KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 02 February 2025
Revised 19 March 2025
Accepted 27 March 2025
Published online 01 May 2025

Applied Family Therapy Journal

Volume 6, Issue 3, pp 1-12

E-ISSN: 3041-8798

Assessing the Effectiveness of Single-Session Therapy (SST) on Couples' Mental Health: An Explanatory Mixed-Methods Study

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A r t i c l e I n f o

Article type:
Original Article

How to cite this article:
Behrouznia, H., Madani, Y., Salehi, K., & Shahmoradi, S. (2025). Assessing the Effectiveness of Single-Session Therapy (SST) on Couples' Mental Health: An Explanatory Mixed-Methods Study. *Applied Family Therapy Journal*, 1-12.
http://dx.doi.org/10.61838/kman.aftj.6.3.11

A B S T R A C T

Objective: This study employed an aims to evaluate the effectiveness of SST in enhancing the mental health of couples.

Methods: In the quantitative section of this explanatory mixed-methods design, a quasi-experimental pretest-posttest design with a control group was utilized. The Mental Health Inventory-28 (MHI-28) by Basharat (2009) was employed to assess couples' mental health before and after the intervention. Data analysis was performed using SPSS22 software, and the findings indicated that SST significantly improved couples' mental health. In the qualitative section, semi-structured interviews were conducted with couples to examine their experiences with this type of therapy through descriptive phenomenology.

Findings: According to the eta coefficient, SST accounted for 34% of the variance in the psychological well-being subscale and 17% in the psychological distress subscale, indicating a medium effect size. The qualitative findings supported the quantitative results, highlighting positive changes such as improved emotional state, increased interest in life, a sense of calmness, feeling loved, hope for the future, and reduced stress and distress one month after the session. These changes aligned with the subscales and questions of the mental health questionnaire, serving as confirmation of the quantitative outcomes.

Conclusion: Ultimately, this study emphasizes the importance of SST as an effective therapeutic tool for couples. The findings may be valuable for therapists and future researchers while encouraging clients to seek therapy.

Keywords: *Single-session therapy, SST, couples' mental health, mixed-methods study, brief therapy*

1. Introduction

Family is considered a vital institution in all societies worldwide, especially in Iranian society, as it provides a setting for the growth and development of the next generation and the formation of their values, thoughts, identity, and personality. Therefore, effective functioning in this context leads to the mental health and psychological well-being of its members (Talaeizadeh et al., 2023).

One of the key factors contributing to family stability and durability is having mental health. According to the World Health Organization, mental health is a state of psychological well-being that enables an individual to better cope with life stressors and, in addition to learning and working more effectively, provide more efficient services to society (Toktas, 2024; Wittenborn, 2024). Mental health encompasses psychological, emotional, and social well-being, which affects how we think, feel, and act. It also influences how we manage stress, relate to others, and make choices (Alwuqaysi, 2024; Bilač et al., 2024).

Accordingly, improving couples' mental health leads to the continuation of marital life and a reduction in divorce and its subsequent problems, which is critically important for marital survival (Sheikhzadeh & Gol Aflak, 2023). Thus, in recent years, therapists have paid special attention to reducing mental health problems in couples. Various studies have investigated the effectiveness of different therapeutic methods on mental health, including Acceptance and Commitment Therapy (Saadatmand et al., 2017), Schema Therapy (Panahifar et al., 2018), Cognitive Behavioral Couple Therapy (Pourmousa et al., 2018), and Emotionally Focused Couple Therapy (Mobaraki & Esmkhani Akbarinejad, 2024; Nezamalmolki, 2023).

However, one important indicator in evaluating the quality of mental health services is the length of time clients wait for therapy sessions, as unnecessary waiting can cause extra stress for clients and lead to dissatisfaction with these services. Accordingly, clients who have a shorter waiting time and a longer consultation session show greater satisfaction than those who have to wait longer for their appointment and then receive shorter consultation sessions (Amarathunga et al., 2021). Furthermore, when clients seek counseling for the first time—especially under critical circumstances—their motivation and need are at the highest level. Being placed on a waiting list leads to dissatisfaction and a loss of motivation, resulting in high rates of missed first appointments. Hence, missed appointments and treatment dropout due to long waiting lists are other factors reducing the accessibility and efficiency of counseling services (Ewen et al., 2018).

