

Supplementary Material

Keywords for Search Algorithm

In June 2010 a search was conducted using the Cochrane Centralized Database of Controlled Clinical Trials (CENTRAL). The following keywords were used in the Ovid interface: (depression/ or depressi\$ or dysthymi\$ or "affective disorder\$" or "mood disorder\$" or affective symptoms) and (cognitive therapy/ or psychotherapy rational emotive/ or (cogniti\$ and (technique\$ or therap\$ or restructur\$ or challeng\$)) or attribution\$ or (cogniti\$ and behavio\$ and therap\$) or (rational and emotiv\$)) and limit to "cochrane depression anxiety and neurosis group". (Note: "/" indicates medical subject heading (MeSH) term; \$ = wildcard.)

Method and Formulas for Effect Size Calculation

Between-groups standardized mean difference effect sizes were generated for studies that provided sufficient information (e.g., means and standard deviations) for measures of depression using the software Comprehensive Meta-analysis 2.0 (Biostat, Englewood NJ). Hedges' g was chosen as the effect size, a variant of Cohen's d that corrects for bias in small samples (1):

$$d = \frac{(M_t - M_c)}{S_{pooled}} \quad S_{pooled} = \sqrt{\frac{(n_t - 1)s_t^2 + (n_c - 1)s_c^2}{n_t + n_c - 2}} \quad g = \left(1 - \frac{3}{4(n_t + n_c) - 9}\right)d$$

Additionally, each g and the corresponding standard error was corrected for bias due to unreliability of measurement according to the methods of Hunter and Schmidt (2) using Excel

2003 (Microsoft Corporation, Redmond, WA). This correction is considered more conservative when performing moderator analysis since the confidence intervals for each effect size are increased to account for the error inherent in the original measures.

$$g' = \frac{g}{\sqrt{a}} \quad SE_{g'} = \frac{SE_g}{\sqrt{a}}$$

For self-report measures, the test-retest reliability was used as the coefficient of measurement error (shown as a , above). For clinician-rated measures, the interrater reliability was used as the coefficient of measurement error. Coefficients were taken from the original validation publications from each measure. When not available in the original validation publication, systematic reviews of the measure were consulted. The following coefficients were used: BDI $r = .93$ (3); BSI-D $r = .84$ (4); CES-D $r = .59$ (5); D-30 $r = .90$ (6); GDS $r = .94$ (7); HRSD $ICC = .84$ (8); MADRS $r = .94$ (9); MMPI-D $r = .75$ (10); SCL-90-D $r = .79$ (11); SDS $r = .87$ (12).

When more than one measure of depression was present for a given comparison within a given study (e.g., both the BDI and the HRSD), g was generated and corrected for each depression measure, then the multiple g 's were put back into Comprehensive Meta-analysis 2.0 where the effect sizes were averaged and their standard errors were combined, making one effect size per comparison. This software automatically assumes an intercorrelation between measures of $r = 1.0$ when combining standard errors, as this is the most conservative assumption in that it does not reduce the size of the confidence interval, and thus is more conservative in the context of moderator analysis. When insufficient data were provided in the publication to extract an effect size, other publications related to the same trial were checked, and failing this, study authors were contacted.

Secondary Analyses Involving Reliability and Intercorrelation of Depression Measures

While the Hunter and Schmidt corrections account for unreliability of measurement in the effect sizes, we also wanted to see whether reliability of instruments may have had a systematic relationship to quality score. We examined the correlation between quality score and number of depression instruments used in a given study (range 1 to 3), as well as the correlation between quality score and the reliability of the instruments (range .59 to .94), taking the average reliability when more than one measure was used. The latter test was also re-run using the highest reliability of instruments in a given study, and lowest reliability of instruments in a given study. All correlations were small and nonsignificant. This supports the inference that the relationship between quality and increased variability of outcome was not simply due to lower reliability of instruments in lower quality studies.

In regards to intercorrelation of depression measures, which was relevant when more than one measure was used in a given study, we approached this two different ways. As stated above, in the primary analysis, when effect sizes and standard errors were combined, we used the conservative estimate of $r = 1.0$. In a secondary analysis we also tried using an estimate of average intercorrelation between depression measures of $r = .75$, based on the review by Beck et al. (13), and using the formulas provided by Borenstein et al. (14), p. 228. The results of the meta-regression analyses were the same.

Analyses of Additional Study Characteristics

In addition to the regression models discussed in the published article, additional regression models were run with the additional study characteristics that were coded, to test

whether the quality score remained significant while controlling for these other study characteristics. Continuous characteristics included number of sessions and severity at baseline. Severity at baseline was calculated by transforming the pretreatment depression scores into *Z* scores based on normative data for depressed populations from the validation studies for each of the depression measures, thus making the baseline measures comparable across studies. One depression measure was chosen for each study according to the following hierarchy: BDI, HRSD, other. The BDI was used for 82 studies and the HRSD was used for 11 studies. Categorical characteristics (dummy coded) included individual vs. group (with three levels: CBT individual treatment compared to a group treatment, CBT group compared to an individual treatment, and both CBT and its comparator the same), recruitment method (with four levels: community, clinical, systematic screening, and other), type of outcome instrument (with three levels: self-report only, rating scale only, or self report + rating scale), and whether the CBT treatment cited as its manual the original manual by Beck (15) with two levels: “yes” or “no”. The RCTs were also coded as to whether they completed a full intent-to-treat analysis. This dichotomized the item on the RCT-PQRS that rated ITT analysis, by keeping ratings at a level of 2 as a “yes” and ratings at a level of 0 or 1 as a “no.” Although ITT is included in the RCT-PQRS, it was thought that this characteristic could make a large difference in effect size, and thus should be tested on its own as well.

