

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

FIRST SUBMITTED VERSION

Supplement

Full Search String for the PubMed Database

Search: ((depress*[All Fields] OR depression[MeSH Terms] OR "depressive disorder"[MeSH Terms] OR "depressive disorder"[All Fields] OR "mood disorder"[All Fields] OR "mood disorders"[All Fields] OR "affective disorder"[All Fields] OR "affective disorders"[All Fields] OR MDD[All Fields] OR "major depression"[All Fields] OR "major depressive disorder"[All Fields]) **AND** ("child abuse"[MeSH Terms] OR "child abuse"[All Fields] OR "childhood abuse"[All Fields] OR "child trauma"[All Fields] OR "childhood trauma"[All Fields] OR "child physical abuse"[All Fields] OR "childhood physical abuse"[All Fields] OR "child sexual abuse"[All Fields] OR "childhood sexual abuse"[All Fields] OR "child emotional abuse"[All Fields] OR "childhood emotional abuse"[All Fields] OR "early interpersonal trauma"[All Fields] OR "child maltreatment"[All Fields] OR "childhood maltreatment"[All Fields] OR "child neglect"[All Fields] OR "childhood neglect"[All Fields] OR "early experience"[All Fields] OR "child adversity"[All Fields] OR "childhood adversity"[All Fields] OR "early adversity"[All Fields] OR "early life adversity"[All Fields] OR "early stress"[All Fields] OR "early life stress"[All Fields]) **AND** (therapy[MeSH Terms] OR therap*[All Fields] OR therapeutics[MeSH Terms] OR therapeutics[All Fields] OR treatment*[All Fields] OR psychotherap*[All Fields] OR psychotherapy[MeSH Terms] OR psychotherapy[All Fields] OR CBT[All Fields] OR pharmacotherap*[All Fields] OR pharmacotherapy[MeSH Terms] OR pharmacotherapy[All Fields] OR antidepressant*[All Fields] OR SSRI[All Fields] OR outcome[All Fields] OR "depressive symptoms"[All Fields] OR "depression severity"[All Fields] OR respon*[All Fields] OR improvement[All Fields] OR remission[All Fields]) **NOT** ("brain injury"[All Fields]) **AND** ("2013/11/21"[PDAT] : "2020/03/16"[PDAT]))

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

Childhood Trauma Questionnaire (28 item Short Form)

Bernstein D., & Fink L. (1998). *Childhood Trauma Questionnaire. A Retrospective Self-Report Questionnaire and Manual*. San Antonio, The Psychological Corporation

Cut-off: none/low vs. moderate/severe

Emotional abuse: none = 5-8; low = 9-12; moderate = 13-15; severe = 16+

Physical abuse: none = 5-7; low = 8-9; moderate = 10-12; severe = 13+

Sexual abuse: none = 5; low = 6-7; moderate = 8-12; severe = 13+

Emotional neglect: none = 5-9; low = 10-14; moderate = 15-17; severe = 18+

Physical neglect: none = 5-7; low = 8-9; moderate = 10-12; severe = 13+

Childhood Experience of Care and Abuse (CECA) Interview

Bifulco, A., Brown, G.W., & Harris, T. O. (1994). Childhood Experience of Care and Abuse (CECA): a retrospective interview measure. *J Child Psychol Psychiatry*, 35(8), 1419–35.

Cut-off: none/little/some vs. moderate-marked

Emotional abuse: none/little = 1; some = 2; moderate = 3; marked = 4

Physical abuse: none/little = 1; some = 2; moderate = 3; marked = 4

Sexual abuse: none/little = 1; some = 2; moderate = 3; marked = 4

Childhood Trauma Interview (CTI)

Used in Netherlands Mental Health Survey and Incidence Study (NEMESIS): de Graaf, R., Bijl, R. V., ten Have, M., Beekman, A. T., & Vollebergh, W. A. (2004). Rapid onset of comorbidity of common mental disorders: Findings from the Netherlands Mental Health Survey and Incidence Study (NEMESIS). *Acta Psychiatr Scand*, 109(1), 55-63.

Cut-off: no/once vs. sometimes/regularly/often/very often

Emotional abuse: no = 0; once = 1; sometimes = 2; regularly = 3; often = 4; very often = 5

Emotional neglect: no = 0; once = 1; sometimes = 2; regularly = 3; often = 4; very often = 5

Physical abuse: no = 0; once = 1; sometimes = 2; regularly = 3; often = 4; very often = 5

Sexual abuse: no = 0; once = 1; sometimes = 2; regularly = 3; often = 4; very often = 5

Measure of Parental Style (MOPS)

Parker, G., Roussos, J., Hadzi-Pavlovic, D., Mitchell, P., Wilhelm, K., & Austin, M.P. (1997). The development of a refined measure of dysfunctional parenting and assessment of its relevance in patients with affective disorders. *Psychol Med*, 27(5), 1193-203.

Cut-off: not at all true/ slightly true vs. moderately true/extremely true

Emotional neglect (MOPS indifference scale): not at all true = 0; slightly true = 1, moderately true = 2; extremely true = 3

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

Physical and emotional abuse (MOPS abuse scale): not at all true = 0; slightly true = 1, moderately true = 2; extremely true = 3

Traumatic Antecedents Questionnaire (TAQ)

Luxenberg, T., Spinazzola, J., & Van der Kolk, B. A. (2001). Complex trauma and disorders of extreme stress (DESNOS) diagnosis, part one: Assessment. *Directions in Psychiatry*, 21(25), 373–392.

Cut-off: never or not at all/rarely or a little bit vs. occasionally or moderately/often or very much

Emotional abuse: never or not at all = 0; rarely or a little bit = 1; occasionally or moderately = 2; often or very much = 3

Neglect: never or not at all = 0; rarely or a little bit = 1; occasionally or moderately = 2; often or very much = 3

Physical abuse: never or not at all = 0; rarely or a little bit = 1; occasionally or moderately = 2; often or very much = 3

Sexual abuse: never or not at all = 0; rarely or a little bit = 1; occasionally or moderately = 2; often or very much = 3

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

Reference List of Studies (Examined Are Bolded)

1. Ammerman, R. T., Peugh, J. L., Teeters, A. R., Putnam, F. W., & Van Ginkel, J. B. (2016). Child Maltreatment History and Response to CBT Treatment in Depressed Mothers Participating in Home Visiting. *J Interpers Violence*, 31(5), 774-791.
10.1177/0886260514556769
2. Baldwin, D. S., Loft, H., & Dragheim, M. (2012). A randomised, double-blind, placebo controlled, duloxetine-referenced, fixed-dose study of three dosages of Lu AA21004 in acute treatment of major depressive disorder (MDD). *Eur Neuropsychopharmacol*, 22(7), 482-491. 10.1016/j.euroneuro.2011.11.008
3. Boulenger, J. P., Loft, H., & Olsen, C. K. (2014). Efficacy and safety of vortioxetine (Lu AA21004), 15 and 20 mg/day: a randomized, double-blind, placebo-controlled, duloxetine-referenced study in the acute treatment of adult patients with major depressive disorder. *Int Clin Psychopharmacol*, 29(3), 138-149. 10.1097/YIC.0000000000000018
4. Brakemeier, E.-L., Radtke, M., Engel, V., Zimmermann, J., Tuschen-Caffier, B., Hautzinger, M., Schramm, E., Berger, M., & Normann, C. (2015). Overcoming treatment resistance in chronic depression: A pilot study on outcome and feasibility of the Cognitive Behavioral Analysis System of Psychotherapy as an inpatient treatment program. *Psychotherapy and Psychosomatics*, 84(1), 51-56.
10.1159/000369586
5. Bruijniks, S. J. E., Lemmens, L., Hollon, S. D., Peeters, F., Cuijpers, P., Arntz, A., Dingemanse, P., Willems, L., van Oppen, P., Twisk, J. W. R., van den Boogaard, M., Spijker, J., Bosmans, J., & Huibers, M. J. H. (2020). The effects of once- versus twice-weekly sessions on psychotherapy outcomes in depressed patients. *Br J Psychiatry*, 216(4), 222-230. 10.1192/bjp.2019.265
6. Chakrabarty, T., Harkness, K. L., McInerney, S. J., Quilty, L. C., Milev, R. V., Kennedy, S. H., Frey, B. N., MacQueen, G. M., Müller, D. J., Rotzinger, S., Uher, R., & Lam, R. W. (2020). Childhood maltreatment and cognitive functioning in patients with major depressive disorder: a CAN-BIND-1 report. *Psychological Medicine*, 50(15), 2536-2547. 10.1017/S003329171900268X
7. Chin Fatt, C. R., Jha, M. K., Cooper, C. M., Fonzo, G., South, C., Grannemann, B., Carmody, T., Greer, T. L., Kurian, B., Fava, M., McGrath, P. J., Adams, P., McInnis, M., Parsey, R. V., Weissman, M., Phillips, M. L., Etkin, A., & Trivedi, M. H. (2020). Effect of intrinsic patterns of functional brain connectivity in moderating