Moreover, follow-up evaluations indicate that most clients who only attended the first session and then chose not to return found that single session helpful and sufficient for themselves (Young, 2020). Thus, when a client does not attend the second session, it does not necessarily imply they found the counseling process ineffective (Dryden, 2017, 2019). In a study examining the negative relationship between the number of sessions and psychotherapy outcomes, Howard et al. (1986) reported that most of the impact of psychotherapy occurs in the first six sessions, with diminished benefits thereafter (Howard et al., 1986). Other research has similarly shown that the most significant and rapid improvements occur in the early phases of treatment, while additional sessions produce less meaningful results, and the likelihood of further change decreases considerably (Ewen et al., 2018; Slive & Bobele, 2018).

In a two-phase study, Cannistra et al. (2020) found that the greatest number of sessions individuals attended was one session. Additionally, 52% of the participants in their second-phase study deemed just one session sufficient; between 40% and 60% of these individuals preferred not to attend additional sessions (Cannistrà, 2022).

It seems another reason for the interest in extending therapy sessions is the assumption that therapists need multiple sessions to establish a strong therapeutic alliance that facilitates positive, satisfying changes in the client (Glebova et al., 2011). However, a therapeutic alliance and its associated positive outcomes and client satisfaction do not necessarily depend on treatment length (Fullen, 2019). A good alliance forms when the client feels their counselor is supportive, competent, and, above all, beneficial (Jones et al., 2006). In a large-scale study, Frank and Frank (1991) concluded that successful counseling relies on three key factors, or "active ingredients," referred to as the 3Rs: Relationship, Re-framing, and Ritual. According to their research, for a single counseling session to be effective, it must include a therapeutic alliance and factors such as empathy, genuineness, and unconditional positive regard. Re-framing involves helping the individual see possible solutions rather than focusing on unsolvable problems, and Ritual refers to creating an experience that goes beyond a typical conversation with a good-listening friend—all of which can be accomplished in a single session (Jones et al., 2006). On the other hand, therapists cannot accurately predict who will attend only one session and who will opt for more (Young & Dryden, 2019). Research also

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demonstrates that even individuals with long-term problems can receive substantial help in just one hour (Slive & Bobele, 2018). Moreover, the first hour of therapy itself is an effective intervention for adults with mild to moderate mental health issues, and importantly, its reported effects persist over time (Hoyt, 2019). These findings have led to the concept of scheduled single sessions (Young, 2020), an idea introduced by Talmon (1990) and known as Single-Session Therapy (SST). Effective use of SST services can shorten waiting lists and free up more time for clients who may require longer treatment (Talmon, 1990). According to Dryden (2017), single-session therapy is defined as one main in-person session between therapist and client with no prior or subsequent main sessions over the course of a year, and it can include at most two brief, non-face-to-face contacts before the main session to ensure optimal use of the in-person visit, plus one follow-up session (Dryden, 2017).

What distinguishes Single-Session Therapy from standard or traditional therapy is that SST focuses on the key presenting problems and possible actions to overcome, minimize, or manage them right from the start. In contrast, in traditional therapy, the initial sessions typically focus on assessment and postpone treatment or problem-solving to later sessions. Moreover, in SST, it is assumed that in most cases, one therapy session can bring about significant improvement, and the therapist, instead of assuming that the client will return for another session, treats each session as though it might be the last. Consequently, if one session is all they have, both therapist and client aim to make the most of it. This orientation prompts a re-examination of how psychotherapy is delivered and how counselors are trained, while also helping the client better focus on what they want the therapist to address (Hoyt, 2019; Perkins, 2006; Perkins & Scarlett, 2008; Young, 2020; Young & Dryden, 2019). Therefore, in Single-Session Therapy, any classification of the client into diagnostic categories and labeling is avoided. Rather than emphasizing psychopathology or specific assessment systems to identify the client's problem, it focuses on the client's goal and context, with the therapist's aim being to facilitate change (Cannistrà, 2022). Opposition to labeling and diagnosis is not exclusive to SST. Rogers considered diagnosis not only unnecessary but unwise and detrimental to therapy, arguing that diagnosis involves judging the client, conflicting with the client's essential need for unconditional acceptance, and he believed the client alone truly understands the dynamics of their own behavior and perception. From a labeling theory perspective, labeling someone (by self or others) can affect both the individual's behavior and the way others interact with them. The looping effects theory also posits that when specialists classify a person into a particular category, the individual begins to alter their behavior and self-concept in line with the diagnosis received (Foulkes & Andrews, 2023).