Reliability was demonstrated for these study characteristics by having one author familiar with meta-analytic methods (A.R.E.) extract this data from 24 randomly selected studies. The *ICC* was calculated for continuous variables and Cohen’s κ for categorical variables. The *ICC* was .96, and .70 for number of sessions, and severity at baseline, respectively. Cohen’s κ was 1.00, .84, .79, .70 and .58 for type of outcome instrument, recruitment type, use of the Beck

manual, group vs. individual treatment, and use of full intent-to-treat analysis, respectively.

These numbers can be considered to be in the adequate to excellent range (16). All data used in the analysis were those which were extracted by the first author.

Random effects meta-regression was performed with the *metareg* macro (17) for Stata 10.0 (StataCorp LP, College Station, TX) with effect size as the outcome variable and quality score, comparison type, and the above additional study characteristics as predictors. The full model was reduced by stepwise backward entry (by hand) removing the least significant predictor in each step while still controlling for comparison type. This was done for the full set of 153 effect sizes as well as the set of 96 effect sizes in which only one effect size was allowed per each of the 96 RCTs, chosen according to an *a priori* hierarchy. When there was more than one comparator in a given RCT, one comparator was chosen according to the following order of priority: wait list; medication; bona fide psychotherapy; TAU/attention placebo/pill placebo. The hierarchy was chosen based on what we thought to be the greatest replicability and stability of treatment in the comparator.

None of the study characteristics besides quality remained significant while controlling for comparator type, in either the model with 96 observations or the model with 153 observations. These analyses supported the influence of quality on outcome and helped to rule out a larger influence due to the other study characteristics, adding robustness to our findings.

References for Online Supplementary Methods and Analyses

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Table 1. Study characteristics, effect sizes, and quality scores for CBT RCTs included in the meta-regression.

Trial Name	Treatment	Comp Type	ES	95% CI Limit		n	Format	Outcomes	Sessions	Recruitment Method	Baseline		Beck		Quality Score
				Lower	Upper						Severity	ITT	Manual		
Allart-van Dam 2003	Grp CBT vs.	2	0.59	0.18	1.01	61	Grp	BDI	13	Community	-0.36	No	No	33	
	Assessment & Advise					41	Ind								
Areal 2005	Grp CBT vs.	2	-0.14	-0.85	0.58	13	Grp	HRSD	18	Community	-1.29	No	No	33	
	Clinical Case Management					26	Ind								
Barker 1987*	Clin Case Mgmt + CBT [†]	3	0.02	-0.75	0.79	17	Grp		15	Clinical	1.37	No	No	8	
	CBT + 5HT-cocktail vs. 5HT-cocktail	5	NA	NA	NA	NA	Ind	BDI, HRSD							
Baker 2010	CBT vs. Brief Motivational Interviewing	2	-0.09	-0.43	0.25	61	Ind		10	Community	0.68	No	No	22	
	I-CBT [†]	3	-0.08	-0.42	0.25	63	Ind								
	I-CBT for Alcohol Abuse [†]	3	0.06	-0.28	0.41	51	Ind								
						71	Ind	BDI							
Barkham 1996*	CBT (16 sessions) vs. Psychodynamic-Interpersonal (16 sess.)	3	NA	NA	NA	9	Ind		16/8	Sys. Scrn.	0.22	No	Yes	27	
	Psychodynamic-Interpersonal (8 sess.)	3	NA	NA	NA	9	Ind								
	CBT (8 sess.) [†]	3	NA	NA	NA	9	Ind								
						9	Ind	BDI							
Barkham 1999	CBT vs. PDT	3	0.18	-0.20	0.56	54	Ind	BDI	3	Community	-0.77	No	Yes	28	
Beach 1992	CBT vs. Wait List	1	1.04	0.27	1.81	15	Ind	BDI	20	Community	0.83	No	Yes	28	
	Behavioral Marital Tx [‡]	3	-0.36	-1.08	0.37	15	Cpl								
Beck 1985 [§]	CBT vs. CBT + Amitryptaline [†]	6	0.02	-0.81	0.85	11	Ind	BDI, HRSD	20	Clinical	1.02	No	Yes	22	
						14	Ind								
Beutler 1987	Grp CBT vs. Support Grp + Placebo	2	0.42	-0.32	1.15	15	Grp	BDI, HRSD	20	Sys. Scrn.	-0.62	No	Yes	29	
	Support Grp + Alprazolam	4	0.12	-0.65	0.90	12	Grp								
	CBT+Supp. Grp+Alprazolam	6	0.27	-0.49	1.03	13	Grp								
						16	Grp	BDI, HRSD							
Beutler 1991	Grp CBT vs. Focused-Expressive Px	3	0.14	-0.49	0.76	22	Grp	BDI, HRSD	20	Community	0.64	Yes	Yes	37	
	Supportive Therapy	2	0.16	-0.48	0.81	20	Grp				0.64				
Blackburn 1981*	CBT vs. Antidepressants	4	NA	NA	NA	20	Ind	BDI, HRSD	23	Other	-0.69	No	Yes	22	
						22	Ind								