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

- antidepressant treatment response in major depression. *The American Journal of Psychiatry*, 177(2), 143-154. 10.1176/appi.ajp.2019.18070870**
8. Ciechanowski, P. S., Russo, J. E., Katon, W. J., Von Korff, M., Simon, G. E., Lin, E. H., Ludman, E. J., & Young, B. A. (2006). The association of patient relationship style and outcomes in collaborative care treatment for depression in patients with diabetes. *Med Care*, 44(3), 283-291. 10.1097/01.mlr.0000199695.03840.0d
9. **Day, C. V., John Rush, A., Harris, A. W., Boyce, P. M., Rekshan, W., Etkin, A., DeBattista, C., Schatzberg, A. F., Arnow, B. A., & Williams, L. M. (2015). Impairment and distress patterns distinguishing the melancholic depression subtype: an iSPOT-D report. *J Affect Disord*, 174, 493-502. 10.1016/j.jad.2014.10.046**
10. **Douglas, K. M., & Porter, R. J. (2012). The effect of childhood trauma on pharmacological treatment response in depressed inpatients. *Psychiatry Res*, 200(2-3), 1058-1061. 10.1016/j.psychres.2012.06.015**
11. **Dunlop, B. W., Kelley, M. E., Aponte-Rivera, V., Mletzko-Crowe, T., Kinkead, B., Ritchie, J. C., Nemeroff, C. B., Craighead, W. E., & Mayberg, H. S. (2017). Effects of Patient Preferences on Outcomes in the Predictors of Remission in Depression to Individual and Combined Treatments (PReDICT) Study. *Am J Psychiatry*, 174(6), 546-556. 10.1176/appi.ajp.2016.16050517**
12. **Dunlop, B. W., Kelley, M. E., Mletzko, T. C., Velasquez, C. M., Craighead, W. E., & Mayberg, H. S. (2012). Depression beliefs, treatment preference, and outcomes in a randomized trial for major depressive disorder. *J Psychiatr Res*, 46(3), 375-381. 10.1016/j.jpsychires.2011.11.003**
13. Eisendrath, S. J., Gillung, E., Delucchi, K. L., Segal, Z. V., Nelson, J. C., McInnes, L. A., Mathalon, D. H., & Feldman, M. D. (2016). A Randomized Controlled Trial of Mindfulness-Based Cognitive Therapy for Treatment-Resistant Depression. *Psychother Psychosom*, 85(2), 99-110. 10.1159/000442260
14. **Friedman, E. S., Davis, L. L., Zisook, S., Wisniewski, S. R., Trivedi, M. H., Fava, M., & Rush, A. J. (2012). Baseline depression severity as a predictor of single and combination antidepressant treatment outcome: results from the CO-MED trial. *Eur Neuropsychopharmacol*, 22(3), 183-199. 10.1016/j.euroneuro.2011.07.010**
15. Geng, L. Y., Ye, D. Q., Shi, Y. Y., Xu, Z., Pu, M. J., Li, Z. Y., Li, X. L., Li, Y., & Zhang, Z. J. (2014). Influence of genetic polymorphisms involved in the hypothalamic-pituitary-adrenal axis and their interactions with environmental factors on antidepressant response. *CNS Neurosci Ther*, 20(3), 237-243. 10.1111/cns.12201

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

16. Grote, N. K., Spieker, S. J., Lohr, M. J., Geibel, S. L., Swartz, H. A., Frank, E., Houck, P. R., & Katon, W. (2012). Impact of childhood trauma on the outcomes of a perinatal depression trial. *Depress Anxiety*, 29(7), 563-573. 10.1002/da.21929
17. Guhn, A., Köhler, S., Brakemeier, E. L., & Sterzer, P. (2021). Cognitive Behavioral Analysis System of Psychotherapy for inpatients with persistent depressive disorder: a naturalistic trial on a general acute psychiatric unit. *Eur Arch Psychiatry Clin Neurosci*, 271(3), 495-505. 10.1007/s00406-019-01038-5
18. Heinonen, E., Knekt, P., Häkkinen, T., Virtala, E., & Lindfors, O. (2018). Childhood adversities as predictors of improvement in psychiatric symptoms and global functioning in solution-focused and short- and long-term psychodynamic psychotherapy during a 5-year follow-up. *J Affect Disord*, 235, 525-534. 10.1016/j.jad.2018.04.033
19. Jacobsen, P. L., Mahableshwarkar, A. R., Serenko, M., Chan, S., & Trivedi, M. H. (2015). A randomized, double-blind, placebo-controlled study of the efficacy and safety of vortioxetine 10 mg and 20 mg in adults with major depressive disorder. *J Clin Psychiatry*, 76(5), 575-582. 10.4088/JCP.14m09335
20. Jobst, A., Sabaß, L., Hall, D., Brücklmeier, B., Buchheim, A., Hall, J., Sarubin, N., Zill, P., Falkai, P., Brakemeier, E. L., & Padberg, F. (2018). Oxytocin plasma levels predict the outcome of psychotherapy: A pilot study in chronic depression. *J Affect Disord*, 227, 206-213. 10.1016/j.jad.2017.10.037
21. Johnson, J. E., & Zlotnick, C. (2012). Pilot study of treatment for major depression among women prisoners with substance use disorder. *J Psychiatr Res*, 46(9), 1174-1183. 10.1016/j.jpsychires.2012.05.007
22. Johnstone, J. M., Carter, J. D., Luty, S. E., Mulder, R. T., Frampton, C. M., & Joyce, P. R. (2013). Maternal care and paternal protection influence response to psychotherapy treatment for adult depression. *J Affect Disord*, 149(1-3), 221-229. 10.1016/j.jad.2013.01.030
23. Johnstone, J. M., Luty, S. E., Carter, J. D., Mulder, R. T., Frampton, C. M., & Joyce, P. R. (2009). Childhood neglect and abuse as predictors of antidepressant response in adult depression. *Depress Anxiety*, 26(8), 711-717. 10.1002/da.20590
24. Kato, M., Takekita, Y., Koshikawa, Y., Sakai, S., Bandou, H., Nishida, K., Sunada, N., Onohara, A., Hatashita, Y., Serretti, A., & Kinoshita, T. (2017). Non response at week 4 as clinically useful indicator for antidepressant combination in major depressive disorder. A sequential RCT. *J Psychiatr Res*, 89, 97-104. 10.1016/j.jpsychires.2017.02.003

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

- 25.** Klein, D. N., Arnow, B. A., Barkin, J. L., Dowling, F., Kocsis, J. H., Leon, A. C., Manber, R., Rothbaum, B. O., Trivedi, M. H., & Wisniewski, S. R. (2009). Early adversity in chronic depression: clinical correlates and response to pharmacotherapy. *Depress Anxiety*, 26(8), 701-710. [10.1002/da.20577](https://doi.org/10.1002/da.20577)
- 26.** Konradt, C. E., Vieira, I. S., Cardoso, T. A., Zeni, C. P., Souza, L. D. M., da Silva, R. A., & Jansen, K. (2019). Persistence of symptoms after cognitive therapies is associated with childhood trauma: A six months follow-up study. *Psychiatry Res*, 275, 177-180. [10.1016/j.psychres.2019.02.044](https://doi.org/10.1016/j.psychres.2019.02.044)
- 27.** Kopf-Beck, J., Zimmermann, P., Egli, S., Rein, M., Kappelmann, N., Fietz, J., Tamm, J., Rek, K., Lucae, S., Brem, A. K., Samann, P., Schilbach, L., & Keck, M. E. (2020). Schema therapy versus cognitive behavioral therapy versus individual supportive therapy for depression in an inpatient and day clinic setting: study protocol of the OPTIMA-RCT. *BMC Psychiatry*, 20(1), 506. [10.1186/s12888-020-02880-x](https://doi.org/10.1186/s12888-020-02880-x)
- 28.** Lever-van Milligen, B. A., Verhoeven, J. E., Schmaal, L., van Velzen, L. S., Révész, D., Black, C. N., Han, L. K. M., Horsfall, M., Batelaan, N. M., van Balkom, A. J. L. M., van Schaik, D. J. F., van Oppen, P., & Penninx, B. W. J. H. (2019). The impact of depression and anxiety treatment on biological aging and metabolic stress: Study protocol of the MOod Treatment with Antidepressants or Running (MOTAR) study. *BMC Psychiatry*, 19(1):425. [10.1186/s12888-019-2404-0](https://doi.org/10.1186/s12888-019-2404-0)
- 29.** Lu, X. W., Guo, H., Sun, J. R., Dong, Q. L., Zhao, F. T., Liao, X. H., Zhang, L., Zhang, Y., Li, W. H., Li, Z. X., Liu, T. B., He, Y., Xia, M. R., & Li, L. J. (2018). A shared effect of paroxetine treatment on gray matter volume in depressive patients with and without childhood maltreatment: A voxel-based morphometry study. *CNS Neurosci Ther*, 24(11), 1073-1083. [10.1111/cns.13055](https://doi.org/10.1111/cns.13055)
- 30.** Mahableshwarkar, A. R., Zajecka, J., Jacobson, W., Chen, Y., & Keefe, R. S. (2015). A Randomized, Placebo-Controlled, Active-Reference, Double-Blind, Flexible-Dose Study of the Efficacy of Vortioxetine on Cognitive Function in Major Depressive Disorder. *Neuropsychopharmacology*, 40(8), 2025-2037. [10.1038/npp.2015.52](https://doi.org/10.1038/npp.2015.52)
- 31.** Miniati, M., Rucci, P., Benvenuti, A., Frank, E., Buttenfield, J., Giorgi, G., & Cassano, G. B. (2010). Clinical characteristics and treatment outcome of depression in patients with and without a history of emotional and physical abuse. *J Psychiatr Res*, 44(5), 302-309. [10.1016/j.jpsychires.2009.09.008](https://doi.org/10.1016/j.jpsychires.2009.09.008)

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

32. Miranda, J., Chung, J. Y., Green, B. L., Krupnick, J., Siddique, J., Revicki, D. A., & Belin, T. (2003). Treating depression in predominantly low-income young minority women: a randomized controlled trial. *Jama*, 290(1), 57-65. 10.1001/jama.290.1.57
33. Nemeroff, C. B., Heim, C. M., Thase, M. E., Klein, D. N., Rush, A. J., Schatzberg, A. F., Ninan, P. T., McCullough, J. P., Weiss, P. M., Dunner, D. L., Rothbaum, B. O., Kornstein, S., Keitner, G., & Keller, M. B. (2003). Differential responses to psychotherapy versus pharmacotherapy in patients with chronic forms of major depression and childhood trauma. *Proc Natl Acad Sci USA* (100), 14293–14296. 10.1073/pnas.2336126100
34. Niciu, M. J., Abdallah, C. G., Fenton, L. R., Fasula, M. K., Black, A., Anderson, G. M., & Sanacora, G. (2015). A history of early life parental loss or separation is associated with successful cognitive-behavioral therapy in major depressive disorder. *J Affect Disord*, 187, 241-244. 10.1016/j.jad.2015.08.026
35. Nakagawa, A., Mitsuda, D., Sado, M., Abe, T., Fujisawa, D., Kikuchi, T., Iwashita, S., Mimura, M., & Ono, Y. (2017). Effectiveness of supplementary cognitive-behavioral therapy for pharmacotherapy-resistant depression: A randomized controlled trial. *Journal of Clinical Psychiatry*, 78(8), 1126-1135. 10.4088/JCP.15m10511
36. Okada, S., Morinobu, S., Fuchikami, M., Segawa, M., Yokomaku, K., Kataoka, T., Okamoto, Y., Yamawaki, S., Inoue, T., Kusumi, I., Koyama, T., Tsuchiyama, K., Terao, T., Kokubo, Y., & Mimura, M. (2014). The potential of SLC6A4 gene methylation analysis for the diagnosis and treatment of major depression. *J Psychiatr Res*, 53, 47-53. 10.1016/j.jpsychires.2014.02.002
37. Ostacoli, L., Carletto, S., Cavallo, M., Baldomir-Gago, P., Di Lorenzo, G., Fernandez, I., Hase, M., Justo-Alonso, A., Lehnung, M., Migliaretti, G., Oliva, F., Pagani, M., Recarey-Eiris, S., Torta, R., Tumani, V., Gonzalez-Vazquez, A. I., & Hofmann, A. (2018). Comparison of eye movement desensitization reprocessing and cognitive behavioral therapy as adjunctive treatments for recurrent depression: The European Depression EMDR Network (EDEN) randomized controlled trial. *Frontiers in Psychology*, 9:74. 10.3389/fpsyg.2018.00074
38. Pandina, G., Turkoz, I., & Bossie, C. (2013). Impact of self-reported juvenile abuse on treatment outcome in patients with major depressive disorder. *J Affect Disord*, 151(1), 384-391. 10.1016/j.jad.2013.01.053