SST is a strengths-based model built on clients' resources, expertise, and capacity for change. It is a creative, action-oriented approach that can incorporate various methods and techniques. Instead of delving into the client's history or the root causes of problems, it focuses on their present issues so that upon leaving the session, the client has a plan for solving problems, confidence in their skills and resources, a greater sense of capability, and a path out of life's winding dead ends. They also know they can return for further work, if needed and if both the counselor and client believe another session would be helpful (Flemons & Green, 2014; Paul & Ommeren, 2013). Of course, reducing the waiting list is not the only aim of SST. The solid performance of this approach and the high level of client satisfaction it typically achieves are themselves sufficient reasons for its use (Young, 2020; Young & Dryden, 2019).

Single-Session Therapy is not a new approach; more than three decades have passed since Moshe Talmon's initial idea and implementation (Talmon, 1990), and extensive research has since been conducted on it worldwide (Ewen et al., 2018; Hopkins et al., 2017; Perkins, 2006; Perkins & Scarlett, 2008; Westwater et al., 2020).

Perkins (2006) in two papers examined the effectiveness of SST for children and adolescents with psychological problems. In the first study, results showed that the treatment group improved significantly compared to the control group, with 63% to 78% of clients showing improvement. SST reduced the severity and frequency of problems by 74%, and this improvement was maintained at the one-month follow-up, confirming the efficacy of SST for complex psychological problems (Perkins, 2006). In the second paper, the 18-month follow-up indicated that therapeutic changes were sustained, and no negative impact was observed from delaying treatment. Sixty percent of the clients maintained their improvements without needing additional therapy (Perkins & Scarlett, 2008).

SST can also help lessen family concerns and boost confidence in managing problems. Westwater's (2020) study showed that after a single counseling session, family worries decreased, and their confidence increased (Westwater et al., 2020). Moreover, many families considered SST a positive experience. Research by Cannistra et al. (2020) similarly confirmed the efficacy of

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SST in reducing distress and mental health issues in clients (Cannistrà, 2022). Overall, SST is recognized as an effective tool for improving the mental health of children, adolescents, and their families.

Despite international implementation and research, no study in Iran has yet investigated the effectiveness of this method on couples' mental health. Hence, the current study takes an innovative approach by evaluating this therapeutic method both quantitatively (using questionnaires and statistical analysis) and qualitatively (through semi-structured interviews and one-month follow-up). The aim is not only to gauge numerical effectiveness but also to gain a deeper understanding of clients' experiences with this type of therapy and to interpret quantitative results using qualitative data. Consequently, this study can be considered a crucial step toward developing and expanding SST within the country, and its findings could serve as a model for future research as well as help therapists design more effective treatment programs in clinical settings. Therefore, the researchers intend to answer the following questions:

- Does Single-Session Therapy (SST) affect mental health?
- What is the participants' understanding of SST's effectiveness on their own mental health?

2. Methods

2.1. Study Design

This study employed a mixed-methods research design with an explanatory sequential model. The explanatory design is a two-phase approach where quantitative methods are implemented first, followed by qualitative methods to explain and expand upon the quantitative results. The explanatory design is categorized into two models: the explanatory follow-up model and the participant selection model. The explanatory follow-up model is used when qualitative data is needed to explain and elaborate on quantitative data, whereas the participant selection model uses quantitative data to purposefully identify and select participants, with a greater emphasis on the qualitative phase. The concurrent use of quantitative and qualitative methods within a mixed-methods approach compensates for the weaknesses of either method alone and, by utilizing all available data collection tools, provides more comprehensive evidence to address research questions that cannot be fully answered using a single approach. Ultimately, quantitative and qualitative findings are integrated. Given the aims of the present study, the explanatory follow-up model was employed.

2.2. Quantitative Phase

This phase utilized a quasi-experimental pretest-posttest design with a control group. After determining the sample and verifying eligibility criteria through a phone screening, participants were randomly assigned to experimental and control groups. Both groups completed the relevant questionnaires, after which the experimental group underwent the therapeutic intervention, while the control group received no intervention and was placed on a waiting list. Approximately one month after the intervention, the pretest questionnaires were re-administered to both groups to evaluate the effectiveness of the therapy on the dependent variables.

The study recruited 30 couples through convenience sampling from referrals to Behzist Clinic in Tehran. These couples were randomly divided into experimental (15 couples) and control (15 couples) groups. Inclusion criteria were at least one year of marriage, the presence of both spouses, no concurrent psychological therapy, voluntary participation, agreement with the therapeutic approach during the initial interview, and exclusion criteria included the absence of one spouse, insistence on divorce, diagnosable acute psychological disorders, or initial preference for extended couple therapy. Questionnaires were distributed using Google Forms via accessible messaging platforms.

