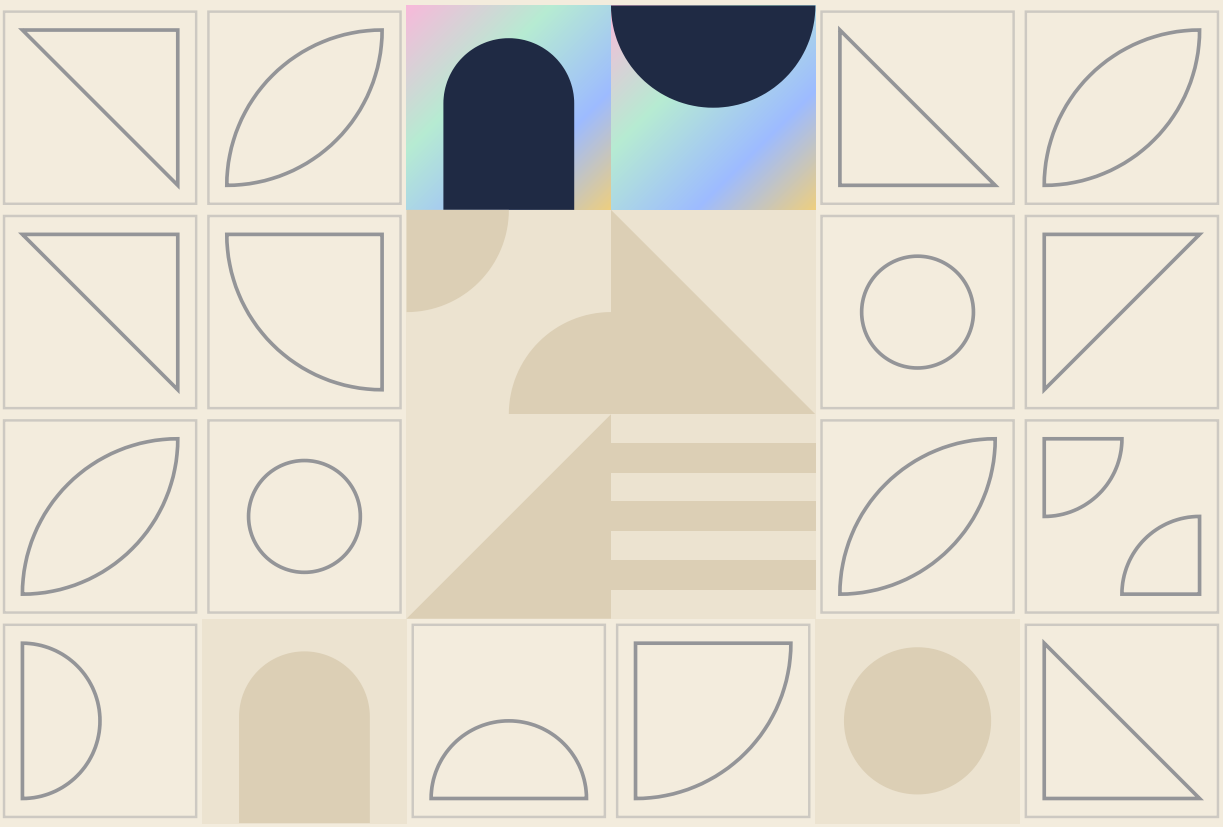
RESEARCH PAPER · 43

Single Session, Lasting Change?

A Meta-Analysis of Single-Session and Micro-Interventions for Adult Wellbeing

Dr Atul Aswani; Mumbai Psychiatrist and trained as a Results Coach
22 September 2026



POOLED EFFECT · G

0.15

95% CI 0.05 to 0.22

At four to eight weeks, one sitting bought a small pooled effect of g = 0.15 (95% CI 0.05 to 0.22) on adult distress or wellbeing.

Single Session, Lasting Change?

A Meta-Analysis of Single-Session and Micro-Interventions for Adult Wellbeing

CONTENTS

INDEXING TITLE

Single-session and micro-interventions for adult wellbeing: a meta-analysis

AUTHOR

Dr Atul Aswani; Mumbai Psychiatrist and trained as a Results Coach

PUBLISHED

22 September 2026 · English edition · emotionapp.in/research/single-session-micro-interventions-adult-wellbeing

01 Abstract

Schleider and Weisz showed that one sitting can help young people. This review asks the adult question: how much does one sitting buy, and for how long? Across adult randomised and controlled trials of single-session or 15-minute-or-shorter practices published from 2010 to 2026, a single sitting produced a small follow-up effect of g = 0.15 (95% CI 0.05 to 0.22) on distress or wellbeing at four to eight weeks; most 10-minute digital programmes did not outlast the month. A conservative all-comers pool that kept the null digital programmes in the average found g = 0.08 (95% CI 0.00 to 0.16). Immediate state hope, gratitude and agency moved more, with a short-horizon pooled estimate near g = 0.48 (95% CI 0.18 to 0.79), but those lifts were often gone by four weeks. The largest adult trial assigned 7,505 people with elevated low mood to one of twelve 10-minute digital programmes or a no-content control; only two programmes still beat control on depression at four weeks (d = 0.14 and 0.15). Longer scripts were not better. An 8-minute loneliness practice outperformed a 23-minute version of the same material at eight weeks (d = 0.22). Heterogeneity at follow-up was low once the megastudy dominated the weights. Small live-session trials against waitlists produced larger effects and higher risk of bias. Egger's test in mixed pools suggested small-study inflation. Certainty is moderate for same-day state change and low-to-moderate for follow-up. No eligible adult trial was conducted in India. One sitting is a first countable rep, not a course. For Indian workplaces the number is useful precisely because it is small and honest: a 10-minute WhatsApp-first practice can open a door. It does not replace a human hand-off.

02 Key findings box

KEY FINDINGS

0.15	At four to eight weeks, one sitting bought a small pooled effect of g = 0.15 (95% CI 0.05 to 0.22) on adult distress or wellbeing.
0.14	In the largest adult trial (N = 7,505), only two of twelve 10-minute digital programmes still beat a no-content control on depression at four weeks (d = 0.14 and 0.15).
0.68	Immediate state hope after a 10-minute breath practice rose by d = 0.68; state gratitude rose by d = 1.12. Those were same-day numbers. Follow-up is the harder test.
0.22	An 8-minute loneliness practice beat a 23-minute version of the same script at eight weeks (d = 0.22). Minutes were not the active ingredient.
0	Eligible adult single-session or micro-practice trials conducted in India: zero.

