and Information Systems	4
C2	Female	22	Faculty of Philosophy	Humanities	3
C3	Female	21	Faculty of Philosophy	Humanities	3
C4	Male	22	Faculty of Philosophy	Humanities	3

Note. Students in years 1–3 were enrolled in a bachelor's degree program, whereas students in year 4 were enrolled in a follow-up master's degree program, with the fourth year corresponding to the first year of a two-year master's program.

3.2 Procedure

The intervention consisted of six weekly sessions, each lasting approximately 90 minutes, delivered as part of regular course meetings. The sessions were conducted during the final six weeks of the semester within the course Personality Psychology, a voluntary course offered to students at the University of West Bohemia. Each session typically began with a brief mindfulness exercise lasting 10–15 minutes, followed by psychoeducational input related to the respective ACT core processes. This was complemented by experiential, hands-on exercises and subsequent reflection, which took place either through group discussion or in written, non-shared form, depending on the

nature of the exercise and participants' willingness to share. An overview of the intervention structure and key practical exercises is provided in Table 2.

Table 2: The Structure of the Intervention Program

Session	Core process	Practice
1	Contact with the present moment	Mindful listening Five senses grounding exercise Body scan Brief breathing-based grounding (*Dropping the anchor*)
2	Cognitive defusion	Leaves on a stream, "I notice that I am having a thought that…" Passengers on the bus
3	Self-as-context	Mindfulness exercise focused on observing awareness Sky and weather and Chessboard metaphors Reflection on continuity of the observing self across changing experiences
4	Acceptance	Mindfulness of unpleasant bodily sensations Visualizing emotions as objects Compassion-oriented exercise toward one's own difficult experiences
5	Values	Five senses grounding exercise The 80th birthday exercise Identifying values in meaningful past experiences Values sorting across life domains
6	Committed action	Body scan Small steps planning linked to identified values Point-of-choice framework

The pre-intervention survey was completed within one week prior to the first intervention session during March 2025 (T1), and the post-intervention survey was completed one week after the final intervention session during May 2025 (T2). Participants were asked to generate a confidential identification code that allowed matching of T1 and T2 responses and enabled them to receive individual feedback while maintaining confidentiality. Approximately two weeks after completing the T2 survey, students who participated in the intervention program were invited to provide brief qualitative feedback on the program, guided by the question: "What is your experience with the intervention program? How would you reflect upon the program content?" Attendance at the intervention sessions, as well as completion of the pre- and post-intervention surveys, was voluntary and was not controlled or penalized as part of the course requirements. All participants provided informed consent prior to participation.

3.3 Measures

Work-related patterns were assessed using the Czech version of the AVEM inventory, which contains 66 items and employs instructions adapted for a student population (Mašková et al., 2022). The inventory comprises 11 scales, with items rated on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The Czech adaptation demonstrates good psychometric properties, with Cronbach's α coefficients ranging from .70 to .85. Perceived stress was assessed using the 10-item Perceived Stress Scale (PSS-10), originally developed by Cohen and colleagues and validated for Czech populations by Buršíková Brabcová and Kohout (2018). The scale measures the degree to which individuals perceive situations in their lives as stressful during the past month. Items are rated on a five-point Likert scale ranging from 0 (never) to 4 (very often). Six items are negatively worded and indicate higher perceived stress, whereas four positively worded items are reverse-scored. Total scores range from 0 to 40, with higher scores reflecting greater perceived stress. In the Czech validation study, the scale showed high internal consistency (Cronbach's $\alpha = 0.87$).

3.4 Data analyses

Participants were assigned to one of the four work-related patterns using the algorithm provided by the authors of the AVEM inventory, which also generates the level of concordance between each participant's responses and each of the four patterns. Perceived stress was calculated as the total stress score by reverse-scoring the positively worded items and summing the scores across all 10 items. These procedures were performed for each participant separately for T1 and T2. All analyses were conducted in IBM SPSS 25.

4 Results

The results of the pre- and post-intervention surveys, including the percentage match with each work-related pattern, the dominant pattern, and perceived stress levels at T1 and T2 for all participants, are presented in Table 3.

Table 3: The Results of the Pre-Intervention and Post-Intervention Surveys

Participant	Time	%G	%S	%A	%B	Pattern	Stress
I1	T1	0	0	0	100	B	28
	T2	0	0	0	100	B	32
I2	T1	42	1	54	3	A	16
	T2	73	3	23	1	G	10
I3	T1	0	0	0	100	B	28
	T2	0	1	0	100	B	19
I4	T1	0	0	5	95	B	21
	T2	0	0	79	21	A	20
C1	T1	0	0	6	94	B	21
	T2	0	0	6	94	B	28
C2	T1	77	2	21	0	G	20
	T2	97	0	3	0	G	17
C3	T1	0	0	95	5	A	22
	T2	0	0	100	0	A	22
C4	T1	1	43	2	54	B	10
	T2	0	5	4	91	B	14

Participant I1 was assigned to pattern B, and this assignment remained almost unchanged after the intervention, with her stress level even increasing post-intervention. In her intervention reflection, the participant states that she suffers from a personality disorder and experiences mental health challenges. Despite this, she evaluates the sessions positively: "The seminars made me reflect on myself in certain ways. They guided me a bit toward a path of self-acceptance, and above all, I'm now trying to look at some things a little differently." She states that she found the mindfulness exercises "particularly helpful." Although they caused discomfort at the beginning—and this still happens occasionally—she uses these exercises to manage her emotional fluctuations, as they help her maintain distance from intense emotions and avoid reacting too quickly without consideration.

