Appendix A

Evaluation of Treatment Questionnaire (ETQ)

1	I was satisfied with the treatment.	1 = Totally disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Agree entirely
2	I found the treatment easy.	1 = Totally disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Agree entirely
3	I feel that the treatment will have a long-lasting effect.	1 = Totally disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Agree entirely
4	I would recommend the treatment to others.	1 = Totally disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Agree entirely
5	I found the treatment useful.	1 = Totally disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Agree entirely
6	I thought the treatment was good.	1 = Totally disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Agree entirely
7	I found the treatment impersonal.	1 = Agree entirely, 2 = Agree, 3 = Neither agree nor disagree, 4 = Disagree, 5 = Totally disagree
8	I found the therapist expert	1 = Totally disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Agree entirely
9	I thought the therapist encouraged and directed me.	1 = Totally disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Agree entirely
10	I found the therapist involved.	1 = Totally disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Agree entirely
11	I have experienced the attitude of the therapist as supportive	1 = Totally disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Agree entirely
12	I was satisfied with the therapist	1 = Totally disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Agree entirely

Appendix B

Attribution of Recovery Questionnaire (ARQ)

1	To what extent have your depressive symptoms changed according to you since the beginning of the study?	1 = I feel completely recovered, 2 = My complaints have improved a lot, 3 = My complaints have not improved much, 4 = My complaints have not changed, 5 = My complaints have deteriorated little, 6 = My complaints have deteriorated considerably, 7 = I feel worse than ever
2	What do you think is the most important cause of this improvement?	1 = It is because of the psychotherapeutic treatment, 2 = It comes from others, 3 = It is due to a change in my personal conditions, namely:, 4 = It's by myself, 5 = It is not due to anything or anyone, it happened automatically
3	What do you think is the most important cause of this improvement?	1 = It is because of the psychotherapeutic treatment, 2 = It comes from others, 3 = It is due to a change in my personal conditions, namely:, 4 = It's by myself, 5 = It is not due to anything or anyone, it happened automatically
4	What do you think is the most important cause of this limited improvement?	1 = It is because of the psychotherapeutic treatment, 2 = It comes from others, 3 = It is due to a change in my personal conditions, namely:, 4 = It's by myself, 5 = It is not due to anything or anyone, it happened automatically
5	What do you think is the main cause of this lack of improvement?	1 = It is because of the psychotherapeutic treatment, 2 = It comes from others, 3 = It is due to a change in my personal conditions, namely:, 4 = It's by myself, 5 = It is not due to anything or anyone, it happened automatically
6	What do you think is the main cause of this lack of improvement?	1 = It is because of the psychotherapeutic treatment, 2 = It comes from others, 3 = It is due to a change in my personal conditions, namely:, 4 = It's by myself, 5 = It is not due to anything or anyone, it happened automatically

7		What do you think is the main cause of this deterioration?	1 = It is because of the psychotherapeutic treatment, 2 = It comes from others, 3 = It is due to a change in my personal conditions, namely:, 4 = It's by myself, 5 = It is not due to anything or anyone, it happened automatically
8		What do you think is the main cause of this deterioration?	1 = It is because of the psychotherapeutic treatment, 2 = It comes from others, 3 = It is due to a change in my personal conditions, namely:, 4 = It's by myself, 5 = It is not due to anything or anyone, it happened automatically

Appendix C

Expectations Questionnaire (EQ)

We would like to ask you to indicate how strongly you currently feel that the treatment you are going to follow will help you reduce your depressive symptoms. A view usually consists of two aspects: (1) what you think will happen and (2) what you feel will happen. Sometimes these two aspects are the same, sometimes they differ from each other. The first questions are about what you think. The final questions are about what you really feel. You do not necessarily have to choose an answer with text, you can choose from all values from 1 to 9.

You have been offered treatment, Cognitive Behavioral Therapy or Interpersonal Psychotherapy.

