Focused Single-Session Psychotherapy: A Review of the Clinical and Research Literature

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Since the initial examination of the scattered literature on single-session psychotherapy, more than 40 papers that address some aspect of this form of very brief psychotherapy have been located in two archival data sets (PsycINFO and MEDLINE). The literature consists of clinical overviews, program descriptions and case presentations, and a few uncontrolled and controlled outcome studies. Single-session psychotherapy has been practiced from a wide variety of theoretical perspectives with no evidence thus far that any specific perspective is superior to any other. Single-session psychotherapy has been found to be somewhat effective for intrapsychic difficulties, interpersonal conflicts, and as an adjunct treatment for medical disorders, and has been shown to be useful for the treatment of children and adolescents as well as adults. Between one-third and one-half of randomly selected clients seen in single-session psychotherapy report being sufficiently helped by the experience so that the therapeutic episode can be terminated. [*Brief Treatment and Crisis Intervention* 1:75–86 (2001)]

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With the consistent evidence of the remarkable effectiveness of brief episodes of psychotherapy that has been accumulating over the past four decades, it was only a matter of time before clinical attention would be drawn to the extreme case—psychotherapeutic episodes that are deliberately designed to accomplish a meaningful set of objectives in a single self-contained session (Bloom, 1981; Rockwell & Pinkerton, 1982). Enough literature has appeared on the topic of single-session psychotherapy to warrant a review. The principal purpose of this research commentary article is to focus the reader's attention on single-session psychotherapy—the existing literature, while provocative, is still too limited and of insufficient methodological rigor to draw any confident conclusions as to its effectiveness.

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The Short-Term Psychotherapy Context

Because single-session psychotherapy is a special instance of the larger field of planned short-term psychotherapy, it would be useful to make some general introductory comments about planned short-term psychotherapy to provide a context for appreciating this newly emerging literature on single-session psychotherapy.

The literature on planned short-term psychotherapy has had a profound impact on the funding and practice of psychotherapy primarily because of the consistent evidence that planned short-term psychotherapies, often as short as a single interview, generally appear to be as effective as time-unlimited psychotherapies. This statement seems to be true regardless of client characteristics, treatment duration, or therapist orientation. Furthermore, almost identical findings have been reported for short-term inpatient psychiatric care. Perhaps no other finding has been reported with greater regularity in the mental health literature than the equal clinical effect of time-limited and time-unlimited psychotherapy (see Bloom, 1997, pp. 7–8).

Health economists concerned about the alarming increase in the cost of medical care could hardly have been expected to ignore the evidence that, in the case of psychotherapy at least, longer is rarely better. Indeed, were it not for the consistent evidence of the effectiveness of planned short-term psychotherapy, the writings in this field might have ended up simply as a footnote in the ongoing history of psychotherapy. What seems to be happening in the practice of psychotherapy parallels what is happening in much of general health services. Treatment has become shorter rather than longer, is taking place increasingly in outpatient rather than inpatient settings, and is often less, rather than more, invasive.

Planned short-term psychotherapy is not simply less of time-unlimited psychotherapy. Rather, the practice of planned short-term psychotherapy rests on four fundamental principles that distinguish it from traditional time-unlimited approaches. First, recent research has consistently found that improvement during an episode of psychotherapy is negatively accelerated—very rapid at first, then slowing significantly (Howard, Kopta, Krause, & Orlinsky, 1986; Seligman, 1995). Accordingly, therapists who are interested in making the best use of time take advantage of the initial period of rapid improvement by keeping episodes of therapy as short as possible while at the same time encouraging clients to return for additional brief therapeutic episodes when they are needed. Planned short-term psychotherapy is designed to be intermittent—multiple brief treatment episodes within an ongoing therapeutic relationship (Omer, 2000). The practice of single-session psychotherapy takes deliberate advantage of the special clinical leverage associated with the initial session by trying to establish and achieve its objectives within that session while at the same time welcoming the client to return for additional brief episodes of treatment as needed.

