Journal of Fundamentals of Mental Health

Mashhad University of Medical Sciences

Psychiatry and Behavioral Sciences Research Center

Original Article **Open Access**

Comparing the effectiveness of intensive short-term dynamic psychotherapy with solution-focused brief therapy on experiential avoidance and depressive symptoms in university students

Maryam Nabili Noghabi[1]; *Abolfazl Bakhshipour[2]; Mehdi Ghasemi Motlagh[2]

[1]Ph.D. student in counseling, Department of Psychology, Bojnourd Branch, Islamic Azad University, Bojnourd, Iran.
[2]Associate professor, Department of Psychology, Bojnourd Branch, Islamic Azad University, Bojnourd, Iran.

Abstract

Introduction: This study aimed to compare the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Solution-Focused Brief Therapy (SFBT) in experiential avoidance and depressive symptoms among university students.

Materials and Methods: Fifty-four university students in Gonabad City, Iran, were randomly assigned to ISTDP, SFBT, or a control group. Both therapies consisted of 10 sessions. ISTDP followed a seven-phase protocol addressing unconscious conflicts and emotional experiences, while SFBT utilized practical problem-solving strategies. Pre- and post-treatment assessments of experiential avoidance and depressive symptoms were conducted using the Acceptance and Action Questionnaire (AAQ-II) and the Beck Depression Inventory (BDI-II), respectively. Data was analyzed using multivariate analysis of covariance (MANCOVA).

Results: The findings indicated significant differences between the treatment groups and the control group for experiential avoidance ($F(2,51)= 95.62$, $P< 0.001$, $\eta^2= 0.79$) and depressive symptoms ($F(2,51)= 9.51$, $P< 0.001$, $\eta^2= 0.28$). Specifically, ISTDP reduced depressive symptoms ($P= 0.01$, $\eta^2= 0.40$) more than SFBT ($P= 0.05$, $\eta^2= 0.20$). Both therapies were effective in reducing experiential avoidance compared to the control group, but ISTDP demonstrated a more substantial effect on reducing both experiential avoidance and depressive symptoms.

Conclusion: ISTDP proved more effective than SFBT in reducing both experiential avoidance and depressive symptoms among university students. While both therapies were beneficial, ISTDP showed greater efficacy in addressing underlying psychological issues and improving depressive symptoms.

Keywords: Avoidance, Depression, Mental health, Psychodynamics, Psychotherapy

Please cite this paper as:
Nabili Noghabi M, Bakhshipour A, Ghasemi Motlagh M. Comparing the effectiveness of intensive short-term dynamic psychotherapy with solution-focused brief therapy on experiential avoidance and depressive symptoms in university students. Journal of Fundamentals of Mental Health 2025 Sep-Oct; 27(5): 323-329. DOI: 10.22038/JFMH.2025.81593.3149

Introduction

University students today encounter numerous challenges that significantly affect their mental health (1,2). The shift from high school to university introduces new responsibilities and pressures, such as academic

***Corresponding Author:**
Department of Psychology, Bojnourd Branch, Islamic Azad University, Bojnourd, Iran.
Ab8boj@gmail.com
Received: Aug. 01, 2024
Accepted: Jul. 27, 2025

expectations, social adjustments, and career-related decisions (3,4). These stressors often contribute to mental health difficulties, including depression and anxiety, which are widespread among this group (5). Depression, marked by ongoing sadness and a lack of interest, impacts a considerable portion of students, with global studies reporting prevalence rates as high as 30.6% (6). In Iran, recent findings suggest an even greater burden, with nearly half of university students showing depressive symptoms (7,8).

Another critical factor in students' psychological distress is experiential avoidance, which involves avoiding or suppressing uncomfortable internal experiences like emotions, thoughts, or physical sensations (9). This behavior is associated with various mental health issues, including depression and anxiety, and is considered a central process in the onset and persistence of psychological distress (10).

To tackle these challenges, several therapeutic approaches have been developed. Two notable methods are Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Solution-Focused Brief Therapy (SFBT). ISTDP is a time-limited psychodynamic approach that helps patients face and process repressed emotions and unconscious conflicts (11). Conversely, SFBT is a goal-directed therapy that emphasizes leveraging clients' strengths and resources to foster positive outcomes (12).

