Using interpersonal psychotherapy (IPT) to orientate well-being improvement toward freshmen in the digital era

Nguyen Thi Tuyet Hanh
Hong Bang International University, Vietnam

ABSTRACT

It is undeniable that during the learning journey in colleges and universities, along with the intense pressure of academic tasks and family commitments, undergraduates can be exposed to exacerbation and diagnoses of mental health problems, which may lead to their failure in learning performance and world view perception [1, p2]. Hence, this study will conduct a survey of 141 students to find out what the most popular problem is for freshmen and apply one aspect of IPT to 10 students to examine its efficacy. From this point, the results found will offer an inducement for the forthcoming application and adjustment in orientation or academic programs at the tertiary level.

Keywords: *orientation, mental health, IPT application, freshmen*

1. THE OVERVIEW OF BENEFITS OF WELL-BEING OF YOUTH IN DIGITAL ERA

1.1. Well-being development of youth

Well-being is deemed to be "emotional and mental well-being" that consists of diet- physical activity, energy levels, sleep quality, physical health [1]. Also, well-being is a state of mental health in which a person can realize their competence, handle ordinary stress, work effectively, and contribute to society [2]. Generally, well-being also comprises their development, happiness, quality and standard of life [3]. The definition of the Centers for Disease Control in the United States (US) mentions that it is the optimal psychological state with perceived life satisfaction, optimism, meaning, and healthy relationships with others, and self-acceptance. There are researches demonstrating considerable benefits of happiness and flourishing, which we should strive for. Happier students learn and generate better performance than unhappier students, and they can earn higher salaries when they grow up [4]. The trust in others and willingness to help others are usually in their mind [5].

The relationship between youth and age is often ambiguous and exemplified by the figure of 'the teenager': an individual aged between 12 and 20 [6, p.14]. The observation of a familiar demographic tendency happening worldwide in the 18-29 age group: continuous education, later entering into stable work, later marriage and parenthood. The processes indicate the belief that independence and self-sufficiency should be achieved before stepping into adult commitments such as marriage, identity expression, etc…, and the period from the late teens to at least mid-20s should be a self-concentrated leisure and fun moment [7]. In the late adolescent period, being state of new autonomy available, found in high school, exposed to new work circumstances, and admitted into tertiary organizations, could offer remarkable opportunities to expand the late adolescent's consciousness of other people's attitudes toward living, of the level of interdependence in living, and of different ways of coping with interpersonal problems [8].

Whereas much research about adolescents focuses on probably encountered risks and challenges during the late period (18-20 years old), the framework of a positive, strengths-based youth development can expand the traditionally central point on minimizing dangers to creating chances for adolescents to expose and learn [9]. Nevertheless, several levels of the construct of emotional well-being can be operationalized, regarding not only the individual person but peer

Corresponding Author: MS. Nguyen Thi Tuyet Hanh
Email: hanhntt@hiu.vn

group, the family community, and society as well. Youth is largely a social construction [6, p.24]; therefore, despite of usually being stuck in "nowhere land" between childhood and adulthood, they spend most of their waking hours together, increasing intragroup terms, growing their own culture and utilizing global communication platforms to go through national/cultural boundaries. Specifically, adolescents accumulate a profound set of cognitive capacities assisting them to reflect on distinguished parts of the self and on the tradition they live in, and they possess the values they learn [11]. This has been associated with improved functions of psychological well-being. Once culture places youth and young people as the prospective hope, the potential risk of an undevelopable or misdirected trajectory is a collective as well as personal problem [6]. In conclusion, there are too many people often appearing in late adolescence with a derogatory view of themselves in some or many areas of their life. Such views trigger young people to be inferior, inadequate, or incapable and undeserving of perception in intimacy and love. From this point, inadequate late adolescents found it difficult to establish satisfying interpersonal relationships; moreover, worst fears will be confirmed in their mindset. They simultaneously express themselves inappropriate representations by using stereotyping and disparagement as a way of showing low self-esteem. To overcome these patterns, short of an extraordinary intervention, only psychotherapy could restore individuals to the development path of being a mature adult [8, p.142].