Data collection in this phase was field-based, utilizing the 28-item Mental Health Inventory (MHI-28). This scale is derived from the 34-item short form of the Mental Health Inventory (Basharat, 2009; Veit & Ware, 1983) and measures psychological well-being and psychological distress on a 5-point Likert scale. Scores for psychological well-being and distress subscales range from 14 to 70. The scale was validated on a sample of 760 participants (clinical and non-clinical groups). Cronbach's alpha coefficients for psychological well-being and distress subscales were 0.94 and 0.91 for the non-clinical group, and 0.93 and 0.90 for the clinical group, indicating internal consistency. Test-retest reliability correlations were 0.90 and 0.89 for the non-clinical group and 0.83 and 0.88 for the clinical group ($p < .001$). Concurrent validity was confirmed by administering the scale alongside the General Health Questionnaire (GHQ) in both groups, showing a significant negative correlation with the well-being subscale ($r = -.87$, $p < .001$) and a

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positive correlation with the distress subscale ($r = .89$, $p < .001$). Discriminant validity and confirmatory factor analysis further validated the scale (Basharat, 2009).

Quantitative data from the questionnaires were analyzed using descriptive and inferential statistics. Descriptive statistics included frequency distributions, percentages, means, and standard deviations. Hypothesis testing and the effectiveness of single-session therapy (SST) on mental health were assessed using inferential statistics and univariate and multivariate analysis of covariance. All analyses were conducted using SPSS version 27.

2.3. Qualitative Phase

In the second phase, descriptive phenomenology was employed to gain a deeper understanding of participants' perceptions and experiences of single-session therapy. Phenomenology explores individuals' lived experiences of a phenomenon, seeking to illuminate what they have experienced and how they experienced it. This approach was chosen to describe participants' experiences of SST without interpretation or preconception, offering an impartial and detailed account of their narratives. Approximately one month after the SST intervention, semi-structured telephone interviews were conducted to understand participants' experiences and track therapeutic changes.

In explanatory mixed-methods designs, sampling strategies and sample sizes vary depending on the study's design. In explanatory designs, data collection is sequential, with quantitative data collected first, followed by qualitative data. The sample size for both phases is often similar to facilitate data comparison and integration. Accordingly, the same 15 couples from the quantitative phase were included in the qualitative phase to track changes and evaluate their satisfaction with the therapy session. Semi-structured interviews were used to collect data, offering in-depth exploration and a broad range of participant experiences. Interview questions were informed by previous qualitative studies and items from the client satisfaction questionnaire, resulting in nine questions comprising open- and closed-ended formats.

To enhance validity and refine interview data, the Interview Protocol Refinement (IPR) framework was utilized. This four-stage process for developing and refining structured and semi-structured interview protocols was introduced by Castillo-Montoya (2016).

Qualitative research evaluation criteria such as credibility, dependability, and confirmability were applied. Credibility was ensured through expert validation by three faculty members at the University of Tehran. Transferability was evaluated via triangulation, employing diverse data collection and analysis methods. Dependability and confirmability were achieved through detailed documentation of research conditions and processes.

Qualitative data were analyzed using Colaizzi's seven-step method with MAXQDA 2020 software. Recorded interviews were transcribed verbatim and thoroughly reviewed multiple times to gain a comprehensive understanding of the data. Significant statements and key concepts were identified and coded. Sentences were re-examined to extract precise meanings, and recurring themes were integrated into broader categories. The findings were synthesized into a comprehensive description of the phenomenon. For validation, results were reviewed and approved by the research supervisors and consultants. Ethical considerations, including informed oral consent, voluntary participation, confidentiality, and anonymity, were strictly observed, and interview content was presented without identifying participant information.

3. Findings and Results

In order to analyze the data and test the research hypothesis, preliminary assumptions for parametric tests—such as the Kolmogorov-Smirnov test for normality and Levene's test for equality of variances—were first examined. Subsequently, analysis of covariance (ANCOVA) was employed to test the main hypothesis. Table 1 presents some descriptive statistics related to mental health in the pretest and posttest for both the control and experimental groups.

Table 1

Descriptive Statistics of Scores in the Pretest and Posttest for the Two Groups

Group	Index	Pretest	Posttest
Control	Mean	83.719	82.875
	SD	8.025	7.400
Experimental	Mean	83.933	84.167

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	SD	6.823	6.813

As shown in Table 1, the mean mental health score in the control group did not change substantially between the pretest and posttest, whereas in the experimental group, it increased slightly in the posttest phase.