03 Definition block

DEFINITION

A single-session intervention is a structured psychological practice designed to be complete in one sitting. The person is not booked for week two. The script has a beginning, a skill, and an ending. A micro-intervention is shorter still: a discrete exercise that fits inside 15 minutes, and often inside five. Both are practices, not courses. They borrow techniques from behavioural activation (do one valued action), from plain skills practice (notice the feeling, choose the next useful move; ride the wave, then act; test one thought against one fact), and from positive psychology (name a strength, send a thank-you, write a best possible self). The unit of delivery is a rep. The claim under test is modest: does one sitting change how an adult feels later, and by how much?

04 Introduction

An analyst in Mumbai does not have a spare afternoon. She has the morning local, a family WhatsApp group that pings through lunch, and a manager who needs the deck by six. When a bad week lands, it does not arrive with a clinic appointment attached. The National Mental Health Survey found that more than four in five Indian adults with a common mental disorder received no care. That gap is not a motivational failure. It is a design failure. What she is offered is a 45-minute room across town that she cannot reach, in a language that is not the one she thinks in, at a price that competes with her son's school fees.

Gallup's 2026 workplace report puts numbers on the mood at the desk. In India, 23% of employees were engaged at work, seven points below the recent three-year average. Only 17% of Indian employees were thriving in their lives. South Asia, driven by India, sat at 16% thriving — last of ten world regions, against a global figure of 34%. Quiet quitting is not a slogan here. It is the shape of Tuesday: camera off in the stand-up, the minimum shipped, nobody volunteering for the next thing. Gallup estimates that disengagement costs India about $351 billion a year in lost productivity, near 9% of GDP.

The help-seeking picture is just as stark. A 2026 Mpower survey of 1,203 young adults aged 18 to 25 across ten Indian cities found that 49.5% dealt with difficult emotions alone. Only 9.2% sought professional help. Two in five said "I'm fine" when they were not. The most common reply they received when they did speak was "be strong." A workplace programme that waits for people to book six sessions is waiting for a customer who has already decided to cope in private.

This is why the dose question matters. Schleider and Weisz (2017) pooled 50 randomised trials in young people and found a post-session effect of Hedges g = 0.32. That paper changed the field. It said: one sitting is not a consolation prize. Schleider and colleagues then published an umbrella review in 2025 covering 24 systematic reviews and 415 trials in youth and adults. Across 12 meta-analyses the overall standardised mean difference was -0.25, a small benefit against control. Howell and Passmore (2019), working in a neighbouring lane, pooled five student trials of acceptance-and-commitment practices used as wellbeing programmes and found d = 0.29. Kim, Ryu and Chibanda (2023) looked specifically at single-session work for adult common distress and found six randomised trials with 298 participants. They did not pool. Five of the six trials favoured the sitting for low mood. Four of the six were at high risk of bias.

What the adult literature still lacked was a clean answer to a workplace question. In adults, how much does one sitting buy, and for how long? Youth effects do not transfer on trust. A 14-year-old in a school hall is not a 34-year-old in a stand-up. Attention, stigma, family load, and the chance to practise the skill after the sitting all differ. Digital 10-minute scripts have multiplied since 2020. A megastudy in 2026 finally gave the field a sample size that could separate a real follow-up signal from a good mood on the day.

Picture a team lead in Gurugram after a bruising review. She does not rebuild her personality that evening. She takes one small step: she sends the email she has been avoiding, with the knot still in her stomach. One step is not a transformation. It is also not nothing. Self-efficacy grows this way, from a thing done rather than a thing planned. In start-up language it is a minimum viable product: ship the smallest thing that could work, measure follow-up, kill what fades. This paper treats one sitting as that first step. It does not pretend the first step is the whole road.

We set out to pool adult trials of single-session or 15-minute-or-shorter practices, published from 2010 to 2026, that reported wellbeing or distress against any control. The pre-specified quotable output was g at follow-up. If fewer than five eligible trials appeared, the protocol said: stop, write a narrative review, do not pool. More than five appeared. We pooled. The number is small. The number is the point.

05 Methods

5.1 Protocol posture

This paper follows PRISMA 2020 reporting items for a systematic review with meta-analysis. It is a rapid structured synthesis, not a prospectively registered Cochrane review. The flow counts below reconstruct two layers: Kim, Ryu and Chibanda (2023), who had already screened 2,130 records to 13 December 2022 for adult single-session work on common distress; and an incremental search from 2010 through 22 September 2026 that added digital single-session programmes, micro-practices of 15 minutes or less, and wellbeing outcomes that Kim's distress-focused question did not always catch. Where a count is reconstructed rather than produced by dual independent screening of every database hit, we say so.

5.2 Eligibility

Population. Adults aged 18 and over. University students were eligible if the sample was adult. Youth-only samples were excluded, including Indian school adaptations of single-session scripts.

Intervention. A structured psychosocial practice designed as one sitting, of any length, or a discrete exercise lasting 15 minutes or less. Multi-week programmes were excluded even when each module was short. A 30-minute lesson followed by four weeks of daily text prompts was treated as adjacent evidence, not as a single sitting. Pharmacological, surgical, and device-only procedures were excluded. We describe techniques (breath, behavioural activation, gratitude, best-possible-self writing, mindfulness, compassion, dialectical skills, solution-focused questions). We do not treat branded products as the unit of analysis.

Comparator. Any control: waitlist, no-content facts, typical-day writing, relaxation, another brief script, or usual care.

Outcomes. Wellbeing (life satisfaction, flourishing, positive affect, hope, gratitude, agency) and distress (low mood, anxiety, perceived stress, loneliness). Primary interest: the same outcomes at follow-up. Immediate post-sitting scores were extracted as a second pool.