1. How successful do you think at the moment that this treatment will be in reducing your depressive symptoms?
   - □ 1 not at all successful
   - □ 2
   - □ 3
   - □ 4
   - □ 5 a bit successful
   - □ 6
   - □ 7
   - □ 8
   - □ 9 very successful

2. How convincing would you be in recommending this treatment to a friend with the same symptoms as you?
   - □ 1 not at all convincing
   - □ 2
   - □ 3
   - □ 4
   - □ 5 a bit convincing
   - □ 6
   - □ 7
   - □ 8
   - □ 9 very convincing

3. What is your thought about the level of improvement in your depressive symptoms that you will have achieved by the end of this treatment?
   - □ 1 no improvement at all
   - □ 2
   - □ 3
   - □ 4
   - □ 5 a bit of improvement
   - □ 6
   - □ 7

- ☐ 8
- ☐ 9 a lot of improvement

For the following questions: close your eyes for a few minutes and try to determine what you really feel about the treatment and any success. Then answer the following questions.

4. How strong is your feeling at the moment that the treatment will help you reduce your depressive symptoms?
   - ☐ 1 not strong at all
   - ☐ 2
   - ☐ 3
   - ☐ 4
   - ☐ 5 a bit strong
   - ☐ 6
   - ☐ 7
   - ☐ 8
   - ☐ 9 very strong

5. What is your feeling about the degree of improvement in your depressive symptoms that you will have achieved at the end of treatment?
   - ☐ 1 no improvement at all
   - ☐ 2
   - ☐ 3
   - ☐ 4
   - ☐ 5 a bit of improvement
   - ☐ 6
   - ☐ 7
   - ☐ 8
   - ☐ 9 a lot of improvement

Last question

Now two more questions about your expectation of treatment will follow.

1. What do you expect from the treatment or combination of treatments that you are about to start?
   - ❑ 1 I do not expect the treatment to change anything about my depression
   - ❑ 2 I expect that I will learn to accept my depression
   - ❑ 3 I expect that I will learn to deal better with my depression
   - ❑ 4 I expect that I will be less depressed after the treatment
   - ❑ 5 I expect the treatment to help me get rid of my depression

2. How satisfied are you with the group in which you are hired?
   - ☐ 1 dissatisfied
   - ☐ 2 neutral
   - ☐ 3 satisfied

Appendix D

Cognitive Behavioral Therapy for Depression

Preface

People with depression feel somber and lethargic more often than others. For example, you can enjoy life less, or you cannot get to the things you used to do. By doing less, you will have less satisfaction, and you will probably receive less pleasant reactions from people from your area.

Depressed feelings are usually not just that. The thought you have plays an important role in what you feel. How you feel then influences how you behave.

Fortunately, depression can be treated well. With medication, talk therapy, or a combination of these. Cognitive behavioral therapy is one of the counseling therapies that we give at the RIAGG Maastricht to treat depression. In this leaflet, you can read what this therapy entails.

What is Cognitive Behavioral Therapy?

Cognitive behavioral therapy is a therapy that is often used in mood disorders such as depression. With this form of therapy, it is assumed that an event, thoughts, feelings, and behavior are connected to each other. Through a negative experience, you can develop negative thoughts about yourself, others, and the world. During the therapy, you will first discuss the way in which you are active daily. Daily activities can have a big influence on your mood. Then the link between what you think, feel, and do in a particular situation will be discussed.

Activities

We start the treatment by looking at how and the extent to which you are active. Many people who are depressed do not get to the things they used to do. They withdraw, as it were, less and less outside the door, perhaps even stop working and become isolated from the people around them. There are, therefore, fewer and fewer opportunities to experience pleasure or satisfaction. This creates a vicious circle. The depression creates gloom, lethargy, energy loss, and negative thoughts. As a result, people do fewer things that give them pleasure or satisfaction. The lack of pleasure again exacerbates the depression, and so the circle is complete.