Blackburn 1997	CBT + Antidepressants	6	NA	NA	NA	22	Ind	BDI, HRSD	28	Clinical	0.84	No	Yes	28
	CBT vs.					24	Ind							
	Antidepressants	4	0.10	-0.50	0.70	23	Ind							
Bodenmann 2008	Antidepressants	4	0.34	-0.28	0.97	20	Ind	BDI, HRSD	20	Community	0.28	No	Yes	29
	CBT vs.					20	Ind							
	IPT	3	0.01	-0.66	0.69	20	Ind							
Bolton 2001*	Coping Couples Therapy	3	-0.02	-0.68	0.65	20	Cpl	HADS	10	Sys. Scrn.	0.42	No	No	5
	CBT vs.					NA	Ind							
Bowers 1990	General Practitioner TAU	2	NA	NA	NA	NA	Ind	BDI, HRSD	12	Clinical	0.78	No	Yes	19
	CBT + Nortryptaline					10	Ind							
Bright 1999	Nortryptaline	5	0.90	-0.05	1.84	10	Ind	BDI, HRSD	10	Community	0.29	No	Yes	35
	Nortryptaline + Relaxation	4	0.10	-0.80	0.99	10	Ind							
	PDT	3	0.04	-0.49	0.57	30	Ind							
	Grp CBT vs.					18	Grp							
	Support Grp	2	0.18	-0.47	0.83	22	Grp							
Brown 1984	Nonprof. Support Grp	2	-0.26	-0.99	0.47	14	Grp	BDI, CES-D	12	Community	1.29	No	No	21
	Nonprof. CBT Grp	2	0.15	-0.60	0.89	13	Grp							
	CBT vs.					13	Ind							
	Wait List	1	0.39	-0.53	1.30	11	Ind							
Brown 1997	Grp CBT [†]	3	-0.14	-0.92	0.63	25	Grp	BDI, HRSD	8	Clinical	0.07	No	No	26
	Phone Contact	2	-0.12	-0.99	0.74	15	Ind							
Comas-Diaz 1981	CBT vs.					19	Ind	BDI, HRSD	5	Community	0.89	No	Yes	10
	Relaxation Training	2	0.57	-0.14	1.29	15	Ind							
Covi 1987*	Grp CBT vs.					8	Grp	BDI, HRSD	15	Community	-0.73	No	Yes	25
	Wait List	1	1.81	0.70	2.93	10	Ind							
David 2008	Grp CBT vs.					27	Grp	BDI, HRSD	20	Clinical	1.00	Yes	Yes	42
	Insight-oriented Grp Therapy	2	NA	NA	NA	20	Grp							
	Grp CBT + Imipramine	6	NA	NA	NA	23	Grp							
DeBerry 1989	CBT vs.					56	Ind	BDI	20	Other	-0.36	No	No	15
	Fluoxetine	4	0.05	-0.34	0.44	57	Ind							
	REBT [†]	3	0.01	-0.38	0.40	57	Ind							
DeRubeis 2005	Grp CBT vs.					10	Grp	HRSD	20	Community	0.06	Yes	Yes	43
	Relaxation Training	3	-0.82	-1.68	0.03	13	Grp							
Dimidjian 2006	Attention Placebo	2	0.69	-0.22	1.61	9	Grp	BDI, HRSD	10	Community	0.75	No	Yes	44
	CBT vs.					60	Ind							
Dowrick 2000	Paroxetine	4	-0.51	-0.85	-0.17	120	Ind	BDI	8	Sys. Scrn.	0.31	Yes	No	29
	CBT vs.					44	Ind							
	Behavioral Activation [‡]	3	-0.27	-0.79	0.25	40	Ind							

	Wait List	1	0.07	-0.21	0.36	139	Ind									
	Problem-Solving treatment [†]	3	-0.19	-0.49	0.12	98	Ind									
Dozois 2009	CBT + Antidepressants					21	Ind	BDI, HRSD	15	Clinical	0.54	No	Yes		28	
	Antidepressants	5	0.37	-0.27	1.01	21	Ind									
Drapkin 2008*	Grp CBT vs. 12-Step Facilitation	2	NA	NA	NA	NA	Grp	HRSD	24	Clinical	NA	No	No		26	
Echeburua 2006 [§]	Grp CBT vs. Grp CBT + Pharma [†]	6	0.68	0.06	1.30	24	Grp	BDI, HRSD	12	Sys. Scrn.	0.27	No	No		18	
Elkin 1989	CBT vs. Imipramine	4	-0.14	-0.53	0.24	59	Ind	BDI, HRSD	20	Clinical	0.70	Yes	Yes		38	
	IPT	3	-0.12	-0.50	0.26	61	Ind									
	Placebo + Clin Mgmt	2	0.26	-0.12	0.64	62	Ind									
Emanuels-Zuurveen 1996	CBT vs. Behavioral Marital Tx [‡]	3	-0.31	-1.07	0.46	14	Ind	BDI	16	Community	0.29	No	Yes		26	
						13	Cpl									
Emanuels-Zuurveen 1997	CBT vs. Spouse-Aided Therapy Grp	3	0.29	-0.54	1.12	10	Ind	BDI	16	Community	0.40	No	Yes		26	
	CBT+Antidepressants vs. Antidepressants	5	2.56	1.70	3.43	19	Grp	BDI	12	Clinical	0.72	Yes	Yes		9	
Faramarzi 2008	Grp CBT vs. Wait List	1	1.79	1.17	2.40	29	Grp	BDI	10	Sys. Scrn.	0.09	No	Yes		29	
	Fluoxetine	4	0.97	0.42	1.53	20	Ind									
Fleming 1980*	Grp CBT vs. Behavioral Grp Therapy	3	NA	NA	NA	13	Grp	BDI, D-30	8	Community	0.43	No	No		11	
	Non-directive Grp Therapy	2	NA	NA	NA	9	Grp									
Floyd 2004	CBT vs. Bibliotherapy	2	-0.12	-0.86	0.62	16	Ind	HDRS	20	Community	-1.09	Yes	Yes		32	
Foster 2007*	Grp CBT vs. Supportive/Exploratory Grp	2	NA	NA	NA	NA	Grp	BDI, CES-D	16	Clinical	0.78	Yes	No		23	
Fremont 1987	CBT vs. Exercise	2	-0.28	-0.99	0.44	16	Ind	BDI	10	Community	-0.08	No	No		17	
	CBT + Exercise [†]	3	0.23	-0.45	0.92	15	Grp				-0.08					
Fry 1984	CBT vs. Wait List	1	0.50	-0.34	1.35	16	Ind	MMPI-D	12	Sys. Scrn.	-0.31	No	No		24	
						12	Ind									
Gallagher 1982	CBT vs. Behavior Therapy [‡]	3	0.19	-0.71	1.09	10	Ind	BDI, HRSD, SDS	16	Community	0.66	No	Yes		28	
						10	Ind									