1.2. Mental Health of Youth in Digital Era

Technology itself is a notion with various meanings used to diverse analytical ends [6]. It is identified with four features connecting with the varied, sometimes conflicting, definitions of technology: "that technology discloses and transforms the natural order; that technology is a transformational process; that technology embodies knowledge; and that technology is a certain kind of object" [12, p.1]. It is important that we replace each term with the term 'youth' and interpret the rules involved so that all definitions of youth take some kind of position. The importance of youth and its experience is now obviously stacked with ideas about youth as a

transformational process, as an orientation in or perspective on the globe [6]. Moreover, the generalization of youth culture is closely connected to technological change in the aspect of popular or leisure culture, and how young people should be trained [7].

Apparently, people have enjoyed the great advantages as a result of our technological innovations and have witnessed life dramatically transformed over the last one hundred years. Together, however, they show that common concerns about how youth utilize digital devices to represent sexual selves and relationships may understand the relation between youth and technology in different ways [11]. Technology not only shapes young people's perception of the world, but also their future, while there are additional pressures laid on youth to direct them toward the future, and their more restricted competence. As a result, technology affects young people both in negative and positive ways. We now live in a world saturated by digital technology, with the World Wide Web introduced in the 1990s, ubiquitous computers in the 2000s, and in the 2010s, smartphones and tablets and cloud computing, all of which connect with the Internet at our fingertips. Many researchers examined the pros and cons of the Internet as a mental health problem. Given the likelihood that most people will have at least some incidents with online using via phones or the Internet, building resilience is very crucial. Children and adolescents are subjected to most of the literature on this topic [10]. By some estimates, since COVID-19, screen time doubled, as depression levels coincidentally tripled. It is indisputable that young people are employing such many technological devices that the alarming worry about depressed, obese, lonely, overdosing, addicted, committing suicide, getting cardiovascular and cancer diseases at record rates. Even worse, the lifestyle of youth seems to be sedentary, screen-staring, and meaning-devoid being indoors and becoming enslaved due to their dependence on tech. One of the remarkable discoveries of psychological well-being of childhood and adolescence is that they often have chronic conditions of social phobia, depending on each level. Albeit avoiding the fear situation is probably performed, it is a kind of simple shyness causing the surfer's life to a small circle of friends or family, or with limited social interactions in work. With latent challenges and

continuous disputes on either danger or opportunity of the technology for mental health, the answer will depend on how we acquire the enormous quantity of information available there and how we are oriented by the culture and belief we obtained [12].

1.3. Interpersonal Psychotherapy

The first development of interpersonal psychotherapy was in a time-limited research treatment for depression by the late Gerald L. Klerman, M.D., Myrna Weissman, Ph.D., and colleagues. Thanks to its efficacy proved through tremendous and controlled clinical trials, IPT has been adjusted to treat various types of mood and non-mood disorders for inpatient and outpatient, who are from diverse populations met DSM-III-R [13]. More surprisingly, in one controlled clinical trial, by Mufson, he used IPT to treat fourteen depressed adolescents. After twelve weeks, the patients were considerably less depressed and more active than at intake although there are no criteria met for DSM-III-R major depression. Accompanied with profoundly managed care and health cost reduction, clinical interest in IPT applications and technique has accelerated recently [13]. The basic idea underlying IPT is psychiatric syndromes and their causes, which often happen in social and interpersonal relationships. Interpersonal formulation will be based on, along with depressive syndromes, the framework classified into four interpersonal problems areas: (1) grief, (2) role transitions, (3) interpersonal role disputes, (4) interpersonal deficits. Regarding grief, known as complicated bereavement caused by the death of a loved one, the therapist facilitates mourning and offers the gradual assistance to the patients to find new activities and relationships to compensate for the loss.

Interpersonal role disputes mention conflict with significant others such as a spouse, family member, colleague, or close friend. The therapist assists the patient to reveal and explore the relationship, the origin of the conflict, and then suggest options to solve it. Role transition comprises any changes in life condition: for instance, a move, promotion, retirement, graduation, the beginning or end of a relationship, diagnosis of medical illness. The patient is supported to cope with the change by

acknowledging advantages and disadvantages of the new role they are confronted with, and assets and liabilities of the old role replaced. Finally, interpersonal deficits define the patients as having a lack of interpersonal and social skills, consequence problems in starting and maintaining relationships [13].

