

Description of variables of included studies, version 21/1/2021

	<u>Values</u>	<u>Description</u>
Interventions	1. Cognitive	
	2. DBT	
	3. Inzichtgevende therapie	
	4. Problem solving	
	5. CAMS	
	6. Imagery based	
	7. Meaning making	
	8. ASSIP	
	9. Mixed/other	
	10. Family	
Control conditions	11. Medication	
	12. Waitlist	
	13. TAU	
	14. Sham version of treatment	
	15. Same treatment different duration or format	
	16. Other control	
	17. Intensive TAU	
	18. Psychoeducation	
	19. Placebo	
Recruitment	1. Community (even if partly)	If (a part of) the participants are recruited through announcements in newspapers, radio, tv, social media, flyers, etc., and participate as volunteers in the study, the study is rated as “community recruitment”. Basically, people have to take action themselves for participating in the study. This type of recruitment can be conducted in the general population, but also in more selected populations, such as university students, or patient groups.
	2. Clinical	Participants are exclusively recruited from patients samples with mental disorders for which they have sought treatment. They can be recruited from primary care or outpatient centers. Participants actively seek help for depression. Recruitment of other, general medical patient groups do not fall into this category.
	3. Other (prison)	Other recruitment methods (which are not community or clinical recruitment), such as systematic screening, recruitment from known patients in general medical settings, etc.

		If the recruitment method is not described in the paper (which happens occasionally) that is also rated as "other"
	4. Emergency department/psychical treatment after an attempt	
	5.mixed	
Diagnosis	0. Suicidality only	
	1. Major depression	MDD according to DSM-V criteria, DSM-IV criteria, DSM-III-R criteria, DSM-III criteria, Research Diagnostic Criteria (RDC) for major depression, of Feighner criteria for depressive disorder.
	2. Anxiety	
	3. Personality disorders /borderline	
	4. Substance abuse	
	5. PTSD	
	6. Psychosis	
	7. Bipolar	
	8. Comorbidity mild disorders	
	9. Comorbidity severe disorders	
	10. Adjustment disorder	
Target group a)	1. General	The study is aimed at adults in general with no specific demographic characteristic.
	2. Veterans	
	3. Student population	The study is aimed at student populations from universities and colleges.
	4. Traumatic Brain injury	
	5. General medical	The study is aimed at people with depression and any general medical disorder. Physical disability was also included in this category.
	6. Other	Studies aimed at any other specific target group, not included in the other categories, were included in this category.
	7. young people	Both adolescents and young adults or only young adults, e.g. 15-35, 16-30
	8. Bereaved and complicated grief	
	9. Migrants and minorities	
	10. Prisoners	
Age group	1. Adolescents	the mean age is lower than 18
	2. Adults	the mean age is above 18
N Sessions	<i>Continuous variable</i>	The number of sessions is the number of planned sessions, but when the realized number of sessions is given this is preferred. Only full numbers are given (no decimals).
Country	1. USA	United States of America
	2. UK	United Kingdom
	3. EU	Any country in Europe.

	4. Canada	
	5. Australia	Australia and New Zealand.
	6. East Asia	China (plus Hong Kong and Macau), Japan, North Korea, South Korea, Taiwan, Mongolia.
	7. Other	Any other country. This also includes studies in which participants from multiple countries (from 1 to 6) are included
Year of publication	<i>Continuous variable</i>	

Definitions of Psychological Treatments of Depression

Type of therapy	Description/definition
Cognitive Behavior Therapy (CBT)	In CBT the therapists focus on the impact that a patient's present dysfunctional thoughts have on current behavior and future functioning. CBT is aimed at evaluating, challenging and modifying a patient's dysfunctional beliefs (cognitive restructuring). In this form of treatment the therapist mostly emphasizes homework assignments and outside-of-session activities. Therapists exert an active influence over therapeutic interactions and topics of discussion, use a psycho educational approach, and teach patients new ways of coping with stressful situations. The most used subtypes are CBT according to Beck's manual (Beck et al., 1979) and the "Coping with Depression" course (Lewinsohn et al., 1984).
Behavioral activation therapy (BAT)	We considered an intervention to be behavioral activation when the registration of pleasant activities and the increase of positive interactions between a person and his or her environment were the core elements of the treatment. Social skills training could be a part of the intervention. There are several subtypes of behavioral activation (Mazzucchelli et al. 2009).
Problem-solving therapy (PST)	We defined PST as a psychological intervention in which the following elements had to be included: definition of personal problems, generation of multiple solutions to each problem, selection of the best solution, the working out of a systematic plan for this solution, and evaluation as to whether the solution has resolved the problem. Subtypes of PST are described elsewhere (Cuijpers et al., 2018).
Interpersonal psychotherapy (IPT)	IPT is a brief and highly structured manual based psychotherapy that addresses interpersonal issues in depression, to the exclusion of all other foci of clinical attention. IPT has no specific theoretical origin although its theoretical basis can be seen as coming from the work of Sullivan, Meyer and Bowlby. The current form of the treatment was developed by the late Gerald Klerman and Myrna Weissman in the 1980s (Klerman et al., 1984). There is a brief version of IPT, called Interpersonal counseling.
Third wave cognitive behavioral therapies	Third wave therapies are a heterogeneous group of therapies that introduce several new techniques to cognitive behavior therapies. They have in common that they abandon or only cautiously use content-oriented cognitive interventions, and the use of skills deficit models to delineate the core maintaining mechanisms of the addressed disorders (Kahl, Winter, & Schweiger, 2012). Well-known therapies that we clustered in this category include Acceptance and Commitment Therapy, Mindfulness-based CBT, and meta-cognitive therapy.
Psychodynamic Therapy	The primary objective in (short-term) psychodynamic therapy is to enhance the patient's understanding, awareness and insight about repetitive conflicts (intra psychic and intrapersonal). An assumption in psychodynamic therapy is that a patient's childhood experiences, past unresolved conflicts, and historical relationships significantly affect a person's present life situation. In this form of treatment, the therapist concentrates on the patient's past, unresolved conflicts, historical relationships and the impact these have on a patient's present functioning. Furthermore, in psychodynamic therapy the

Non-directive
supportive
therapy

therapists explore a patient's wishes, dreams, and fantasies. The time limitations and the focal explorations of the patient's life and emotions distinguish psychodynamic therapy from psychoanalytic psychotherapy. We defined non-directive therapy as any unstructured therapy without specific psychological techniques other than those common to all approaches such as helping people to ventilate their experiences and emotions and offering empathy. It is not aimed at solutions, or acquiring new skills. It assumes that relief from personal problems may be achieved through discussion with others. These non-directive therapies are commonly described in the literature as either counseling or supportive therapy.

Life review
therapy

Reminiscence is a naturally occurring process of recalling the past, that is hypothesized to resolve conflicts from the past and make up the balance of one's life (Bohlmeijer, Smit, & Cuijpers, 2003; Butler, 1963). Since the beginning of the 1970s, reminiscence has been used by therapists as a specific treatment of depression in older adults. In these "life review" therapies the patients work through the memories of all phases in their life with the aim of re-evaluation of their life, resolving conflicts or assessing adaptive coping-responses. We defined life review therapies as all therapies that are aimed at the systematic evaluation of the lives of participants.