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

- 39. Rief, W., Bleichhardt, G., Dannehl, K., Euteneuer, F., & Wambach, K. (2018). Comparing the Efficacy of CBASP with Two Versions of CBT for Depression in a Routine Care Center: a Randomized Clinical Trial. *Psychotherapy and psychosomatics*, 87(3), 164-178. 10.1159/000487893**
40. Sakado, K., Sato, T., Uehara, T., Sakado, M., & Someya, T. (1999). Perceived parenting pattern and response to antidepressants in patients with major depression. *J Affect Disord*(52), 59–66. 10.1016/s0165-0327(98)00062-7
- 41. Schramm, E., Kriston, L., Zobel, I., Bailer, J., Wambach, K., Backenstrass, M., Klein, J., Schoepf, D., Schnell, K., Gumz, A., Bausch, P., Fangmeier, T., Meister, R., Berger, M., Hautzinger, M., & Härter, M. (2017). Effect of Disorder-Specific vs Nonspecific Psychotherapy for Chronic Depression: a Randomized Clinical Trial. *JAMA Psychiatry*, 74(3), 233-242. 10.1001/jamapsychiatry.2016.3880**
- 42. Schramm, E., Zobel, I., Dykierek, P., Kech, S., Brakemeier, E. L., Kulz, A., & Berger, M. (2011). Cognitive behavioral analysis system of psychotherapy versus interpersonal psychotherapy for early-onset chronic depression: a randomized pilot study. *J Affect Disord*, 129(1-3), 109-116. 10.1016/j.jad.2010.08.003**
- 43. Schramm, E., Zobel, I., Schoepf, D., Fangmeier, T., Schnell, K., Walter, H., Drost, S., Schmidt, P., Brakemeier, E. L., Berger, M., & Normann, C. (2015). Cognitive Behavioral Analysis System of Psychotherapy versus Escitalopram in Chronic Major Depression. *Psychother Psychosom*, 84(4), 227-240. 10.1159/000381957**
44. Singh, A. B., Bousman, C. A., Ng, C. H., Byron, K., & Berk, M. (2015). Effects of persisting emotional impact from child abuse and norepinephrine transporter genetic variation on antidepressant efficacy in major depression: a pilot study. *Clin Psychopharmacol Neurosci*, 13(1), 53-61. 10.9758/cpn.2015.13.1.53
45. Spinelli, M. G., & Endicott, J. (2003). Controlled clinical trial of interpersonal psychotherapy versus parenting education program for depressed pregnant women. *Am J Psychiatry*, 160(3), 555-562. 10.1176/appi.ajp.160.3.555
46. Stevenson, J., Haliburn, J., & Halovic, S. (2016). Trauma, personality disorders and chronic depression – the role of the conversational model of psychodynamic psychotherapy in treatment resistant depression. *Psychoanalytic Psychotherapy*, 30(1), 23-41. 10.1080/02668734.2015.1107122
47. Swartz, H. A., Cyranowski, J. M., Cheng, Y., & Amole, M. (2018). Moderators and mediators of a maternal depression treatment study: Impact of maternal trauma and

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

- parenting on child outcomes. *Compr Psychiatry*, 86, 123-130.
10.1016/j.comppsych.2018.08.001
48. Tolahunase, M. R., Sagar, R., & Dada, R. (2018). 5-HTTLPR and MTHFR 677C>T polymorphisms and response to yoga-based lifestyle intervention in major depressive disorder: A randomized active-controlled trial. *Indian J Psychiatry*, 60(4), 410-426.
10.4103/psychiatry.IndianJPschiatry_398_17
49. **Toth, S. L., Rogosch, F. A., Oshri, A., Gravener-Davis, J., Sturm, R., & Morgan-Lopez, A. A.** (2013). The efficacy of interpersonal psychotherapy for depression among economically disadvantaged mothers. *Dev Psychopathol*, 25(4 Pt 1), 1065-1078. 10.1017/s0954579413000370
50. **van Bronswijk, S. C., DeRubeis, R. J., Lemmens, L., Peeters, F., Keefe, J. R., Cohen, Z. D., & Huibers, M. J. H.** (2021). Precision medicine for long-term depression outcomes using the Personalized Advantage Index approach: cognitive therapy or interpersonal psychotherapy? *Psychol Med*, 51(2), 279-289.
10.1017/s0033291719003192
51. Wang, P., Lv, Q., Mao, Y., Zhang, C., Bao, C., Sun, H., Chen, H., Yi, Z., Cai, W., & Fang, Y. (2018a). HTR1A/1B DNA methylation may predict escitalopram treatment response in depressed Chinese Han patients. *J Affect Disord*, 228, 222-228.
10.1016/j.jad.2017.12.010
52. **Wiersma, J. E., Schaik, D. J. F., Hoogendorn, A. W., Dekker, J. J., Van, H. L., Schoevers, R. A., Blom, M. B. J., Maas, K., Smit, J. H., McCullough Jr, J. P., Beekman, A. T. F., & Oppen, P.** (2014). The effectiveness of the cognitive behavioral analysis system of psychotherapy for chronic depression: A randomized controlled trial. *Psychotherapy and Psychosomatics*, 83(5), 263-269. 10.1159/000360795
53. Zisook, S., Tal, I., Weingart, K., Hicks, P., Davis, L. L., Chen, P., Yoon, J., Johnson, G. R., Vertrees, J. E., Rao, S., Pilkinton, P. D., Wilcox, J. A., Sapra, M., Iranmanesh, A., Huang, G. D., & Mohamed, S. (2016). Characteristics of U.S. Veteran Patients with Major Depressive Disorder who require "next-step" treatments: A VAST-D report. *J Affect Disord*, 206, 232-240. 10.1016/j.jad.2016.07.023
54. **Zobel, I., Kech, S., van Calker, D., Dykierrek, P., Berger, M., Schneibel, R., & Schramm, E.** (2011). Long-term effect of combined interpersonal psychotherapy and pharmacotherapy in a randomized trial of depressed patients. *Acta Psychiatr Scand*, 123(4), 276-282. 10.1111/j.1600-0447.2010.01671.x

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

Table S1. Description of included studies and distribution of potential effect modifiers.

Characteristics	All studies (k = 29)	
	k	%
Design		
RCT	20	68.97
Open trial	9	31.03
Country		
Europe	15	51.72
North America	9	31.04
Other	5	17.24
Diagnosis		
Chronic depression/TRD	11	37.93
Other	18	62.07
Depression measure		
Clinician-rated	21	72.41
Self-reported	8	27.59
CT measure		
Childhood trauma questionnaire (CTQ)	18	62.07
Other	11	37.93
Study year, median (IQR)	2017	4
Risk of bias		
Low	8	27.59
Some concerns	15	51.72
High	6	20.69
All trial arms (k = 57)		
Treatment		
Pharmacotherapy	21	36.84
SSRI	10	47.62
Other	11	52.38
Psychotherapy	27	47.37
CBT	10	37.04
Other	17	62.96
Combination	1	1.75
Treatment length (weeks), median (IQR)	12	8
Control	8	14.04
CAU	4	50
Other	4	50
Number of patients (n = 6830)		
CT, n (%)	4268	62.49

Note: CT, childhood trauma; CBT, Cognitive Behavioral Therapy; CAU, care-as-usual; RCT, randomized clinical trial; SSRI, selective serotonin reuptake inhibitor; TRD, treatment-resistant depression

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

Table S2. Results of random-effects meta-analyses for CT types.

	CT Types - Subgroup Analyses						
	<i>k_{comp}</i>	<i>n_{total}</i>	<i>g</i>	95% CI	<i>I²</i>	95% CI	<i>p_{subgroup}</i>
Depression Severity							
Baseline comparison							
CT vs. No CT							0.075
• Emotional abuse	50	4767	0.310	0.224-0.395	2.8	0.0-27.3	
• Emotional neglect	45	3799	0.196	0.127-0.265	0.0	0.0-34.5	
• Physical abuse	52	3997	0.344	0.253-0.436	10.9	0.0-37.1	
• Physical neglect	45	3024	0.268	0.183-0.354	0.0	0.0-34.5	
• Sexual abuse	53	3792	0.295	0.212-0.378	0.0	0.0-32.2	
Treatment effect							
CT (within-group)							0.951
• Emotional abuse	44	2250	1.277	1.080-1.474	85.6	81.5-88.8	
• Emotional neglect	38	1929	1.327	1.136-1.518	69.6	57.7-78.2	
• Physical abuse	46	1587	1.249	1.046-1.451	74.6	66.2-80.9	
• Physical neglect	39	1066	1.224	1.001-1.447	77.6	69.7-83.4	
• Sexual abuse	47	1195	1.236	1.041-1.432	62.6	48.9-72.7	
CT vs. No CT (between-group)							0.813
• Emotional abuse	43	4381	0.089	-0.070-0.248	53.0	33.5-66.8	
• Emotional neglect	38	3388	0.058	-0.082-0.198	42.6	15.4-61.0	
• Physical abuse	45	3744	0.116	-0.027-0.260	48.9	27.7-63.8	
• Physical neglect	39	2775	0.001	-0.152-0.153	53.8	33.6-67.9	
• Sexual abuse	46	3532	0.104	-0.033-0.241	33.4	4.2-53.7	
Treatment vs. control							
CT (between-group)							0.932
• Emotional abuse	10	558	0.502	0.227-0.777	14.7	0.0-56.0	
• Emotional neglect	10	628	0.683	0.326-1.040	59.3	18.3-79.7	
• Physical abuse	8	304	0.546	0.170-0.921	7.8	0.0-70.1	
• Physical neglect	9	336	0.576	0.223-0.929	4.9	0.0-66.5	
• Sexual abuse	9	309	0.564	0.241-0.888	0.0	0.0-64.8	
Dropout							
	<i>k_{comp}</i>	<i>n_{total}</i>	<i>RR</i>	95% CI	<i>I²</i>	95% CI	<i>p_{subgroup}</i>
CT vs. No CT (between-group)							0.384
• Emotional abuse	28	2865	1.057	0.912-1.226	0.0	0.0-41.9	
• Emotional neglect	20	1321	1.008	0.821-1.237	0.0	0.0-48.0	
• Physical abuse	26	2042	1.088	0.948-1.249	0.0	0.0-43.2	
• Physical neglect	19	1460	1.190	1.051-1.347	0.0	0.0-48.9	
• Sexual abuse	24	2059	1.187	1.066-1.321	0.0	0.0-44.6	

Note: boldface indicates significance at $p < .05$. CT, childhood trauma; comp, comparisons.