Moreover, to use ANCOVA, the assumptions of this method—normality of data within the experimental groups (assessed via the Kolmogorov-Smirnov test), homogeneity of regression slopes (examined via the interaction between group and pretest scores), and homogeneity of variances (tested with Levene's test)—were evaluated. Given the non-significant results at the .05 level, these assumptions were confirmed. Therefore, analysis of covariance could be applied to test the research hypothesis.

Table 2

Analysis of Covariance for Comparing Mean Posttest Mental Health Scores

Source	Covariate	SS	df	MS	F	Sig.	Eta²
Pretest Psychological Well-being	Posttest Psychological Well-being	14.386	1	14.386	2.23	.001	.34
Pretest Psychological Distress	Posttest Psychological Distress	45.062	1	45.062	1.43	.001	.17
Group	Posttest Psychological Well-being	3.322	1	3.322	1.12	.001	.13
	Posttest Psychological Distress	9.766	1	9.766	2.01	.001	.15

As shown in Table 2, the effect of pretest scores on posttest scores was significant $p \leq .05$. It can be stated that the correlation between the covariate and independent variable was met.

The findings for the group variable showed that the F-value at an error level below .05 was significant $p \geq .05$. This indicates that, after controlling for the pretest effect, there is a significant difference between the mean scores of the two groups in the posttest. Hence, the research hypothesis is confirmed; in other words, single-session therapy (SST) has a significant impact on mental health.

Additionally, when comparing pretest and posttest for psychological well-being, $F(1,60) = 2.23$, $p = .001$, with an effect size of $\eta^2 = .34$, indicating a large effect. This suggests that 34% of the variance in psychological well-being can be attributed to the intervention. Cohen's d was .43, interpreted as a medium effect.

For pretest and posttest psychological distress, $F(1,60) = 1.43$, $p = .001$, with $\eta^2 = .17$, indicates a medium effect, where 17% of the variance in psychological distress is influenced by the intervention. In this case, Cohen's d was .51, also reflecting a medium effect.

Regarding the group difference for posttest psychological well-being, $F(1,60) = 1.12$, $p = .001$, with $\eta^2 = .13$, signifies a small-to-medium effect, and Cohen's $d = .39$. Finally, for the group difference in posttest psychological distress, $F(1,60) = 2.01$, $p = .001$, with $\eta^2 = .15$, represents a medium effect, indicating that the intervention accounts for 15% of the variance in this variable. Cohen's $d = .50$, again denoting a medium effect. These results show that η^2 explains the relative variance in the total sample caused by the intervention, whereas Cohen's d reflects the strength of the intervention's impact based on the standard deviation; the two indices thus complement each other.

In this phase, to understand how clients experienced the effectiveness of single-session therapy on their mental health, we conducted semi-structured interviews with all participants in the single-session couple therapy one month after their session. The interview findings were grouped into two themes: psychological well-being and psychological distress. Table 3 presents the themes and subthemes.

Table 3

Main Themes and Subthemes

Main Theme	Theme	Subtheme
Mental Health	Psychological Well-being	Improved emotional state, interest in life, calmness and comfort, feeling loved, a bright and hopeful future
	Psychological Distress	Turmoil, anger, stress, and pressure

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E-ISSN: 3041-8798

3.1. Psychological Well-Being

This theme addresses the factors that led to improved emotional states among participants. In this context, clients described increased emotional well-being, a greater interest in life, enhanced calmness and comfort, a sense of being loved, and a more hopeful and optimistic outlook toward their shared life.

Improved Emotional State

One of the outcomes of single-session therapy was the improvement in clients' mental and physical states. Participants reported that following the intervention, they experienced a better emotional condition regarding themselves and their relationships. These changes included improved mood, higher energy levels, and increased motivation to care for their personal health and to foster more effective communication with their spouse:

"When my husband is at home, I try to be happier, and we've had good moments when it's just the two of us. I feel like he's been satisfied. I can see it on his face—he seems more cheerful and energetic at work. My husband is the kind of person who speaks up when he's unhappy. If he doesn't say anything, it means he's content. When we lived with his family, I was down emotionally and couldn't make him happy, but now that we're in our own home, I think things are better."

"My mental state has improved significantly; I used to feel depressed and lacked motivation, but now I'm feeling much better."

