

## SUPPLEMENTARY ONLINE MATERIAL

### Studies excluded from the meta-analysis

This meta-analysis only considered studies that used either a control intervention or relapse. Therefore, studies that used treatment as usual (TAU) or waiting list controls are not shown. Studies that were excluded because of age criteria (i.e. they were carried out on adolescent or elderly patients) or numbers < 10 in either treatment arm are also not shown.

### *Schizophrenia*

#### *Studies of effectiveness in treating symptoms*

**Tarrier N, Beckett R, Harwood S, Baker A, Yusupoff L, Ugarteburu I** (1993). A trial of two cognitive-behavioural methods of treating drug-resistant residual psychotic symptoms in schizophrenic patients: I. Outcome. *British Journal of Psychiatry* **162**, 524-532.

- Both interventions included components of cognitive behavioural therapy (CBT).

**Haddock G, Tarrier N, Morrison AP, Hopkins R, Drake R, Lewis S** (1999). A pilot study evaluating the effectiveness of individual inpatient cognitive-behavioural therapy in early psychosis. *Social Psychiatry and Psychiatric Epidemiology* **34**, 254-258.

- Identified by authors as a pilot study.

**Cather C, Penn D, Otto MW, Yovel I, Mueser KT, Goff DC** (2005). A pilot study of functional cognitive behavioral therapy (fCBT) for schizophrenia. *Schizophrenia Research* **74**, 201-209.

- Identified by authors as a pilot study.

**Penadés R, Catalán R, Salamero M, Boget T, Puig O, Guarch J, Gastó C** (2006). Cognitive remediation therapy for outpatients with chronic schizophrenia: a controlled and randomized study. *Schizophrenia Research* **87**, 323-331.

- CBT was compared against a cognitive remediation intervention. (This study could be included on the grounds that, although cognitive remediation is potentially therapeutic, it would not normally be expected to be therapeutic against symptoms. However, the effect size (averaged) of  $-0.07$  would not affect the pooled data.)

**Jackson HJ, McGorry PD, Killackey E, Bendall S, Allott K, Dudgeon P, Gleeson J, Johnson T, Harrigan S** (2008). Acute-phase and 1-year follow-up results of a randomized controlled trial of CBT versus befriending for first-episode psychosis: the ACE project. *Psychological Medicine* **38**, 725-735.

- Patients were not all schizophrenic (> 20% with affective psychotic diagnoses).

**Lecomte T, Leclerc C, Corbière M, Wykes T, Wallace CJ, Spidel A** (2008). Group cognitive behavior therapy or social skills training for individuals with a recent onset of

psychosis? Results of a randomized controlled trial. *Journal of Nervous and Mental Disease* **196**, 866-875.

- Patients were not all schizophrenic (> 20% with affective psychotic diagnoses).

#### *Studies of effectiveness against relapse*

**Buchkremer G, Klingberg S, Holle R, Schulze Monking H, Hornung WP** (1997). Psychoeducational psychotherapy for schizophrenic patients and their key relatives or care-givers: results of a 2-year follow-up. *Acta Psychiatrica Scandinavica* **96**, 483-491.

- Hospitalization was the only measure of relapse.

**Kuipers E, Fowler D, Garety P, Chisholm D, Freeman D, Dunn G, Bebbington P, Hadley C** (1998). London–East Anglia randomised controlled trial of cognitive-behavioural therapy for psychosis. III: Follow-up and economic evaluation at 18 months. *British Journal of Psychiatry* **173**, 61-68.

- No relapse data given.

**Drury V, Birchwood M, Cochrane R** (2000). Cognitive therapy and recovery from acute psychosis: a controlled trial. 3. Five-year follow-up. *British Journal of Psychiatry* **177**, 8-14.

- Patients were only assessed for relapse 5 years after receiving treatment (see text).

**Tarrier N, Kinney C, McCarthy E, Morris J, Humphreys L, Wittkowski A** (2000). Two-year follow-up of cognitive-behavioural therapy and supportive counselling in the treatment of persistent symptoms in chronic schizophrenia. *Journal of Consulting and Clinical Psychology* **68**, 917-922.

- Continuation of study already included (Tarrier *et al.* 1999).

**Bach P, Hayes SC** (2002). The use of acceptance and commitment therapy to prevent the rehospitalization of psychotic patients: a randomized controlled trial. *Journal of Consulting and Clinical Psychology* **70**, 1129-1139.

- Patients were not all schizophrenic. Diagnostic criteria not used.

**Haddock G, Barrowclough C, Tarrier N, Moring J, O'Brien R, Schofield N, Quinn J, Palmer S, Davies L, Lowens I, McGovern J, Lewis S** (2003). Cognitive-behavioural therapy and motivational intervention for schizophrenia and substance misuse. 18-month outcomes of a randomised controlled trial. *British Journal of Psychiatry* **183**, 418-426.