The vicious circle, in which the depression and the lack of pleasant activities reinforce each other, eventually becomes a downward spiral that only makes the depression worse.

The intention is to break this vicious circle in the first part of the treatment. We do this by changing behavior and activities. In the first instance, you will identify which activities you undertake and how enjoyable you feel about it. We will examine which activities you no longer have and which activities can bring pleasure and satisfaction. Then it is looked at how the negative spiral can be broken; identify what you need or feel like, what enjoyable activities can be looked up or expanded, what would be the effect of that, what obstacles can be expected?

Thoughts and feelings

In the other part of the treatment, we start with the connection between your thoughts (in a certain situation) and feelings. From experience, we know that people with depressive symptoms often bring out the most negative or black side of events and situations. They do not see that there can also be positive or pleasant sides. Also, depressed people often bring out the negative aspects of themselves: "I cannot do anything, I am worthless, people do not need me, I never become happy." This has a negative effect on your mood; through these thoughts, the gloom is getting worse. Over time it can become a habit to think so negatively. With habits it is often the case that one is not aware that one has them. This is also the case with the negative way of thinking. People who are depressed end up in a vicious circle: negative thoughts lead to negative feelings and negative feelings then lead to negative thoughts. The thoughts associated with this way of thinking are called automatic thoughts. The fact that there are several ways to look at an event often means losing sight of depressed people. The result is that the mood remains bleak. In this part of the therapy, we will take a closer look at the automatic thoughts.

How do we proceed?

We examine which activities you undertake. How you feel about it and whether these activities give you satisfaction. We will also see if there have been too few pleasant or too many unpleasant activities in a day or a week. Next, we draw up a plan together to gradually integrate more, fewer, or other activities into your daily life. Activities that ensure that you get more pleasure and satisfaction with what you do so that your mood improves.

In addition, we will look at what thoughts (or images) you have when you feel sad. We do this based on events that you have experienced shortly before. We see if you had negative automatic thoughts and what is the reason to come to those

negative thoughts. So, we will work with you to see to what extent the automatic thoughts are correct and whether there are other ways to look at that event. In order to have as many starting points as possible, we agree that you will write down the events in which your vote will decrease. You also write down which thoughts you had in those situations. In the conversations, we will look at the events further.

Interpersonal Psychotherapy for Depression

Preface

People with depression feel somber and lethargic more often than others. For example, you can enjoy life less, or you cannot get to the things you used to do. These depressive feelings are usually not just that. Because of the depression, new problems can arise in the relationship with others. This keeps the pattern in place, which can even aggravate your symptoms.

Fortunately, depression can be treated well. With medication, talk therapy, or a combination of these. One of the conversational therapies that we give at the RIAGG Maastricht is Interpersonal psychotherapy. In this leaflet, you can read more about interpersonal psychotherapy.

What is Interpersonal Psychotherapy?

Interpersonal psychotherapy is used in mood disorders such as depression. This therapy assumes that your depressive symptoms are related to experiences related to problems in the relationship with other people. For example, the loss of someone, a change in position, or a conflict with someone. During the therapy, the therapist examines together with you which situations cause complaints, how these situations can be changed, so that your symptoms are reduced.

Interpersonal therapy distinguishes four (interpersonal) areas where depressive symptoms can be related:

- mourning
- role change
- conflict
- shortage of interpersonal relationships

Mourning

After the death of a loved one, people normally experience a period of mourning, in which they can feel sad and desperate. Some people have problems going through the grieving process well. It may be that you still miss the deceased and have trouble building up or strengthening contacts. This can lead to the development of depressive symptoms, making the processing of loss and building up of contacts more difficult.

Role change

There are many moments in our lives where we change roles or have a role to play. An example of this is getting a child. You become a father or a mother. Or you lose your job and become unemployed. The adjustment that requires such a role change sometimes takes much effort and can lead to depressive symptoms. These depressive complaints then complicate your adaptation to the new situation.