Given the high rates of depression and experiential avoidance among university students, assessing the effectiveness of these therapeutic methods is crucial. This study, therefore, seeks to compare the efficacy of ISTDP and SFBT in reducing experiential avoidance and depressive symptoms in this population.

Materials and Methods

This study was conducted in 2024 at the Islamic Azad University of Gonabad, Iran. The target population comprised undergraduate students enrolled at the university. A total of 54 participants were recruited through voluntary and convenience sampling methods and subsequently randomly allocated into three groups: Intensive Short-Term Dynamic Psychotherapy (ISTDP, n= 18), Solution-Focused Brief Therapy (SFBT, n= 18), and a control group (n= 18). The sample size was calculated using Cohen's table, considering three groups, a 95% confidence level, a test power of 0.95, and an effect size of 0.4.

Inclusion criteria for the study were as follows: being an undergraduate student at the university, absence of chronic mental or physical illnesses, no current use of psychotropic medications or substances, and willingness and ability to commit to the study for a duration of six months. Exclusion criteria included absence from more than one therapy session, previous participation in similar psychotherapy programs, and a history of substance abuse or addiction within the six months preceding the study.

Research instruments

Acceptance and Action Questionnaire-II (AAQ-II): This scale, developed by Bond et al. in 2011 (13), consists of 10 items rated on a Likert scale from 1 (never true) to 7 (always true), adapted from the original questionnaire by Hayes et al. (14). Items 2, 3, 4, 5, 7, 8, and 9 are reverse scored. This questionnaire measures constructs related to acceptance, experiential avoidance, and psychological flexibility, with higher scores indicating greater psychological flexibility. Bond et al. reported satisfactory reliability and validity for this tool, with a Cronbach's alpha of 0.84 and test-retest reliability of 0.81 and 0.79, respectively (13). In Iran, Abasi et al. standardized this questionnaire across various samples, including students from Tehran University and Tehran University of Medical Sciences, residents of Tehran, and patients with depression and anxiety disorders. They reported a Cronbach's alpha between 0.82 and 0.84 and a correlation coefficient between 0.76 and 0.82. The overall Cronbach's alpha was reported as 0.89, and the correlation coefficient was 0.81 (15).

B) The Beck Depression Inventory-II (BDI-II): This scale is a 21-item tool that measures the severity of depressive symptoms. Each item is rated on a scale from 0 to 3, with 0 indicating the lowest level and 3 indicating the highest level of symptom severity. The total score ranges from 0 to 63. The BDI-II assesses the intensity of depression in individuals aged 13 and older, with respondents indicating their experience of symptoms over the past two weeks. The test can be administered orally or in writing. Scores of 0-13 indicate minimal depression, 14-19 indicate mild depression, 20-28 indicate moderate depression, and 29-63 indicate severe depression. Studies across different countries have shown that BDI-II has acceptable

reliability. Kapci et al. reported internal consistency coefficients of 0.90 and 0.89 for non-clinical and clinical samples, respectively, and a test-retest reliability coefficient of 0.93 for non-clinical samples (16). In Iran, Rajabi and Karju Kasmai reported a Cronbach's alpha of 0.86. Their factor analysis indicated suitable construct validity and reliability for BDI-II, making it useful for distinguishing between healthy and depressed individuals in both research and clinical settings (17). The 10-session protocol for Intensive Short-Term Dynamic Psychotherapy (ISTDP) (Table 1) was derived from Davanloo's ISTDP method (11), with modifications.

The first session, involving Davanloo's assessment method, lasted between 1.5 to 3 hours, followed by weekly one-hour sessions. The SFBT (Table 2) followed the guidelines from the second edition of the Solution-Focused Brief Therapy Manual for working with individuals, prepared by the Research Committee of the Solution-Focused Brief Therapy Association (18).