- Patients had co-morbid substance abuse. CBT group also received motivational interviewing.

**Bechdorf A, Kohn D, Knost B, Pukrop R, Klosterkotter J** (2005). A randomized comparison of group cognitive-behavioural therapy and group psychoeducation in acute patients with schizophrenia: outcome at 24 months. *Acta Psychiatrica Scandinavica* **112**, 173-179.

- Continuation of study already included (Bechdorf *et al.* 2004). Hospitalization was the only measure of relapse.

**Startup M, Jackson MC, Evans KE, Bendix S** (2005). North Wales randomized controlled trial of cognitive behaviour therapy for acute schizophrenia spectrum disorders: two-year follow-up and economic evaluation. *Psychological Medicine* **35**, 1307-1316.

- Hospitalization was the only measure of relapse.

**Grawe RW, Falloon IR, Widen JH, Skogvoll E** (2006). Two years of continued early treatment for recent-onset schizophrenia: a randomised controlled study. *Acta Psychiatrica Scandinavica* **114**, 328-336.

- Patients in the CBT group, but not those in the TAU group, also received family psycho-education, problem-solving skills training and crisis management. Hospitalization was the only measure of relapse.

**Turkington D, Kingdon D, Rathod S, Hammond K, Pelton J, Mehta R** (2006). Outcomes of an effectiveness trial of cognitive-behavioural intervention by mental health nurses in schizophrenia. *British Journal of Psychiatry* **189**, 36-40.

- Hospitalization was the only measure of relapse.

**Turkington D, Sensky T, Scott J, Barnes TR, Nur U, Siddle R, Hammond K, Samarasekara N, Kingdon D** (2008). A randomized controlled trial of cognitive-behavior therapy for persistent symptoms in schizophrenia: a five-year follow-up. *Schizophrenia Research* **98**, 1-7.

- Patients were only assessed for relapse 5 years after receiving treatment (see text).

### ***Major depression***

*Studies of effectiveness in treating symptoms*

**Lapointe KA, Rimm DC** (1980). Cognitive, assertive and insight-oriented group therapies in the treatment of reactive depression in women. *Psychotherapy Theory, Research and Practice* **17**, 312-321.

- Diagnostic criteria not used. Patients had 'situationally-related' reactive depression.

**Jacobson NS, Dobson KS, Truax PA, Addis ME, Koerner K, Gollan JK, Gortner E, Prince SE** (1996). A component analysis of cognitive-behavioral treatment for depression. *Journal of Consulting and Clinical Psychology* **64**, 295-304.

- Control intervention of behavioural activation contained significant elements of CBT.

**Ward E, King M, Lloyd M, Bower P, Sibbald B, Farrelly S, Gabbay M, TARRIER N, Addington-Hall J** (2000). Randomised controlled trial of non-directive counselling, cognitive-behaviour therapy, and usual general practitioner care for patients with depression. I: Clinical effectiveness. *British Medical Journal* **321**, 1383-1388.

- Did not use diagnostic criteria. Did not specify major depression.

**Verduyn C, Barrowclough C, Roberts J, TARRIER T, Harrington R** (2003). Maternal depression and child behaviour problems. Randomised placebo-controlled trial of a cognitive-behavioural group intervention. *British Journal of Psychiatry*, **183**, 342-348.

- Half of sample did not meet diagnostic criteria. Did not specify major depression.

**Milgrom J, Negri LM, Gemmill AW, McNeil M, Martin PR** (2005). A randomized controlled trial of psychological interventions for postnatal depression. *British Journal of Clinical Psychology* **44**, 529-542.

- Included patients with both major and minor depression.

#### *Studies of effectiveness against relapse*

**Kovacs M, Rush AJ, Beck AT, Hollon SD** (1981). Depressed outpatients treated with cognitive therapy or pharmacotherapy. A one-year follow-up. *Archives of General Psychiatry* **38**, 33-39.

- Did not use diagnostic criteria. Also some patients in the TAU group were discontinued from

**Miller IW, Norman WH, Keitner GI** (1989). Cognitive-behavioral treatment of depressed inpatients: six- and twelve-month follow-up. *American Journal of Psychiatry* **146**, 1274-1279.

- Hospitalization only measure of relapse. CBT and social skills training groups were combined in analysis.

**Evans MD, Hollon SD, DeRubeis RJ, Piasecki JM, Grove WM, Garvey MJ, Tuason VB** (1992). Differential relapse following cognitive therapy and pharmacotherapy for depression. *Archives of General Psychiatry* **49**, 802-808.

- Pill placebo group, but not CBT group, discontinued from antidepressants immediately prior to starting follow-up (see text).

**Fava GA, Grandi S, Zielezny M, Rafanelli C, Canestrari R** (1996). Four-year outcome for cognitive behavioral treatment of residual symptoms in major depression. *American Journal of Psychiatry* **153**, 945-947.