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

Table S3. Results of meta-regressions and subgroup analyses.

CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

• CT measure																			
CTQ	9	0.662	0.339-0.985	51.1	0.0-77.1			0.621	0.878										
Other	2	0.379	-6.672-7.430	65.5	0.0-92.2														
No CT (between-group)																			
• Country																			
North America	3	-0.295	-1.439-0.849	55.7	0.0-87.4			0.093	0.558										
Europe	7	0.213	-0.138-0.565	0.0	0.0-70.8														
• Diagnosis																			
Chronic/TRD	3	0.345	-1.351-2.042	77.4	26.7-93.0														
Other	8	0.075	-0.369-0.519	56.3	3.7-80.2														
• CT measure																			
CTQ	9	0.031	-0.352-0.414	50.0	0.0-76.7			0.272	0.653										
Other	2	0.613	-5.772-6.997	77.0	0.0-94.7														
Dropout		k_{comp}	RR	95% CI	I²	95% CI	p_{subgroup}			B	p	p_{FDR}	B	p	p_{FDR}	B	p	p_{FDR}	
CT vs. No CT (between-group)										-0.004	0.825	0.888	-0.002	0.840	0.888	0.055	0.554	0.888	
• Design																			
RCT	24	1.064	0.929-1.219	0.0	0.0-44.6			0.888	0.888										
Open trial	5	1.044	0.762-1.432	0.0	0.0-79.2														
• Country																			
North America	9	1.108	0.851-1.441	0.0	0.0-64.8			0.615	0.888										
Europe	15	0.978	0.793-1.207	0.0	0.0-53.6														
Other	5	1.101	0.846-1.432	0.0	0.0-79.2														
• Diagnosis																			
Chronic/TRD	9	1.046	0.818-1.337	0.0	0.0-64.8			0.850	0.888										
Other	20	1.071	0.926-1.240	0.0	0.0-48.0														
• CT measure																			
CTQ	16	1.107	0.930-1.318	0.0	0.0-52.3			0.575	0.888										
Other	13	1.036	0.862-1.246	0.0	0.0-56.6														
• Treatment type																			
Pharmacotherapy	11	1.140	0.996-1.304	0.0	0.0-60.2			0.592	0.888										
Psychotherapy	13	1.070	0.857-1.335	0.0	0.0-56.6														

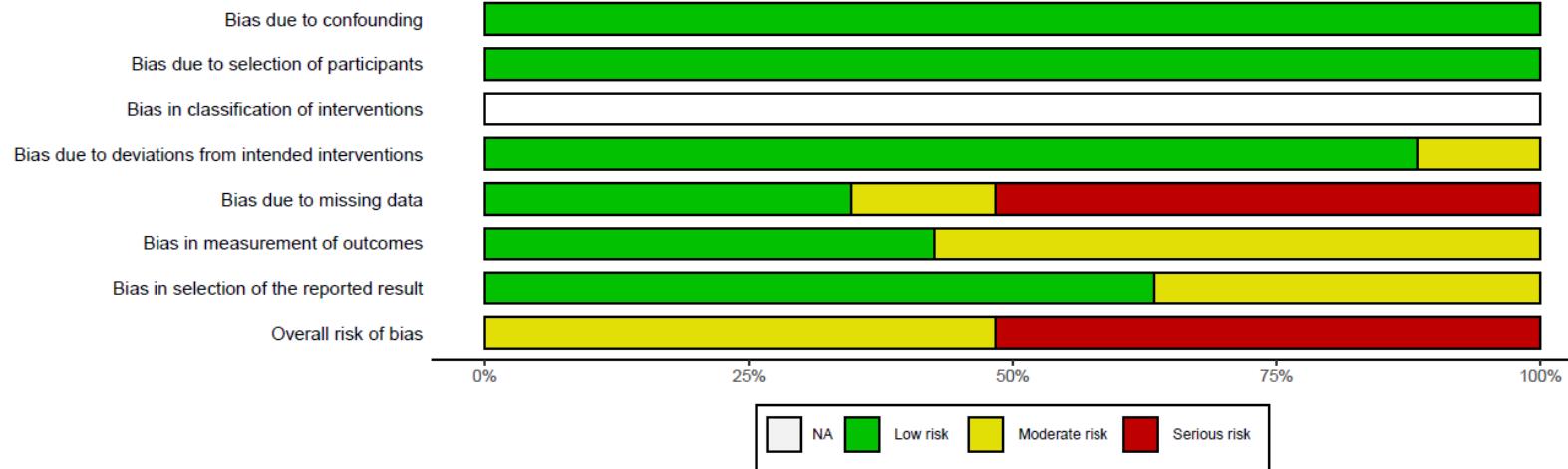
Note: boldface indicates significance at p < .05; FDR adjustment for: 6 tests (baseline comparison), 8 tests (treatment effect; dropout), 12 tests (treatment vs. control).

CT, childhood trauma; CTQ, Childhood Trauma Questionnaire; comp, comparisons; RCT, randomized clinical trial; TRD, treatment-resistant depression

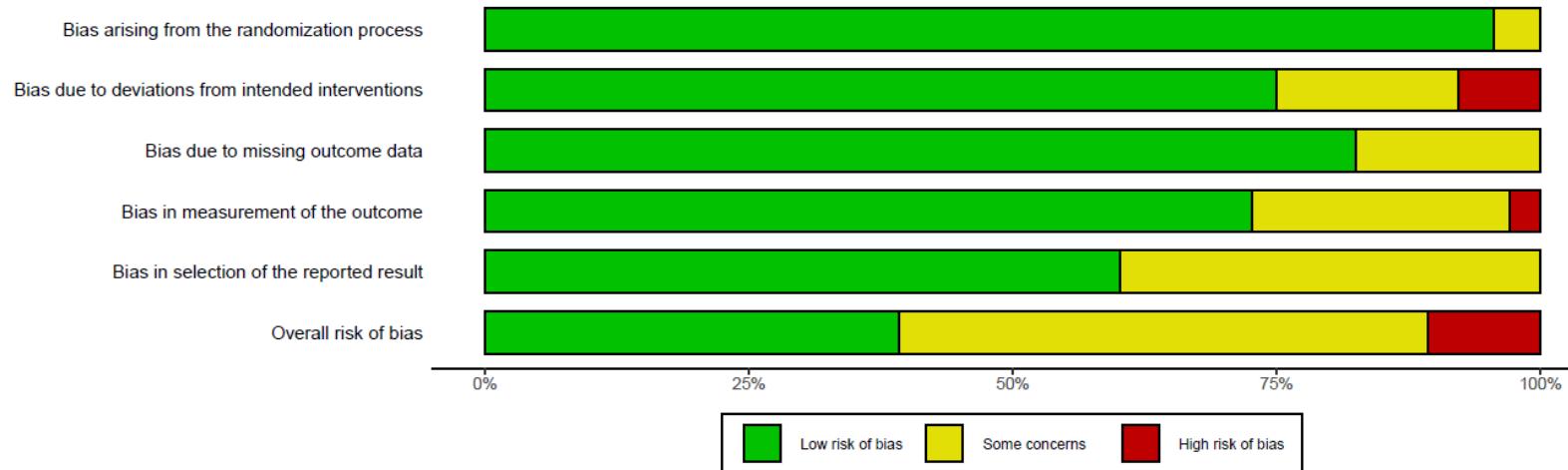
CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

Weighted Risk-Of-Bias Summary Plots

RoB Open Trials (ROBINS-I)



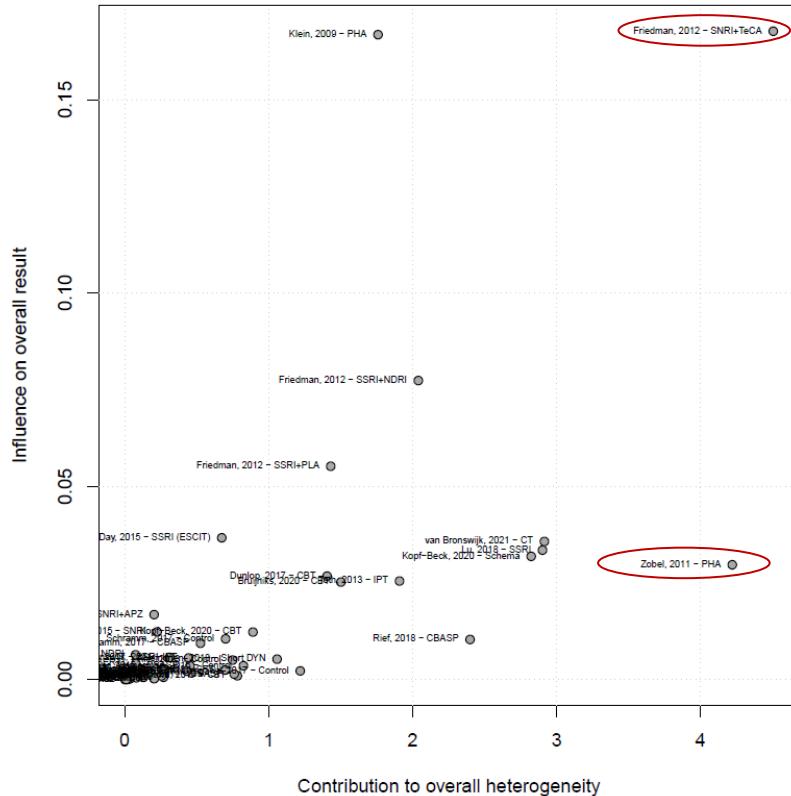
RoB RCTs (RoB 2.0)