Conflict

Conflicts are part of life. For example, a conflict with your partner or a colleague. The resolution of a conflict is not always easy and can, in some cases, lead to depressive symptoms. These complaints do not benefit the solution. It is important to find out what the conflict entails, what is expected of the relationship with the other person, and what possibilities there are for resolving the conflict.

Shortage of interpersonal relationships

People can have a shortage of relationships because of all kinds of causes. There may be problems in the skills needed to build and maintain relationships. There may also be certain characteristics that make it difficult to maintain a relationship. A shortage of relationships can be the cause of your depressive symptoms, which make your relationships with others more difficult.

How do we proceed?

Together with you, we will examine which of the four problem areas mentioned play a role in the development of the depression and the persistence of your depressive symptoms.

Your therapist will discuss with you what you want to achieve about the problem area that is the cause of your complaints. Subsequently, you will examine what possibilities you have to achieve your goal and thus make a change in the interpersonal problem area.

The ultimate goal of the therapy is to solve your interpersonal problem so that your depressive symptoms are reduced.

Appendix E

Histograms of Clinical Outcomes

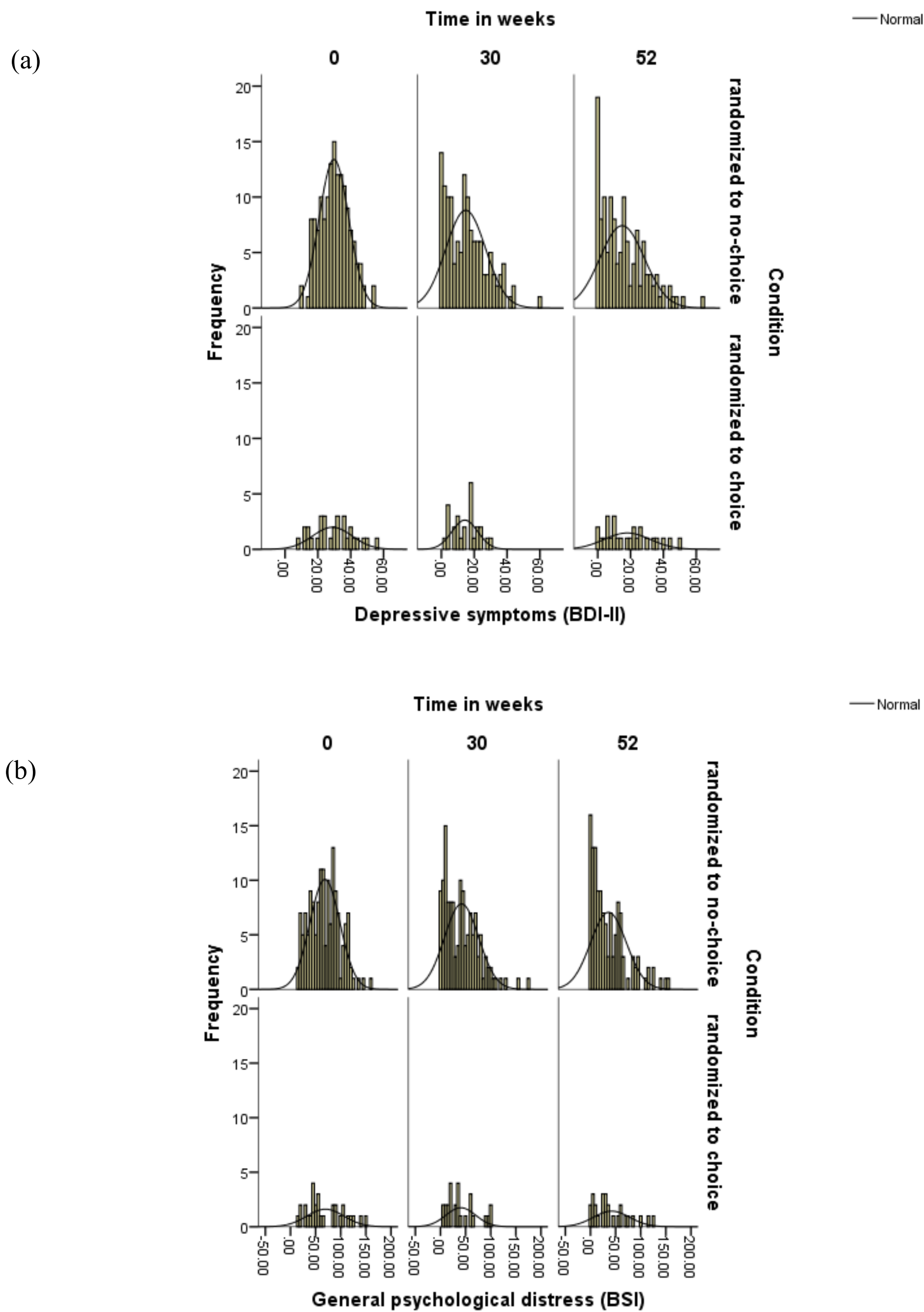

Figure E.1. Histograms showing the distribution of depressive symptoms (a) and general psychological distress (b) scores in choice and no-choice conditions over time.