Table 1. Content of intensive short-term dynamic psychotherapy sessions

Session	Content
1	Assess the patient's problems and evaluate their initial ability to respond to therapy. Discuss the nature of the patient's problem and request specific, concrete examples. Emphasize providing personal, objective, and specific explanations to clarify the patient's statements.
2	Apply pressure for more concrete responses and experience of emotions. Repeatedly request specific, concrete responses related to anxiety-provoking issues and activate the main defense systems in the patient. Encourage the patient to provide examples of events that caused the problem. Guide the interview towards anxiety-provoking issues.
3	Identify, clarify, and challenge defenses. After requesting specific responses and experiencing emotions, the defense mechanisms are activated. Analyze these defenses by applying pressure. The goal is to increase the ability to fully experience emotions. Identify and challenge all defenses against emotional experience to neutralize them.
4	Address transference resistance. Focus on non-verbal transference signals, such as clenched fists, gripping the chair, tension, and sighing, used to mask anger. When tension reaches an appropriate level, guide the conversation towards transference. Direct the patient's awareness to their non-verbal cues. The patient's responses to the therapist's questions about their feelings are defensively apparent. Continue clarifying, applying pressure, and challenging in the domain of transference feelings.
5	Gain direct access to the unconscious. Focus on defenses, identifying, clarifying, and challenging them, leading to intense and complex transference feelings in the patient. Continue pressure and challenge until signs of emerging feelings and impulses appear. Full penetration and real engagement with feelings require experiencing all three components of an emotion.
6	Systematic analysis of transference. Establish connections and analyze similarities between the patient's relational patterns in transference and other current and past relationships. Use the triangle of conflict and the triangle of person for analyzing transference in this stage.
7	Dynamic exploration of the unconscious. Reveal and experience traumatic events causing anxiety and unconscious feelings of anger, sadness, and guilt. Help the patient gain insight into these feelings. After systematic analysis of the triangle of transference and conflict, review the patient's current and past relationships. Use the triangle of conflict to analyze disclosed material. Investigate family life and the patient's history. Pose dynamic questions to clarify the structure of conflict and the core of the patient's disorder.
8-10	Follow the protocol steps explained in the first session, continue pursuing the triangle of conflict and the triangle of person, and address other issues presented by the patient.

Table 2. Content of solution-focused brief therapy sessions

Session	Content
1	Build rapport and set goals created by the client using solution-focused approaches and techniques. Tailor the content to address academic, social, and personal challenges students may face, such as stress, loneliness, or low self-confidence. Accept any negative emotions or experiences related to the student's psychological distress while focusing on their strengths and resources. Help the student identify realistic, achievable goals related to their academic, social, and personal well-being. Use miracle questions, scaling questions, or exception questions to envision the student's desired future and steps to achieve it. End the session by praising the students' willingness to seek help and their positive qualities.
2-3	Start with a brief review, focusing on any positive changes and progress since the last session. Use pre-session change questions to identify any positive or exceptional changes the student has experienced or created. Employ scaling questions, exception questions, coping questions, and relationship questions to identify and reinforce the student's strengths, resources, and solutions. Use the student's positive frame of reference and emotions to develop solutions and action plans for their goals. Encourage the student to test different solutions and behaviors to enhance well-being and reduce distress. Conclude the session by praising the student's progress and efforts and reinforce their hope and confidence.
4-9	Continue developing goals and solutions from previous sessions, supporting the implementation and evaluation of the student's action plans. Maintain rapport with the students and monitor and assess their progress and satisfaction with their solutions and action plans. Use scaling questions, exception questions, coping questions, and relationship questions to help the student overcome obstacles or setbacks and celebrate any achievements or successes. Assist the student in refining or changing their solutions and action plans based on feedback and preferences. Help the student generalize their solutions and skills to other areas of their life and anticipate any future challenges or opportunities. Continue praising the students' growth and resilience and reinforce their positive emotions and self-efficacy.
10	Conclude therapy by reviewing the student's goals, solutions, and outcomes, and provide additional mental health resources if the student wishes to continue receiving support. Inform the students that this is the final session and review their goals, solutions, and outcomes with them. Gather feedback and reflections from the students on their therapy experience and learning points. Highlight the students' achievements and strengths, and express gratitude for their collaboration. Provide further resources or referrals if the student wants to work on other psychological well-being issues. End the session with a positive and hopeful message, wishing them success.

Data analysis was performed using descriptive statistics such as mean and standard deviation, as well as inferential statistics including covariance analysis, using SPSS software version 25.