"I had been feeling very low-energy for a while, sleeping a lot, and we didn't spend much time together. We visited the doctor, ran some tests, and found some deficiencies—like low vitamin D—that had a major impact. We followed up, and that alone helped me improve. I used to resist taking care of my own health, but seeing how my husband responded made me take it more seriously. My aim was to improve our relationship, and I think it really helped."

Interest in Life

Another result of single-session therapy, as noted by participants, was a renewed interest in life and their relationship. Clients spoke about their changed perspective, experiencing a return of positive feelings in the marriage, greater hope for the future, a reawakening of initial affection, and more tenderness in behavior. There was also more attention given to preserving peace and joy in family life and fulfilling each other's needs:

"My thoughts have become more positive. It's like we made a meaningful change—just the act of seeking counseling made me feel like I did something good, and now I'm seeing the benefits. I feel more hopeful and see life as more enjoyable. I've become more affectionate and interested in both my life and my spouse. My behavior has changed too—I'm more patient now. It all feels connected, like everything is interrelated. Overall, I feel much better."

"Maybe being reminded of how good we are together and how much we love each other sparked these changes. I feel like we're reliving the emotions from the early days of our relationship. I think he's still the same person I once fell in love with."

"Honestly, I feel like I've achieved what I wanted—to regain that positive emotional connection. That, for me, is a huge accomplishment."

"When you argue, you feel more disgust and resentment. But now, when you control yourself and see the other person is doing the same, it really stands out—and it deepens the affection! That's been happening in our relationship lately. It feels like we both want to continue the relationship, take better care of our actions and each other. We understand and value each other more."

"Wanting to maintain the foundation of the family has brought about this change. I tried to keep things cheerful at home—especially during the New Year holidays—by planning outings and fun activities to maintain joy and peace in the household."

Calmness and Comfort

Another outcome of the session was greater calm and comfort in marital interactions. Clients reported significant improvements in emotional regulation, reduced tension, and increased patience and tolerance from both partners. These improvements were reflected in more supportive behavior, fewer negative reactions, and more balanced conflict resolution. There was also more attention paid to meeting each other's needs and establishing a peaceful home environment:

"After the session, we reached a relatively calm state, and our overall peace has increased."

"My husband began taking the issues I raised in the session more seriously and really made an effort to control his behavior so that it wouldn't disturb me. That wasn't the case before—he used to get upset quickly. Now he tries not to apply pressure, so we can have a better relationship."

"I think the best change is that I've become more patient, I don't get worked up over small things anymore, and my anger has lessened! Both of us are more cooperative now."

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"Overall, I feel like our relationship has improved significantly. There's been a big shift, especially from my wife's side. She's become more relaxed—she used to be more rigid. That has helped everything else fall into place. I've also taken her concerns more seriously, and we've reached a kind of balance. I've started approaching things more seriously now, not brushing things off like I used to."

"It seems we both have more tolerance now, and we've made a pact to be more patient and not react immediately. If something upsets us, we give each other time. Our patience has really improved. My husband, who's usually very blunt, has toned it down and become more considerate in the way he speaks. As for me, I'm naturally impatient, but I'm seeing more patience in myself now too."

"We've both tried to meet each other's requests. Our life has returned to normal and feels calmer. Of course, I'm worried that we might forget these lessons over time, but for now, this past month has been very positive."

Feeling Loved

Some clients also noted that SST helped strengthen their sense of being loved and valued. They felt changes in their spouse's attitudes and behavior, which fostered more affection and attention in the relationship. This renewed feeling of love became a motivating factor for improving the relationship and making their partner happy:

"The way he spoke meant a lot to me. I remember thinking at the time that maybe he didn't love me anymore or was tired of me. I really thought that. But now I honestly feel much better. I try to do things that make him happy and focus more on our life together. It's given me new motivation."

A Bright and Hopeful Future

Another result of the therapy was a more optimistic view of the future and a stronger hope for improvement and continuity in the marriage. Clients mentioned a shift in how they viewed the importance of their spouse and family, noting that this change reduced feelings of emotional divorce and increased appreciation for the shared life. This new mindset led to redefined priorities and efforts to strengthen family bonds:

"It feels like we value our life together more now—I can say that! Previously, deep down, I sometimes thought about separating or felt like we were in an emotional divorce. The emotional and mental distance between us had grown too much, and I didn't think I could bridge that gap. But interestingly, this past month, my husband has once again become one of the pillars of my life. He always was, but recently I had focused all my attention on the children. After the session, all three of them—my husband and our two kids—are equally important to me. Even though we have our differences, my husband is now just as important to me as my children."

