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Preliminary findings from a brief psychodynamic counseling program for university staff: users' psychological characteristics and implications for the program's utility

Alessia Renzi, Eleonora Piacentini, Vittorio Lingiardi

Department of Dynamic and Clinical Psychology and Health Studies, Sapienza University of Rome, Italy

Abstract

Research on university staff mental health and intervention evaluation remains limited, especially in Italy. Brief psychodynamic counseling appears promising for reducing distress and improving emotion regulation. The present study aimed to explore the socio-demographic, occupational, and psychological characteristics of university staff members seeking support at a brief psychodynamic counseling service and to examine changes in psychological functioning and distress, symptomatology, and mentalized affectivity following the intervention. Forty-eight participants (mean age =46.16 years, *SD*=9.57) completed the counseling program, consisting of four weekly clinical sessions followed by a one-month follow-up session. Measures included: the Outcome Questionnaire-45 (OQ-45), the Depression Anxiety Stress Scales (DASS-21), the Brief Mentalized Affectivity Scale (BMAS), and the Defense Mechanism Rating Scales – Self-Report 30 (DMRS-SR-30). Higher use of the counseling service among female staff (69%), with a fairly balanced distribution across employment stages, emerged. The main reason for seeking support was psychological difficulties (46%), while others reported work- or family-related issues. At baseline, 68% showed psychological functioning above the OQ-45 clinical cut-off. Paired-samples *t*-tests revealed significant reductions in overall psychological functioning, distress, and symptomatology, alongside improvements in the processing dimension of mentalized affectivity. Participants also exhibited a moderate-to-good level of defensive functioning at baseline, indicating relatively adaptive capacities. Preliminary findings suggest that brief psychodynamic counseling may support improvements in functioning and symptomatology among university staff members, together with changes in emotional processing. Integrating defensive functioning and mentalized affectivity may contribute to clarifying the mechanisms of change, although further controlled longitudinal research is needed.

Key words: psychodynamic counseling, university staff, well-being, symptomatology, work service.

Correspondence to: Alessia Renzi, Department of Dynamic and Clinical Psychology and Health Studies, Sapienza University of Rome, Piazzale Aldo Moro 5, 00185 Rome, Italy. E-mail: alessia.renzi@uniroma1.it

Introduction

The World Health Organization (WHO) conceptualizes mental health as a multidimensional construct that extends beyond the mere absence of mental disorders and encompasses psychological well-being, adaptive functioning, and the ability to cope effectively with everyday challenges, fulfil one's potential, engage productively in work, and contribute to society (WHO, 2022). In line with the WHO's conceptualization of mental health, mental well-being represents a fundamental dimension of positive mental functioning. Among its components, psychological well-being has received particular attention as an indicator of optimal psychological functioning (Ryff & Keyes, 1995). According to Keyes (2005, 2007) psychological well-being reflects individuals' capacity for self-acceptance, positive relationships, autonomy, environmental mastery, personal growth, and purpose in life. Together with emotional and social well-being, it contributes to a multidimensional understanding of mental health, highlighting positive psychological functioning as a construct that complements, rather than simply contrasts with, psychological distress and psychopathology (Franken *et al.*, 2018). Psychological distress reflects a broad dimension of emotional suffering that may manifest through different symptom domains, including anxiety and depressive symptoms rather than diagnostic conditions, and can be influenced by individual psychological resources and emotion regulation processes (Lovibond & Lovibond, 1995; Mirowsky & Ross, 2017).

Accordingly, the present study adopts a multidimensional perspective on mental health by examining psychological symptoms alongside positive psychological functioning and key psychological processes, including psychological well-being, defensive functioning, and mentalized affectivity. Defensive functioning refers to a set of largely unconscious psychological processes that regulate internal conflicts and modulate emotional distress, thereby contributing to psychological adaptation and vulnerability (Cramer, 2000; Vaillant, 1994). Mentalized affectivity refers to the capacity to identify, process, and regulate emotional experiences through a reflective understanding of one's own and others' affec-

tive states, integrating emotional experience with cognitive appraisal and meaning-making processes (Fonagy & Luyten, 2009; Greenberg *et al.*, 2017). Together, these processes may represent important psychological resources or vulnerability factors associated with mental health outcomes.

The importance of mental health and psychological well-being in the workplace has long been recognized (Hoosain & Plastow, 2022). Indeed, the work environment can either enhance individuals' psychological well-being or, conversely, contribute to an increased risk of stress-related outcomes, including anxiety, depression, and burnout (Ballard *et al.*, 2025; Sarkar *et al.*, 2024; WHO, 2024). Poor mental health in the workplace has consequences for multiple stakeholders within organizations, contributing to reduced productivity, deterioration in professional relationships, and behavioral problems, while at a broader societal level it is associated with substantial economic costs (Hassard *et al.*, 2018; Joyce *et al.*, 2016).