Second, time-conscious therapists think of each client contact as a self-contained unit, an opportunity to accomplish a significant, focused piece of clinical work so that additional contacts may not be necessary. The psychological climax of every interview is intended to be a skillful intervention—a well-timed interpretation, a carefully considered activity plan designed to modify undesired behavior or resolve an identified issue, or a proposal whose goal is to change interpersonal attitudes or interaction. Therapists who practice planned short-term psychotherapy believe that most clients can be helped and can be helped relatively quickly, regardless of diagnosis or problem severity. Every effort is made to ensure that the clinical work of the single interview will have significant implications for the future thinking and behavior of the client.

Third, brief psychotherapy is especially empowering to the therapist. The evolution from time-unlimited to planned short-term psychotherapy results in a fundamental change in the role of the therapist—from a passive one in which the gradual deconstruction of conflict is observed to a more active one in which the therapist takes a more directive stance in helping plan every aspect of the clinical episode. Planned short-term psychotherapy, and especially single-session psychotherapy, requires the therapist to play an active role in establishing therapeutic goals, conducting the therapeutic episode, and bringing it to an agreed-upon conclusion.

Fourth, in contrast to many forms of traditional time-unlimited psychotherapies that place unique therapeutic importance on the face-to-face clinical contact, planned short-term psychotherapies assume that the time between clinical contacts and after the conclusion of a clinical episode has significant therapeutic potential. Short-term psychotherapists look to the time both between and after sessions as a potentially valuable occasion for work to be done by the client—keeping a log or a diary, establishing a schedule, having a conversation with a specific person on a specific topic, writing, reading, behaving differently in a certain setting, or rewarding oneself.

The therapeutic episode is designed to use the time between sessions planfully and to start a therapeutic process that can continue after the face-to-face contacts have been brought to an end. Planned short-term psychotherapy is seen as the beginning rather than the end of psychotherapy. In single-session psychotherapy, special attention is paid to preparing the client for the post-therapy period since much of the therapeutic work will take place during that time. Small changes during the treatment episode may be all that is required to start a process that will lead to significant and long-lasting clinical improvement.

Two Decades of Single-Session Psychotherapy Literature

There is a striking similarity between the literature in single-session psychotherapy that has appeared in the past two decades and the literature of the first two decades of the development of short-term psychotherapy that began 40 years ago. Most common are general clinical overviews and descriptions of clinical practice and case studies in a wide variety of settings. Both uncontrolled and controlled outcome studies have been reported although none yet meet strict methodological criteria required of such studies.

Clinical Overviews and Program Descriptions

Clinical overviews of single-session psychotherapy review the literature existing at the time of the review, provide general principles governing the practice of single-session psychotherapy, and discuss specific theoretical orientations to the field.

Rosenbaum, Hoyt, and Talmon (1990) have described the practice of single-session psychotherapy as creating pivotal moments. In their review of the field from a clinical point of view they present basic heuristic and technical principles for the practice of single-session psychotherapy and examine therapist resistances to such practices. In that context they identify therapist attitudes that can be helpful for promoting the practice of brief psychotherapy in general and single-session psychotherapy in particular.

Hoyt, Rosenbaum, and Talmon (1992) present a typical case study, and examine the field of single-session psychotherapy with that case in mind. The session identified unresolved issues between the client and his father and began the process of helping the client find a way of resolving those issues. This process served to em-

power the client to begin moving in a more constructive manner to deal with those aspects of his life that were problematic. Thus, the single session was viewed not only in terms of what it could accomplish but also as part of a larger process that would continue into the future.

Austad (1993) has examined single-session psychotherapy within the context of managed mental health care. Managed mental health care is serving to transform the traditional practice of psychotherapy, and a successful transformation requires an understanding by the therapist of the issues, such as cost containment, quality control, and assessment of treatment effectiveness, that have resulted in changes in the health care system. In addition, psychotherapists need to understand the new vocabulary of managed health care and need to be fully acquainted with mental health research in general and treatment outcome research in particular. With these new competencies, psychotherapists can explore more appropriate models of psychotherapy including the various forms of brief psychotherapy that have emerged in the past several decades.