Results

Table 3 presents the demographic characteristics of the study participants, all of whom were undergraduate students at the Islamic Azad University of Gonabad. Of the total participants, 53.7% were female and 46.3% were male. In terms of age, the majority were between 19 and 20 years old, comprising 57.4% of the sample. Participants aged 21 to 22 years made up 27.8%, while those aged 23 to 24 years accounted for 14.8%. Regarding marital status, 37% of participants were single, and 63% were married. Table 4 shows the descriptive components of the study variables.

Table 3. Demographic characteristics of the participants

Index	Frequency	Percentage
Gender		
Female	29	53.7%
Male	25	46.3%
Age		
19-20	31	57.4%
21-22	15	27.8%
23-24	8	14.8%
Marital status		
Single	20	37%
Married	34	63%
Education		
Bachelor's degree	54	100%

Table 4. The scores of experiential avoidance and depressive symptoms

Group		Experiential avoidance		Depressive symptoms	
		Pre-test	Post-test	Pre-test	Post-test
ISTDP	Mean	27.56	34.17	29.94	25.78
	SD	5.94	5.19	7.66	6.63
SFBT	Mean	26.83	32.56	29.56	26.56
	SD	6.44	6.02	7.34	7.15
Control	Mean	27.94	28.67	30.33	28.61
	SD	5.81	5.92	6.95	4.91

The normality of the variable distributions in the groups was assessed using the Kolmogorov-Smirnov test and skewness and kurtosis indices. The results indicated that the assumption of data normality was valid in the experimental and control groups. Additionally, Levene's test confirmed the homogeneity of variances. The examination of the homogeneity of regression slopes hypothesis showed no significant interaction effects in the dependent variables, confirming the assumption of slope homogeneity. The covariance-matrix homogeneity hypothesis was also confirmed with Box's M test; hence, considering the validity of the assumptions for covariance analysis, the multivariate covariance analysis (MANCOVA) results are presented below. The results of MANCOVA on experiential avoidance and depressive symptoms in the experimental groups, controlling pre-test scores, showed a significant difference (F= 36.12) between participants in the experimental and control groups. This difference was observed in at least one of the dependent variables, with an effect size of 0.60, indicating that 60% of the individual differences in post-test scores for experiential avoidance and depressive symptoms in the experimental groups are attributable to the impact of ISTDP and SFBT.

As shown in Table 5, there was a significant difference between the groups in terms of experiential avoidance, with a high effect size of 0.79. Additionally, the findings indicated a significant difference between the groups in terms of depressive symptoms, with a moderate effect size of 0.28. To determine which variable showed a significant difference between the two groups, a Bonferroni post-hoc test was conducted. The results of the Bonferroni test presented in Table 6 indicated that both therapeutic methods, ISTDP and SFBT, effectively reduced experiential avoidance compared to the control group, with ISTDP showing greater effectiveness than SFBT. It is noteworthy that an increase in the experiential avoidance score implies a reduction in its use, as this scale measures acceptance of thoughts and actions. Additionally, ISTDP had a higher impact on reducing experiential avoidance than SFBT. For depressive symptoms, ISTDP was effective, whereas there was no significant difference between SFBT and the control group, indicating the higher efficacy of ISTDP.

Table 5. Summary of multivariate analysis of covariance results on post-test scores of experiential avoidance and depressive symptoms

Source	Dependent Variable	SS	df	MS	F	P	Eta
Group	Experiential avoidance	349.72	2	174.86	95.62	0.001	0.79
	Depressive symptoms	54.79	2	27.39	9.51	0.001	0.28

Table 6. Bonferroni post-hoc test results

Dependent Variable	Group (1)	Group (2)	Mean Difference	Standard Error	P
Experiential avoidance	ISTDP	SFBT	0.97	0.47	0.04
	ISTDP	Control	5.84	0.45	0.001
	SFBT	ISTDP	-0.97	0.47	0.04
	SFBT	Control	4.83	0.45	0.001
Depressive symptoms	ISTDP	SFBT	-1.12	0.56	0.05
	ISTDP	Control	-2.46	0.56	0.001
	SFBT	ISTDP	1.12	0.56	0.05
	SFBT	Control	-1.09	0.57	0.18

Discussion

This study aimed to compare the effectiveness of Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Solution-Focused Brief Therapy (SFBT) in experiential avoidance and depressive symptoms among university students. The findings revealed that both therapies were effective in reducing experiential avoidance, but ISTDP demonstrated significantly greater efficacy in alleviating depressive symptoms compared to SFBT.A comparable study by Mousavi et al. investigated the effectiveness of ISTDP on defense mechanisms and emotional expression in individuals with coronavirus-induced death anxiety. Conducted during the COVID-19 pandemic on a different population (individuals with anxiety), their study found that ISTDP significantly reduced defense mechanisms and improved emotional expression. These results align with our findings on experiential avoidance, though differences exist in the study population and timing (19).