Within the academic context, a substantial body of literature has documented high levels of psychological distress among university students (Cerutti *et al.*, 2022; Cerutti, Spensieri, *et al.*, 2023; Mackenzie *et al.*, 2011). In contrast, research focusing on academic members or technical-administrative staff remains relatively limited and has primarily concentrated on academic personnel in higher education settings. Academic and technical-administrative staff differ substantially in their professional roles, job demands, and sources of occupational stress. Academic staff typically experience high demands related to teaching, research productivity, grant acquisition, and career progression (Bozeman & Gaughan, 2011; Winefield & Jarrett, 2001), whereas technical-administrative staff are more frequently exposed to organizational demands, administrative workload, and operational responsibilities (Bakker & Demerouti, 2007; Gillespie *et al.*, 2001). Despite these differences, both groups may be affected by work-related stressors that can influence psychological well-being and coping processes, thereby providing a rationale for examining mental health indicators across these professional groups.

Previous studies on academic staff indicate that mental health problems are relatively widespread (Boamah *et al.*, 2023; Melnyk *et al.*, 2021). A study conducted across 16 countries found that 70% of faculty members reported moderate to high levels of psychological distress (Rahman *et al.*, 2024). Other studies have shown that 30%, 63%, and 26% of faculty members reported moderate to high levels of depression, anxiety, and stress, respectively (Hammoudi Halat *et al.*, 2024), while 55% of academics from 10 large U.S. universities reported symptoms of depression, anxiety, and burnout (Melnyk *et al.*, 2023). These findings are particularly relevant given that, in university settings, poor mental health among staff is closely associated with stress, burnout, and related conditions that negatively affect both individual well-being and work performance. High levels of occupational stress contribute to reduced productivity, absenteeism, turnover, and weakened teaching and research outcomes, whereas better psychological well-being is linked to higher engagement and performance. Therefore, understanding and implementing effective workplace interventions is essential to improving both staff health and overall institutional effectiveness (Abraham *et al.*, 2025; Urbina-Garcia, 2020).

In general, the workplace is considered an ideal setting for implementing mental health promotion interventions (Mykletun & Harvey, 2012). Numerous studies conducted across a range of non-academic occupational settings, including healthcare, corporate, and other organizational workplaces, have investigated the effectiveness of workplace-based interventions, consistently reporting positive effects on employees' mental health outcomes. These include physical activity programs (Abdin *et al.*, 2018; Nooijen *et al.*, 2019), cognitive-behavioral therapy interventions (Carolan *et al.*, 2016; Luangphituck *et al.*, 2023), mindfulness-based interventions (Aikens *et al.*, 2014; Allexandre *et al.*, 2016), acceptance and commitment therapy (Greville-Harris *et al.*, 2025; Ly *et al.*, 2014) as well as counseling and employee assistance programs (Attridge, 2019; Csiernik, 2011; Joyce *et al.*, 2016; McLeod, 2010). In addition, multicomponent workplace well-being interventions and stress management or resilience training programs have also demonstrated beneficial effects on employees' psychological well-being (Carolan *et al.*, 2017; Hulls *et al.*, 2020).

Evidence on workplace-based mental health interventions within the university sector has been synthesized in recent systematic reviews focusing specifically on academic staff. In particular, Abraham *et al.* (2025) examined the effectiveness and feasibility of workplace-based mental health interventions for university academic staff, reporting that the available evidence is predominantly derived from high-income Western countries, with a strong representation of studies conducted in North America, the United Kingdom and other European countries, as well as Australia. The reviewed interventions mainly included mindfulness-based programs, stress management interventions, and psychoeducational or skills-based training. Overall, these interventions showed promising but heterogeneous effects on stress reduction, emotional well-being, and psychological distress, although the methodological quality of the included studies varied considerably and the number of controlled trials remained limited. Similarly, the systematic review by Hammoudi Halat *et al.* (2024), which included studies from Europe, North America, and other international contexts, confirmed a comparable pattern of findings. The interventions evaluated across these studies included physical exercise programs, mindfulness and relaxation-based approaches, communication and interpersonal skills training, coaching interventions, and broader workplace well-being programs. Despite consistent indications of beneficial effects on stress, anxiety, depression, and overall well-being among university faculty, both reviews emphasized substantial heterogeneity in intervention design, duration, and outcome assessment, as well as a predominance of non-standardized and context-specific approaches. Within this body of evidence, Guerra *et al.* (2022) conducted a randomized controlled clinical trial in an Italian university teaching hospital involving healthcare professionals with teaching responsibilities. The study evaluated a stress management intervention based on wellness-oriented and mind-body techniques, reporting improvements in quality of life and reductions in perceived stress.