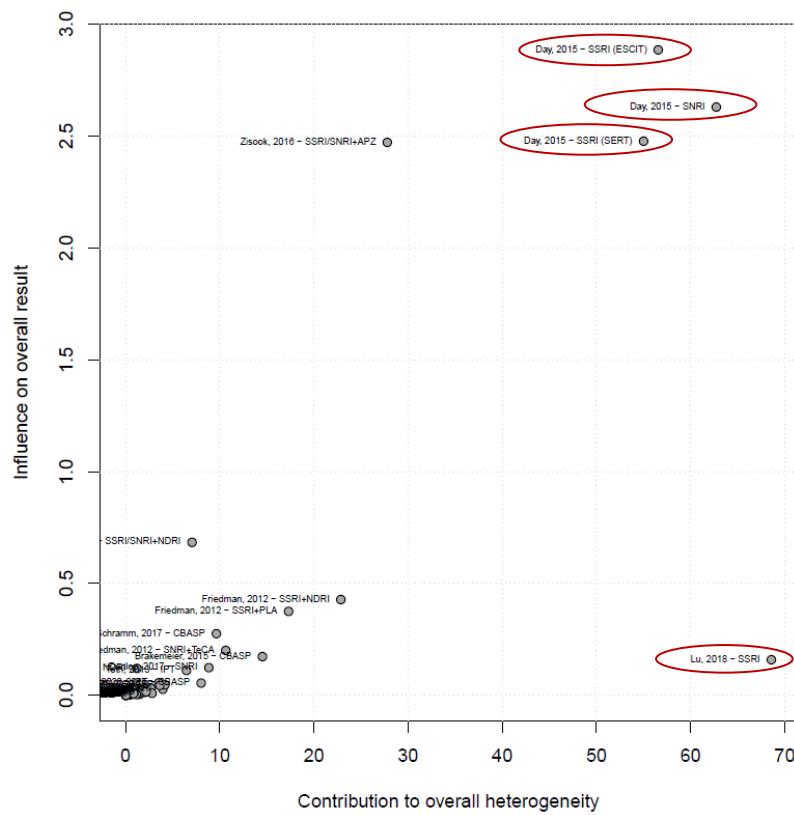
CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

Baujat Plots

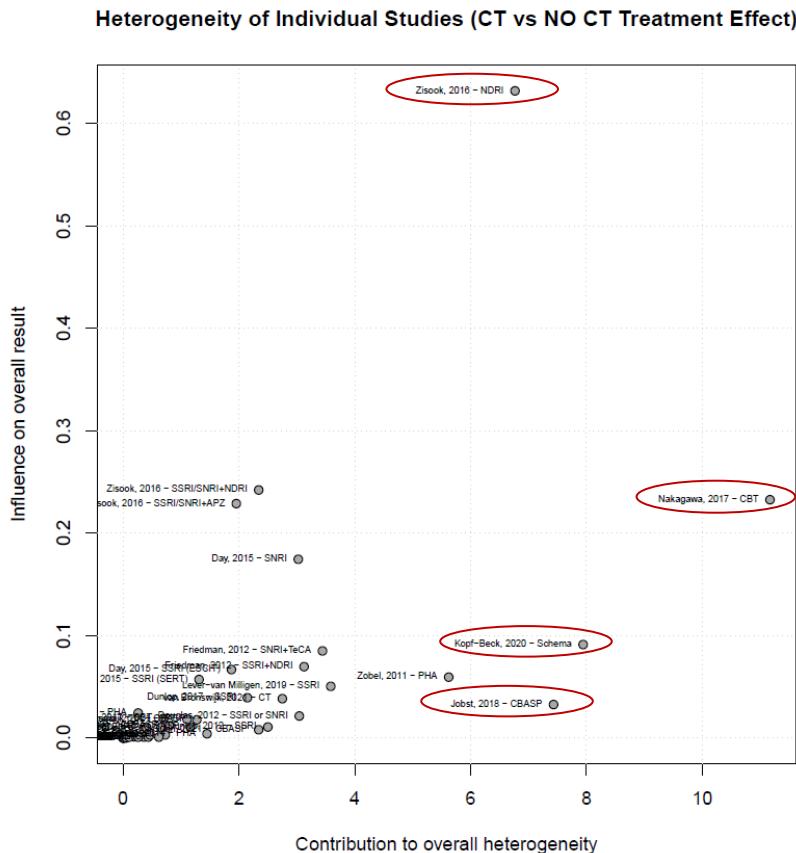
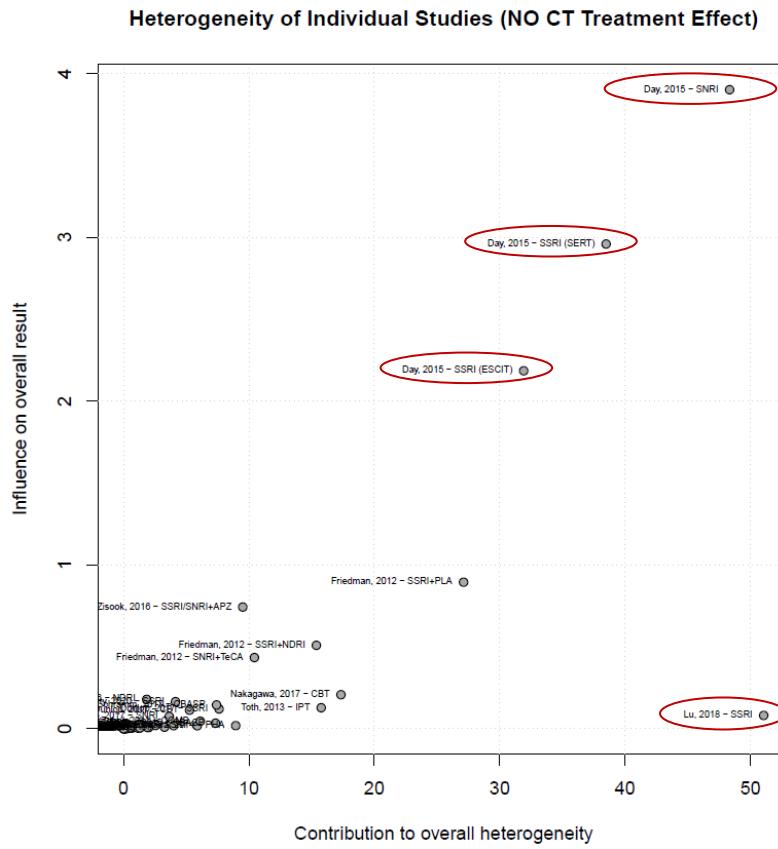
Heterogeneity of Individual Studies (Baseline)



Heterogeneity of Individual Studies (CT Treatment Effect)

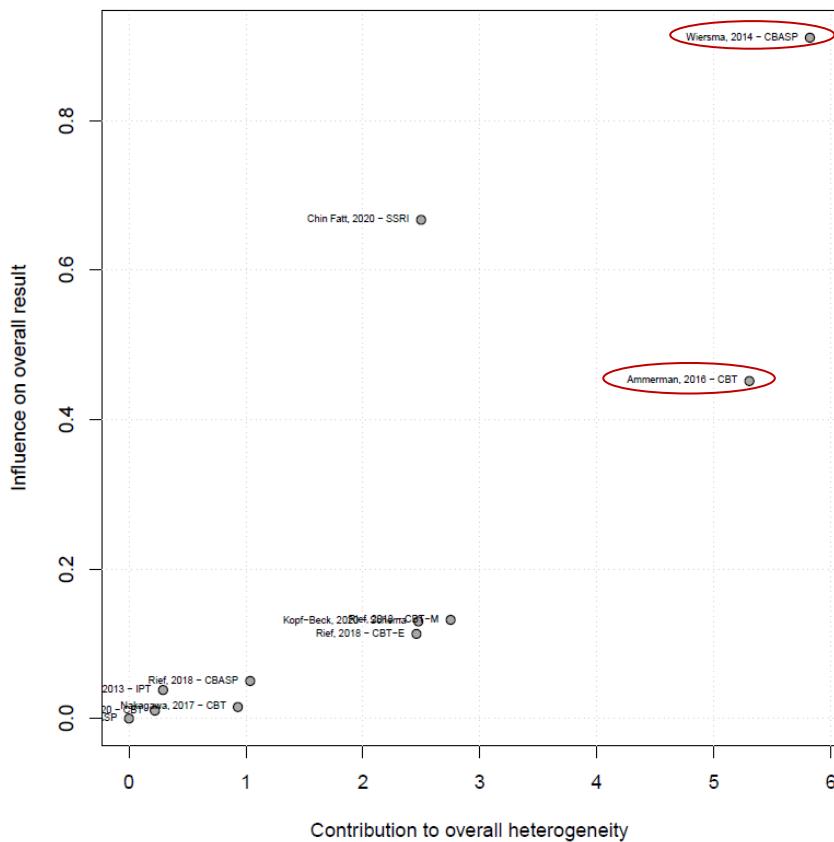


CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

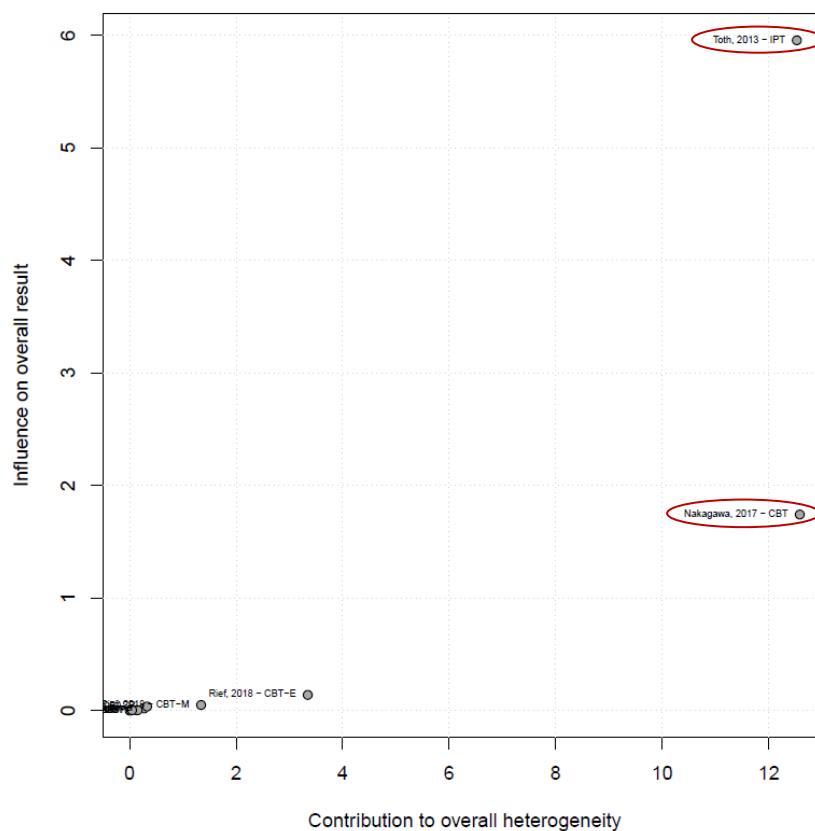


CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

Heterogeneity of Individual Studies (CT Treatment vs Control)