	Brief Relational Therapy	3	0.70	-0.23	1.62	10	Ind								
Gallagher-Thompson 1994	CBT vs. PDT	3	0.40	-0.12	0.91	30	Ind	BDI, HRSD, GDS	20	Clinical	0.03	No	Yes	29	
Gardner 1981*	CBT vs. Behavior Therapy	3	NA	NA	NA	8	Ind	BDI, SDS	6	Community	0.45	No	No	12	
Hamdan-Mansour 2009	Grp CBT vs. Wait List	1	0.67	0.21	1.14	44	Grp	BDI	10	Screening	0.17	No	No	16	
Haringsma 2006	Grp CBT vs. Wait List	1	0.62	0.13	1.11	52	Grp	CES-D	10	Community	0.03	No	No	35	
Hegerl 2010	Grp CBT vs. Sertraline	4	0.01	-0.41	0.44	61	Grp	HRSD, IDS	10	Screening	-1.16	No	Yes	39	
	Guided Self Help	2	0.61	0.12	1.10	83	Ind								
	Placebo	2	0.42	0.00	0.85	59	Grp								
Hogg 1988	Grp CBT vs. Process Group	3	-0.20	-1.00	0.61	13	Grp	BDI, MMPI-D	8	Clinical	0.16	No	Yes	23	
	Wait List (dif time frame)	1	0.71	-0.18	1.61	14	Grp								
						10	Ind								
Hollon 1992	CBT vs. Imipramine	4	0.08	-0.44	0.60	25	Ind	BDI, HRSD, MMPI-D	20	Clinical	1.00	Yes	Yes	39	
	CBT + Imipramine [†]	6	-0.34	-0.95	0.28	57	Ind								
Jacobson 1991	CBT vs. Behavioral Marital Tx [†]	3	0.70	0.02	1.37	20	Ind	BDI, HRSD	20	Community	0.67	No	Yes	35	
	CBT + Behavioral Marital Tx [†]	3	0.27	-0.37	0.91	19	Cpl								
Jacobson 1996	CBT vs. Behavioral Activation [†]	3	-0.13	-0.54	0.27	50	Ind	BDI, HRSD	20	Community	0.92	Yes	Yes	38	
	Behav. Act.+Auto Thoughts [†]	3	0.00	-0.44	0.44	56	Ind								
Jarrett 1999	CBT vs. Phenzelzine	4	-0.23	-0.72	0.26	43	Ind	BDI, HRSD	20	Community	0.57	Yes	Yes	40	
	Placebo	2	0.62	0.12	1.11	36	Ind								
Kay-Lambkin 2009	CBT vs. Computer CBT	2	0.36	-0.24	0.97	22	Ind	BDI	10	Community	0.78	Yes	No	25	
	Brief Intervention	2	0.96	0.33	1.60	22	Ind								
Keller 2000	CBT vs. Nefazodone	4	-0.05	-0.26	0.15	216	Ind	HRSD	16	Clinical	-0.71	No	No	40	
	CBT + Nefazodone [†]	6	-0.70	-0.91	-0.49	220	Ind								
						226	Ind								
Kim 2009*	Grp CBT vs. Grp CBT in the Forest	3	NA	NA	NA	19	Grp	BDI, HRSD, MADRS	4	Other	-1.18	No	No	17	
	TAU	2	NA	NA	NA	23	Grp								
						21	Ind								

King 2000	CBT vs.					134	Ind	BDI	12	Sys. Scrn.	0.77	Yes	No	39
	Rogerian Counseling	3	0.03	-0.22	0.28	126	Ind							
	TAU/Routine GP Care	2	-0.04	-0.34	0.27	67	Ind							
Kocsis 2009	CBT + Pharma Algorithm vs.					200	Ind	HRSD	16	Community	1.06	No	No	43
	Pharma Algorithm	5	0.13	-0.16	0.42	96	Ind							
	Supportive Therapy + Pharma Algorithm	2	0.19	-0.04	0.42	195	Ind							
Laidlaw 2008	CBT vs.					20	Ind	BDI, HRSD, GDS	8	Screening	-0.18	Yes	Yes	28
	TAU	2	0.44	-0.21	1.10	20	Ind							
LaPointe 1980*	Grp CBT vs.					12	Grp	BDI	6	Community	0.39	No	No	14
	Assertiveness Training Grp	3	NA	NA	NA	10	Grp							
	Insight Grp	3	NA	NA	NA	11	Grp							
Luty 2007	CBT vs.					86	Ind	BDI, HRSD, MADRS	16	Clinical	0.82	Yes	Yes	39
	IPT	3	0.22	-0.09	0.53	91	Ind							
Maynard 1993	Grp CBT vs.					10	Grp	BDI	12	Community	-0.23	No	No	10
	Wait List	1	0.70	-0.14	1.54	14	Ind							
	Support Grp	2	1.22	0.14	2.29	6	Grp							
McBride 2006	CBT vs.					28	Ind	BDI, HRSD	20	Community	0.60	No	No	24
	IPT	3	0.47	-0.09	1.03	27	Ind							
McCabe 2006	Grp CBT vs.					34	Grp	BDI	5	Community	-0.61	No	No	17
	Wait List	1	1.63	0.93	2.32	15	Ind							
McKnight 1992	CBT vs.					22	Ind	BDI	8	Community	0.97	No	Yes	31
McNamara 1986	Tricyclic Antidepressants	4	-0.31	-0.96	0.33	21	Ind	BDI	8	Clinical	0.57	No	Yes	19
	CBT vs.					10	Ind							
	Behavior Therapy [‡]	3	-0.26	-1.13	0.62	10	Ind							
	Combined CT & BT [†]	3	-0.44	-1.32	0.44	10	Ind							
Miller 1989	Client Centered/Attn	2	0.63	-0.27	1.52	10	Ind	BDI, HRSD	10	Clinical	0.82	Yes	Yes	31
	Placebo													
	CBT + TAU vs.					14	Ind							
	Social Skills + TAU [‡]	3	-0.45	-1.20	0.31	17	Ind							
Miller 2005*	TAU	2	0.52	-0.20	1.25	14	Ind	BDI, HRSD	24	Clinical	1.44	Yes	Yes	32
	CBT + Antidepressants vs.					NA	Ind							
	Antidepressants	5	NA	NA	NA	NA	Ind							
	Antidepressants+ Family Therapy	6	NA	NA	NA	NA	Fam							
	Antidepressants+Fam Ther+CBT	6	NA	NA	NA	NA	Fam							
Miranda 1994*	Grp CBT vs.					72	Grp	BDI	8	Sys. Scrn.	NA	No	No	26
	Wait List	1	NA	NA	NA	78	Ind							