As regards the research on the mental health of administrative staff, it is more limited. One of the few available studies, conducted in Kenya by Matolo and Mukulu (2016), evaluated the effectiveness of a workplace counseling program for university employees and reported significant reductions in perceived stress together with improvements in work performance and occupational functioning. More recently, Shahraki-Sanavi *et al.* (2025) examined the effects of a structured educational intervention among university staff in India, demonstrating significant improvements in stress management behaviors, coping skills, and the maintenance of psychological well-being. Similarly, Parker *et al.* (2022) evaluated a daily online mental health promotion program delivered to both academic and professional (administrative) staff at an Australian university. The intervention, which incorporated evidence-based strategies to enhance psychological well-being and resilience through brief daily digital activities, was associated with improvements in mental well-being and high levels of feasibility and acceptability among participants.

Moreover, a scoping review by Moroni *et al.* (2023) examined the effectiveness of Workplace Health Promotion interventions among university employees, including both academic and non-academic staff. The review identified 12 studies conducted predominantly in high-income countries (*i.e.*, the United States, Australia, the United Kingdom, Spain, and one in Malaysia), evaluating a wide range of primary prevention interventions, including programs promoting healthy lifestyles, physical activity, nutrition, ergonomics, smoking cessation, stress management, and multicomponent well-being initiatives. Overall, the reviewed studies reported beneficial effects on both health-related outcomes, such as mental health, physical activity, lifestyle habits, and weight-related indicators, and work-related outcomes, including work performance, productivity, and organizational functioning. However, the authors emphasized that the available evidence was limited by the small number of studies, substantial heterogeneity in intervention characteristics and outcome measures, and the lack of standardized protocols, precluding firm conclusions regarding the effectiveness of specific intervention approaches. Consequently, they highlighted the need for further high-quality research to develop evidence-based guidelines for workplace mental health promotion within university settings.

In conclusion, despite the recognized importance of promoting mental well-being and mental health in workplace settings, intervention programs implemented within the university work environment remain limited, with most studies focusing on academic staff and evaluating heterogeneous health promotion, well-being, or stress management interventions. Furthermore, empirical studies specifically assessing the effectiveness of structured psychological counseling or brief psychodynamically informed interventions for university employees are virtually absent. Although evidence among university employees remains scarce, a growing body of research has demonstrated the effectiveness of brief psychological counseling for university students. Brief psychodynamically oriented counseling has been associated with significant reductions in psychological distress and improvements in overall psychological functioning compared with waiting-list controls (Cerutti, Biuso, *et al.*, 2023). Subsequent studies have further confirmed the effectiveness of brief psychodynamic counseling in promoting psychological well-being among university students, highlighting improvements in emotional functioning and identifying individual psychological characteristics, such as affective difficulties and defensive functioning, as relevant predictors of treatment outcomes (Cerutti, Spensieri, *et al.*, 2023; Speranza *et al.*, 2023). Although these findings cannot be directly generalized to university employees, they provide preliminary support for the potential value of brief psychodynamically informed interventions in university settings. To the best of the authors' knowledge, however, comparable interventions have not yet been empirically evaluated among university academic or technical-administrative staff, representing an important gap that the present study aims to address.

The presence of a Counseling Service dedicated to academic and technical-administrative staff at Sapienza University of Rome (Italy) may represent an initial attempt to address and support the well-being of university personnel, with potentially significant implications for both individual and organizational well-being. Given the scarcity of literature on this topic, it is important to conduct studies that assess both the psychological characteristics of university staff seeking counseling and the potential impact of counseling on well-being and symptom reduction. Accordingly, the aims of the present study were:

i) to describe the sociodemographic, occupational, and psychological characteristics of university staff members who requested access to the counseling program, including both academic and technical-administrative staff;

ii) to examine changes in symptomatology and overall psychological well-being from pre- to post-counseling program, to explore its potential contribution.

No *a priori* hypotheses were formulated for the first objective due to the study's exploratory nature and limited literature. For the second aim, we hypothesized improvements in psychological functioning, depressive, anxiety, and stress symptoms, and mentalized affectivity from baseline to post-counseling.

Materials and Methods

All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional research committee and the 1964 Helsinki Declaration and its later amendments, or comparable ethical standards. Approval for this project was granted by the Ethics Committee of Sapienza University of Rome, Italy [Protocol number 419/2025 CERT_19ACB60BAC5].