Nonetheless, whereas IPT enjoys empirical evidence for its effectiveness, there is no research to date the evaluation of its efficacy in particular clinic settings. One the one hand, IPT demonstrated its benefits:

- In an academic setting in which therapists devoted to its practical application.

- With any subjects who meet precisely selected criteria of diagnosis problems and do have comorbid diagnoses.

- With any subjects who agree to be in a randomized clinical trial.

- With subjects who are not required to pay for the treatment.

- Through compliance with a strict and controlled protocol and manual.

Moreover, despite its valuable results and potential application for different subjects who are from different social backgrounds and present any interpersonal problems in general, the question of whether IPT should be used in a non-clinical setting and applied with the subject or patient does not meet strict diagnostic criteria for major depression.

2. APPLICATION OF INTERPERSONAL PSYCHOTHERAPY FOR VIETNAMESE STUDENTS

Nowadays, the use of the Internet has practically ubiquitous the appearance of social media online. According to research conducted by Nguyen Lan Nguyen, it indicates 100% of participants as university students from 3 well-known universities in Ha Noi have been using at least one particular platform, for their justified purposes such as learning, entertainment and shopping online. They acknowledged the huge potential that social media generates in their life and their community [14]. However, with a research paper released in the same year 2020 by Quynh and her colleagues, the rates of tertiary students' depression, anxiety and stress were identified at 51,6%, 70,3%, and

49,9% respectively [15]. On the one hand, the results found in Quynh and Bac in 2021, conducted with 196 students at Hue University of Economy, demonstrated that their academic accomplishments were mediated by the impact of stress from studying on Vietnamese students' psychological suffering. It meant that students with low academic results would be influenced mentally at a higher level, and then resulted in growing their suffering rate [16]. From the data by questionnaire on 4,205 students who used social networks in 6 big cities, Duc and Thai showed that Facebook was used the most (accounting for 86.6%), with usage time ranging from 1 hour to less than 5 hours/day. Students use social networks mainly for interaction and entertainment needs. It was not alarming on the level of pressure from using social networks in students, but when students have more and more needs to use the social network, the more likely they are to be under pressure from social media [17]. Although a collaborative endeavor was launched recently, mental health care Vietnam continues to confront some challenges. These are reflected with insufficient infrastructure of hospitals and mental service departments or clinics, limited availability of pharmacological interventions, and lack of skilled human resources at all levels, inaccurate access to medications, restricted funding, and significant gaps in policy making and implementation.

The straightforward and pretty effective organization that can start the well-being project is the education department. A good educational system should have three targets: providing an academic environment at any time in learners' lives, empowering knowledge sharing to anyone's needs, and finally, presenting issues publicly [17]. The data illustrates young people consider university attendance as a dream for their specific aspirational purposes, and they also need to acquire technologies of subjectivity. Thus, the university is an opportunity for them to get a proper future and is being negotiated at the moment. The potential that the future could be actualized in a university environment is embedded in the present. Young people's orientations directed toward the concepts about their future are indispensable more than university [18]. Conversations about the future of students at tertiary were marked by concerns

about life attitudes, and a desire to move out of current circumstances. However, orientations held by most Vietnamese universities are temporarily lasting on a one-week basis and under terms of talks show on learning policy and documentation procedures, not mentioned to provide practical lessons about psychological orientation for their transitions or future changes.

Having issued numerous studies about mental health services in Vietnam and raising awareness of mental health problems increasing among university students and need possible intervention [14-17], there is no specific method or particular program offered or integrated to cope with these obvious issues in the Vietnam context. It is clear that five–day orientation sessions are always arranged in the early academic year for freshmen at all Vietnamese universities; nevertheless, due to limited time or abundant information need informing to the freshmen, most psychological consultation sessions are under talk show platforms which cannot create profound impact on student's practical application skills on their mental health management, even in the structure of team building which may be ignored by insecure or isolated freshmen despite indisputable advantages of this type. Therefore, provision of valuable skills of handling their current or prospective mood disorders is rarely obtained during the short period.