Miranda 2003a	Grp CBT vs. SSRI	4	-0.32	-0.64	0.00	88	Grp	HRSD	8	Sys. Scrn.	-1.00	Yes	No	34
	TAU	2	0.22	-0.10	0.54	89	Ind							
Miranda 2003b*	Grp CBT vs. Grp CBT + Clinical Management	3	NA	NA	NA	96	Grp	BDI	12	Clinical	0.80	Yes	No	28
Moak 2003 [§]	CBT vs. CBT + Sertraline [†]	6	-0.19	-0.65	0.27	44	Ind	BDI, HRSD	12	Clinical	0.36	Yes	No	31
Murphy 1984	CBT vs. Tricyclic Antidepressants	4	0.33	-0.26	0.93	24	Ind	BDI, HRSD	20	Clinical	0.83	Yes	Yes	30
	CBT + Tricyclics [†]	6	0.00	-0.61	0.60	22	Ind							
	CBT + Placebo [†]	3	-0.33	-0.99	0.32	17	Ind							
Murphy 1995	CBT vs. Desipramine	4	1.40	0.42	2.37	10	Ind	BDI	20	Community	0.55	Yes	Yes	34
	Relaxation Training	2	0.15	-0.68	0.98	13	Ind							
Neimeyer 1990 [§]	Grp CBT vs. Grp CBT no HW [†]	3	0.35	-0.19	0.88	30	Grp	BDI, HRSD	10	Community	0.45	No	Yes	20
Nezu 1989	Grp CBT vs. Wait List	1	3.03	1.86	4.20	11	Ind	BDI, HRSD	10	Community	0.68	No	No	27
	Abbreviated Problem Solving	2	1.31	0.47	2.15	14	Grp							
Noorbala 2008*	Couples CBT vs. Wait List	1	NA	NA	NA	70	Cpl	BDI	24	Sys. Scrn.	-0.20	No	No	7
							Ind	HRSD, MADRS, HSCL-d-20						
Oxman 2008	CBT vs. TAU	2	-0.03	-0.44	0.38	69	Ind		6	Screening	-0.36	Yes	No	38
Pace 1993	CBT vs. Wait List	1	0.77	0.28	1.26	43	Ind	BDI	8	Other	-0.16	No	Yes	23
Propst 1992	CBT vs. Wait List	1	0.87	0.20	1.54	11	Ind	BDI, HRSD	18	Community	-0.13	No	Yes	31
	Religious CBT [†]	3	-0.30	-0.96	0.37	19	Ind							
	Pastoral Counseling	2	-0.08	-0.87	0.72	10	Ind							
Ravindran 1999	Grp CBT + Placebo vs. Setraline	4	-0.76	-1.40	0.12	22	Ind	HRSD	12	Community	-0.81	No	No	25
	Placebo	2	0.34	-0.26	0.94	26	Ind							
	Grp CBT + Sertraline [†]	6	-0.77	-1.39	-0.15	25	Grp							
Rude 1986	Grp CBT vs. Wait List	1	0.74	-0.01	1.49	16	Ind	BDI	12	Community	0.27	No	Yes	18
	Assertion Skills Grp [‡]	3	-0.32	-1.07	0.43	14	Grp							
Rush 1977	CBT vs. Imipramine	4	0.96	0.22	1.69	22	Ind	BDI, HRSD	20	Clinical	0.99	Yes	Yes	32

Sallis 1983	Grp CBT vs.					8	Grp	BDI	10	Community	-0.43	No	No	17
	Anxiety Mgmt Training	3	0.30	-0.67	1.26	8	Grp							
	Attn Placebo	2	-0.17	-1.13	0.80	8	Grp							
Sanders 2000	Family CBT vs.					20	Fam	BDI	12	Clinical	-0.39	No	No	28
	Family Behavior Ther for Disruptive Child	2	1.53	0.79	2.27	17	Fam							
Schmidt 1983	CBT vs.					12	Ind	BDI, SDS, MMPI-D	8	Community	0.52	No	No	15
	Wait List	1	1.55	0.55	2.54	10	Ind							
	Small CBT Grp [†]	3	0.22	-0.64	1.09	11	Grp							
	Large CBT Grp [†]	3	1.03	0.11	1.94	11	Grp							
	Bibliotherapy	2	0.16	-0.69	1.00	12	Ind							
Scott 1990	CBT vs.					27	Ind	BDI	12	Sys. Scrn.	0.80	Yes	No	17
	Wait List	1	0.58	0.00	1.16	23	Ind							
	Grp CBT 1 [†]	3	-0.30	-0.92	0.32	23	Grp							
	Grp CBT 2 [†]	3	0.13	-0.56	0.82	23	Grp							
Scott 1992	CBT vs.					29	Ind	HDRS	16	Clinical	-0.81	No	Yes	25
	Amitryptaline	4	0.19	-0.38	0.76	26	Ind							
	TAU	1	0.27	-0.29	0.82	29	Ind							
Scott 1997	Social Work Counseling	2	-0.33	-0.89	0.22	29	Ind							
	CBT vs.					18	Ind	BDI, HRSD	6	Sys. Scrn.	0.93	No	No	22
Segal 2006	TAU	2	0.50	-0.21	1.21	16	Ind							
	CBT vs.					88	Ind	BDI, HRSD	20	Clinical	0.80	No	Yes	39
Selmi 1990	Antidepressants	4	0.00	-0.35	0.36	56	Ind							
	CBT vs.					12	Ind	BDI, HRSD	6	Community	0.36	No	No	17
Serfaty 2009	Wait List	1	1.28	0.37	2.19	12	Ind							
	Computer CBT	2	-0.18	-1.00	0.65	12	Ind							
	CBT vs.					64	Ind	BDI	12	Other	0.44	Yes	Yes	35
Shaffer 1981	TAU	2	0.18	-0.19	0.55	55	Ind							
	Attn Placebo	2	0.19	-0.18	0.55	58	Ind							
	CBT vs.					12	Ind	HRSD	10	Sys. Scrn.	-2.09	No	No	19
Shamsaei 2008	Interpersonal Grp	2	0.74	-0.12	1.59	13	Ind							
	Grp CBT [†]	3	0.75	-0.16	1.66	10	Ind							
	CBT vs.					40	Ind	BDI	8	Clinical	1.67	No	No	17
Shapiro 1987	Citalopram	4	-0.50	-0.97	-0.03	40	Ind							
	CBT + Citalopram [†]	6	-1.25	-1.75	-0.75	40	Ind							
	(CBT + Citalopram vs) Citalopram	5	0.89	0.40	1.37	40	Ind							
Shapiro 1987	CBT vs.					21	Ind	BDI	8	Community	0.14	No	No	26
	PDT	3	0.74	0.09	1.39	19	Ind							
Shapiro 1994	CBT vs.					29	Ind	BDI	16	Community	0.31	No	Yes	33
	PDT (16 sessions)	3	0.19	-0.34	0.72	28	Ind							