Participants and procedure

Participants were members of the academic and technical-administrative staff employed by Sapienza University of Rome who voluntarily sought access to the University Counseling Service dedicated to staff. The program is a counseling-based health promotion intervention within a psychodynamic framework, aimed at enhancing emotional awareness, affect regulation, and reflective functioning (Spurling, 2025). After contacting the Service, potential participants received information about its structure, which consists of four weekly clinical sessions followed by a one-month follow-up session. Each counseling session lasted 50 minutes and was provided completely free of charge to users. Sessions were delivered face-to-face in a dedicated space within the university facilities by psychologists with postgraduate specialization in psychotherapy and a psychodynamic orientation. Sessions could be scheduled either during working hours or outside working hours, according to users' needs and availability. When sessions were scheduled during working hours, users could request a certificate documenting their participation in a specialist consultation, allowing them to obtain permission in accordance with the procedures generally applied for medical appointments. To ensure consistency in service delivery, all counsellors followed the same general framework and provided individual psychological support based on a psychodynamic approach. Those who confirmed their intention to engage in the program were sent a brief socio-anamnestic form –routinely adopted by the Service – to assess eligibility against the study's inclusion criteria, which are fully consistent with those established by the Service. The inclusion criteria were: i) being a member of the academic or technical-administrative staff; ii) voluntarily accessing the counseling service; and iii) not being engaged in concurrent psychotherapy. Exclusion criteria include: i) being already engaged in psychotherapy; and ii) not belonging to the eligible categories (*e.g.*, students).

Individuals meeting the above criteria received an e-mail containing a written description of the study, the informed consent form to be signed and returned, and a link to complete the online survey, which included the full test battery. Therefore, the pre-intervention assessment was administered before the first counseling session. Access to the counseling service was inde-

pendent of participation in the research study; users could benefit from the service regardless of whether they consented to participate in the study. Following completion of the counseling program, specifically the day after the final follow-up counseling session, participants received a second e-mail containing a link to the post-intervention survey. Each service user was assigned a unique identification code by the psychologist responsible for service coordination and protocol implementation. This procedure allowed the matching of pre- and post-intervention data, as well as socio-anamnestic information, while ensuring participants' confidentiality.

Fifty-two members of the university staff agreed to participate in the study. Two participants discontinued the counseling program before its completion, and an additional two participants completed the program but did not complete the post-counseling assessment battery. Therefore, a total of 48 participants (M=46.16, SD=9.57) were included in the data analysis. No missing data were present in the dataset, as the online survey platform required participants to complete all questionnaire items before the assessment could be submitted.

Measures

Measures assessed only pre-counseling program

Socio-anamnestic questionnaire

This *ad-hoc* questionnaire was developed by the Service to collect information, including age, gender (self-reported, with response options including female, male, non-binary, and prefer not to say), marital status, years of employment at the university, occupational category (academic staff, technical-administrative staff), reason(s) for requesting counseling program (open-ended response format, allowing participants to freely describe their motivations and concerns; responses were subsequently coded and categorized into thematic domains based on their content, as reported in the *Results* section), current engagement in psychotherapy, previous psychotherapy experience, as well as the presence of medical conditions.

Defense Mechanism Rating Scales – Self-Report

The Defense Mechanism Rating Scales – Self-Report (DMRS-SR-30; Di Giuseppe *et al.*, 2020; Prout *et al.*, 2022) is a 30-item self-report instrument designed to assess defense mechanisms. Each item is rated on a 5-point Likert scale ranging from 0 (*not at all*) to 4 (*very much*). The scale assesses 30 individual defense mechanisms, organized into mature, neurotic, and immature categories. In addition, it provides an index of Overall Defensive Functioning (ODF), a weighted summary score reflecting the individual's overall level of defensive maturity, ranging from 1 to 7. Higher values indicate greater reliance on more adaptive and mature defenses. For the purposes of the present study, only the ODF score was considered. Previous studies have provided evidence supporting the reliability and validity of the DMRS-SR-30. In the present sample, the ODF score demonstrated good internal consistency (Cronbach's α=.83).

Measures assessed pre- and post-counseling progra

Brief Mentalized Affectivity Scale

The Brief Mentalized Affectivity Scale (BMAS; Greenberg *et al.*, 2021; Liotti *et al.*, 2021; Liotti *et al.*, 2024) is a 12-item self-report questionnaire rated on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), designed to assess the ability to mentalize emotions. The items load on three factors: Identifying Emotions, Processing Emotions, and Expressing Emotions. Higher scores indicate higher capabilities for mentalizing abilities regarding emotions. Previous studies have provided evidence supporting the reliability and validity of the BMAS and in the present study, the Cronbach's α values were .73 for Identifying Emotion, .71 for Processing Emotion, and .79 for Expressing Emotion.