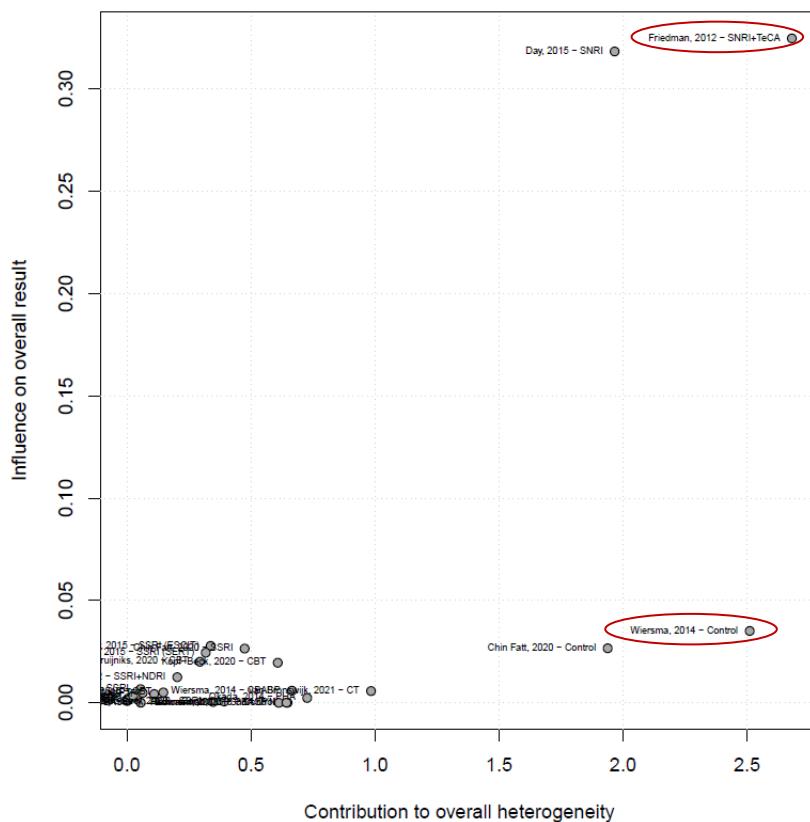


Heterogeneity of Individual Studies (No CT Treatment vs No CT Control)



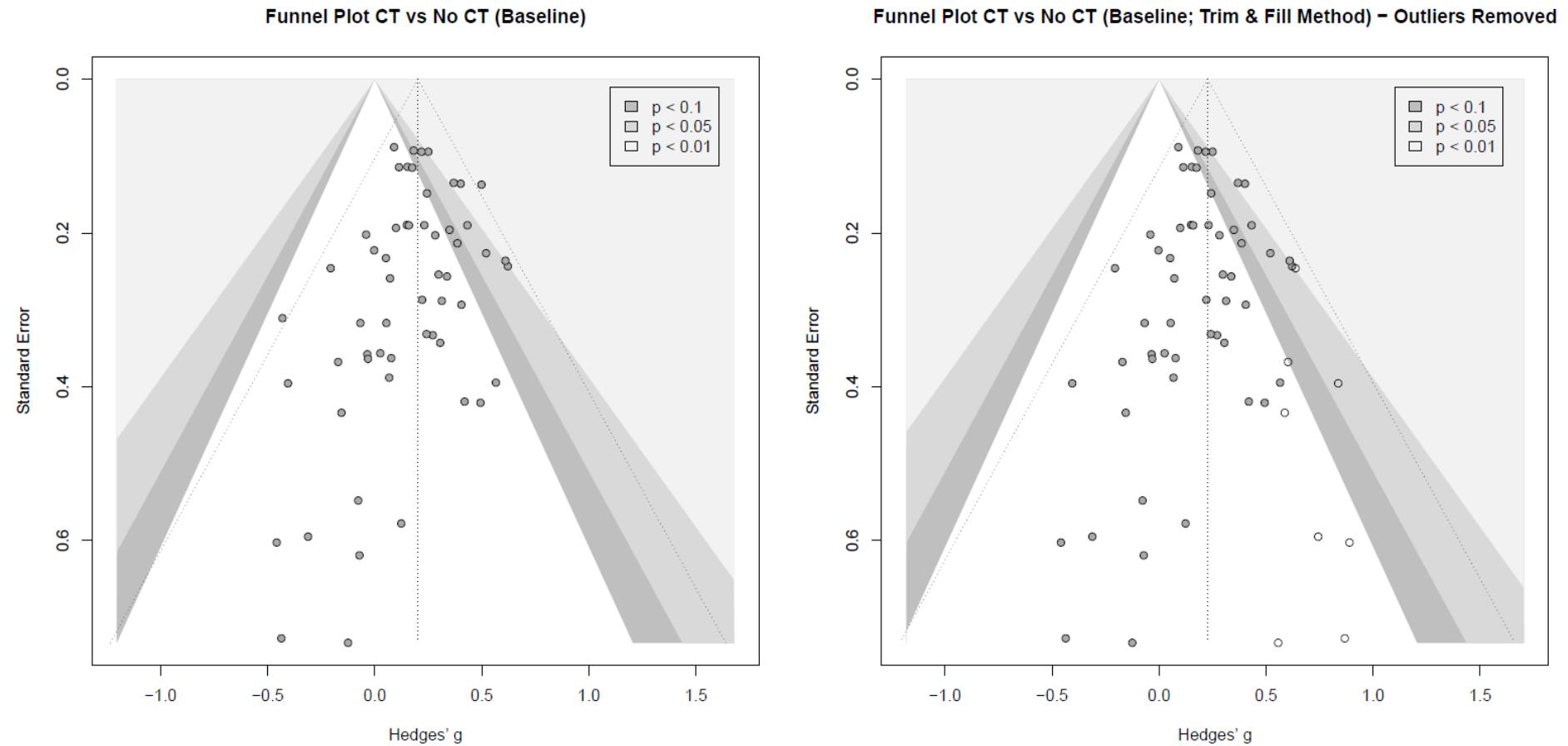
CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

Heterogeneity of Individual Studies (CT vs No CT – Dropout)