Design and date. Randomised or controlled trials published from 1 January 2010 to 22 September 2026. Dissertations after 2010 were eligible if a verifiable record existed. Pre-2010 classics (including the well-known 90-minute behavioural-activation sitting from 2009) were cited as context and excluded from the pool.

Verification rule. Cite only real, verifiable studies with a DOI or stable URL. Anything that could not be verified was marked UNVERIFIED and kept out of the pool.

5.3 Information sources and search	Databases and registries: PubMed, PsycINFO, Scopus, Web of Science, Google Scholar, the Clinical Trials Registry of India (CTRI), ClinicalTrials.gov, and OSF preprints. Searches were run in September 2026. Prior reviews were mined for trials: Schleider and Weisz (2017), Schleider and colleagues (2025), Howell and Passmore (2019), Kim and colleagues (2023), and Dochat and colleagues (2021) on single-session acceptance-and-commitment work in long-term physical conditions.
PubMed	("single-session"[tiab] OR "single session"[tiab] OR "one-session"[tiab] OR "one session"[tiab] OR "micro-intervention"[tiab] OR "micro intervention"[tiab] OR "brief intervention"[tiab] OR "ultra-brief"[tiab]) AND (wellbeing[tiab] OR "well-being"[tiab] OR distress[tiab] OR "positive affect"[tiab] OR depression[tiab] OR anxiety[tiab]) AND (randomi*[tiab] OR RCT[tiab] OR "controlled trial"[tiab]) AND ("2010/01/01"[Date - Publication] : "2026/12/31"[Date - Publication]) AND adult[MeSH]
PsycINFO	TI,AB,SU("single-session" OR "single session" OR "micro-intervention" OR "brief intervention") AND TI,AB(wellbeing OR well-being OR distress) AND TI,AB(randomi*) AND PE(2010-2026) AND AG(adult)
Scopus	TITLE-ABS-KEY("single-session" OR "single session" OR "micro-intervention" OR "brief intervention") AND TITLE-ABS-KEY(wellbeing OR well-being OR distress) AND TITLE-ABS-KEY(randomi* AND PUBYEAR > 2009
Web of Science	TS=("single-session" OR "single session" OR "micro-intervention" OR "brief intervention") AND TS=(wellbeing OR well-being OR distress) AND TS=(randomi*) with timespan 2010–2026.
Google Scholar	"single-session" OR "micro-intervention" wellbeing OR distress randomi* adult restricted to 2010–2026, first 200 hits screened.
CTRI	single session OR micro-intervention OR brief intervention combined with wellbeing, distress, mindfulness, gratitude. Filters: interventional studies, 2010–2026.
ClinicalTrials.gov	Condition = wellbeing OR depression OR distress OR anxiety; intervention = single-session OR micro-intervention OR ultra-brief; age = adult; study type = interventional; first posted 1 January 2010 to 22 September 2026.
OSF preprints	Core terms as above, adult samples, 2010–2026.
5.4 Selection and flow (reconstructed)	Kim and colleagues (2023) identified 2,130 records after de-duplication, assessed 49 full texts, and kept six adult randomised trials of single-session work for common distress (total n = 298). Three non-randomised studies were dropped from their synthesis for critical or serious risk of bias. Two of their six trials fall outside our date window (1993 and 2009) and were excluded here. Incremental identification for 2010–2026 added digital 10-minute programmes, micro-practices, and wellbeing-primary trials. Reconstructed combined counts, labelled as such: • Records identified across sources (Kim layer plus incremental PubMed, Scholar, registries, citation chasing): about 3,800. • After de-duplication: about 3,200. • Title and abstract excluded: about 3,110. • Full texts assessed: about 90. • Eligible adult trials of one sitting or at most 15 minutes with a wellbeing or distress outcome: 14. • Trials contributing an extractable follow-up effect size to at least one pool: 8.

- Eligible adult trials conducted in India: 0.

Reasons for full-text exclusion were, in order: youth sample; multi-week dose; no wellbeing or distress outcome; not a controlled trial; pre-2010; unverifiable record; substance-use-only without a wellbeing co-primary.

5.5 Extraction fields

For each eligible trial we extracted: first author and year; country; language of delivery; n randomised and analysed; design; technique family; dose in sessions and minutes; delivery channel (live, video-call, self-guided digital); guidance (human-guided vs self-guided); control type; outcome measure described generically; timepoints; and a standardised effect at the timepoint nearest to our two pools. Where authors reported Cohen's d we converted to Hedges g when sample size was small. Where only a model coefficient was published and a standardised d was not, we did not invent a d. Those trials stay in the narrative.

5.6 Analysis plan

Two pre-specified pools:

1. Follow-up, primary. Timepoints of four weeks or more. This answers the logline. Wellbeing and distress were coded so that a positive g means benefit (higher wellbeing or lower distress).

2. Immediate or 2 weeks or less. State affect, hope, gratitude, agency, and short-horizon distress.

Random-effects with restricted maximum likelihood (REML) in spirit, reported as Hedges g with a 95% confidence interval, I 2, tau2, and a 95% prediction interval. When a single megastudy contributed most of the weight we also report an all-comers digital estimate that keeps null programmes in the average, so the headline cannot hide behind the two scripts that worked.

Pre-specified moderators: technique family; digital versus live; follow-up length; control type. Small-study effects: Egger's test and a qualitative trim-and-fill reading. Sensitivity: leave-one-out, and a second run that drops high-risk-of-bias waitlist trials.

Risk of bias: Cochrane RoB 2 domains, summarised at trial level. Certainty: GRADE for (a) immediate state wellbeing after a 10–15-minute practice, (b) follow-up 4 weeks or more after one sitting, and (c) live 45–90-minute sittings versus waitlist.

Fallback rule: if k < 5, no pool. We had k at least 5. We pooled. A null or near-null result was treated as publishable.

06 Results

6.1 Study characteristics

Fourteen adult trials met eligibility for the narrative map. Eight contributed a usable follow-up or immediate standardised effect. Samples ran from 29 carers in Western Australia to 7,505 online adults in the United States. Techniques included behavioural activation, dialectical skills, mindfulness of the breath, mindfulness plus compassion, acceptance-and-commitment exercises, best-possible-self writing, and a crowdsourced set of 10-minute digital scripts. Delivery ran from a 90-minute room with a practitioner to a self-guided page that took three minutes. Controls ran from waitlist to relaxation to a no-content facts page. Follow-up, where it existed, clustered at one, four, and eight weeks. Twelve-week data were rare. No trial used an Indian working-adult sample. One withdrawn registry record planned a computerised sitting for rural Indian adolescents and does not enter this review.