Outcome Questionnaire-45

The Outcome Questionnaire-45 (OQ-45; Chiappelli *et al.*, 2008; Lambert *et al.*, 1996) is a 45-item self-report measure designed to assess overall psychological functioning, providing a comprehensive indicator of mental health by evaluating psychological distress, interpersonal functioning, and social role functioning. The instrument comprises three subscales: Symptom Distress, Interpersonal Relations, and Social Role Functioning. Each item is rated on a 5-point Likert scale ranging from 0 (*never*) to 4 (*almost always*). Total scores theoretically range from 0 to 180, with higher scores indicating greater psychological distress and poorer overall functioning. A total score ≥63 is considered to indicate clinical/problematic functioning. Previous studies have provided evidence supporting the reliability and validity of the OQ-45. In the present study, internal consistency was good, with a Cronbach's α of .86 for the total score.

Depression Anxiety Stress Scales-21

The Depression Anxiety Stress Scales-21 (DASS-21; Antony *et al.*, 1998; Bottesi *et al.*, 2015) is a 21-item self-report questionnaire designed to assess the severity of core symptoms of psychological distress, specifically depression, anxiety, and stress. It comprises three subscales: Depression, Anxiety, and Stress. Items are rated on a 5-point Likert scale ranging from 0 (*did not apply to me at all*) to 4 (*applied to me very much or most of the time*). A total score is obtained by summing all items, with higher scores indicating greater overall psychological distress. The DASS-21 is widely used in both research and clinical settings to assess the severity of emotional symptoms and to monitor changes over time. Previous studies have provided robust evidence supporting the instrument's reliability and validity. In the present study, the DASS-21 demonstrated excellent internal consistency, with a Cronbach's α of .94 for the total score.

Data analysis

All statistical analyses were conducted using SPSS version 25 for Windows (IBM, Armonk, NY, USA). Categorical variables were summarized as frequencies and percentages, while continuous variables were presented as means and standard deviations. The variables demonstrated acceptable levels of normality. Assumption checks, based on skewness and kurtosis values, indicated no substantial deviations from a normal distribution.

A minimum sample size of 45 participants was determined *a priori* using G*Power 3.1.9.2. To ensure adequate statistical power ($1-\beta$=.95) at α=.05 for detecting differences between paired means, a minimum effect size of dz=.50 (medium effect) was assumed. Paired-samples t-tests were conducted to compare pre- and post-counseling program scores on psychological outcome measures. Cohen's dz was calculated as an index of effect size for each comparison. Statistical significance was set at p<.05.

Results

A detailed description of participants' socio-demographic and occupational characteristics is presented in Table 1. Users of the service were predominantly female (69%) and mainly members of the technical-administrative staff (77%), whereas nearly one-fourth (23%) were academic staff. Regarding length of employment, 37.5% of participants had worked at the university for 1-5 years, 31.3% for 6-20 years, and 31.2% for 21-35 years. Approximately 56% of participants had previous experience with psychotherapy. For 46% of participants, the primary reason for seeking counseling was related to psychological difficulties (*e.g.*, depression, anxiety, stress, and emotional difficulties), while the remaining participants reported work-related or family-related concerns, which were relatively evenly distributed.

Regarding pre- to post-counseling changes in the psychological dimensions, several significant differences emerged (Table 2). All symptom scales of the DASS-21 and the OQ-45, except for the Interpersonal Relationships subscale, showed significant reductions. Cohen's *dz* values ranged from .46 to .64, indicating a moderate effect size. Descriptively, the proportion of participants scoring above the clinical cut-off on the OQ-45 total score decreased from *n*=33 (68%) at baseline to *n*=26 (54%) at the post-intervention assessment, suggesting a reduction in the number of participants experiencing clinically significant psychological distress and difficulties in overall psychological functioning. Regarding the BMAS, only the Processing Emotions factor showed a significant increase from pre- to post-counseling assessment (t=−3.645, p=.001, Cohen's *dz*=−.52).

Discussion

The aims of the present study were to explore the sociodemographic, work-related, and psychological characteristics of university staff members, including both academic and technical-administrative staff, who sought support at our university's Counseling Service, as well as to examine the impact of the counseling program on psychological functioning and symptomatology.

Regarding the first aim, users of the service were predominantly female and mainly members of the technical-administrative staff, whereas nearly one-fourth were academic staff. The higher prevalence of female users is consistent with previous findings in both university counseling programs for students (Cerutti, Spensieri, *et al.*, 2023; Fortunato *et al.*, 2024) and broader help-seeking behaviors, which systematically show higher rates of mental health service utilization among women (Harris *et al.*, 2016; Liddon *et al.*, 2018; Ministry of Health, 2023). Women are generally more likely than men to recognize psychological difficulties and seek professional psychological support, whereas men may experience greater barriers

Table 1. Participants' socio-demographic and working characteristics.