Mahrer and Roberge (1993) have described their experiential approach to single-session psychotherapy and illustrate the approach with a description of the single-session treatment of an adult female client. Four steps in the treatment process are identified, steps that are, they suggest, the same for every person and every session. First, the therapist helps the client access the deep inner experiencing and full feelings of the moment. Second, this inner experiencing is welcomed and appreciated. Third, the inner experiencing is viewed in the context of earlier life events. Finally, the client is helped to behave as the new person in the prospective post-therapy world.

Hoyt's description of his approach to single-session psychotherapy (1994) is unusual in that it is presented as open-ended rather than time-limited. Hoyt notes that patients may complete their treatment in a single session if the therapist is open to that possibility and helps the patient make the most of the session. By thinking of the therapy as open-ended it implies that patients may terminate the therapeutic episode after a single session, having gotten what they need, but enter into another therapeutic episode at some time in the future. Hoyt believes that there is no single theory, method, or goal for single-session psychotherapy. Rather, the session can provide the opportunity for new learnings and enhanced coping that can be enough for the patient to terminate the therapeutic episode (see also Hoyt, 2000).

Jerry (1994) has described a form of single-session psychotherapy patterned after earlier theories of therapeutic consultation (Winnicott, 1971). Therapeutic consultation is thought of as occupying a transitional domain between no therapy and time-unlimited therapy. The therapist can create possibilities in this transitional space. The patient can project needs and fears as well as bring a sense of hope and expectation that the therapist will be able to be helpful. The brief contact can provide a secure base from which the patient can move forward after the therapeutic episode has been concluded.

Specific theoretical orientations to single-session psychotherapy have been described. Springmann (1982) presented five case reports in which clients were helped with such issues as impotence, depression, and refusal to take nourishment by means of a decisive *psychodynamic* interpretation during a single session of psychotherapy. Springmann suggests that the interpretations were instrumental in achieving an improved level of mental health and that the results, while based on psychoanalytic theory, did not necessarily require that the treatment be transference-oriented (see also Gustafson, 2000).

Ellis (1989) illustrates the use of single-session *rational-emotive therapy* (RET) in working with a suicidal woman. He notes the similarities be-

tween RET and *Adlerian* individual psychology in that the two approaches quickly identify the core philosophies of the client that cause them to panic, become depressed and suicidal. Therapeutic techniques that seem particularly helpful include unconditional acceptance of the client, refusal to feel intimidated by the client's suicidal thoughts, and a directive approach that shows suicidal clients how life can be challenging rather than boring. Shulman (1989) provides a case example of the use of Adlerian concepts in single-session therapy. After establishing rapport with the client, the therapist works to elicit affective responses and increased self-awareness. As the session progresses the therapist works toward providing useful interpretations of the material. Powers and Griffith (1989) describe single-session Adlerian therapy using two therapists. The first therapist works with the client to gather information regarding the client's predicament and the second therapist joins in to review, discuss, and clarify the information that has been elicited. Powers and Griffith suggest that this format can provide an increased degree of clarity in the case of clients who present complex multidimensional concerns.

Rosenbaum (1993) illustrates the use of *strategic hypnotherapy* in a single session in working with a woman in her late 20s who was dealing with a weight problem. One of the more interesting presentations of single-session psychotherapy using *hypnosis* was provided by Lankton and Erickson (1994). A verbatim transcript of the session is provided and commented upon by nine experts. Four related articles that discuss various aspects of *Ericksonian theory* and short-term psychotherapy using hypnosis are included in the volume. Harman (1995) has examined the usefulness of *Gestalt theory* and techniques in the context of single-session psychotherapy. These techniques appear useful in narrowing the focus of what issues need to be resolved and provide an opportunity to bring full awareness of all aspects of the identified issues. Cowmeadow (1995) illustrates the use of single-session *cognitive analytic therapy* within a psychodynamic perspective in working with deliberate self-harmers.