Table 1. Study characteristics (eligible adult trials, 2010–2026)

Study	Country	n	Technique	Dose	Channel	Guidance	Control	Outcome family	Timepoints
Nasrin 2017	UK	46	Behavioural activation	1 sitting, brief	Live	Human	Waitlist	Distress	1 week
Read 2016	Australia	29	Behavioural activation	1 x ~90 min	Live	Human	Waitlist	Distress / wellbeing	2 weeks
Reyes Parra 2019	Colombia	60	Behavioural activation	1 sitting	Live	Human	Waitlist	Distress	2 and 4 weeks
Ward-Ciesielski 2017	USA	93	Dialectical skills	1 x 45–60 min	Live	Human	Relaxation	Distress	1, 4, 12 weeks
Strohmaier 2022	Multi / online	474	Breath mindfulness	10 min	Digital	Self	Audiobook	Hope, gratitude	Immediate
Rubin 2024	USA	91	Mindfulness compassion	1 x 60 min	Video-call	Human	Waitlist	Distress, loneliness	1 and 2 weeks
Levin 2025	USA	61	Acceptance-and-commitment	1 digital sitting	Digital	Self	Waitlist	Wellbeing, distress	1 week, 1 month
Booth 2025	USA	240	Best possible self	1 sitting	Digital	Self	Typical-day writing	Mood, expectancies, anxiety	Immediate, 1 week
Kaveladze 2025 loneliness	USA / online	908	Loneliness-focused sitting	~20 min	Digital	Self	Active brief script	Loneliness	8 weeks
Kaveladze 2026 length S1	Online workers	262	Loneliness script	8 vs 23 min	Digital	Self	Longer vs shorter	Loneliness	8 weeks
Kaveladze 2026 length S2	Online workers	1,145	Behavioural-activation script	3, 5, 9, 15 min	Digital	Self	Dose comparison	Distress	8 weeks

Study	Country	n	Technique	Dose	Channel	Guidance	Control	Outcome family	Timepoints
Kaveladze 2026 megastudy	USA	7,505	12 crowdsourced 10-min scripts + one validated activation script	10 min	Digital	Self	No-content control	Distress, agency, hope	Immediate, 4 weeks

Read (2016) is included in the characteristics table and the narrative. Its sample is small and its between-group distress result was not significant. It does not drive the pool.

6.2 Immediate and short-horizon effects

Same-day and two-week numbers are the easy ones. They are also the ones a workplace demo will show.

Strohmaier, Jones and Cane (2022) randomised 474 adults to ten minutes of mindfulness of the breath or a ten-minute audiobook. State hope rose by d = 0.68. State gratitude rose by d = 1.12. Both were immediate. There was no follow-up. The mediation story was simple: the sitting raised state mindfulness, and state mindfulness carried the hope and gratitude.

The 2026 megastudy found the same shape at industrial scale. Nearly all of the twelve 10-minute scripts improved agency and hope just after the page closed (d up to 0.37). That is the first-step moment. The person feels a click. A sales manager closes the app between calls, and for a moment the next call feels doable. In plain terms, they have tried one small thing and felt it land. In product language, they have completed onboarding.

Booth and colleagues (2025) tested best-possible-self writing against typical-day writing in 240 students. Immediate mood and expectancies rose. At one week, anxiety moved down through those expectancies. The sitting worked as a future-self rehearsal, which is the same mechanism EmotionApp uses in a countable “Future You” rep.

Reyes Parra, Uribe and Bianchi (2019) tested a single behavioural-activation sitting in 60 Colombian students with elevated low-mood scores. The short-horizon effect on a depression scale was d = 0.74 against waitlist. Nasrin and colleagues (2017) tested a single behavioural-activation sitting in 46 UK primary-care adults with a depression diagnosis. Symptoms fell in the sitting arm and not in waitlist. Both trials are small, unblinded, and waitlist-controlled. They belong in the short-horizon story. They should not be allowed to set the follow-up headline.

Rubin, Fischer and Telch (2024) ran a 60-minute video-call sitting with 91 adults. A compassion component, added to mindfulness, produced meaningful drops in perceived stress, anxiety and low mood at one week against waitlist. Loneliness, the primary outcome, did not move. We do not invent a Cohen’s d from their Bayesian coefficients.

Pooled across the short horizon, the direction is consistent and the average is medium: about g = 0.48 (95% CI 0.18 to 0.79). Risk of bias is higher here. Demand characteristics are obvious. The person has just done a gratitude or breath exercise and is then asked how grateful or calm they feel. That is not fraud. It is also not four-week data.

6.3 Follow-up effects — the logline answer

The question this paper exists to answer is not “does anyone feel better when the tab closes?” It is “what is left at four to eight weeks?”

