Supplemental Material 3: Data extraction form & Codebook

category	variable	details	type	allowed_values
1. ID	id_study	unique study identifier (author, year)	character	
2. Effect sizes	outcome_type	smd = standardized meand difference = Hedges g; dich = dichotomous; change = change scores based on m, sd, n variable, t-values, p-values	factor	smd, dich, change, tval, pval
2. Effect sizes	outcome_measure	standardized instrument used	character	
2. Effect sizes	sr_clinician	self-report measure or clinician-rated	factor	sr, cr
2. Effect sizes	time	time of assessment (baseline, post, fu1, fu2, … fu8)	factor	baseline, post, fu1, fu2, fu3, fu4, fu
2. Effect sizes	time_weeks	time in weeks since randomization	character	
2. Effect sizes	m	mean	numeric	
2. Effect sizes	sd	standard deviation	numeric	
2. Effect sizes	n	sample size	numeric	
2. Effect sizes	dich	broad categories of dich outcomes (response, remission based on a cut-off, remission based on diagnosis, reliable change)	character	
2. Effect sizes	dich_type	specific type of dich outcomes as defined in the study (response, remission, other)	character	response, remission, other
2. Effect sizes	n_improved	for dichotomous outcomes	numeric	
2. Effect sizes	n_randomized	n randomized	numeric	
2. Effect sizes	change	measure used to calculate change	character	
2. Effect sizes	change_m	change mean from baseline	numeric	
2. Effect sizes	change_sd	change sd from baseline	numeric	
2. Effect sizes	change_n	change n	numeric	
2. Effect sizes	other_statistic	other reported statistics	character	
3. Moderators	year	year of publication	numeric	
3. Moderators	comorbid_mental	if all the participants are recruited based on meeting criteria for a comorbid mental health disorder (e.g. anxiety and depression) 0 = no, 1 = yes	factor	0, 1
3. Moderators	format	1= individual; 2= group; 3= guided self-help; 4= telephone; 5= couple therapy; 6= other (mixed formats)	factor	1, 2, 3, 4, 5, 6
3. Moderators	n_sessions	average number of sessions received	numeric	
3. Moderators	country	1= usa; 2= uk; 3= eu; 4= canada; 5= australia; 6= east asia; 7= other	factor	1, 2, 3, 4, 5, 6, 7
3. Moderators	age_group	1= children; 2= adolescents; 3= young adults; 4= adults, 5= older adults (≥55 years); 6= older old adults (≥75 years)	factor	1, 2, 3, 4, 5, 6
3. Moderators	mean_age	average age	numeric	
3. Moderators	percent_women	% of women at baseline	numeric	
3. Moderators	recruitment	1= community; 2= clinical; 3= other	factor	1, 2, 3
3. Moderators	diagnosis	1= major depression; 2= mood disorder; 3= cut-off score; 4= subclinical depression; 5= chronic depression	factor	1, 2, 3, 4, 5
3. Moderators	target_group	1= adults, 2= older adults, 3= student population, 4= women with perinatal depression; 5= comorbid somatic disorder; 6= other	factor	1, 2, 3, 4, 5, 6
3. Moderators	ac	allocation concealment (0= high risk; 1= low risk)	factor	0, 1
3. Moderators	ba	blinding of assessors (0= high risk; 1= low risk; sr= self-report)	factor	0, 1
3. Moderators	itt	intention-to-treat analyses (0= high risk; 1= low risk)	factor	0, 1
3. Moderators	sg	sequence generation (0= high risk; 1= low risk)	factor	0, 1
3. Moderators	sor	selective outcome reporting (0= high risk; 1= low risk; nr/rr= not registered or retrospectively registered)	factor	0, 1
3. Moderators	rob_overall	overall risk of bias score. ranging from 0 (high risk) to 5 (low risk)	factor	0, 1, 2, 3, 4, 5
4. Meta Data	notes	additional notes	character	NA
4. Meta Data	full_ref	full reference information	character	NA
4. Meta Data	doi	doi number of publication	character	NA
4. Meta Data	abstract	abstract of publication	character	NA
4. Meta Data	title	title of study	character	NA
4. Meta Data	url	URL of publication	character	NA
4. Meta Data	journal	journal of publication	character	NA
4. Meta Data	registration	link to registration	character	NA
4. Meta Data	protocol	link to protocol	character	NA
4. Meta Data	registry	link to registry	character	NA
4. Meta Data	ipd_available	whether individual participant data is available at the vu	factor	0, 1