Shaw 1977	PDT (8 sessions)	3	0.43	-0.10	0.96	29	Ind	BDI, HRSD	8	Clinical	0.83	No	Yes	16
	Grp CBT vs. Wait List	1	1.82	0.64	2.99	8	Ind							
	Grp Behavior Therapy [†]	3	1.10	0.04	2.16	8	Grp							
Spek 2007	Nondirective Grp Therapy	2	1.30	0.21	2.39	8	Grp	BDI	10	Community	-0.08	Yes	No	30
	Grp CBT vs. Wait List	1	0.32	0.03	0.60	100	Ind							
	Internet CBT	2	0.06	-0.22	0.35	102	Ind							
Steuer 1984	Grp CBT vs. Grp PDT	3	0.35	-0.36	1.07	17	Grp	BDI, HRSD, SDS	46	Community	-0.27	Yes	Yes	22
Strauman 2006	CBT vs. Self-System Therapy	3	-0.25	-0.87	0.36	24	Ind	BDI, HRSD	21	Community	0.48	Yes	Yes	35
Stravynski 1994 [§]	Grp CBT vs. CBT + Imipramine [†]	6	-0.43	-1.37	0.52	9	Grp	BDI, HRSD	15	Clinical	0.44	No	No	12
	Taylor 1977	CBT vs. Wait List	1	2.11	0.80	3.41	7	Ind	BDI, D-30	6	Community	0.21	No	No
Teasdale 1984	Behavior Therapy [†]	3	0.93	-0.15	2.01	7	Ind	BDI, HRSD, MADRS	20	Sys. Scrn.	0.93	No	Yes	21
	Cognitive Therapy [†]	3	0.91	-0.17	2.00	7	Ind							
Teichman 1995	CBT vs. TAU - GP Tx	2	0.85	0.13	1.57	17	Ind	BDI	15	Clinical	0.57	No	Yes	24
	Wait List	1	0.27	-0.45	1.00	15	Ind							
Teri 1986	Cognitive Marital Tx	3	-1.00	-1.76	-0.23	15	Cpl	BDI	12	Clinical	0.26	No	No	24
	Grp CBT vs. Behavior Therapy [†]	3	-0.69	-1.25	-0.13	19	Ind							
Thase 2007	CBT vs. Augmented Medication	4	0.00	-0.33	0.33	86	Ind	HRSD	16	Clinical	-1.02	Yes	Yes	37
	Medication Switch	4	0.00	-0.42	0.42	117	Ind							
Thomas 1987	Grp CBT vs. Self-Control Therapy	3	-0.04	-0.96	0.88	11	Grp	BDI, MMPI-D	6	Community	0.34	No	Yes	21
	Thompson 1987	CBT vs. Behavior Therapy [†]	3	-0.09	-0.63	0.44	30	Ind	BDI, HRSD, BSI-D	20	Other	0.44	No	Yes
Thompson 2001	CBT vs. Desipramine	4	0.34	-0.18	0.86	33	Ind	BDI-LF, HRSD	20	Community	0.41	Yes	Yes	31
	CBT + Desipramine [†]	6	-0.08	-0.58	0.43	36	Ind							
Usaf 1990*	Grp CBT vs. Wait List	1	NA	NA	NA	24	Ind	BDI, SDS	10	Community	0.75	No	No	22
	Verduyn 2003	Grp CBT vs.				30	Grp	BDI, HRSD	16	Sys. Scrn.	0.54	No	No	32