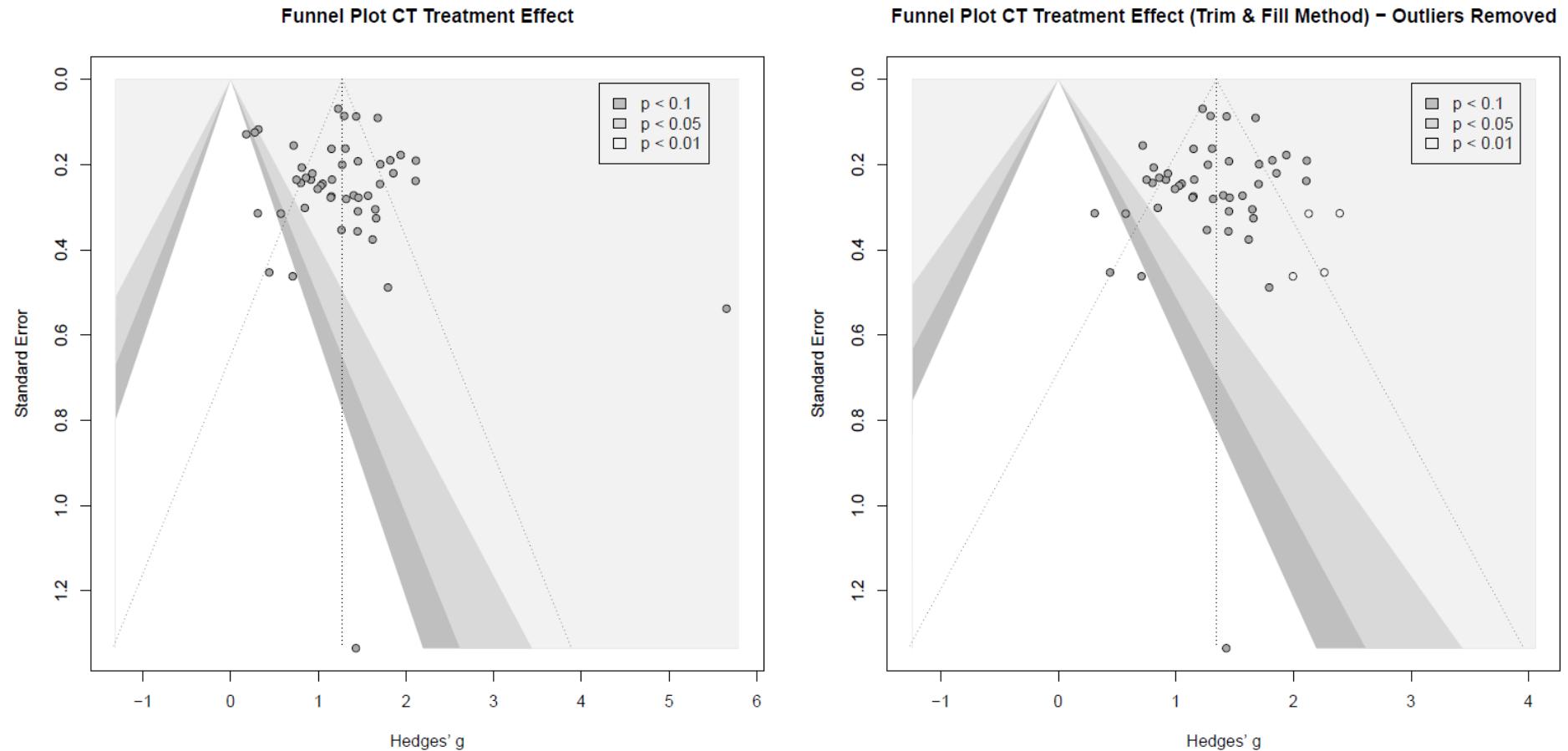


CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

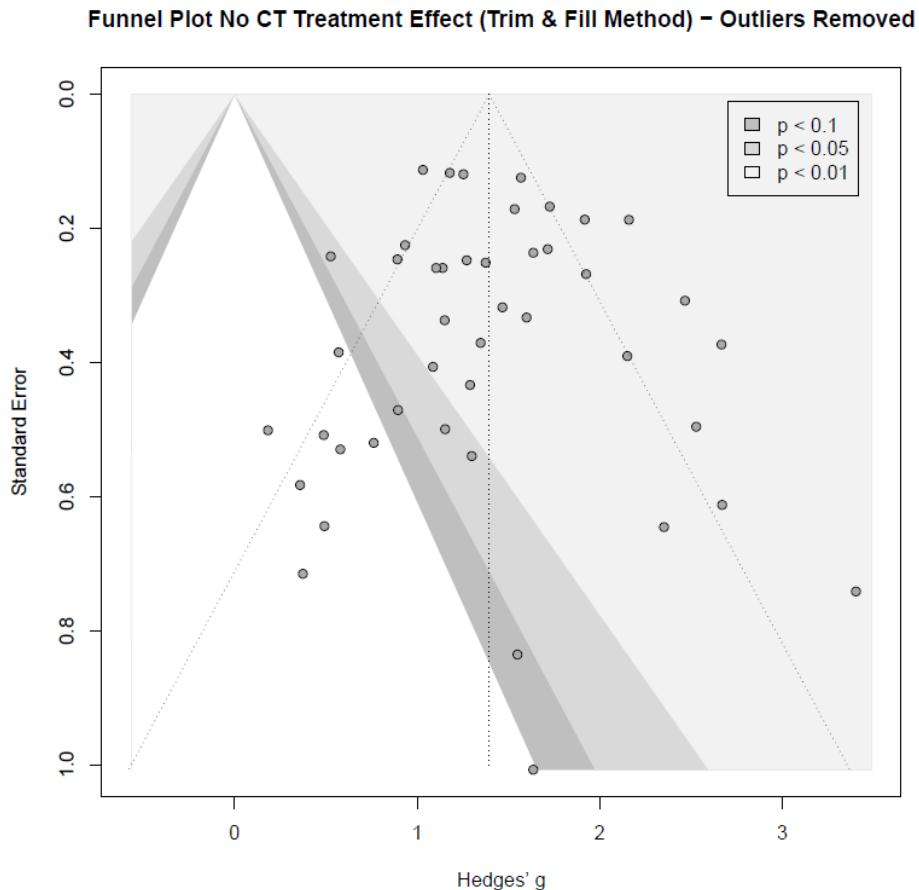
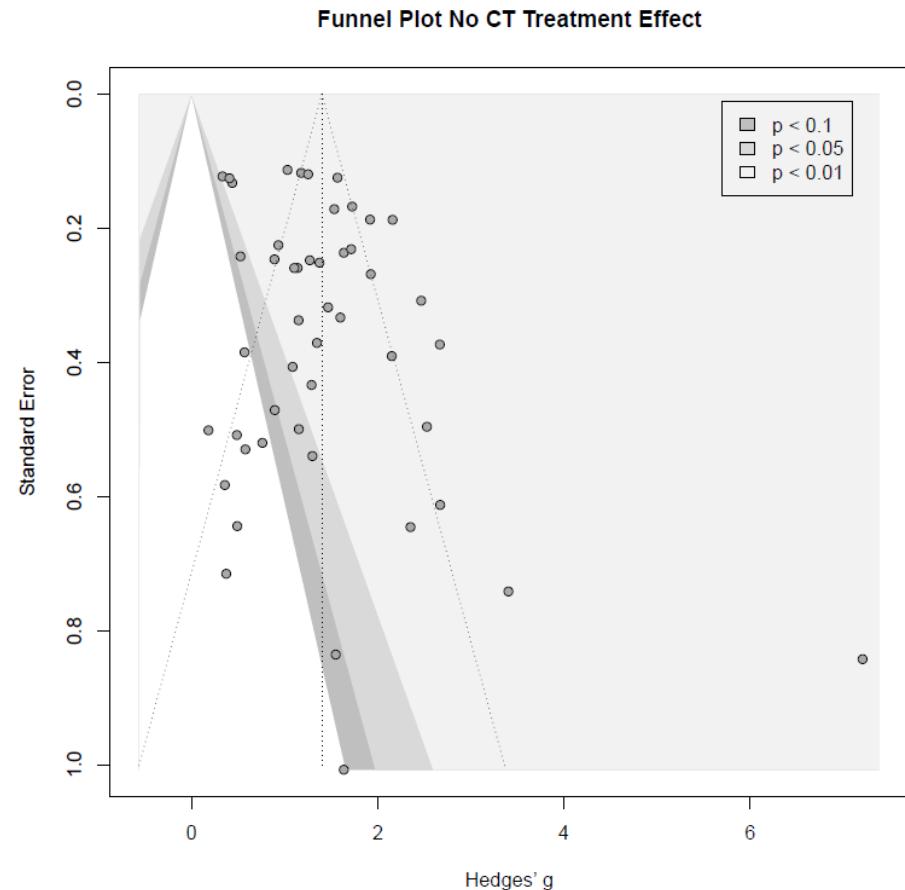
Funnel Plots



CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

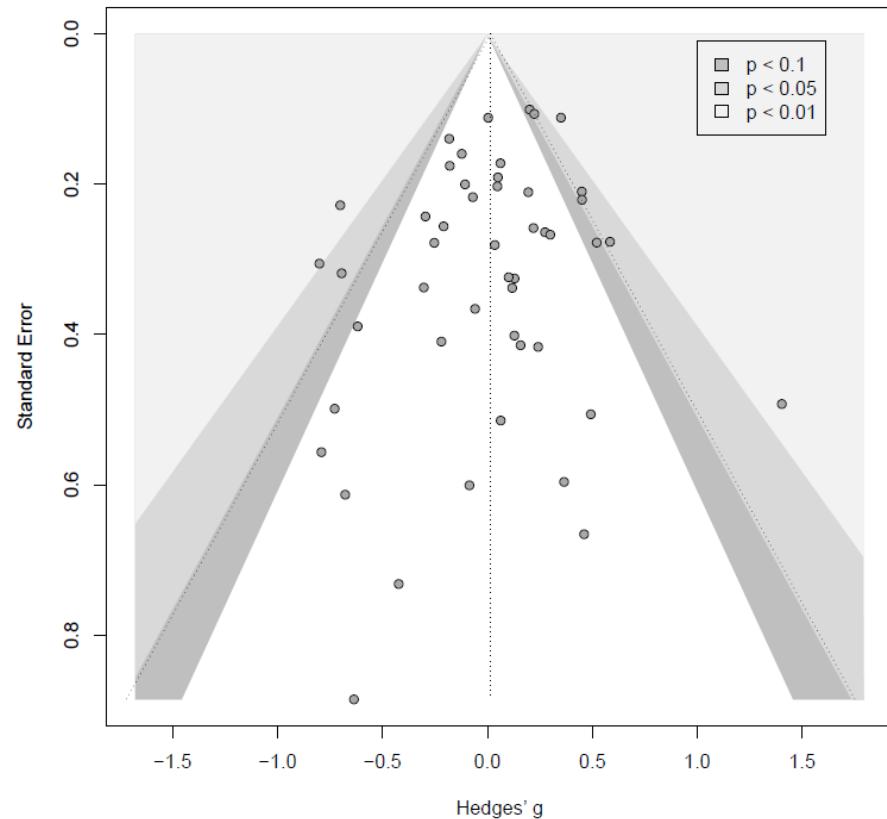


CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

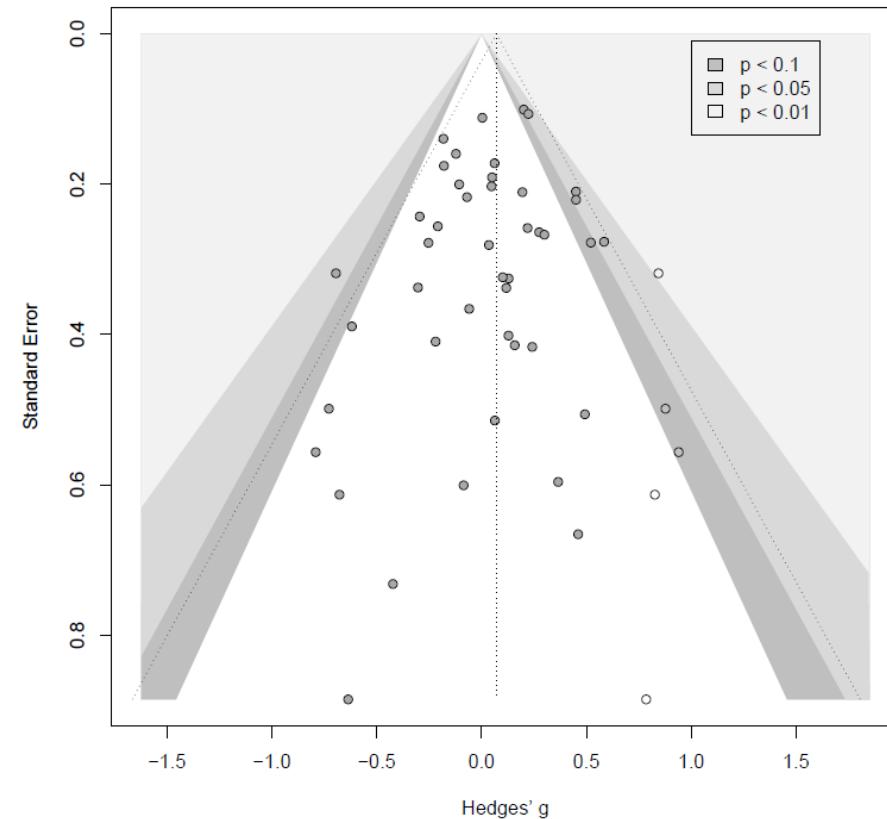


CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

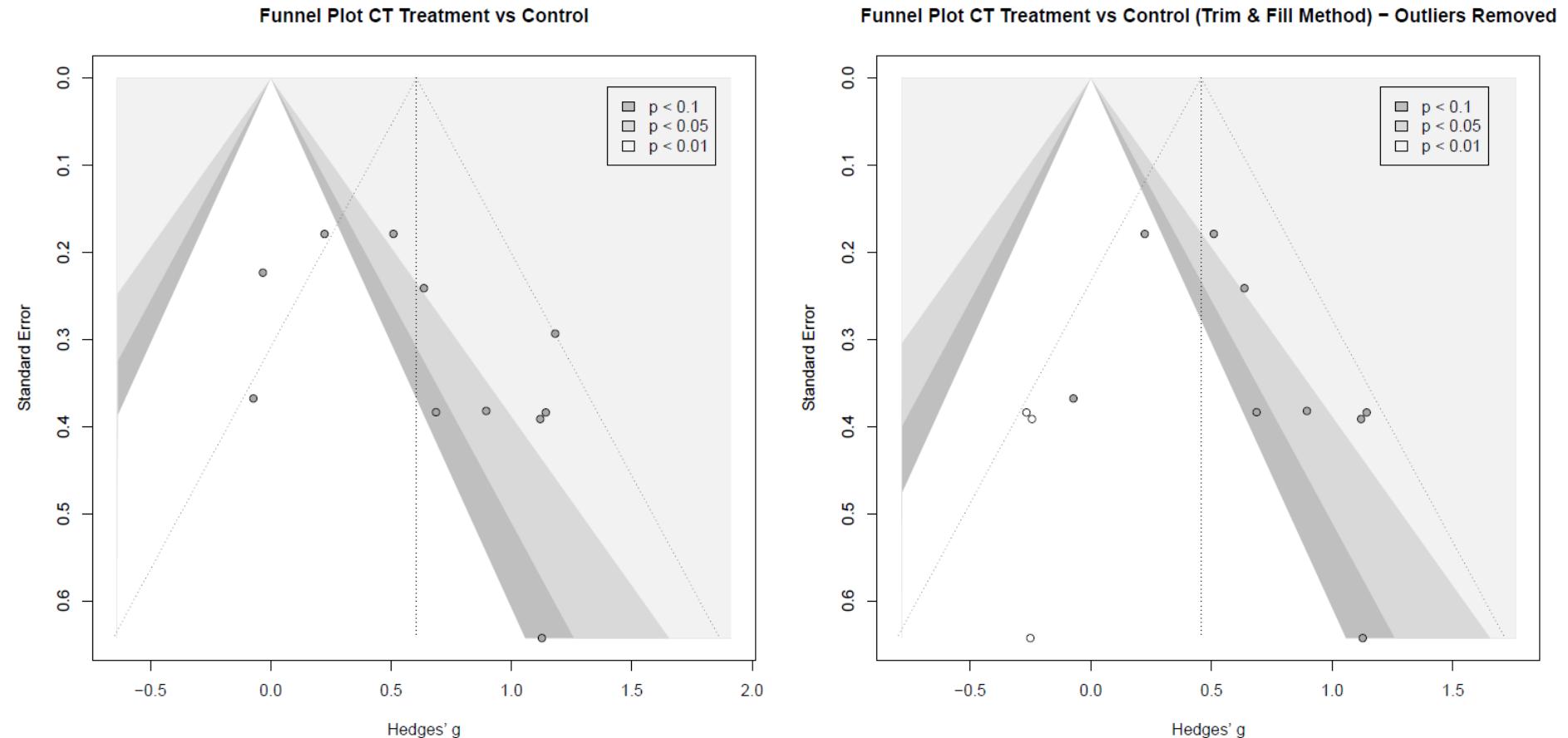
Funnel Plot CT vs No CT Treatment Effect



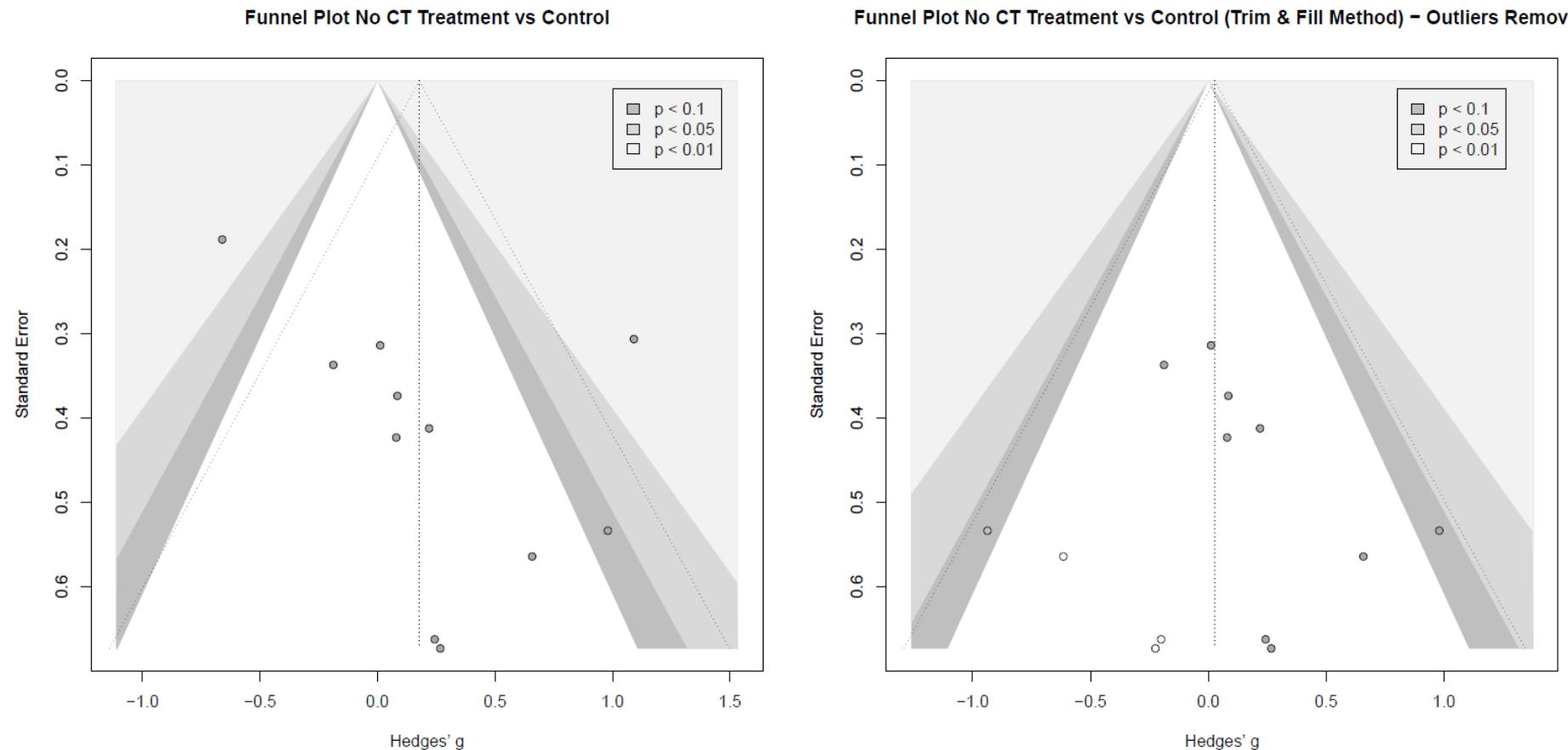
Funnel Plot CT vs No CT Treatment Effect (Trim & Fill Method) – Outliers Removed



CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

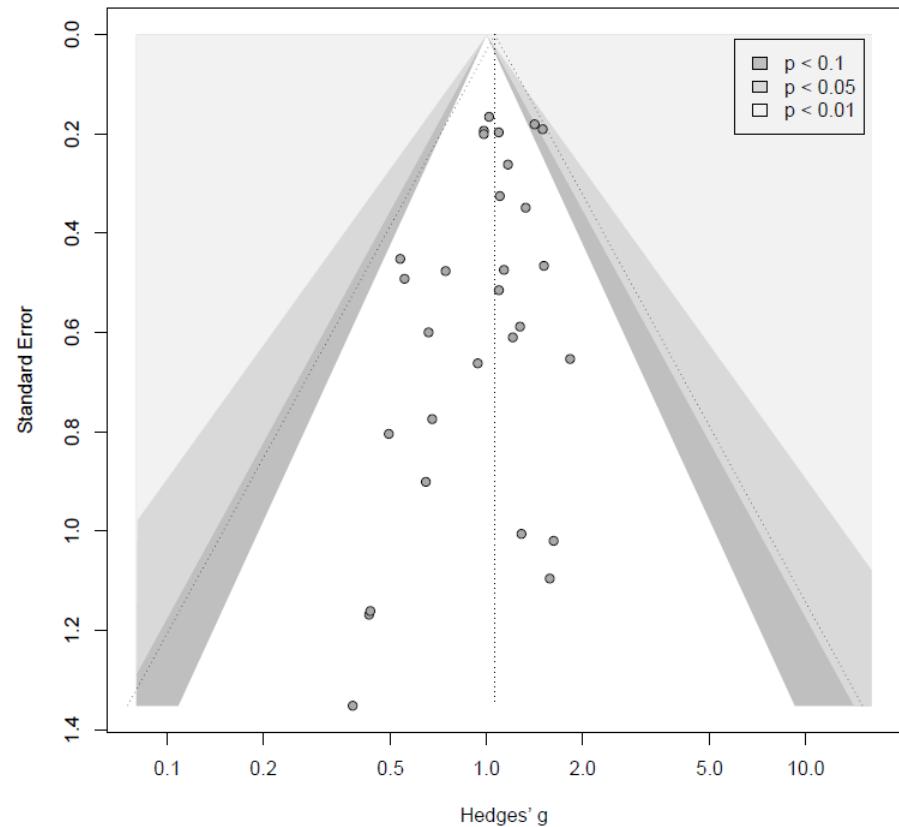


CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT



CHILDHOOD TRAUMA AND ADULT DEPRESSION TREATMENT

Funnel Plot CT vs No CT – Dropout



Funnel Plot CT vs No CT – Dropout (Trim & Fill Method) – Outliers Removed