Similarly, Heydari Nasab et al. examined the effectiveness of ISTDP in patients with depression, reporting significant improvements in depressive symptoms and defense styles. This is consistent with our study, which also confirmed efficacy of this intervention in reducing depressive symptoms.

However, their study focused on a clinical population, whereas ours targeted undergraduate university students (20). Regarding SFBT, a study by Ajilchi et al. evaluated the impact of ISTDP on depressive symptoms and executive functioning in patients with treatment-resistant depression. Their findings, conducted on a clinical population, showed the significant effect of ISTDP on depressive symptoms, whereas our study found SFBT to have less impact on depressive symptoms among university students. This difference may be attributed to variations in the study populations (21).

Additionally, Driessen et al. conducted a systematic review and meta-analysis on the efficacy of short-term psychodynamic psychotherapy for depression, finding it effective in reducing depressive symptoms. These results support our findings regarding effectiveness of ISTDP (22). Overall, this study indicates that ISTDP is more effective than SFBT in reducing both experiential avoidance and depressive symptoms among university students. These findings are consistent with prior research and highlight the importance of selecting a therapeutic approach tailored to the specific needs of the population. A primary limitation of this study is the absence of a follow-up period to assess the long-term sustainability of the therapeutic effects.

Additionally, the study population was limited to undergraduate university students, which may restrict the generalizability of the findings to other populations. Furthermore, reliance on self-reported data regarding participants' mental and physical health may have affected the accuracy of the results.

Conclusion

This study demonstrates that both Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Solution-Focused Brief Therapy (SFBT) are effective in reducing experiential avoidance among university students. However, ISTDP proves to be more effective than SFBT in addressing and reducing depressive symptoms. While ISTDP focus on exploring unconscious conflicts and unresolved issues contributes significantly to its success in mitigating both experiential avoidance and depressive symptoms, SFBT practical, future-oriented approach provides benefits primarily in managing current problems but falls short in addressing deeper psychological concerns. These findings underscore the importance of choosing a therapeutic approach aligned with the individual's specific needs and the nature of their psychological challenges.

Acknowledgements

The authors express gratitude to all participants.

Conflict of Interests

The authors declare no conflict of interests.

Funding

No funding

Ethical Considerations

This study is derived from a Ph.D. dissertation sanctioned by Islamic Azad University, Bojnord branch. All participants provided written informed consent, and their data was kept confidential.

Code of Ethics

IRCT20240602061984N1, and IR.IAU.BOJNOURD.REC.1403.002

Authors' Contributions

Maryam Nabili Noghabi designed and conducted the intervention, drafted the initial manuscript. Abolfazl Bakhshipour designed the

study, oversaw implementation, and edited the final manuscript. Mehdi Ghasemi Motlagh contributed to study design, data analysis, and final manuscript editing.