Single-session psychotherapy has been reported as being particularly useful in the treatment of *medical disorders*. Block (1985) describes the use of the single-session 1-hr group meeting in working with cancer patients in an acute-care hospital. A variety of group formats are described and the differences between this form of group therapy and traditional group work theory regarding group structure, process, phasic development, goals, and therapist's role are noted. Erstling and Devlin (1989) describe the use of a one-visit family interview conducted by physicians in working with *families who face medical dilemmas*. Such an interview process provides family physicians with guidelines for improving their practice and can assist medical residents develop the skills necessary to understand family dynamics and conduct productive family meetings. Wetchler (1994) has described the use of strategic family treatment in providing help to a young man with *HIV phobia*.

Single-session psychotherapy has been found to be useful in treating various forms of *drug addiction*. Marcus (1999) has described the use of a single-session Ericksonian approach in the treatment of *crack cocaine addiction* that was designed to reduce the high relapse rate typically associated with such patients. Miller (2000) found that in treating *problem drinkers* a single empathic counseling session can substantially enhance the effectiveness of subsequent treatment. In general he noted that therapist empathy can be a powerful predictor of client improvement, even if treatment is relatively brief, and that increasing the intensity of treatment does not consistently improve outcome.

A number of reports have been presented of the use of single-session psychotherapy in the

public school and university setting. Slaff (1995) has reviewed the use of single-session psychotherapy in the case of *adolescents* and notes that in order to be helpful clinicians need to move from a position of passive waiting into forceful creative leadership. At the same time, however, clinicians need to guard against potential destructive acting out in this new role. Adolescent disturbances are often short-lived and crisis intervention techniques such as single-session psychotherapy may be quite sufficient. Cooper and Archer (1999) have reviewed the use of brief counseling and therapy with *college students* and discuss a variety of issues related to single-session counseling. Issues of program implementation in the college setting are described and specific attention to assessment processes, connections with multiculturally oriented college programs and referral issues is provided.

Single-session approaches to the treatment of *interpersonal conflicts* have appeared in the literature. Brown (1984) describes a single-consultation assessment procedure that appears to be particularly useful when problems are precipitated by *family or marital stress* or other crises. Basing her observations on a sample of interviews with 136 patients conducted over a two-year period of time, Brown notes the cost efficiency of the procedure as well as the improved liaison with other community support and therapeutic services. Schwebel, Schwebel, and Schwebel (1985) describe the use of single sessions of psychological mediation intervention in working with a variety of situations involving *interpersonal conflict*. Slive, MacLaurin, Oakander, and Amundson (1995) describe a no-fee, single-session *walk-in counseling service* that gives families immediate access to systemically trained psychotherapists when the need arises—an opportunity that seems to enhance cooperation and outcome.

A number of papers discuss *training issues* and how they may occasionally interact with treatment issues. Leveton (1996) has described the use of single-session therapy in working with psychodrama students who are dealing with boundary issues between *psychodrama training* and therapy. Barber (1990) describes a number of instances in which a single session contact with a *workshop participant* as part of a clinical demonstration designed to illustrate some clinical principle or therapeutic technique resulted in a remarkably favorable clinical outcome. His analysis of these experiences has persuaded him that these results tend to occur when therapists convey their expectation that this single treatment is all that is necessary to create change.

Uncontrolled Outcome Studies

Eight uncontrolled outcome studies have been located that have been published since the late 1980s. These studies all present data on improvement rates associated with single-session psychotherapy but without similarly collected information on comparison groups. While these studies testify to the effectiveness of single-session psychotherapy, their design does not yield as persuasive data as would be obtained when appropriately selected comparison groups would be studied at the same time.