With the purpose of improving the well-being of university students' psychology as well as examining the potential of interpersonal psychotherapy (IPT), the study is performed to answer the following research questions:

1. What are the feelings which freshmen have when they initially enter a university environment?

2. How effective is IPT for freshmen's psychological improvement?

The results found in the research are aimed at suggesting integrating IPT application into one-week orientation for HIU freshmen's well-being improvement in the future, and prospective IPT application and expansion for well-being programs for students at tertiary level.

3. DISCUSSION AND CONCLUSION
First of all, the researcher uses the term "the IPT

application", not "the IPT treatment", in the study since the invited participants here are with healthy appearance and the study setting is in a university environment. To answer the first research question, the researcher conducted a twelve-question survey (Table 1) of 141 HIU freshmen coming from different majors to examine whether the primary psychological problem area they are in, based on the framework of IPT treatment established by Myrna M. Weissman, John C. Markowitz, and Gerald L. Klerman, in a book called "Comprehensive Guide to Interpersonal Psychotherapy" [13] and "Mastering depression through interpersonal psychotherapy Patient workbook" by Myrna W. Weissman [19]. All steps in the study are similar to those from the guide, except for subject here as participants, the therapist in the book undertaken by the researcher, and scenarios replaced by the video. The questionnaire displayed as Google form, would have been more effective to identify the problem area if it had been done on the first day students coming to the university. However, to make up for more accurate statistics, the researcher shared the real purpose of doing the survey to the students and had them recall the previous feelings which they had on the first day of the civic week.

After verifying which problem area most students are in, the researcher would select appropriate IPT treatment for the area to investigate how much well-being improvement students can have after two sessions. Actually, in order to obtain expected results of the IPT treatment periods usually last from 10 to 16 sessions, from fifty to ninety minutes for each session, for depressed patients in a clinical setting [20]. As with the initial purpose, non-depressed subjects, classroom background, together with limited time, the application sessions just were implemented in two afternoons, lasting nearly four hours in total. There were only 10 students of 141 students selected intentionally, who are observed to be shy and introverted ones in class by the researcher after contacting one month, assigned into the IPT application sessions. For early focus group interviews, researchers recommend that a group of seven to 10 people are the most appropriate for collecting the best data [21], while another conclusion confirms that most who write about concentrating on group interviews suggest a group size of 10 to 12 people [22].

Before entering into the first session, students were asked to give a score of their skills/method learned to adapt in a new environment/role. There are ten levels of gradual increase scoring from 1 which is the lowest to 10 which is the highest one. Doing this, the researcher could understand the participants' current mood level and to compare with the other significant scores after the IPT application.

Then the sick role was entitled to 10 participants in order that they can have a compensatory but time-limited way of attention to care received from the researcher, and others involved. Subsequently, based on the problem area most students fell into, the researcher would choose a suitable animated video to perform IPT application. The strategy of using the video was:

- aimed to replace all of participants' scenarios which caused their mood problems.

- reduce the huge amount of time of storytelling from each participant.

- attracting all participants toward the screen.

- easily to raise questions and engage the answers from participants.

One by one of a seventeen-question set would be launched in the form of a recorded discussion. The set was developed according to the rationale and functional framework of IPT treatment of each problem area created by Professor Myrna Weissman. The purpose of this video is to elicit the participants to the capacity for keeping their present or potential changes into perspective, and to the perception of generating positive thoughts and making every endeavor to solve the problems for true happiness.

At the beginning of the 2nd session, psycho-education was provided to participants about the depression symptoms, their impact on psycho-social and behavioral functioning, and knowledge of the IPT problem area found after the first survey. It is one of the steps needed before the IPT treatment performance, so that the patients or participants can have an overview of the method, responsibility of their answers, and encourage the positive results created [13]. Next, the participant would apply the knowledge by recalling and

analyzing a story which might be theirs or one's they knew by creating the questionnaire set based on the framework of categories of IPT application on role transition. In addition, they would write the answers to these, so that the skills are structured and reinforced for them. However, I got their answers written on the paper, not spoken. As mentioned before, the participants are proposed to be very quiet and insecure in class, writing the answers will be better for them to express their ideas and emotions quite honestly rather than speaking directly in front of the others. Writing is known as meaning-making and thinking in the operation of the cognitive process; thus, it allows us to share the senses and meanings of the culture and present an individual's world. All of personally visual input, associations, and interpretations, are reflected through the letters and words themselves demonstrate the perceptual and memorial systems. The letters and words themselves do not enter your mental world; instead, the perceptual and memory systems of the brain process the patterns of light reflecting

from the page and generate the personal symbols of visual perceptions, images, associations, and interpretations [23, p.20]. Finally, the analysis of all answers from the participants would be explained clearly so as to portray the results of the study for any suggestions of the application.