	Wait List	1	0.21	-0.47	0.90	13	Ind								
	Support Grp	2	0.06	-0.47	0.59	28	Grp								
Watson 2003	CBT vs. Process-Experiential	3	0.04	-0.39	0.48	40	Ind	BDI	16	Community	0.52	Yes	Yes	37	
Wierzbicki 1987	CBT vs. Wait List	1	1.23	0.37	2.09	20	Ind	BDI, D-30	6	Community	0.01	No	No	11	
	Grp CBT [†]	3	0.48	-0.46	1.42	9	Grp								
Wilson 1983	CBT vs. Wait List	1	1.83	0.68	2.97	9	Ind	BDI, HRSD	8	Community	0.58	No	Yes	14	
	Behavior Therapy [‡]	3	-0.20	-1.19	0.79	8	Ind								
Wilson 1995	CBT vs. Pharma TAU	2	0.74	-0.04	1.51	14	Ind	HRSD	12	Clinical	0.80	No	Yes	22	
Wollersheim 1991	Grp CBT vs. Wait List	1	-0.11	-1.12	0.91	8	Ind	BDI, MMPI-D	10	Community	0.60	No	No	18	
	Support Grp	2	-0.20	-1.22	0.82	8	Grp								
	Bibliotherapy	2	-0.45	-1.48	0.58	8	Ind								
Wong 2008a	Grp CBT vs. Wait List	1	0.80	0.34	1.26	40	Ind	BDI	10	Community	0.30	No	No	28	
Wong 2008b	Grp CBT vs. Wait List	1	0.79	0.55	1.03	159	Ind	BDI	10	Community	0.30	No	No	32	
Wright 2005	CBT vs. Wait List	1	1.17	0.37	1.96	15	Ind	BDI, HRSD	9	Community	0.51	Yes	Yes	29	
	Computer CBT	2	-0.10	-0.85	0.64	15	Ind								
Zeiss 1979	CBT vs. Wait List	1	0.81	-0.17	1.79	21	Ind	MMPI-D	12	Community	0.17	No	No	16	
	Social Skills Training [‡]	3	0.49	-0.65	1.64	7	Ind								
	Pleasant Events Tx [‡]	3	1.26	0.04	2.49	7	Ind								
Zerhusen 1995	Grp CBT vs. TAU	2	1.91	1.13	2.68	19	Grp	BDI	10	Sys. Scrn.	2.14	No	No	16	
	Music Therapy	2	1.69	0.94	2.43	19	Grp								
Zettle 1989	Grp CBT vs. Comprehensive Distancing Partial Cognitive Therapy [†]	3	-0.46	-1.34	0.43	11	Grp	BDI, HRSD	12	Community	0.81	No	Yes	21	
		3	-0.42	-1.32	0.48	10	Grp								
Zettle 1992 [§]	CBT vs. Grp CBT [†]	3	0.37	-0.44	1.18	14	Grp	BDI, HRSD, MMPI-D	12	Community	0.86	No	Yes	24	
						8	Ind								
Zettle 1995*	CBT vs. Grp CBT	3	NA	NA	NA	12	Grp	BDI, HRSD, MMPI-D	12	Community	0.91	No	Yes	24	
						13	Ind								

Note: Trial names are first author's last name plus publication year. The first treatment arm listed under the top CBT arm in a given study is the arm that was used to generate the effect size in the primary set of 96 effect sizes, selected through the *a priori* hierarchy.

* = Studies included in the qualitative assessment but excluded from the meta-regression due to lack of data to extract an effect size.

§ = Studies included in the qualitative assessment but excluded from the meta-regression due to lack of any non-CBT comparator.

† = Comparison dropped from the meta-regression due to CBT vs. other bona fide version of CBT.

‡ = Comparison dropped in the secondary meta-regression analyses that excluded CBT vs. Behavior Therapy.

Comp Type = comparison type, which indicates which category an observation received for the regression model, with 1 = CBT vs. Wait List; 2 = CBT vs. TAU/Attention Placebo/Pill Placebo; 3 = CBT vs. Other Psychotherapy; 4 = CBT vs. Pharmacotherapy; 5 = CBT + Pharmacotherapy vs. Pharmacotherapy; and 6 = CBT vs. CBT + Pharmacotherapy. NA = not available from the report or its authors. CI = confidence interval; ITT = intention-to-treat analysis; Grp = group; Ind = individual; Cpl = couples; Fam = family; Sys. Scrn. = systematic screening; TAU = treatment as usual; CBT = cognitive behavioral therapy; PDT = psychodynamic therapy; IPT = interpersonal therapy; Nonprof. = nonprofessional; Pharma = pharmacotherapy; BDI = Beck Depression Inventory; BSI-D = Brief Symptom Inventory Depression Scale; CES-D = Center for Epidemiological Studies Depression Scale; D-30 = Depression 30 Scale; GDS = Geriatric Depression Scale; HRSD = Hamilton Rating Scale for Depression; MADRS = Montgomery-Asberg Depression Rating Scale; MMPI-D = Minnesota Multiphasic Inventory Depression Scale; SCL-90-D = Symptom Checklist-90 Depression Scale; SDS = Zung Self-Rating Depression Scale. Quality score is the 24-item total score from the RCT-PQRS.

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The Randomized Controlled Trial of Psychotherapy Quality Rating Scale (RCT-PQRS)

*Please rate all items on the basis of the designated paper(s) describing the study. Items #4, #5, #9 and #16 specifically rate the **description** of certain elements of the study. All other items are designed to capture both **description** and **quality** of the study's elements. For these items, when non-standard elements are described, **adequate justification** of this measure or method is required to score a 2.*

Description of subjects

Item #1 Diagnostic method and criteria for inclusion and exclusion

- 0 = poor description and inappropriate method/criteria
- 1 = full description *or* appropriate method/criteria
- 2 = full description *and* appropriate method/criteria

Item #2 Documentation or demonstration of reliability of diagnostic methodology

- 0 = poor or no reliability documentation
- 1 = brief reliability documentation (documentation in the literature is sufficient, even if it is not explicitly cited)
- 2 = full reliability documentation (documentation of within-study reliability necessary)

Item #3 Description of relevant comorbidities

- 0 = poor or no description of relevant comorbidities
- 1 = brief description of relevant comorbidities
- 2 = full description of relevant comorbidities

Item #4 Description of numbers of subjects screened, included, and excluded

- 0 = poor or no description of numbers screened, included, and excluded
- 1 = brief description of numbers screened, included, and excluded
- 2 = full description of numbers screened, included, and excluded

Definition and delivery of treatment

Item #5 Treatment(s) (including control/comparison groups) are sufficiently described or referenced to allow for replication

- 0 = poor or no treatment description or references
- 1 = brief treatment description or references (also if full description of one group and poor description of another)
- 2 = full treatment description or references (manual not required)

Item #6 Method to demonstrate that treatment being studied is treatment being delivered (only satisfied by supervision if transcripts or tapes are explicitly reviewed)