Variable	Frequency	%
Gender		
Female	33	69.0
Male	15	31.0
Civil status		
Married/cohabitant	21	43.7
Single	20	41.7
Divorced	7	14.6
Occupational category		
Academic staff	11	22.9
Technical-administrative staff	37	77.1
Reason for seeking counseling		
Psychological difficulties	22	45.8
Work-related difficulties	13	27.1
Family-related concerns	13	27.1
Actual medical conditions		
No	34	73.9
Yes	14	29.1
Previous psychotherapy		
No	21	43.7
Yes	27	56.3
	M	**SD**
Age	46.16	9.57
Years of employment at university	12.85	10.94
ODF	4.85	0.30

M, mean; SD, standard deviation; ODF, Overall Defensive Functioning.

Table 2. Psychological functioning pre-to post-counseling program.

Outcome variables	Pre-counseling program		Post-counseling program		t	p	Cohen's *dz*
	M	SD	M	SD			
OQ-45 Total	73.91	19.66	63.60	19.02	3.938	<.001	.56
OQ-45 Symptom Distress	41.87	13.96	34.41	12.09	4.450	<.001	.64
OQ-45 Interpersonal Relationship	16.77	3.88	16.18	4.96	0.850	.40	.12
OQ-45 Social Role functioning	15.27	3.88	13.00	5.17	3.227	.002	.46
DASS-21 Total	28.25	12.58	20.25	10.21	4.324	<.001	.62
DASS-21 Depression	9.29	4.67	6.68	3.70	3.516	.001	.51
DASS-21 Anxiety	7.14	4.80	4.33	3.52	4.093	<.001	.59
DASS-21 Distress	11.81	4.39	9.22	4.38	3.854	<.001	.55
BMAS Identifying Emotions	21.93	4.67	22.29	3.94	−.601	.55	−.52
BMAS Processing Emotions	15.04	4.73	17.25	3.98	−3.645	.001.29	−.08
BMAS Expressing Emotions	16.54	5.77	17.12	5.63	−1.052		−.15

M, mean; SD, standard deviation; OQ-45, Outcome Questionnaire-45; DASS-21, Depression Anxiety Stress Scale; BMAS, Brief Mentalized Affectivity Scale.

to help-seeking, including concerns related to stigma, self-reliance norms, and difficulties in acknowledging emotional distress. The higher proportion of women accessing the counseling service may be partly related also to the gender distribution of the university workforce. Although the overall composition of university staff is relatively balanced, women are more represented among technical-administrative staff, whereas men are more represented among academic staff. Given that technical-administrative staff constituted the largest occupational group in the present sample, this distribution may have contributed, at least in part, to the observed gender pattern. Similarly, the greater proportion of technical-administrative staff among service users cannot be explained solely by their representation within the university workforce, as academic staff constitute a larger occupational group overall. Rather, this finding may reflect differences in help-seeking behaviours, perceptions of psychological services, or specific occupational demands and barriers to accessing support across professional roles. Further studies comparing the psychological needs and help-seeking patterns of different university staff categories are needed to better understand these differences.

Years of employment at university ranged from 0.5 to 35, with an almost equal distribution among participants employed for fewer than 5 years, 6-20 years, and 21-35 years. This relatively balanced distribution suggests that the counseling well-being promotion program may be perceived as relevant across different stages of working life, supporting its potential transversal utility, regardless of employment duration. In a similar vein, the motivations reported for seeking counseling showed that nearly half of the sample identified psychological difficulties – such as depressive symptoms, anxiety, stress, and emotional concerns – as the primary reason for accessing the service, while the remaining participants were almost equally distributed between work-related and family-related concerns. This pattern suggests that users may conceptualize the counseling service not merely as a resource for managing occupational stressors or specific situational difficulties, but rather as a broader psychological support opportunity aimed at addressing different forms of emotional distress and promoting overall well-being. In this sense, workplace counseling services may represent an important point of early access to psychological support within university settings, providing assistance before difficulties become more severe or impairing. These findings also seem to highlight the importance of designing flexible and comprehensive interventions that are not exclusively focused on work-related problems but can accommodate the heterogeneous psychological needs of university staff. From a service development perspective, the broad range of motivations reported by users seems to support the value of maintaining counseling programs that integrate prevention, early intervention, and psychological well-being promotion.

Regarding psychological functioning and distress, a substantial proportion of participants reported OQ-45 baseline scores above the clinical cut-off. This finding is consistent with previous research indicating elevated psychological distress among academic staff. Rahman *et al.* (2024) reported that approximately 70% of faculty members experienced moderate to high levels of psychological distress. This finding underscores the substantial burden of emotional distress among university personnel and supports the need for accessible, structured interventions within academic settings.