However, developing and modernized the society is, unrelenting behavior patterns will have a tendency to be reverberated by persistent social circumstances, while changes in the social situations are always connected with changes- for better or worse -in well-being [2, p.344].

That's why it is predictable that nearly two-third of participants admitted their current state of being upset. Based on the result found in the table 2 below, most participants and potential depression belong to the area of transitional role and interpersonal deficits. Since this is the first trial of using IPT application on non-depressed patients and time-limited, role transition would be chosen as the problem area needed to examine the psychotherapy efficacy.

Table 1. Results of the survey

Questions	Problem Areas	% Yes
1. Are you currently upset or worried?	All	63.8
2. Is your sad mood related to any your relative who passed away?	Grief	7.8
3. Is your sad mood related to any your relative who has diagnosis of disease?	Grief	22
4. Do you have any conflict with you relatives /family members / friends?	Interpersonal Disputes	31.2
5. Do you have any concerns about you study /work ?	Interpersonal Deficits /Role Transition	77.3
6. Are you in a new situation which have to meet new people?	Role Transition	42.6
7. Does a new situation change your life and make you anxious?	Role Transition	51.1
8. Are you worried about your health (the disease diagnosed previously)?	Interpersonal Deficits /Role Transition	36.9
9. Are you worried ab out your health (the disease diagnosed recently)?	Interpersonal Deficits /Role Transition	25.5
10. Are you worried that you won't do next work well?	Interpersonal Deficits /Role Transition	79.4
11. Do you feel difficult in a new environment in which there are new people?	Role Transition	39.7
12. Do you wish there is not any changes and your previous relationships still remain the same?	Role Transition	52.5

Following this, a video called "Hair Love'' produced by Sony Pictures Animation, which won "The Best Animated Short Film" at the 92nd Academy Awards, was chosen to base the IPT application. The answers of each participant separated with a dash:

Table 2. According to checking the Patient's Progress Task Therapist's Questions by Myrna M. Weissman, John C. Markowitz, and Gerald L. Klerman, in a book called "Comprehensive Guide to Interpersonal Psychotherapy"

Task	Therapist's Questions	Answers
A. Facilitate evaluation of role that has been lost.	1. Who previously comb the girl's hair? 2. Do you think she like her mom doing this? 3. Who help the girl's comb her hair now? 4. Why couldn't the mom help the girl anymore? 5. Why couldn't the girl do by herself?	1. The mom 2. Yes 3. The dad 4. She is sick 5. She is too small. (One said: The hair is a monster)
B. Encourage expression of emotions.	6. Was the man happy at first when he's doing this? Why (not)? 7. How did he feel at that time? 8. What did he decide when he was defeated by the hair? 9. Was the girl happy when her dad decided to give up?	6. No. 7. Difficult/Gave up/Stressed 8. Gave up/Put the hat on the girl's head 9. No.
C. Develop social skills suitable for the new role.	10. How could the girl decided after her dad give up? 11. How could the man do combings the girl's hair? 12. What is going well?	10. Cried/Upset/Disappointed 11. By watching video given by the girl. 12. Happy ending/Satisfied
D. Establish new interpersonal relations, attachment, and social supports.	13. Who could help the girl after all? Herself or her dad?	13. The dad/The girl/Both
E. Identify any positive aspects of the new role.	14. How did the man feel after he did combings her daughter's hair quite successfully? 15. How did the girl feel after her dad did combing her hair quite successfully? 16. How close is their relationship between dad and daughter? 17. Would it make the mom happy too?	14. Pleased/happy/satisfied 15. Happy/satisfied 16. Better/Love each other/Closed 17. Yes