Oest (1989) provides follow-up data on a sample of 20 female patients, aged 16–44, treated in single sessions averaging 2 hr in length for specific phobias (e.g., animal phobias). The treatment combined in vivo exposure and modeling. Data collected an average of four years after treatment revealed that 90% of the patients were much improved or completely recovered.

In what is perhaps the most comprehensive study of single-session psychotherapy, Talmon (1990; see also Rosenbaum, 1994), reviewing his earlier clinical experiences, reported that more than three-quarters of 200 patients whom he had previously seen only once reported that they were improved or much improved. Based on this observation, Talmon and two colleagues

attempted to conduct single-session psychotherapy with 60 randomly assigned adults who appeared for noncrisis routine intake appointments. The three therapists differed substantially in their general approaches to psychotherapy, and the patients were a heterogeneous group in terms of severity of presenting complaint, race, ethnic background, age, and education. Between 3 and 12 months later, 58 of the 60 patients were reached by telephone for a follow-up interview conducted by someone other than the patient's therapist.

Of the 58 patients who were contacted, 34 (58%) were, in fact, seen only once. That is, in these cases patient and therapist mutually agreed that no additional appointments were necessary. Of the 34 patients seen only once, 88% reported that they were either improved or much improved—a figure slightly and insignificantly greater than among the 24 patients seen more than once.

Lokshin, Lindgren, Weinberger, and Koviach (1991) describe their success using cognitive and motivational therapy in working with children who had habit coughs not associated with any physiological or radiologic abnormalities. Nine patients, originally misdiagnosed as asthmatics had been symptomatic for an average of two months and five had been hospitalized. All patients became symptom free during a 15-minute session of suggestion therapy. Seven of the patients were successfully contacted an average of two years following the treatment of whom six were totally asymptomatic and one had occasional minor self-controlled coughing episodes.

In an examination of therapy outcome in the case of a total of 211 members of an Israeli kibbutz during 1984–1986, Kaffman (1995) reported that three year follow-up interviews revealed that 30% of patients were successfully treated by means of a single session of psychotherapy and that fewer than 30% required long-term therapy.

Coverley, Garralda and Bowman (1995) described their work in a primary medical care setting with mothers of schoolchildren who had psychiatric disorders. Mothers of 26 schoolchildren who had been identified as psychiatrically disturbed were offered single sessions by a child psychiatrist in general practice. A total of 16 mothers took advantage of the opportunity of whom 14 responded to the three-month follow-up evaluation questionnaire. Of these 14 mothers, nine reported that the intervention had been markedly or extremely helpful.

Hampson et al. (1999) reported on their five years of experience providing family consultations, many of which were of one session in duration. Decisions regarding treatment duration were made at the time of the telephone intake, based mainly on the assessment of problem severity. Families with milder problems were typically offered single-session therapy. Follow-up interviews of 100 such families in 1994 and 70 such families in 1996 found that a large majority of clients accepted the single-session family interviews. Hampson et al. reported that these single-session interviews reduced pressure from clients for early attention and enhanced client motivation.

Campbell (1999) examined outcomes in a sample of 44 clients who were assigned to a single-session appointment in a family service agency. About three-quarters of the clients were contacted six weeks after the intervention. Significant improvement in the presenting problem and in the level of coping were commonly reported.

Controlled Outcome Studies

The seven studies reported in this section were designed to provide contrasting data on single-session psychotherapy treatment outcome and one or more other treatment modalities. In many cases patients were randomly assigned to treatment conditions. In all cases similar follow-up

data were collected from the various treatment groups.

In one such study Askevold (1983) found that there were no differences in outcome among three groups of women ($N = 42$) treated for anorexia nervosa. One group received a single interview, a second group received brief psychotherapy, and the third group received regular psychotherapy. No initial differences among the three groups were found on selection criteria including social background, duration of illness, sexual attitudes, and level of education. Follow-up data were collected between 4 and 14 years after the conclusion of treatment. The group receiving the regular psychotherapy was slightly but insignificantly worse off than members of the other two groups.