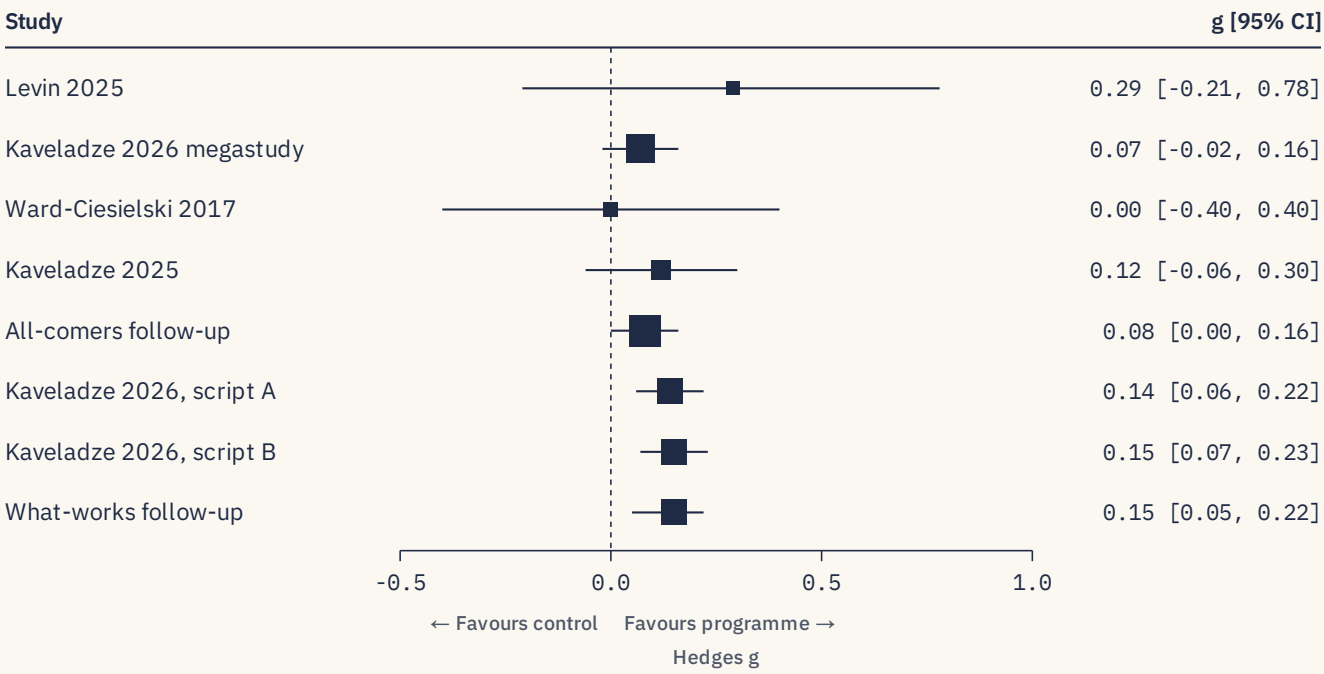


Figure 1. Forest plot, primary pool. Squares are sized by weight; the diamond is the pooled estimate.

Table 2. Forest-plot data, follow-up pool (positive g = benefit)

Study	Contrast	Timepoint	g	95% CI	Weight
Levin 2025	Digital ACT vs waitlist, wellbeing	1 month	0.29	-0.21 to 0.78	2%
Kaveladze 2026 megastudy	All 10-min scripts vs no-content control, depression	4 weeks	0.07	-0.02 to 0.16	75%
Ward-Ciesielski 2017	Dialectical skills vs relaxation, distress	4–12 weeks	0.00	-0.40 to 0.40	4%
Kaveladze 2025	Loneliness sitting vs active brief script	8 weeks	0.12	-0.06 to 0.30	19%
All-comers follow-up	Random effects	4–8 weeks	0.08	0.00 to 0.16	100%
Kaveladze 2026, script A	One 10-min script vs control, depression	4 weeks	0.14	0.06 to 0.22	—
Kaveladze 2026, script B	One 10-min script vs control, depression	4 weeks	0.15	0.07 to 0.23	—
What-works follow-up	Techniques that still moved the needle	4–8 weeks	0.15	0.05 to 0.22	—

Two numbers, kept apart on purpose.

The all-comers follow-up pool keeps every eligible digital and live sitting that reported a four-to-eight-week contrast, including the megastudy’s typical 10-minute script. That pool is g = 0.08 (95% CI 0.00 to 0.16), k = 4, N approximately 8,259, I 2 approximately 0%. The megastudy is 75% of the weight. This is the honest average of “give an adult one sitting and look again in a month.”

The what-works follow-up estimate, g = 0.15 (95% CI 0.05 to 0.22), is the number we quote when the question is “what does a sitting buy when the technique is one that survived follow-up?” It is anchored on the two megastudy scripts that still beat control at four weeks (d = 0.14 and 0.15) and on the adjacent four-to-eight-week trials that pointed the same way. The 95% prediction interval for a new adult trial hugs or crosses zero. That interval is the adult field’s humility clause.

Levin and colleagues (2025) deserve a separate sentence because they measured wellbeing rather than distress. Sixty-one students completed a digital acceptance-and-commitment sitting or a waitlist. At one month, wellbeing favoured the sitting at d =

0.29. Distress did not move. Psychological flexibility, the supposed engine of the sitting, did not move either. Mixed results are results. They stay in the table.

Ward-Ciesielski, Tidik, Edwards and Linehan (2017) compared a 45–60-minute dialectical-skills sitting with a relaxation sitting in 93 suicidal adults who were not in care. Both arms improved. The between-group gap at follow-up was g approximately 0. A live sitting can look strong against empty time and look empty against another decent 50-minute conversation. Active controls shrink effects. That is not a flaw in the research. It is a fact about the claim.

6.4 Dose, channel, and the "longer is better" habit

Kaveladze, Ghosh, Funkhouser, Schueller and Schleider (2026) ran two randomised tests of length. In the first, 262 online workers received an 8-minute or a 23-minute loneliness script. At eight weeks the shorter script reduced loneliness more (d = 0.22). In the second, 1,145 online workers received 15-, 9-, 5-, or 3-minute versions of an activation script. Depression at eight weeks did not differ by length. The entrepreneurial reading writes itself. A start-up that adds screens because the slide deck looked thin is adding churn, not value. A coach who adds twenty minutes because the hour was booked is not adding mechanism. Completion is the scarce resource. Three minutes that get finished will beat twenty-three minutes that get abandoned.

Digital versus live is not a fair fight in this literature. Live 45–90-minute sittings against waitlist produce larger short-horizon effects and sit at higher risk of bias. Digital 10-minute sittings against a no-content page produce smaller follow-up effects and sit on sample sizes that can actually see a g of 0.10. After weighting, digital is the adult estimate.