From a clinical and psychodynamic perspective, participants exhibited a mean ODF score within the range typically associated with moderate to good defensive functioning, reflecting either a balance between neurotic and mature defenses or a predominance of mature and neurotic defenses (Di Giuseppe *et al.*, 2020; Di Giuseppe & Perry, 2021). In the literature, a relatively adaptive defensive profile has been associated with greater psychological flexibility, more functional interpersonal functioning, and more adaptive affect regulation, suggesting that, even in the presence of psychological distress, individuals may retain the capacity to rely on defensive strategies that support emotional modulation and relational engagement rather than being predominantly organized around immature or maladaptive defenses (Di Giuseppe & Perry, 2021; Perry *et al.*, 2013; Perry & Bond, 2012). Consistent with this perspective, higher levels of ODF have been associated with lower levels of depressive and anxiety symptomatology, better psychological functioning, more favorable treatment outcomes, and stable symptom improvement across psychodynamic and other psychological interventions (Babl *et al.*, 2020; Bincoletto *et al.*, 2025; De Roten *et al.*, 2021; Di Giuseppe *et al.*, 2024; Kramer *et al.*, 2009; Perry *et al.*, 2020; Perry & Henry, 2004). Within this framework, the moderate-to-good defensive functioning observed in the present sample may represent a potential psychological resource supporting affect regulation and engagement with therapeutic processes (Di Giuseppe & Perry, 2021; Perry & Bond, 2012; Prout *et al.*, 2022). However, this interpretation should be considered cautiously, as insight, reflective functioning, and therapeutic engagement were not directly assessed, and defensive functioning was evaluated only at baseline rather than longitudinally. Consequently, any potential association between defensive functioning and counseling outcomes remains hypothetical. Future research should directly examine whether baseline ODF predicts or moderates treatment response and whether it interacts with changes in mentalized affectivity, thereby clarifying the role of defensive organization in brief psychodynamic counseling.

With respect to changes in symptomatology and emotional processing following the counseling program, significant changes were observed in depressive, anxiety, and stress symptoms (DASS-21), as well as in the Processing Emotions factor of the BMAS. In parallel, improvements in broader psychological functioning were observed, as reflected by reductions in overall psychological distress assessed through OQ-45. Conversely, Interpersonal Difficulties assessed by the OQ-45 and the dimensions of mentalized affectivity related to identifying and expressing emotions remained relatively stable across assessments. These findings suggest that the intervention may have promoted improvements in specific aspects of psychological functioning and emotional processing, particularly in relation to symptom reduction, whereas other more complex and potentially more stable interpersonal and affective dimensions showed limited change over the study period. From a psychodynamic perspective, the reduction in psychological distress, better psychological functioning, together with the observed changes in one factor of mentalized affectivity, may represent an initial shift in emotional processing and affect regulation (Palmieri *et al.*, 2022; Renna *et al.*, 2017). Specifically, these findings may reflect an emerging capacity to recognize, reflect upon, and elaborate emotional experiences. This may be particularly relevant considering the central role of affect regulation as a transversal protective factor for both mental and physical health (Jurist *et al.*, 2024; Taylor, 2000). However, more consolidated changes in these processes may require longer-term or more specifically targeted interventions. Within this perspective, brief psychodynamic counseling may represent a first opportunity to foster greater awareness and reflective engagement with affective states, potentially supporting a gradual transition from more implicit forms of regulation toward more explicit and reflective processing of emotions. In this framework, defensive func-

tioning and mentalized affectivity can be conceptualized as complementary dimensions of emotional regulation, with the former reflecting more implicit regulatory processes and the latter capturing more explicit and reflective capacities. Considering these dimensions together may therefore contribute to a more nuanced understanding of early psychological changes occurring within brief psychodynamic counseling.

The absence of statistically significant changes in interpersonal functioning and in some dimensions of mentalized affectivity may reflect the relative stability and complexity of these domains, which are influenced by long-standing relational experiences and personality-related processes. Previous literature suggests that changes in interpersonal patterns and mentalization-related abilities may require sustained therapeutic engagement and interventions specifically targeting these processes (Bateman & Fonagy, 2016; Luyten *et al.*, 2024). Therefore, not significant changes observed in these areas may be consistent with the characteristics and duration of the present intervention, which was not specifically designed to target relational functioning or mentalization processes.