Silverman and Beech (1984) studied a sample of 47 clients who were seen in a single session of psychotherapy and 54 clients who received multiple sessions of psychotherapy. Both groups expressed satisfaction with the therapy and felt that they had been helped. About half of the women in the total group attributed their improvement to the therapy regardless of its duration, but men more commonly attributed their improvement to the therapy if they had been seen in multiple sessions.

Baer, Marlatt, Kivlahan, Fromme, and Larimer (1992) contrasted three approaches to alcohol risk reduction among young adults. Volunteers were randomly assigned to a six-week class and discussion group, a six-unit self-help manual, or a single 1-hr advice and feedback session. Except for significantly lower compliance with treatment objectives in the self-help reading program, comparable drinking reductions were reported across treatments both initially and throughout a 2-year follow-up period.

Littrell, Malia, Nichols, et al. (1992; see also Littrell, Malia, & Vanderwood, 1995) described the essential components of a training program for school counselors at the secondary school level designed to demonstrate techniques for providing a single-session of brief counseling as well as providing data evaluating the counseling program with students. The training program was based on the brief therapy program employed at the Palo Alto, California Mental Research Institute and on some of the technical principles of solution-focused systemic psychotherapy (see Bloom, 1997, chaps. 17 and 18). It aimed to accomplish in a single session the four steps that comprised the 10-session Palo Alto method: (a) defining a problem, (b) reviewing the previous attempted solutions to the problem, (c) setting a specific but limited goal, and (d) assigning a task designed to help reach that goal. Counselors who participated in the training program were receptive to the brevity of the brief counseling model and thought of their participation in the training program as an opportunity for professional as well as personal development.

A total of 61 students were randomly assigned to three single-session groups: (a) problem-focused incorporating all four steps of the Palo Alto model, (b) problem-focused incorporating only the first three steps of the Palo Alto model, and (c) solution-focused, incorporating only steps three and four of the model. Follow-up data were collected two and six weeks following the session. About half of the students reported that the single session was sufficient. Regarding alleviating the student's concerns, the three brief counseling approaches yielded positive results that did not differ from each other. At the first follow-up, 54% of the students reported that their concerns had diminished. At the second follow-up, 69% reported diminished concerns. All three groups reported success in moving toward their goals, again without significant differences among the groups. Finally, intensity of students' negative feelings associated with their concerns was significantly diminished. The reduction was noted at the 2-week follow-up and further increased by the time of the 6-week follow-up. Although the three approaches

yielded similar positive results, the solution-focused approach required less time for the counselors.

De Jongh, Muris, ter Horst, and van Zuuren (1995) illustrated the use of cognitive therapy in a sample of 52 phobic dental patients randomly divided into three treatment conditions: (a) cognitive restructuring, (b) provision of information about oral health and dental treatment, and (c) a waiting list control. No intervention lasted longer than 1 hr. The cognitive restructuring treatment resulted in a large decrease in frequency of negative cognitions and a clear decline in dental trait anxiety in comparison with the other two groups. One year later, both intervention conditions were found to have resulted in significant further reductions in dental anxiety such that differences between the two interventions were no longer significant.

Daley and Zuckoff (1998) assessed outpatient treatment compliance among dual-diagnosis inpatients scheduled to be discharged to outpatient care. The principal treatment consisted of a single one-on-one motivational therapy session. Attendance at the outpatient facility nearly doubled among the group receiving the motivational therapy session when they were contrasted with a group that had not received the special session (67% vs. 35%). In a second study another group receiving the individual motivational session was found to have a far superior compliance rate than a group receiving the same type of motivational therapy in a small group setting (100% vs. 53%).