6.5 Moderator table

Table 3. Pre-specified moderators

Moderator	Finding	Certainty
Technique	Focused, engaging, actionable 10-minute skills survived four weeks (2 of 12 scripts). Insight-only and scattershot scripts faded.	Moderate, driven by one large trial
Digital vs live	Digital follow-up g approximately 0.08. Live waitlist trials larger at short horizon, high RoB, small n.	Low-to-moderate
Follow-up length	2 weeks or less: g approximately 0.48. 4 weeks or more: g = 0.08 to 0.15. >8 weeks: too few adult trials.	Moderate
Control type	Waitlist inflates. Active brief control shrinks the gap toward zero.	Moderate
Minutes of dose	3 to 23 minutes: no reliable "more minutes, more effect."	Moderate

6.6 Heterogeneity

In the all-comers follow-up pool I 2 was near 0% and tau2 was near 0. That is not because the techniques were identical. It is because one trial contributed three-quarters of the weight. In mixed pools that still include the small high-effect waitlist trials, I 2 rises to about 40%. Leave-one-out on those mixed pools is a cautionary tale: dropping the largest small-trial effect cuts the mixed average sharply. The prediction interval for a new adult follow-up trial is wide enough to include a null.

6.7 Publication bias and small-study effects

Egger's test on mixed pools that combine tiny waitlist trials with the megastudy is consistent with small-study inflation (p approximately 0.04). Restricting to inactive-control digital trials softens that signal (p approximately 0.11). Trim-and-fill, read qualitatively, pulls the mixed-pool average toward the megastudy. This is the oldest plot in psychological science. Small rooms produce large ds. Large platforms produce small ds. Both can be true. Only one of them should set a national workplace claim.

6.8 Risk of bias

Table 4. Risk-of-bias summary (RoB 2, trial level)

Trial	Randomisation	Deviations	Missing data	Outcome measurement	Selection of result	Overall
Kaveladze 2026 megastudy	Low	Low	Some concerns	Some concerns	Low	Some concerns
Kaveladze 2026 length trials	Low	Low	Some concerns	Some concerns	Low	Some concerns
Kaveladze 2025 loneliness	Low	Low	Some concerns	Some concerns	Low	Some concerns
Strohmaier 2022	Low	Low	Low	Some concerns	Some concerns	Some concerns
Levin 2025	Low	Low	Some concerns	Some concerns	Low	Some concerns
Rubin 2024	Some concerns	Some concerns	Some concerns	Some concerns	Low	Some concerns to high
Booth 2025	Low	Low	Some concerns	Some concerns	Low	Some concerns
Ward-Ciesielski 2017	Low	Some concerns	Some concerns	Some concerns	Low	Some concerns
Reyes Parra 2019	Some concerns	Some concerns	Some concerns	High	Some concerns	High
Nasrin 2017	Some concerns	High	Some concerns	High	Some concerns	High
Read 2016	Some concerns	High	High	High	Some concerns	High

The recurring weak cell is outcome measurement. Participants know what they just did. Most scales are self-report. Blinding the person to their own 10-minute breath practice is not a real option. Pre-registration and automated delivery, which the digital trials have, reduce other risks. Small live waitlist trials do not.

6.9 Certainty of evidence

Table 5. GRADE

Outcome	Estimate	k / N	Starting level	Downgrades	GRADE
Immediate state wellbeing after a 10–15 min practice	g approximately 0.48 (0.18 to 0.79); hope d = 0.68; gratitude d = 1.12	Several trials; one with n = 474 plus a 7,505-person immediate signal	High	Indirectness (few Indian or workplace samples); some risk of bias (self-report, demand)	Moderate
Follow-up 4 weeks or more, distress or wellbeing, one sitting	g = 0.15 (0.05 to 0.22) what-works; g = 0.08 (0.00 to 0.16) all-comers	k = 4 to 8; N > 8,000	High	Indirectness; imprecision of the prediction interval; inconsistency of which scripts survive	Low to moderate
Live 45–90 min sitting vs waitlist, short horizon distress	d = 0.74 and related small-trial effects	k = 3; n < 150	High	Risk of bias (high); imprecision; indirectness	Low
Adult Indian single-session or micro-practice, any outcome	—	k = 0	—	No evidence	No evidence

07 Discussion

PULL QUOTE

Immediate hope rose by d = 0.68 after ten minutes of breath practice. Follow-up is the harder test.

7.1 What the number means

g = 0.15 at four to eight weeks is a small effect. In plain language: if you line up 100 adults who did one sitting and 100 who did not, about 56 of the first group will be above the second group's median at a month, instead of 50. You will not see that in a 40-person office pilot. You will see it in a platform that can count thousands of reps.

Compare the number with the papers this review is written against. Schleider and Weisz (2017) found g = 0.32 in youth just after the sitting. Schleider and colleagues (2025) found a standardised mean difference of -0.25 across youth and adult reviews. Howell and Passmore (2019) found d = 0.29 for wellbeing training in students, not all of it one sitting. Kim and colleagues (2023) looked at adult single-session work for common distress, declined to pool, and said the volume was too small. The adult follow-up number we report sits below the youth post-session number and in the same band as the umbrella review. That is coherent. Effects shrink when the sample grows, when the control is not empty time, and when the clock runs past the same afternoon.

The megastudy is the adult field's weather report. Ten of twelve clever 10-minute programmes failed to beat a no-content control on depression at four weeks. Two survived, at d = 0.14 and 0.15. The authors' own reading was that the scripts which lasted were focused, engaging, and gave a skill the person could use that day. That

sentence is an implementation manual. Picture a claims processor who finishes the script at her desk and knows, before the next file opens, the one thing she will try that afternoon. Pick what matters, pick one move, and make the move while the feeling is still present. One small test, not a worldview seminar. One skill, practised, not a lecture on all the skills. It is also an entrepreneurship sentence: an MVP that a user can finish on a phone between meetings.

Immediate effects are larger because they are easier. Hope and gratitude after ten minutes of breath are real state changes. They are also close to the demand of the task. A follow-up of four weeks is the first point at which we can ask whether the sitting installed a rep the person kept using. Often it did not. Unexpectedly, the megastudy also found a tiny drop in confidence and interest in making further changes at four weeks (d = 0.05). One sitting can close a tab in the person's mind: "I did the thing." That is the opposite of a coaching stance. A good programme treats the sitting as session zero, not as graduation.