Appendix F

Table F.1. *Observed and multilevel gamma regression estimated means (95% CI) for clinical outcomes as based on condition in the ITT sample.*

	Observed means				**Estimated means**					
	Choice (*n* = 31)		**No-choice** (*n* = 151)		**Choice** (*n* = 31)		**No-choice** (*n* = 151)		**Choice vs. No-choice**	
	M	95% CI	M	95% CI	M	95% CI	M	95% CI	Mean difference	95% CI
BDI–II										
Baseline	28.83	24.35–33.32	29.77	28.32–31.22	28.83	25.67–32.38	29.77	28.27–31.35	-.94	-4.62–2.75
Post-treatment	14.27	11.09–17.45	14.81	12.73–16.88	14.52	10.79–19.43	15.07	13.21–17.16	-.55	-5.25–4.15
Follow-up	17.92	12.24–23.61	14.83	12.44–17.22	17.40	12.52–24.03	15.30	13.19–17.73	2.10	-4.01–8.20
BSI										
Baseline	69.43	55.58–83.29	68.49	63.68–73.30	69.43	58.99–81.69	68.49	63.69–73.64	.94	-11.40–13.29
Post-treatment	40.39	28.38–52.39	41.94	36.11–47.77	40.91	30.32–55.09	42.80	37.48–48.85	-1.89	-15.35–11.58
Follow-up	41.92	27.32–56.53	35.79	29.51–42.06	40.29	28.24–57.31	37.16	31.66–43.59	3.13	-12.32–18.57

Note: Data unavailable for 1 (choice), 22 (5 – choice, 17 – no-choice), and 30 (5 – choice, 25 – no-choice) patients at the baseline, post-treatment, and follow-up, respectively. BDI-II, Beck Depression Inventory, second edition; BSI, Brief Symptom Inventory. Possible scores for the BDI-II range from 0 to 63, with higher scores indicating more severe depressive symptoms. Possible scores for the BSI range from 0 to 212, with higher scores indicating more severe general psychological distress.