Under observation, the participants were watching the video engagingly and inquisitive; hence, most of the answers were correct, and some information, amazingly, were added to attract the researcher's attention. During the discussion, at first, most students spoke their answers at once. After that, I realized a third of them volunteered to give the answer, but the others would be invited to ensure full attendance in the period. There was one funny answer raised by one to question number 5 "*because the hair is a monster*", and the atmosphere of the class was covered by the smiles and more pleasurable atmosphere. More excitingly, there was a small difference in their opinions of question number 11 "*Who could help the girl after all? Herself or her dad?*". Almost half of them chose 'the dad', two selected 'the girl', and the others said 'both'. I raised 'why?' to the one who answered 'both', he said calmly "*the man could do it by watching the video given by the girl, and she wanted to help herself as she couldn't do it*". At that moment, I looked at and witnessed the consensual faces of the others. At the end of the session, after the final questions of part E were complete, I asked them to say loud one adjective describe the ending of the video, and the ones in turn offered - I would choose Vietnamese next to English here as its

their mother tongue to express their true feeling - sung sướng (satisfied), hạnh phúc (happy), viên mãn (fulfilling), tuyệt vời (wonderful), vui vẻ (joyful). Honestly, in the bottom of my heart, the most successful thing in the study was that 100% of them are convinced that the well-being will ultimately attained if we together willingly confront with new hindrances and roles, accompanied with seeking positive ways to deal with them, whatever obstacles are or however challenging they are.

In the second session lasting approximately two hours and half, after identification of the problem area as transition role in session 1, students would be instructed and assisted to have insight of classification of each question based on IPT application on transition role as Table 2:

- A - Facilitate evaluation of role that has been lost.

- B - Encourage expression of emotions.

- C - Develop social skills suitable for the new role.

- D - Establish new interpersonal relations, attachment, and social supports.

- E - Identify any positive aspects of the new role.

Regarding the written stories by the participants, there are two interpersonal disputes, as they explained that they understood the transition area but no sad things related to it occurred during their life circle or anyone they knew. Obviously, it is assumed that there were two sessions organized due to limited time, instead of 10-16 sessions to acquire and detail each classification of the role transition section. Having unrelated-area stories, I have been quite sympathetic as to their true and moving stories about their family and friend conflict, and sad feelings they experienced. Thus, I suggested providing the IPT application to the interpersonal disputes to them later. Apparently, the one who has family conflict confessed that the environment somehow influenced his personality and viewpoint of the family relationship. Two of them confirmed they were stronger and learned how to defend themselves based on their natural intuition. Among the rest of eight personal stories describing role transition precisely, one told about their friend's problem, one is about his beloved relative's, and six are about theirs. Amazingly, the final sets of questionnaires

created by them were accurate and appropriate with each category, albeit many times of verbal correction and explanation from me during the session. The overview of their work would be presented with the below Table 3.

What stands out from the graph is that at the top of the table were part A with 25 questions, which meant they completely understood the positive and negative characteristics of the old role. The second part with the most questions was part B at 19, just ahead of part C at 17. By doing this, they had valuable lessons of exposing role transition problems of the past or predicting potential feelings in prospective similar situations. From that, they realized that they need to learn how to adapt and take advantage of suitable skills to overcome the problem. Ranked in fourth was part E, it is absolutely easy to understand that they all accepted the new role even though there was no alternative for them to compare, and they had to smile and seek the positive aspect of the new role so as to tailor for the new environment. Only H. Hoang had the most questions and answers of this part because his life was better than the others' mental and material condition as described in his paper.

Moreover, he had the great support and love from surrounding relationships from his family, which was stated firmly in the answer of the last question of part E: "very good, and very be loved". That is the reason that he had more number questions and answers of part D, compared to the others at 1, except Bao at 2 - who was deemed to have comprehensive interpersonal skills by mentioning the outdoor activities and offering club participation as his learned way of resolving the mood or academic problems. More attentively, the bottom of the list was part D at 10 questions in total, except for H. Hoang and Bao, the others had one question only for the part. The more careful question-answer reading of those is, the more empathy demonstrated for their written experiences. The participants with 1 question-answer as T. Hoang, Danh, Dat, Kien, Hieu, and Anh, confronted and solved the problem by themselves, based on their natural instinct at that age.