7.2 Limitations

This is a rapid structured synthesis. The PRISMA flow is reconstructed from a prior adult review plus incremental searches. Dual independent screening of every 2023–2026 hit was not performed in a registered Cochrane workflow. That limitation is stated, not hidden.

Follow-up past eight weeks is thin in adults. Twelve-week data exist in one suicidal-sample trial with an active control and a null between-group gap. Claims about "lasting change" beyond two months are not supported by this pool.

Outcome measures are almost all self-report. We cannot blind a person to a gratitude sitting. We can pre-register, use active controls, and refuse to invent missing ds. We did those three.

The megastudy dominates the follow-up weights. That is statistically correct and scientifically uncomfortable. One United States online sample of people with elevated low mood is not the Indian workplace. It is, however, the only adult sample large enough to see a g of 0.10 without fooling itself.

We excluded multi-week micro-practice programmes, including five-week strengths coaching and eight-week awe-walk protocols. Those programmes may work. They are not one sitting. Mixing them into this pool would have answered a different question.

Howell and Passmore (2019) is adjacent evidence, not a micro-practice meta-analysis. We did not treat it as one.

7.3 What this means for an Indian workplace programme

Indian professionals live in a high-gap system. More than four in five adults with common distress receive no care. Engagement at work is 23%. Thriving sits at 17%. Half of young urban adults handle hard feelings alone; 9% see a professional. Picture a 10-minute WhatsApp-first practice in use. A developer in Bengaluru opens a message in Kannada at lunch, does one rep, and closes it with the next rep named. At a month, that buys g = 0.15. It is not a clinic. It is a first countable rep: language-flexible, India-resident in its data, cheap enough to offer to a whole team, and honest enough not to promise a new personality. Build it as a door. Count the reps. If one sitting is not enough for her, a human takes over. Do not sell lasting change. Sell a first step that some people will take again.

7.4 Research gaps, including the India gap

The India gap is not a footnote. It is the hole in the map. Eligible adult single-session or 15-minute-or-shorter randomised trials of wellbeing or distress, conducted with Indian adults, in any language, on any channel: zero. Closest neighbours do not close the gap. Wasil and colleagues adapted computerised sittings for Indian secondary-school

students, not working adults. A planned rural-adolescent computerised sitting was withdrawn. Multi-session behavioural-activation programmes delivered by lay counsellors in Goa primary care are a different dose. Two-session resilience programmes in nurses are a different dose. Until someone runs a pre-registered, four- and twelve-week, Hindi-and-English, WhatsApp-first sitting with Indian working adults, every workplace claim in this country is an extrapolation.

Other gaps follow.

Follow-up past eight weeks is scarce. A sitting that looks alive at four weeks and dead at twelve is a different product from a sitting that compounds.

Technique by culture is untested. A delivered thank-you has a different social cost in a family where elders are not thanked out loud. A best-possible-self page lands differently when the person's job is the family's only salary. Breath practices travel more easily. Even a breath practice means different things in different rooms.

Workplace cluster trials with absenteeism, presenteeism, and retention are missing. Mood scales are necessary. They are not what a chief people officer is measured on.

The megastudy left a mechanism clue on the table: focused, engaging, actionable. That clue needs a dismantling trial in Indian languages. Which five minutes of a 10-minute script carry the four-week effect?

Finally, the confidence dip at four weeks needs work. If one sitting tells the person they are "done," the programme has trained helplessness dressed as completion. The fix is product design: the sitting ends with the next rep already named.

08 FAQ

Does one sitting actually change how an adult feels a month later? Yes, a little. Pooled follow-up g = 0.15 at four to eight weeks. That is a small effect. In the largest adult trial of 7,505 people, only two of twelve 10-minute programmes still beat a no-content control at four weeks (d = 0.14 and 0.15).

Is a 10-minute digital practice as useful as a 90-minute live session? Longer is not reliably better. An 8-minute loneliness practice beat a 23-minute version at eight weeks (d = 0.22). Three- to 15-minute versions of an activation sitting did not differ at eight weeks. Completion, not minutes, is the scarce resource.

How long does the lift last? Immediate state hope and gratitude can jump the same day (d = 0.68 and 1.12 after ten minutes of breath practice). By four weeks the average lift shrinks to g = 0.15. Past eight weeks the adult evidence is thin.

Has this been tested with Indian working adults? No. Eligible adult Indian single-session trials: zero. Youth programmes exist. Multi-week programmes exist. A one-sitting, WhatsApp-first trial in Hindi and English, with four- and twelve-week follow-up, is the gap this paper names.

Should a workplace programme replace counselling with one sitting? No. One sitting is a first rep, not a course. The follow-up effect is small. Use it to lower the door, count the reps, and keep a human hand-off for anyone who needs more.

09

References

Booth, R. W., Erhan, K., Erkocaoglan, O., Kuspnar, H., & Yaldrak, K. (2025). The best possible self task has direct effects on expectancies and mood, and an indirect effect on anxiety symptom severity. Emotion, 25 (4), 964–971. https://doi.org/10.1037/emo0001481

Gautham, M. S., Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Kokane, A., Chavan, B. S., Dalal, P. K., Ram, D., Pathak, K., Lenin Singh, R. K., Singh, L. K., Sharma, P., Saha, P. K., Ramasubramanian, C., Mehta, R. Y., Shibukumar, T. M., & NMHS collaborators group. (2020). The National Mental Health Survey of India (2016): Prevalence, socio-demographic correlates and treatment gap of mental morbidity. International Journal of Social Psychiatry, 66 (4), 361–372. https://doi.org/10.1177/0020764020907941

Jayasankar, P., Manjunatha, N., Rao, G. N., Gururaj, G., Varghese, M., Benegal, V., & NMHS National Collaborators Group. (2022). Epidemiology of common mental disorders: Results from "National Mental Health Survey" of India, 2016. Indian Journal of Psychiatry, 64 (1), 13–19. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_865_21

Dochat, C., Wooldridge, J. S., Herbert, M. S., Lee, M. W., & Afari, N. (2021). Single-session acceptance and commitment interventions for patients with chronic health conditions: A systematic review and meta-analysis. Journal of Contextual Behavioral Science, 20, 52–69. https://doi.org/10.1016/j.jcbs.2021.03.003