Table F.2. *Within and between condition changes on clinical outcomes with corresponding effect sizes (Cohen's d) as based on multilevel gamma regression estimates.*

	Choice		**No-choice**		**Choice vs. No-choice**		
	Mean change	*d*	Mean change	*d*	Mean change difference	*d*	95% CI
Beck Depression Inventory - II							
Baseline – post-treatment	14.31	1.62	14.70	1.56	-.39	.06	-.33–.45
Baseline – follow-up	11.43	1.29	14.47	1.54	-3.04	-.25	-.65–.15
Brief Symptom Inventory							
Baseline – post-treatment	28.52	.98	25.69	.85	2.83	.13	-.26–.52
Baseline – follow-up	29.14	1.00	31.33	1.04	-2.19	-.04	-.43–.35

Note: Cohen's $d = (M_{baseline} - M_{post\text{-}treatment\ or\ follow\text{-}up})/SD_{baseline}$

Possible scores for the BDI-II range from 0 to 63, with higher scores indicating more severe depressive symptoms. Possible scores for the BSI range from 0 to 212, with higher scores indicating more severe general psychological distress.

Table F.3. *Multilevel gamma regression results on the clinical outcomes as predicted by pre-treatment outcome expectations and credibility beliefs.*

	B	*t*	*95% CI B*	*F*	*df*	*p*
Beck Depression Inventory – II						
Model 1						
Intercept	3.58	27.94	3.33–3.83	17.41	7, 485	<.001
Time	-.01	-1.43	-.03–.004	2.05	1, 485	.15
Condition	.27	.80	-.39–.93	.64	1, 485	.43
Time×Condition	-.003	-.12	-.05–.04	.01	1, 485	.91
EQ-expectancy	-.01	-1.70	-.02–.002	2.90	1, 485	.09
EQ-expectancy×Time	<-.001	-.66	-.001–<.001	.44	1, 485	.51
EQ-expectancy×Condition	-.02	-.99	-.05–.02	.99	1, 485	.32
EQ-expectancy×Time×Condition	<.001	.22	-.002–.002	.05	1, 485	.83
Model 2						
Intercept	3.37	27.90	3.13–3.60	18.52	7, 485	<.001
Time	-.02	-2.61	-.03–-.01	6.81	1, 485	.01
Condition	.21	.60	-.47–.88	.36	1, 485	.55
Time×Condition	.03	1.51	-.01–.07	2.28	1, 485	.13
EQ-expectations	.002	.08	-.06–.06	.01	1, 485	.94
EQ-expectations×Time	.001	.35	-.003–.004	.12	1, 485	.73
EQ-expectations×Condition	-.06	-.76	-.22–.10	.58	1, 485	.45
EQ-expectations×Time×Condition	-.01	-1.47	-.02–.002	2.15	1, 485	.14
Model 3						
Intercept	3.59	25.66	3.32–3.87	17.89	7, 485	<.001
Time	-.02	-2.01	-.03–<-.001	4.06	1, 485	.05
Condition	-.47	-1.24	-1.23–.28	1.53	1, 485	.22
Time×Condition	-.03	-1.26	-.08–.02	1.58	1, 485	.21
EQ-credibility	-.02	-1.60	-.04–.004	2.56	1, 485	.11
EQ-credibility×Time	<.001	.07	-.001–.001	.01	1, 485	.94
EQ-credibility×Condition	.03	1.13	-.03–.09	1.27	1, 485	.26
EQ-credibility×Time×Condition	.003	1.35	-.001–.01	1.83	1, 485	.18
Brief Symptom Inventory						
Model 1						
Intercept	4.44	25.02	4.10–4.79	12.26	7, 485	<.001
Time	-.01	-1.57	-.03–.003	2.48	1, 485	.12
Condition	.35	.76	-.56–1.27	.58	1, 485	.45