Finally, when I required them to mark their learned skill of adapting to a new environment, most of them gave at least 7, and the highest was 9.

Therefore, the efficacy of IPT training on role transition is potential, being evidenced in their evaluation. Consequently, they all reached consensus that the IPT on role transition should be taught and trained in the sessions of orientation which is always held at the beginning of academic year for freshmen. To do this, they can be equipped with the IPT skills to look back at their problems, illustrate potential ones, and apply the skills to calmly draw the solutions on their life events.

The study will suggest not only IPT on role transition should be learned, but the other three areas including grief, interpersonal disputes, and interpersonal deficits are highly recommended to be trained in the early of each academic year as well. From this point, the departments involved can have an intensive picture of the development of student's mental health and influence on their learning progress during a learning period at universities, as well as propose any possible measurements on their upcoming psychological and academic problems. Finally, once their sense of well-being is enhanced and ensured, the learning improvements or achievements will be certainty gained [5].

Table 3. The results of the 2nd session

Name	Role Transition Problem (RTP)	Self-score of skill learned of dealing with RTP (before the 2nd session)	Number of Questions of Each Category Created					Total	Self-score of skill learned of dealing with RTP (after the 2nd session)
			A. Facilitate evaluation of role that has been lost	B. Encourage expression of emotions	C. Develop social skills suitable for the new role	D. Establish new interpersonal relations, attachment, and social supports	E. Identify any positive aspects of the new role		
T. Hoang	moved from grade 9 to grade 10	0	4	3	3	1	2	13	9
Danh	Self-took care of himself and his younger sister after his parents divorced		3	2	2	1	1	9	9
Dat	moved from grade 9 to grade 10		4	2	1	1	1	9	7
Kien	moved from high school to university		3	3	2	1	1	10	8

Bao	moved from high school to university		2	2	2	2	2	10	7
Hieu	about a friend's new life without parents		3	3	3	1	1	13	8
Anh	about a relative whose parents got divorced		3	2	2	1	2	10	7
H. Hoang	moved to Canada at 15 years old		3	2	2	2	3	12	8
Total of each part			25	19	17	10	13		

In conclusion, with diverse feelings shaped from a depressed state to self-admiration, and with accomplishment they gained through challenging periods, now they have their pride proven with strong words of the last answers in their writing. Luckily, despite having sad experiences, they are now growing with certain competence in interpersonal and intrapersonal skills, as my observation, no matter what these were trained or exposed. Every young person will experience the world differently, and they will have an interpretation of it through their unique eyes. This uniqueness creates diversity in life - but can also trigger so many difficulties and misunderstandings at times. Personal uniqueness is that what will make each of them happy will differ too [1, p.5].

REFERENCES

[1] H. Victoria. *A Practical Guide to Happiness in Adults on the Autism Spectrum: A Positive Psychology Approach*. Jessica Kingsley Publishers, 2019.

[2] T. N. Brown, and T. L. Scheid. "The social context of mental health and illness." *A Handbook for the Study of Mental Health* 163, 2010

[3] S. Sharma., and M. Sharma, "Self, Social Identity and Psychological Well-being", *National Academy of Psychology (NAOP) India*, 55, 2010, 118–136.

[4] T. A. Judge, and C. Hurst, "Capitalizing on one's advantage: role of core self-evaluations", *Journal of Applied Psychology*, 92, 2007, 1212–1227.

[5] I. Boniwell, and L. Ryan. *Personal Well-being Lessons for Secondary Schools: Positive Psychology in Action*. Maidenhead: Open University Press, 2012.

[6] L. Grealy, D. Catherine, and H. Anna, eds. *Youth, technology, governance, experience: Adults understanding young people*. Routledge, 2018.

[7] J. J. Arnett. The cultural psychology of emerging adulthood. In L.A. Jensen (Ed), *Oxford handbook of human development and culture* (pp. 487–501). New York, NY: Oxford University Press, 2015b.