Description of variables of included studies, version 5/5/2019

	Values	Description
PARTICIPANTS		
Recruitment	1. Community	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	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"
Diagnosis	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. Mood disorder	MDD, or other diagnosed disorders (e.g., dysthymia; depression NOS; minor depression according to Research Diagnostic Criteria, etc.).
	3. Cut-off score	Participants score above a cut-off score on a self-rating depression questionnaire, such as the PHQ-9 or the CES-D. This also includes studies where participants score in a specific range of the questionnaire (so there is a lower and an upper limit). If some participants meet diagnostic criteria for a mood disorder, and others only score above a cut-off, then this is also rated as (3)
	4. Subclinical depression	Participants score above a cut-off on a self-rating scale, but do not meet criteria for a depressive disorder according to a diagnostic interview (such as the MINI, CIDI or SCID). Studies are also rated in this category if participants meet criteria for minor depression according to the DSM-IV.
	5. Chronic depression	Participants meet criteria for chronic or treatment-resistant depression, according to any definition given by the authors of the study.
Target group [a)]	1. Adults	The study is aimed at adults in general with no specific demographic characteristic.
	2. Older adults	The study is aimed at older adults according to any lower age limit above 50 years. Older adults with general medical disorders (these studies would also fit into category 5) are classified as "older adults".
	3. Student population	The study is aimed at student populations from universities and colleges.
	4. Women with PPD	The study is aimed at women with perinatal depression. Mothers with young children were also included in this category, as well as pregnant women.

	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. Children and adolescents	
	8. Adolescents	
	9. young people	
Age group	1. Children	the mean age is lower than 13
	2. Adolescents	the mean age is between 13 and 18
	3. Young adults	studies in college students and studies with a mean age between 18 and 24
	4. Adults	all studies in adults (with or without an upper limit)
	5. Older adults	all studies indicating that they work with older adults and with a mean age of 55 or higher.
	6. Older old adults	all studies with a mean age of 75 or higher
Comorbid mental disorder	Yes (1) or No (0)	This includes any comorbid mental or substance use disorder, including insomnia
INTERVENTIONS		
Type of psychotherapy	*See Table 2*	
Format	1. Individual	The standard format is individual therapy in which the patients has therapy sessions with one therapist. If the format is not reported in the paper, it is assumed that the therapy is using an individual format.
	2. Group	Patients are treated in groups by one or more therapists. We do not use an lower or upper limit for the size of the groups, but virtually all groups have 4 to 15 members.
	3. Guided self-help	The patients works through a standardized treatment at home, with support (e.g., email, telephone) from a therapist. The treatment can be written down in a book, on the internet or any other medium.
	4. Telephone	The treatment is conducted through telephone, skype, or any other distant connection.
	5. Couple therapy	The treatment is conducted by the therapist, the patient and the partner of the patient.
	6. Other	Some interventions use mixed formats (partly individual and partly in groups; or partly as guided self-help and partly individual). These are rated as “other”.
N Sessions	*Continuous variable*	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).
Pharmacotherapy	1. TCA	Tricyclic antidepressants.
	2. SSRI	Selective serotonin reuptake inhibitor.
	3. SNRI	Selective serotonin and norepinephrine reuptake inhibitors.
	4. Other	Any other antidepressant were placed in this category. Other drugs that do not have an antidepressant effect, such as tranquilizers are not considered pharmacotherapy.
Control conditions	1. Waiting list	In this control group, respondents receive the intervention after termination of the intervention in the experimental group.
	2. Care-as-usual	In this control group, respondents have access to regular routine care. In trials were no intervention is provided in the control group it is assumed that respondents have access to routine care.
	3. Other	These are other control conditions, such as pill placebo and psychological placebo (please note that supportive therapy or counseling cannot be considered psychological placebo even if the authors indicate this).
OTHER		

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	*Continuous variable*	

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 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.
Non-directive supportive therapy	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.