Time×Condition	-.01	-.63	-.05–.03	.40	1, 485	.53
EQ-expectancy	-.01	-1.28	-.03–.01	1.64	1, 485	.20
EQ-expectancy×Time	<-.001	-.16	-.001–.001	.03	1, 485	.87
EQ-expectancy×Condition	-.02	-.80	-.07–.03	.64	1, 485	.42
EQ-expectancy×Time×Condition	.001	.70	-.001–.003	.48	1, 485	.49
Model 2						
Intercept	4.29	25.70	3.96–4.62	12.61	7, 485	<.001
Time	-.01	-2.01	-.03–<-.001	4.03	1, 485	.05
Condition	.50	1.07	-.43–1.43	1.14	1, 485	.29
Time×Condition	.02	1.15	-.02–.06	1.31	1, 485	.25
EQ-expectations	-.02	-.42	-.10–.06	.18	1, 485	.68
EQ-expectations×Time	<.001	.17	-.003–.003	.03	1, 485	.86
EQ-expectations×Condition	-.12	-1.09	-.34–.10	1.18	1, 485	.28
EQ-expectations×Time×Condition	-.01	-1.15	-.01–.004	1.33	1, 485	.25
Model 3						
Intercept	4.43	22.64	4.05–4.82	12.56	7, 485	<.001
Time	-.02	-1.97	-.03–<-.001	3.90	1, 485	.05
Condition	-.29	-.54	-1.34–.76	.29	1, 485	.59
Time×Condition	-.03	-1.36	-.08–.01	1.84	1, 485	.18
EQ-credibility	-.02	-1.10	-.05–.01	1.21	1, 485	.27
EQ-credibility×Time	<.001	.37	-.001–.001	.14	1, 485	.71
EQ-credibility×Condition	.02	.54	-.06–.10	.29	1, 485	.59
EQ-credibility×Time×Condition	.003	1.40	-.001–.01	1.95	1, 485	.16

Note: Data unavailable for 1 (choice), 22 (5 – choice, 17 – no-choice), and 30 (5 – choice, 25 – no-choice) patients at the baseline, post-treatment, and follow-up, respectively; BDI-II and BSI scores adjusted for gamma regression with log link (+1). Possible scores for the BDI-II range from 0 to 63, with higher scores indicating more severe depressive symptoms. Possible scores for the BSI range from 0 to 212, with higher scores indicating more severe general psychological distress.

Table F.4. *Post-treatment evaluation as based on the condition.*

	Choice (*n* = 31)	**No-Choice** (*n* = 151)	**Total** (*n* = 182)
Evaluation of Treatment Questionnaire[a] (ETQ)			
ETQ-treatment (M±SD)	27.5±4.62	27.53±4.89	27.53±4.83
ETQ-therapist (M±SD)	22.54±3.37	22.0±3.52	22.09±3.49
Attribution of Recovery Questionnaire[a] (ARQ)			
Change in depressive symptoms, *n* (%)			
Positive change	26 (84)	117 (77.5)	143 (78.6)
Attribution – psychotherapy[b]	20 (64.5)	79 (52.3)	99 (54.3)
Attribution – others	0 (0)	8 (5.3)	8 (4.4)
Attribution – change in personal conditions	2 (6.5)	11 (7.3)	13 (7.1)
Attribution – myself	2 (6.5)	19 (12.6)	21 (11.5)
Attribution – automatic change	2 (6.5)	1 (.7)	3 (1.6)
No change	0 (0)	6 (4)	6 (3.2)
Attribution – psychotherapy	0 (0)	1 (.7)	1 (.5)
Attribution – others	0 (0)	0 (0)	0 (0)
Attribution – change in personal conditions	0 (0)	1 (.7)	1 (.5)
Attribution – myself	0 (0)	2 (1.3)	2 (1.1)
Attribution – automatic change	0 (0)	2 (1.3)	2 (1.1)
Negative change	0 (0)	11 (7.3)	11 (5.9)
Attribution – psychotherapy	0 (0)	0 (0)	0 (0)
Attribution – others	0 (0)	0 (0)	0 (0)
Attribution – change in personal conditions	0 (0)	6 (4)	6 (3.2)
Attribution – myself	0 (0)	2 (1.3)	2 (1.1)
Attribution – automatic change	0 (0)	3 (2)	3 (1.6)

Note: [a] Data unavailable for 22 patients (5 – choice, 17 – no-choice)

[b] One participant in a no-choice condition attributed positive change to psychotherapy twice.