- 0 = poor or no adherence reporting
- 1 = brief adherence reporting with standardized measure *or* full adherence reporting with non-standardized measure (e.g., non-independent rater)
- 2 = full adherence reporting with standardized measure (must be quantitative and completed by an independent rater)

Item #7 Therapist training and level of experience in the treatment(s) under investigation

- 0 = poor description and under-qualified therapists
- 1 = full description *or* well-qualified therapists
- 2 = full description *and* well-qualified therapists

Item #8 **Therapist supervision while treatment is being provided**

- 0 = poor description and inadequate therapist supervision
- 1 = full description *or* adequate therapist supervision
- 2 = full description *and* adequate therapist supervision

Item #9 **Description of concurrent treatments (e.g., medication) allowed and administered during course of study** (if patients on medication are included, a rating of 2 requires full reporting of what medications were used; if patients on medications are excluded, this alone is sufficient for a rating of 2).

- 0 = poor or no description of concurrent treatments
- 1 = brief description of concurrent treatments
- 2 = full description of concurrent treatments

Outcome measures

Item #10 **Validated outcome measure(s) (either established or newly standardized)**

- 0 = poor or no validation of outcome measure(s)
- 1 = brief validation of outcome measure(s) (shown or cited)
- 2 = full validation of outcome measure(s) (shown or cited)

Item #11 **Primary outcome measure(s) specified in advance** (though does not need to be stated explicitly for a rating of 2)

- 0 = poor or no specification of primary outcome measure(s) in advance
- 1 = brief specification of primary outcome measure(s) in advance
- 2 = full specification of primary outcome measure(s) in advance

Item #12 **Outcome assessment by raters blinded to treatment group and with established reliability**

- 0 = poor or no blinding of raters to treatment group (e.g., rating by therapist, non-blind independent rater, or patient self-report) and reliability not reported
- 1 = blinding of independent raters to treatment group *or* established reliability
- 2 = blinding of independent raters to treatment group *and* established reliability

Item #13 **Discussion of safety and adverse events during study treatment(s)**

- 0 = poor or no discussion of safety and adverse events
- 1 = brief discussion of safety and adverse events
- 2 = full discussion of safety and adverse events

Item #14 **Assessment of long-term post-termination outcome** (should not be penalized for failure to follow comparison group if this is a wait-list or non-treatment group that is subsequently referred for active treatment)

- 0 = poor or no post-termination assessment of outcome
- 1 = medium-term assessment of post-termination outcome (2 to 12 months post-termination)
- 2 = long-term assessment of post-termination outcome (greater or equal to 12 months post-termination)

Data analysis

Item #15 **Intent-to-treat method for data analysis involving primary outcome measure**

- 0 = no description or no intent-to-treat analysis with primary outcome measure
- 1 = partial intent-to-treat analysis with primary outcome measure
- 2 = full intent-to-treat analysis with primary outcome measure

Item #16 **Description of dropouts and withdrawals**

- 0 = poor or no description of dropouts and withdrawals
- 1 = brief description of dropouts and withdrawals
- 2 = full description of dropouts and withdrawals (must be explicitly stated and include reasons for dropouts and withdrawals)

Item #17 **Appropriate statistical tests** (e.g., use of Bonferroni correction, longitudinal data analysis, adjustment only for a priori identified confounders)

0 = inappropriate statistics, extensive data dredging, or no information about appropriateness of statistics

1 = moderately appropriate, though unsophisticated, statistics and/or moderate data dredging

2 = fully appropriate statistics and minimal data dredging in primary findings

Item #18 **Adequate sample size**

0 = inadequate justification and inadequate sample size

1 = adequate justification *or* adequate sample size

2 = adequate justification *and* adequate sample size

Item #19 **Appropriate consideration of therapist and site effects**

0 = therapist and site effects not discussed or considered

1 = therapist and site effects discussed *or* considered statistically

2 = therapist and site effects discussed *and* considered statistically

Treatment assignment

Item #20 **A priori relevant hypotheses that justify comparison group(s)**

0 = poor or no justification of comparison group(s)

1 = brief or incomplete justification of comparison group(s)

2 = full justification of comparison group(s)

Item #21 **Comparison group(s) from same population and time-frame as experimental group**

0 = comparison group(s) from significantly different population and/or time-frame

1 = comparison group(s) from moderately different population and/or time frame

2 = comparison group(s) from same population and time-frame

Item #22 **Randomized assignment to treatment groups**

0 = poor (e.g., pseudo-randomization, sequential assignment) or no randomization

1 = adequate but poorly defined randomization procedure

2 = full and appropriate method of randomization performed after screening and baseline assessment

Overall quality of study

Item #23 **Balance of allegiance to types of treatment by practitioners**

0 = no information or poor balance of allegiance to treatments by study therapists (e.g., therapy in experimental and control groups both administered by therapists with strong allegiance to therapy being tested in the experimental group)

1 = some balance of allegiance to treatments by study therapists

2 = full balance of allegiance to treatments (e.g., therapies administered by therapists with allegiance to respective techniques)

Item #24 **Conclusions of study justified by sample, measures, and data analysis, as presented**

(note: useful to look at conclusions as stated in study abstract)

0 = poor or no justification of conclusions from results as presented or insufficient information to evaluate (e.g., sample or treatment insufficiently documented, data analysis does not support conclusions, or numbers of withdrawals or dropouts makes findings unsupported)

1 = some conclusions of study justified or partial information presented to evaluate

2 = all conclusions of study justified and complete information presented to evaluate

Omnibus Rating

Please provide an overall rating of the **quality of the study** taking into account the adequacy of description, the quality of study design, data analysis, and justification of conclusions

- 1 = exceptionally poor
- 2 = very poor
- 3 = moderately poor
- 4 = average
- 5 = moderately good
- 6 = very good
- 7 = exceptionally good

Quality Score (sum items 1-24) _____

Omnibus Score _____