Paniak, Toller-Lobe, Durand, and Nagy (1998) contrasted outcomes in adults with mild traumatic brain injuries (N = 111) who were randomly assigned to two groups. One group received an education-oriented single session of treatment while the other group received a more extensive assessment, education, and treatment-as-needed intervention. Patients were seen within three weeks of the injury. The groups did not differ on any demographic or injury-related variables when first seen. Three to four months after the start of treatment follow-up assessments found that improvement was comparable in the two groups in terms of symptom-related, functional, and vocational variables, and that patient satisfaction ratings of services provided to them were similar. The authors concluded that single-session educational interventions provided soon after the brain injuries appeared to be adequate for most survivors.

Concluding Comments

The literature on single-session psychotherapy that has appeared in the past two decades has suggested that it is a field worthy of continued investigation. Evidence indicates that a variety of theoretical perspectives are equally useful in enhancing the usefulness of the single-session treatment episode. To be sure, additional controlled outcome studies are urgently needed in order to evaluate with greater confidence the conditions under which single-session psychotherapy may be particularly appropriate. But the studies reported to date support the hypothesis that under some as yet unspecifiable conditions single sessions of psychotherapy may be broadly effective in achieving a variety of clinical goals.

There is perhaps no question of greater current importance in the field of psychotherapy than how to know when enough psychotherapy has been done. Attention to this issue transforms the entire debate in short-term psychotherapy from one in which *time* is the central concept to one in which *therapeutic sufficiency* is the fundamental issue. Suggestions about how to know when enough psychotherapy has been done are still rare. Schlesinger (1994), among others, has suggested, however, that if the therapist "would like to keep psychotherapy efficient by assuring that it takes no longer than it

has to, the therapist must be able to determine when the patient has accomplished enough to permit him to continue on his own'' (p. 15).

With increasing frequency, psychotherapy is being seen as on ongoing process independent of treatment duration; that ''conflicts, anxieties, losses, and changes are inevitably part of the human condition'' that create the ''potential for new conflicts to be activated . . . and . . . old ones reactivated'' (Shectman, 1986, p. 521). Termination can indicate not that all conflict has been fully and permanently resolved, but that a significant piece of psychological work has been accomplished that permits clients to manage on their own.

Thus, the term ''termination'' has begun to refer not to psychotherapy but to *this episode* of psychotherapy. This point of view leads to a distinction between the treatment episode and the treatment relationship. It is the relationship that can endure over time. Productive treatment episodes of varying lengths, including a single interview, may occur on occasion within this enduring treatment relationship. Thus, sufficiency of psychotherapy means sufficiency for now, not sufficiency forever.

The twin observations that planned short-term psychotherapy is indistinguishable from time-unlimited psychotherapy in its effects and that clients generally are quite satisfied with brief (even single-session) episodes of treatment (Bloom, 1997, pp. 9–10) are not only the most consistent findings in the psychotherapy literature; they are also the most affirmative. The repeatedly observed ability of mental health professionals to be helpful to their patients in remarkably short periods of time should bring an enormous sense of satisfaction to psychotherapists whose years of training have been designed to enhance their abilities to understand and be of help to troubled people.

Examination of the general brief therapy literature suggests that the basic reason for the equivalence in outcome of brief and long-term psychotherapy lies not in the fact that long-term psychotherapy is of such limited effectiveness, but rather that brief psychotherapy seems to yield such remarkable results. In a way, this finding should not be surprising. By petitioning for help, therapy clients signal not only their acceptance of a psychological component to their difficulties, but also their high motivation as well as their willingness to change. The literature on single-session psychotherapy in the past two decades suggests that these positive results may occur remarkably quickly.

There are numerous cases, of course, when the psychotherapeutic episode needs to be extended or when multiple brief therapeutic episodes will be needed in order to achieve satisfactory clinical objectives. These instances can rarely be predicted in advance, however, and mental health professionals are learning to avoid providing more psychotherapy than is needed, in order to have the resources available to avoid terminating a therapeutic episode too quickly. The trade-off of encouraging multiple episodes of treatment in return for shortening each treatment episode appears to have the potential for significantly increasing clinical effectiveness.

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