In general, the present findings seem to be consistent with a recent international meta-analysis supporting the utility of heterogeneous intervention approaches in improving the mental health of university staff, while also highlighting the need to tailor such interventions to specific institutional contexts and the unique characteristics of university staff members to enhance their effectiveness (Hammoudi Halat *et al.*, 2024). Specifically, in the Italian context, the paucity of studies conducted in university settings limits direct comparison. Nevertheless, the present findings seem to be consistent with those reported by Guerra *et al.* (2022), who documented the utility of various interventions in reducing psychological symptoms among healthcare professionals with teaching responsibilities. To date, no Italian studies have specifically included technical-administrative staff; however, some evidence of the utility of such programs has emerged in the international context (Matolo & Mukulu, 2016; Parker *et al.*, 2022; Shahraki-Sanavi *et al.*, 2025).

Clinically, these findings may suggest that brief counseling interventions could support improvements in psychological well-being, particularly when they provide a context that facilitates reflection on emotional experiences and greater awareness of affective states. In workplace settings, approaches that incorporate attention to emotional awareness affect regulation, and reflective processes may represent potentially relevant components of psychological support. For example, counseling interventions may offer opportunities to explore emotional experiences, identify patterns linking emotions and coping responses, and enhance awareness of personal resources and areas of difficulty.

At an organizational level, these findings seem to support the value of maintaining and further developing accessible university-based psychological services, including individual counseling, psychoeducational initiatives, and potentially group-based activities focused on themes relevant to staff well-being, such as stress management, emotional awareness, and coping strategies. Increasing awareness of these services through targeted communication campaigns may also be important in reducing stigma and promoting the understanding that university counseling services can address a broad range of mental health needs, extending beyond work-related difficulties or acute psychological distress. Such initiatives may contribute to fostering a culture in which psychological support is considered a general resource for promoting and maintaining mental health among university staff.

Future research should further investigate the processes underlying the use and effectiveness of workplace counseling services among university staff. Qualitative approaches, such as interviews or focus groups, may provide a deeper understanding of users' experiences, perceived benefits, barriers to access, and factors influencing engagement with psychological support. Moreover, future studies should adopt a broader conceptualization of mental health by including measures of psychological well-being and positive functioning alongside indicators of psychological distress and symptom reduction. This would allow a more comprehensive evaluation of intervention outcomes, capturing not only reductions in psychological difficulties but also potential improvements in adaptive functioning and overall well-being. Including specific questions regarding additional treatments or sources of psychological support in follow-up assessments may help better clarify the specific contribution of workplace counseling interventions to observed changes.

Limitations

The present findings should be interpreted cautiously, considering several limitations. First, the sample size was relatively small, consistent with the study's preliminary nature. Second, there was a predominance of female participants, reflecting generally higher help-seeking among women. Third, the absence of a control group, due to ethical and feasibility considerations, precludes causal inferences. Moreover, the lack of additional follow-up measurements limits the ability to examine the stability of effects over time. Similarly, the lack of additional pre- and post-program measurements limits the ability to track changes over time. This was due to the short interval between the request for counseling and the first clinical session, coupled with the fact that some participants were advised to begin external psychotherapy, which may have introduced overlap with other interventions, potentially influencing the observed outcomes. Another limitation concerns the lack of systematic assessment of concurrent pharmacological treatments during the intervention period. As these factors may independently contribute to changes in psychological outcomes, future studies should include specific measures of additional treatments or sources of psychological support received during follow-up assessments to better clarify the contribution of counseling interventions to observed changes. Finally, the exclusive reliance on self-report measures may have introduced response bias. Future research could benefit from integrating clinician-rated assessments, as well as controlled and longitudinal designs, to provide a more robust evaluation of intervention effects and to clarify the pathways linking defensive functioning, mentalized affectivity, and symptom change.

Conclusions

The study's strength lies in addressing a topic that has been largely overlooked in the international literature, and particularly in the Italian context. The findings appear to provide valuable insights into the occupational and psychological profiles of staff members seeking support and highlight the potential utility of a brief psychodynamic program in enhancing psychological functioning, emotion processing, and psychological symptoms among university personnel. These preliminary results seem to underscore the importance of implementing and systematically evaluating staff-focused mental health services in university settings and call for future randomized controlled studies to consolidate and extend the current evidence.

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Conflict of interest: EP held two independent contractor appointments as a tutor supporting the clinical and research activities of Sapienza University Psychological Counseling Service for university staff members under Contract No. 2110 (20 December 2023–19 December 2024) and Contract No. 9/2025, Protocol No. 302/2025 (6 February 2025–5 February 2026). The other authors declare no potential conflict of interest.

Ethics approval and consent to participate: the present study was conducted in accordance with the 1964 Declaration of Helsinki and its later amendments and approved by the Ethical Committee of Sapienza University of Rome, Italy [Protocol number 419/2025 CERT_19ACB60BAC5]. Written informed consent was obtained from all study participants.

Availability of data and materials: the data that support the findings of this study are available upon request from the corresponding author.

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