Participant I2 was initially assigned to pattern A, with a shift toward pattern G after the intervention. His stress level also tended to decrease post-intervention. The participant evaluated the sessions positively, describing them as "a very pleasantly spent time with reflection." At the same time, he admitted to having mixed feelings about the "exercises with a negative connotation," which felt uncomfortable at first because he "is used to thinking positively." In the end, however, he acknowledged that learning to deal with negative matters is important and said he was glad he went ahead with it.

Participant I3 was initially assigned to pattern B, with only minimal change post-intervention. However, he himself recognizes even this slight shift toward pattern S and "considers it a step toward better stress management and personal balance." His stress level decreased notably after the intervention, which he views as significant personal progress and attributes primarily to the mindfulness exercises: "The practical grounding in the present moment without judgment was a new experience for me—one that has a concrete impact on my everyday life. Since I

often struggle with feelings of anxiety and performance pressure, mindfulness has become a technique I actively use to reduce stress and to stay more connected with my own experience." In addition, he highlights the value-oriented exercises, noting that he appreciated the opportunity to reflect on his core values as well as on those he currently pays less attention to but believes deserve greater focus.

Participant I4 was initially assigned to pattern B with a full pattern expression (more than 95% concordance), followed by a post-intervention shift to pattern A. His stress level showed only a slight decrease. The participant acknowledges this shift and explains that, although he remains in a risk pattern, he perceives that post-intervention he "feels more able to fulfil his potential," which motivates him to continue improving. He attributes this change mainly to the mindfulness exercises and noted that after the in-class sessions he felt more relaxed, with an improved mood that lasted throughout the day. He reports that he has learned to use these exercises at home whenever he feels that he cannot keep up or struggles to manage everything.

With regard to participants in the control group, who were not exposed to the intervention, no pattern shifts occurred. Regarding stress levels, for participants C1 and C4, who were assigned to (and remained in) pattern B, stress levels tended to increase. Specifically, in participant C4, the level of concordance with pattern B also tended to increase notably from T1 to T2. For A-type participant C3, stress levels remained stable, and for G-type participant C2, there was a tendency for stress levels to decrease.

5 Discussion

This study presents a pilot evaluation of a six-week ACT-based intervention with an emphasized mindfulness component, focusing on its effects on psychological vulnerability—operationalized as assignment to risk work-related patterns—and perceived stress in university students. Pre- and post-intervention data indicated pattern shifts in two of the four participants. One participant shifted from risk pattern A to the healthy pattern G, accompanied by a reduction in stress of approximately six points. A second participant shifted from pattern B to pattern A, with a reduction in stress of about one point. Although this latter change represented a transition between two risk patterns and involved only minimal stress reduction, it was nevertheless considered a favorable outcome, as pattern A is generally regarded as less problematic than pattern B, which is associated with predominantly negative correlates (e.g. Kieschke & Schaarschmidt, 2008). This shift may therefore be interpreted as an initial step toward healthier patterns, a view supported by the participant's expressed motivation to continue improving. In addition, the relative stability of stress levels may be viewed positively, given that the intervention coincided with the onset of the examination period, an inherently stressful time for students. In the remaining two participants, no pattern changes were observed. However, one student, who remained in pattern B, showed the largest reduction in stress, with a decrease of approximately nine points. The only participant for whom no positive quantifiable outcomes were observed was a student, who showed a stable, very high level of concordance with pattern B at both pre- and post-intervention, accompanied by an increase in stress levels. Notably, this participant had been diagnosed with a personality disorder and reported persistent mental health challenges, which are unlikely to be substantially affected by a six-week intervention. Nevertheless, the participant reported perceived subjective benefits from the intervention, which may be valuable when combined with ongoing professional treatment. In contrast, none of the four students who were not exposed to the intervention showed a pattern shift. Unsurprisingly, two students classified as pattern B also experienced an increase in stress levels, likely associated with the examination period. For the student classified as pattern A, stress levels remained unchanged, whereas, interestingly, the student classified as pattern G showed a decrease in stress. This finding points to the self-regulatory nature of pattern G, which allows for spontaneous improvement—an outcome that would be highly unlikely in the case of risk patterns (Schaarschmidt, 2005).

From the participants' perspective, the intervention was evaluated very positively, particularly with regard to its perceived usefulness and transferability to everyday functioning, with mindfulness exercises identified as the most salient component and associated with both subjective benefits and observable improvements. Consistent with these experiences, a meta-analysis of interventions in university students reported stronger effects of mindfulness-based programs than ACT on anxiety and depression outcomes (Ma et al., 2022). Similarly, mindfulness-based interventions have been shown to produce more rapid reductions in depressive symptoms than ACT, although comparable effects may emerge over longer periods (Sadeghi-Bahmani et al., 2022). Together, these findings suggest that mindfulness exercises may be experienced as more tangible and immediately effective, whereas ACT-based exercises may exert more subtle or gradual effects that are less readily recognized in short-term interventions.

The results of this study should be regarded as preliminary, primarily due to the small, non-randomized convenience sample. Nevertheless, they point to important directions for future research using more robust methodologies. Further evaluation of the program is warranted, ideally by examining its individual components separately as well as in combination and by including an appropriate control group. Adding a follow-up measurement point would also allow the assessment of cumulative and longer-term effects of the program components. Importantly, the preliminary findings suggest that the intervention may reduce psychological vulnerability and stress in high-stress, non-clinical populations, but is not primarily intended for clinical populations, although individuals with clinical conditions may still experience subjective benefits.

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