References

1. Pasinringi MAA, Vanessa AA, Sandy G. The relationship between social support and mental health degrees in emerging adulthood of students. Golden ratio of social science and education 2022; 2(1): 12-23.
2. Salgado S, Au-Yong-Oliveira M. Student burnout: A case study about a Portuguese Public University. Education sciences 2021; 11(1): 31.
3. Park SY, Andalibi N, Zou Y, Ambulkar S, Huh-Yoo J. Understanding students' mental well-being challenges on a university campus: Interview study. JMIR Form Res 2020; 4(3): e15962.
4. Luthar SS, Kumar NL, Zillmer N. High-achieving schools connote risks for adolescents: Problems documented, processes implicated, and directions for interventions. Am Psychol 2020; 75(7): 983-95.
5. Spence R, Kagan L, Nunn S, Bailey-Rodriguez D, Fisher HL, Hosang GM, et al. Life events, depression and supportive relationships affect academic achievement in university students. J Am Coll Health 2022; 70(7): 1931-5.
6. Ma L, Zhang Y, Cui Z. Mindfulness-based interventions for prevention of depressive symptoms in university students: A meta-analytic review. Mindfulness 2019; 10(11): 2209-22.
7. Jaafari Z, Farhadi A, Lari F, Mousavi F, Moltafet H, Dashti E, et al. Prevalence of depression in Iranian college students: A systematic review and meta-analysis. Iranian journal of psychiatry and behavioral sciences 2021; 15(1): e101524.
8. Sarokhani D, Delpisheh A, Veisani Y, Sarokhani MT, Manesh RE, Sayehmiri K. Prevalence of depression among university students: A systematic review and meta-analysis study. Depress Res Treat 2013; 2013: 373857.
9. Farr J, Ononaiye M, Irons C. Early shaming experiences and psychological distress: The role of experiential avoidance and self-compassion. Psychol Psychother 2021; 94(4): 952-72.
10. Chou WP, Yen CF, Liu TL. Predicting effects of psychological inflexibility/experiential avoidance and stress coping strategies for internet addiction, significant depression, and suicidality in college students: A prospective study. Int J Environ Res Public Health 2018; 15(4).
11. Davanloo H. Intensive short-term dynamic psychotherapy: Selected papers of Habib Davanloo, MD. 2001.
12. De Shazer S, Dolan Y, Korman H, Trepper T, McCollum E, Berg IK. More than miracles: The state of the art of solution-focused brief therapy: Classic edition. Oxfordshire: Routledge/Taylor and Francis Group; 2021.
13. Bond FW, Hayes SC, Baer RA, Carpenter KM, Guenole N, Orcutt HK, et al. Preliminary psychometric properties of the Acceptance and Action Questionnaire-II: A revised measure of psychological inflexibility and experiential avoidance. Behav Ther 2011; 42(4): 676-88.
14. Hayes SC, Strosahl K, Wilson KG, Bissett RT, Pistorello J, Toarmino D, et al. Measuring experiential avoidance: A preliminary test of a working model. The psychological record 2004; 54(4): 553-78.
15. Abasi E, Fti L, Molodi R, Zarabi H. [Psychometric properties of Persian version of Acceptance and Action Questionnaire –II]. Psychological models and methods 2012; 2: 65-80. (Persian)
16. Kapci EG, Uslu R, Turkcapar H, Karaoglan A. Beck Depression Inventory II: Evaluation of the psychometric properties and cut-off points in a Turkish adult population. Depress Anxiety 2008; 25(10): E104-10.
17. Rajabi G, Karju Kasmai S. [Psychometric properties of a Persian language version of the beck depression inventory second edition]. Quarterly of educational measurement 2012; 3: 139-58 (Persian)
18. Bavelas J, De Jong P, Franklin C, Froerer A, Gingerich W, Kim J, et al. Solution focused therapy treatment manual for working with individuals Solution-Focused Brief Therapy Association Research Committee. 2nd version. 2013.
19. Mousavi Z, Naji AA. [Effectiveness of Intensive and Short-Term Dynamic Psychotherapy (ISTDP) on defense mechanisms and emotional expression in individuals with coronavirus-induced death anxiety]. Rooyesh-e-ravanshenasi journal 2022; 11(2): 13-22. (Persian)
20. Heydari Nasab L, Khorianian M, Tayyebi Z. **[**Effectiveness of intensive short-term Dynamic psychotherapy in reducing symptoms and changing defense styles in patients with depression]. Clinical psychology studies 2014; 4: 143-68. (Persian)
21. Ajilchi B, Nejati V, Town JM, Wilson R, Abbass A. Effects of intensive short-term dynamic psychotherapy on depressive symptoms and executive functioning in major depression. J Nerv Ment Dis 2016; 204(7): 500-5.
22. Driessen E, Fokkema M, Dekker JJ, Peen J, Van HL, Maina G, et al. Which patients benefit from adding short-term psychodynamic psychotherapy to antidepressants in the treatment of depression? A systematic review and meta-analysis of individual participant data. Psychol Med 2023; 53(13): 6090-101.