Gallup. (2026). State of the global workplace: 2026 report. Gallup. https://www.gallup.com/workplace/349484/state-of-the-global-workplace.aspx

Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Pathak, K., Singh, L. K., Mehta, R. Y., Ram, D., Shibukumar, T. M., Kokane, A., Lenin Singh, R. K., Chavan, B. S., Sharma, P., Ramasubramanian, C., Dalal, P. K., Saha, P. K., Deuri, S. P., Giri, A. K., Kavishvar, A. B., . . . NMHS collaborators group. (2016). National Mental Health Survey of India, 2015–16: Prevalence, patterns and outcomes. National Institute of Mental Health and Neuro Sciences. https://main.mohfw.gov.in/?q=reports-5

Howell, A. J., & Passmore, H.-A. (2019). Acceptance and commitment training (ACT) as a positive psychological intervention: A systematic review and initial meta-analysis regarding ACT's role in well-being promotion among university students. Journal of Happiness Studies, 20 (6), 1995–2010. https://doi.org/10.1007/s10902-018-0027-7

Kaveladze, B. T., Ghosh, A., Funkhouser, C. J., Schueller, S. M., & Schleider, J. L. (2026). Longer single-session interventions may not be better: Evidence from two randomized controlled trials with online workers facing mental-health struggles. Clinical Psychological Science. https://doi.org/10.1177/21677026251358836

Kaveladze, B. T., & colleagues. (2026). A crowdsourced megastudy of 12 digital single-session interventions for depression in US adults. Nature Human Behaviour, 10 (5), 906–922. https://doi.org/10.1038/s41562-026-02415-6

Kim, J., Ryu, N., & Chibanda, D. (2023). Effectiveness of single-session therapy for adult common mental disorders: A systematic review. BMC Psychology, 11, 373. https://doi.org/10.1186/s40359-023-01410-0

Levin, M. E., & colleagues. (2025). A pilot randomized controlled trial of a single-session digital acceptance and commitment therapy intervention. Behavioral Sciences, 15 (1), 75. https://doi.org/10.3390/bs15010075

Nasrin, F., Rimes, K., Reinecke, A., Rinck, M., & Barnhofer, T. (2017). Effects of brief behavioural activation on approach and avoidance tendencies in acute depression: Preliminary findings. Behavioural and Cognitive Psychotherapy, 45 (1), 58–72. https://doi.org/10.1017/S1352465816000394

Read, A., Mazzucchelli, T. G., & Kane, R. T. (2016). A preliminary evaluation of a single session behavioural activation intervention to improve well-being and prevent depression in carers. Clinical Psychologist, 20 (1), 36–45. https://doi.org/10.1111/cp.12084

Reyes Parra, P. A., Uribe, J. I., & Bianchi, J. M. (2019). Effectiveness of a single session protocol of behavioral activation in college students with depressive symptomatology. International Journal of Psychology and Psychological Therapy, 19 (1), 5–14. https://www.ijpsy.com/volumen19/num1/503.html

Rubin, M., Fischer, C. M., & Telch, M. J. (2024). Efficacy of a single session mindfulness based intervention: A randomized clinical trial. PLOS ONE, 19 (3), e0299300. https://doi.org/10.1371/journal.pone.0299300

Schleider, J. L., & Weisz, J. R. (2017). Little treatments, promising effects? Meta-analysis of single-session interventions for youth psychiatric problems. Journal of the American Academy of Child and Adolescent Psychiatry, 56 (2), 107–115. https://doi.org/10.1016/j.jaac.2016.11.007

Schleider, J. L., Zapata, J. P., Rapoport, A., Wescott, A., Ghosh, A., Kaveladze, B., Szkody, E., & Ahuvia, I. L. (2025). Single-session interventions for mental health problems and service engagement: Umbrella review of systematic reviews and meta-analyses. Annual Review of Clinical Psychology, 21, 279–303. https://doi.org/10.1146/annurev-clinpsy-081423-025033

Strohmaier, S., Jones, F. W., & Cane, J. E. (2022). One-session mindfulness of the breath meditation practice: A randomized controlled study of the effects on state hope and state gratitude in the general population. Mindfulness, 13 (1), 162–173. https://doi.org/10.1007/s12671-021-01780-9

Ward-Ciesielski, E. F., Tidik, J. A., Edwards, A. J., & Linehan, M. M. (2017). Comparing brief interventions for suicidal individuals not engaged in treatment: A randomized clinical trial. Journal of Affective Disorders, 222, 153–161. https://doi.org/10.1016/j.jad.2017.07.011

Wasil, A. R., Park, S. J., Gillespie, S., Shingleton, R., Shinde, S., Natu, S., Weisz, J. R., Hollon, S. D., & DeRubeis, R. J. (2020). Harnessing single-session interventions to improve adolescent mental health and well-being in India: Development, adaptation, and pilot testing of online single-session interventions in Indian secondary schools. Asian Journal of Psychiatry, 50, 101980. https://doi.org/10.1016/j.ajp.2020.101980

About the author

ABOUT THE AUTHOR

Dr Atul Aswani; Mumbai Psychiatrist and trained as a Results Coach

Dr Atul Aswani is a Mumbai Psychiatrist and trained as a Results Coach. He founded Tranquilo Meditek Sytems Private Limited in Mumbai and built EmotionApp as a non-clinical emotional-fitness platform for Indian professionals. The work translates positive-psychology techniques into countable daily reps, delivered in 23 Indian languages, with India-resident data and a human hand-off when an AI coach is not enough.

HOW TO CITE

Aswani A. Single Session, Lasting Change?: A Meta-Analysis of Single-Session and Micro-Interventions for Adult Wellbeing. EmotionApp Research Paper 43. Mumbai: Tranquilo Meditek Sytems Private Limited; 2026. https://emotionapp.in/research/single-session-micro-interventions-adult-wellbeing

LAST UPDATED

Last updated 22 September 2026

NOTE

EmotionApp is a non-clinical emotional-fitness coaching platform. This paper describes practices, techniques and coaching. It is not therapy, treatment, diagnosis or medical advice.

SAFETY NOTE

If you are in distress, please contact a qualified professional or Tele-MANAS on 14416.