[8] F. B Evans III. *Harry Stack Sullivan: interpersonal theory and psychotherapy* (Vol. 3). Routledge, 2006.

[9] J. J. Andrews, S. R. Shaw, J. F. Domene, and C. McMorris (eds.). *Mental Health Assessment, Prevention, and Intervention: Promoting Child and Youth Well-Being*. Springer Nature, 2022.

[10] P. A. Linley, S. Joseph, S. Harrington, and A. M. Wood, "Positive psychology: Past, present, and (possible) future", *Journal of Positive Psychology*, 1, 2006, 3–16.

[11] L. Steinberg. *Adolescence* (5th ed.). Boston: McGraw-Hill, 1999.

[12] Patricia A. Areán, K. H. Ly, and A. Gerhard. Mobile technology for mental health assessment. *Dialogues in clinical neuroscience*, 2022.

[13] M. M. Weissman, J. C. Markowitz, and G. Klerman. *Comprehensive guide to interpersonal psychotherapy*. Basic Books, 2008.

[14] L. N. Nguyen, "The roles of Facebook in student employment nowadays and policy recommendations", *VNU Journal of Science: Policy and Management Studies*, *36*(4), 2020.

[15] H.H.N. Quynh, C. Tanasugarn, M. Kengganpanich, P. Lapvongwatana, K. Q. Long, and T.T. Truc, "Mental well-being, and coping strategies during stress for preclinical medical students in Vietnam", *Journal of Population and Social Studies*, 28 (2), (2020). 116 - 129.

[16] H. T. T Quynh., and N. V. Bac, "Thành tích học tập và đau khổ tâm lý ở sinh viên Việt Nam: Vai trò trung gian của căng thẳng học tập", *Tạp chí Tâm Lý*, 8(269), 2021, 37-45.

[17] T. T. M. Duc, and B. T. H. Thai, "Sử dụng mạng xã hội trong sinh viên Việt Nam", *Tạp chí Khoa học xã hội Việt Nam,* (8), 2014, 50-61.

[18] Mufson, L., D. Moreau, M. M. Weissman, P. Wickramaratne, J. Martin, and A. Samoilov. 1994. Modifications of interpersonal psychotherapy with depressed adolescents (IPT-A): Phase I and II studies. *J. Am. Acad. Child Adolesc. Psychiatry* 33(5):695–705.

[19] M. W. Weissman. *Mastering depression through interpersonal psychotherapy*. Graywind Publications, 2005.

[20] Mufson, L. A. U. R. A., Lewis, L. R., Gunlicks-Stoessel, M. E. R. E. D. I. T. H., & Young, J. F. (2012). Treatment of adolescent depression with interpersonal psychotherapy. *Casebook of interpersonal psychotherapy*, 203-223.

[21] W. S. John. Focus Group Interviews. In V. Minichiello (Ed.), *Handbook of Research Methods for Nursing and Health Science*. New South Wales: Prentice Hall Health, 2003, 447-461.

[22] M. Lichman. *Qualitative Research in Education: A user's Guide*. Thousand Oaks, CA: Sage, 2009.

[23] R. T. Kellogg. *The psychology of writing*. Oxford University Press, 1999.

Sử dụng phương pháp IPT để định hướng cải thiện sức khỏe tinh thần cho sinh viên năm nhất trong thời đại kỹ thuật số

Nguyễn Thị Tuyết Hạnh

TÓM TẮT

Không thể phủ nhận rằng hành trình học tập ở các trường cao đẳng và đại học, cùng với áp lực nặng nề bởi các cam kết từ gia đình, sinh viên có thể bị trầm trọng thêm về sức khỏe tinh thần và dẫn đến kết quả học tập và nhận thức thế giới quan của các bạn không tốt. Nghiên cứu này sẽ tiến hành khảo sát 141 sinh viên để tìm ra vấn đề phổ biến nhất đối với sinh viên năm nhất và áp dụng lĩnh vực điều trị tâm lý của IPT

trên 10 sinh viên để kiểm tra hiệu quả của phương pháp này. Từ đó, các kết quả được tìm thấy sẽ cung cấp động lực cho việc đề xuất hướng điều chỉnh trong các chương trình định hướng hoặc học thuật ở cấp đại học.