3.2. Psychological Distress

This theme refers to emotional and psychological difficulties, including turmoil, anger, and stress and pressure, which participants reported experiencing less frequently during the one-month period following the session.

Turmoil

Some participants had previously experienced intense emotional turmoil and a sense of helplessness in their marital lives. These feelings often stemmed from unresolved issues, such as unhealthy attachments or a lack of independence in the relationship. However, the single session helped them adopt a new perspective on their spouse and relationship, offering renewed hope despite ongoing challenges:

"What was said in the session helped me realize that my husband hasn't inherently become a bad person. That was really important and gave me some reassurance. Before the session, I didn't know what to do with my life. I felt hopeless about his mutual dependence on his mother, and neither of them was willing to acknowledge it. I felt stuck in a situation where I thought I just had to accept things. I still feel that way to some extent—like there's no true two-person relationship—but at least now I can see that he's trying to become more independent, and that shift has made me feel more positive. Before the session, I was truly in despair, but now I feel more hopeful."

Anger

Participants also reported a noticeable reduction in anger and the associated tension in their relationships. Aggressive behaviors and intense reactions were increasingly replaced by calmer, more regulated conversations. These changes included greater mutual respect, a decrease in offensive language, and increased patience during conflicts. Additionally, there was more consideration for one another's emotions and a stronger inclination to resolve issues through dialogue, which improved communication and reduced tension:

"This past month, thankfully, there hasn't been any insulting behavior. That was something we always struggled with in our relationship. But during this month, we maintained respect, thank God. I made an effort to express appreciation, both for big and small things, and tried to show

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E-ISSN: 3041-8798

in little ways that I was happy. The reduced arguments and overall calmness all contributed to this sense of satisfaction."

"He changed first—when he changed, I started to change too. I'd say he initiated it. I responded to his improved behavior with changes of my own. I'm not saying we haven't had any issues this month—we've had arguments—but we've handled them better. Before, it was more aggressive and loud. Now we mostly talk things out. Our relationship has changed, and my husband is speaking more gently."

"My husband genuinely tries to come to me after an outburst to talk things through, and that's really helpful. We talk about what happened. Maybe he doesn't say 'sorry,' but he'll hug me and say it wasn't a big deal. I used to expect an apology or for him to admit fault, but since the session, I no longer feel that need. Seeing a change in his behavior is enough. I've also tried to work on myself. Maybe he thinks I still need to change more, but I believe even this small change is very meaningful for both of us."

"I think I've really changed during this time. I say that because I used to have very intense anger and was suffering from it. We used to trade hurtful comments. Sometimes my anger would get so intense that I completely lost control. Now I find myself pausing—being silent instead of saying what I want to say immediately. I might still respond, but not with the same explosive intensity that causes chaos. I feel more in control."

"My husband used to yell and speak with a raised voice, but since then, he's gotten much better. He tries not to upset me because he knows that really bothers me. He's more mindful now, and that's really important to me. Overall, we talk to each other more calmly. He used to react loudly, but now he doesn't do that anymore."

Stress and Pressure

Single-session therapy also appeared to have a positive effect in reducing stress and pressure among participants. Some individuals reported experiencing greater calm in their daily lives after the session. Even when faced with stressful situations, the intensity of the stress was less than before, and their ability to manage such challenges had improved:

"I'm experiencing less anxiety these days and feeling much better."

"During that time, both of us felt a lot of stress and pressure, but now we're much calmer."

"There were still moments during this past month when I felt emotionally overwhelmed and needed to talk to someone, but it wasn't as intense as before the therapy."

Based on the findings from both the quantitative and qualitative phases, this section presents an integrated understanding of participants' experiences.

From the statistical data in the quantitative section, it appears that single-session therapy significantly improved mental health. The interview findings confirmed these outcomes. As described in the qualitative phase, the positive changes experienced during the one-month follow-up included improved emotional states, renewed interest in life, greater calmness and comfort, feeling loved, and a more hopeful view of the future, as well as reduced turmoil, anger, and stress. These outcomes closely align with the subscales and items of the Mental Health Inventory, thus providing additional confirmation of the quantitative results.

4. Discussion and Conclusion

The primary aim of this study was to determine the effectiveness of single-session therapy (SST) on mental health. To achieve this goal, an explanatory mixed-methods design was employed to provide a deeper and more comprehensive understanding of the research topic. In this context, a pretest-posttest design with a control group was used in the quantitative phase, while semi-structured interviews and descriptive phenomenological analysis were utilized in the qualitative phase. The quantitative findings demonstrated the effectiveness of SST in improving mental health.