- Continuation of study already included (Fava *et al.* 1994).

**Fava GA, Rafanelli C, Grandi S, Canestrari R, Morphy MA** (1998). Six-year outcome for cognitive behavioral treatment of residual symptoms in major depression. *American Journal of Psychiatry* **155**, 1443-1445.

- Continuation of study already included (Fava *et al.* 1994).

**Jarrett RB, Kraft D, Schaffer M, Witt-Browder A, Risser R, Atkins DH, Doyle J** (2000). Reducing relapse in depressed outpatients with atypical features: a pilot study. *Psychotherapy and Psychosomatics* **69**, 232-239.

- Identified by authors as a pilot study. Also < 10 patients in relevant treatment arms.

**Fava GA, Ruini C, Rafanelli C, Finos L, Conti S, Grandi S** (2004). Six-year outcome of cognitive behavior therapy for prevention of recurrent depression. *American Journal of Psychiatry* **161**, 1872-1876.

- Continuation of study already included (Fava *et al.* 1998).

**Paykel ES, Scott J, Cornwall PL, Abbott R, Crane C, Pope M, Johnson AL** (2005). Duration of relapse prevention after cognitive therapy in residual depression: follow-up of controlled trial. *Psychological Medicine* **35**, 59-68.

- Continuation of study already included (Paykel *et al.* 1999).

**Klein DN, Santiago NJ, Vivian D, Blalock JA, Kocsis JH, Markowitz JC, McCullough Jr. JP, Rush AJ, Trivedi MH, Arnow BA, Dunner DL, Manber R, Rothbaum B, Thase ME, Keitner GI, Miller IW, Keller MB** (2004). Cognitive-behavioral analysis system of psychotherapy as a maintenance treatment for chronic depression. *Journal of Consulting and Clinical Psychology* **72**, 681-688.

- Cognitive behavioural analysis system contained elements of behavioural, cognitive, in

**Hollon SD, DeRubeis RJ, Shelton RC, Amsterdam JD, Salomon RM, O'Reardon JP, Lovett ML, Young PR, Haman KL, Freeman BB, Gallop R** (2005). Prevention of relapse following cognitive therapy vs medications in moderate to severe depression. *Archives of General Psychiatry* **62**, 417-422.

- Pill placebo group, but not CBT group, discontinued from antidepressants immediately prior to starting follow-up (see text).

**Segal ZV, Kennedy S, Gemar M, Hood K, Pedersen R, Buis T** (2006). Cognitive reactivity to sad mood provocation and the prediction of depressive relapse. *Archives of General Psychiatry* **63**, 749-755.

- TAU group, but not CBT group, discontinued from antidepressants immediately prior to starting follow-up (see text).

**Kuyken W, Byford S, Taylor R, Watkins E, Holden E, White K, Barrett B, Byng R, Evans A, Mullan E, Teasdale JD** (2008). Mindfulness-based cognitive therapy to prevent relapse in recurrent depression. *Journal of Consulting and Clinical Psychology* **76**, 966-978.

- Trial of CBT *versus* antidepressants.

**Dobson KS, Hollon SD, Dimidjian S, Schmalzing KB, Kohlenberg RJ, Gallop RJ, Rizvi SL, Gollan JK, Dunner DL, Jacobson NS** (2008). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the prevention of relapse and recurrence in major depression. *Journal of Consulting and Clinical Psychology* **76**, 468-477.

- TAU group, but not CBT group, discontinued from antidepressants immediately prior to starting follow-up (see text).

**Conradi HJ, de Jonge P, Ormel J** (2008). Cognitive-behavioural therapy v. usual care in recurrent depression. *British Journal of Psychiatry* **193**, 505-506.

- Diagnostic criteria not used; no relapse data given.

### ***Bipolar disorder***

#### *Studies of effectiveness against relapse*

**Lam D, Bright J, Jones S, Hayward P, Schuck N, Chisholm D, Sham P** (2000). Cognitive therapy for bipolar illness: a pilot study of relapse prevention. *Cognitive Therapy Research*, **24**, 5030-5020.

- Identified by authors as a pilot study.

**Lam DH, Hayward P, Watkins ER, Wright K, Sham P** (2005). Relapse prevention in patients with bipolar disorder: cognitive therapy outcome after 2 years. *American Journal of Psychiatry* **162**, 324-329.

- Continuation of study already included (Lam *et al.* 2003).

**Miklowitz DJ, Otto MW, Frank E, Reilly-Harrington NA, Wisniewski SR, Kogan JN, Nierenberg AA, Calabrese JR, Marangell LB, Gyulai L, Araga M, Gonzalez JM, Shirley ER, Thase ME, Sachs GS** (2007). Psychosocial treatments for bipolar depression: a 1-year randomized trial from the Systematic Treatment Enhancement Program. *Archives of General Psychiatry* **64**, 419-426.

- Did not include a measure of relapse.