The results of hypothesis testing indicate that SST has a significant impact on mental health. These findings are consistent with prior research (Ewen et al., 2018; Hopkins et al., 2017; Kachor & Brothwell, 2020; Perkins, 2006; Perkins & Scarlett, 2008; Westwater et al., 2020).

To explain these findings, it can be noted that, according to the World Health Organization, mental health is a state of psychological well-being that enables individuals to better cope with life's stressors and challenges, allowing them to play a more active role in society (World Health Organization, 2022). Therefore, when individuals in their marital lives can establish better and more effective communication, share their emotions more freely with their partners, show greater respect and value for each other, engage in more verbal exchanges, and ultimately experience love and being loved, they are likely to experience less stress and anxiety. Consequently, they can better manage personal life challenges, find support in their spouse, and play more active societal roles, leading to an improved overall emotional state.

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Susan Johnson (2008) argued that stress and distress in relationships affect hormonal and immune systems and even the body's ability to heal. The quality of romantic relationships reflects mental and emotional health, with marital discord increasing the risk of depression tenfold. Something as simple as holding a partner's hand can significantly affect individuals, even calming brain neurons (MacIntosh & Johnson, 2008). Thus, restoring a sense of peace to marital life naturally plays a vital role in improving mental health.

Additionally, the opportunity for tension-free, judgment-free dialogue during a single session allowed couples to listen to each other more effectively. This led to a higher tolerance threshold for issues that previously might have sparked prolonged arguments, enabling better conflict management and reducing tension and alienation. These changes fostered greater affection, behavioral adjustments toward each other, and increased value placed on their partners. Consequently, stress levels were reduced, and participants reported a better overall state of well-being.

All therapeutic approaches share the common goal of facilitating change. These models are designed to help individuals alter their attitudes, feelings, and behaviors, enhance self-awareness, and gain a better understanding of others while providing a safe space to express emotions (Söderquist, 2022). Thus, the observed changes in couples' behaviors indicate that the therapeutic objectives were achieved. Change does not necessarily require a multi-session process, as it can occur in a single moment, with individuals demonstrating resilience during challenges (Connie, 2023).

Therefore, SST appears to be an effective intervention for certain mental health issues, reducing the need for clients to attend additional sessions. However, this does not imply that SST can replace long-term therapeutic approaches; rather, it highlights the need for therapists and specialists to reconsider their practices, recognizing that not all clients require weekly or extended sessions. Therapists should strive for maximum impact in the first session, allowing clients time to process and understand the session, and continue therapy only if necessary. Simultaneously, clients should not underestimate their capacity for change and should dedicate time to improving their mental health and relationships without undue concern over treatment costs.

5. Suggestions and Limitations

This study has several limitations that should be acknowledged. First, the sample size was relatively small, consisting of only 30 couples, which may limit the generalizability of the findings to broader populations. Additionally, the use of convenience sampling from a single clinic may introduce selection bias, as participants may not represent the diversity of couples experiencing marital challenges. The reliance on self-reported measures, such as questionnaires and interviews, could also lead to response biases, including social desirability effects. Furthermore, the study only included a one-month follow-up period, which limits the ability to assess the long-term effectiveness and sustainability of single-session therapy. Lastly, while the mixed-methods design provided rich insights, the qualitative data interpretation may be subject to researcher bias despite efforts to enhance validity through triangulation and expert review. Future research should address these limitations by including larger, more diverse samples, using longitudinal designs, and employing additional objective measures to validate the findings.

This study is the first of its kind in the country, and its findings may be valuable for therapists and researchers. It can encourage clients to consider short-term therapies that require less time and expense, ultimately improving societal mental health.

Finally, it is recommended that future therapists embrace the potential of short-term therapies, integrating them into their practice. Researchers are encouraged to conduct further studies on SST using diverse populations, variables, and research methodologies to assess its effectiveness in other contexts.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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E-ISSN: 3041-8798

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations were integral to this study, encompassing confidentiality, privacy, non-discrimination, informed and voluntary consent, and the right to withdraw. This research received approval from the Ethics Committee of the Faculty of Psychology and Educational Sciences at the University of Tehran on March 11, 2023, under the registration code IR.UT.PSYEDU.REC.1401.112.

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E-ISSN: 3041-8798