Table 1. Interpersonal theories of depression

Author(s)	Year of main publication(s)	Assumptions
Sullivan	1940, 1953	Depression results as a frustration of one of two basic needs: security (feeling loved and safe to bond with others) and self-esteem (feeling of self-worth)
Lewinsohn	1974, 1975	Deficiencies in social skills (ability to elicit positive reinforcement from others) results in depressive symptoms
Coyne	1976	Depressive behaviour initially engages others, but they soon tire of it and begin to display 'non-genuine reassurance'. Depressed individual becomes aware of this and experiences the other as critical and rejecting, maintaining depressive state
Arieti & Bemporad	1978, 1980	Depression results when the sense of self is threatened by the loss of either 'dominant other' (esteemed other – initially a parent – relied upon for gratification self-esteem) or 'dominant goal' (a fantastical and fanatically pursued goal)
Swann	1990	Negative feedback sought from others to confirm negative views of the self, locking individual into a mutually maintaining negative relationship with the response of others
Swann et al.	1990	
Swann & Schroeder	1995	
Segrin	1996	Poor social skills are a diathesis in the development of depression, i.e. depression results when individuals with poor social skills experience stressful events because they are unable to elicit social support from others
Segrin & Flora	2000	
Joiner	2000	Depression-related mechanisms actively produce a variety of interpersonal problems and stressors, which become strong predictors of future depressive symptoms: excessive reassurance seeking, negative feedback seeking, interpersonal conflict avoidance and blame maintenance
Blatt	1990, 2004, 2006, 2008	Excessive preoccupation with one of two dimensions of personality: interpersonal relatedness (feeling abandoned/rejected by others) or self-definition (protecting the self at expense of relating to others) results in depressive symptoms
Evraire & Dozois 2011	2011	Individuals with depression prefer receiving negative, self-verifying feedback, while also engaging in high levels of reassurance seeking

Table 2: Characteristics of studies included in the systematic review

Author (Year)	Randomised	Study N	In/Out patient	Diagnosis (% of sample)	Intervention	Treatment duration/ last follow up	Depression and interpersonal problem outcome measures	Study quality	Results 1. Did IIP scores change between pre-treatment, post-treatment and follow up? 2. Was pre-treatment IIP associated with treatment outcome?
Steinert et al. (2015)	Non-R	254	In	Depressive (59.4) Anxiety (13) Stress (9.8) Somatoform (17.7)	Psychodynamically oriented psychosomatic treatment	4–12 weeks/ End of treatment	HADS IIP-64	low	1. IIP mean total scores reduced significantly pre-treatment (1.53 (0.55)) to post-treatment (1.32 (0.58)), t(253) = 6.99, p<.001, d=0.38. For the depressive disorders subsample (n=151), mean total IIP scores reduced significantly from pre-treatment (1.66 (0.52)) to post-treatment (1.41 (0.59)), d=0.48.
Solbakken & Abbass (2015)	Non-R	60	In	Affective (88.3) Anxiety (71.7) Substance (20.0) Somatoform (16.7) Eating (6.7)	ISTDP, individual and group sessions v TAU on waitlist	8 weeks/ 1 year post-treatment	OQ-45 SCL-90-R IIP-64	medium	1. IIP mean total scores reduced significantly in the ISTDP group pre-treatment (1.76 (0.33)) to post-treatment (1.44 (0.49)), p<0.05 with an estimated reduction of 0.041 points per week (ES=0.84). There was also further significant post-treatment improvement, (1.33 (0.52)), p<0.05, an improvement of 0.11 points. Pre- to follow-up reduction in IIP mean total scores averaged 0.43 points (ES=1.14). There were no significant changes in IIP total mean scores in the TAU group.
Lindfors et al. (2015)	R	326	Out	Mood (85.0) Depressive (82.0) Anxiety (44.0) Personality (18.0)	SFT v STPP v LTPP	SFT and STPP 6 months; LTPP 3 years/ 5 years post-randomisation	BDI SCL-90 IIP-64	medium	1. IIP total scores reduced significantly pre- to post-treatment in all groups (p<0.001), SFT: 97.2 (30.1) to 77.6 (36.4); STPP: 92.8 (31.4) to 79 (35.8); LTPP: 88.1 (30.8) to 62.5 (34.5). In all groups there was a significant improvement in IIP total scores during the 5-year follow up (p<0.001). IIP total scores improved more in the short-term therapy groups at the 1-year follow up, but IIP scores were more reduced in the LPP group than in the SFT group at the 5-year follow-up (score difference of 10.0).

Zimmermann et al. (2015) and Huber et al. (2007)	Non-R	77	Out	Severe depressive episode (40.0) Double depression (51.9) Personality (31.2)	PP or PD or CBT	8–118 months/ 3 years post treatment	BDI IIP-64	medium	1. IIP mean total scores reduced pre-treatment (1.75(0.43)) to post-treatment (1.27(0.57)) and to follow-up 3 years post-treatment (1.14 (0.59)). In a subsample of PP therapy only (Huber et al. 2007), there was a highly significant reduction in all pre–post treatment IIP subscales, p>.001. ESs were large for HI, JK, LM and NO. PA had the lowest effect size (0.49). 2. The % of patients considered to have achieved clinically significant change (RCI+CS) in the PP subsample only was highest for JK and HI (both 39.3%) and lowest for PA and DE (18.3%)
McEvoy et al. (2014)	Non-R	199	Out	MDD (57.8) Dysthymia (11.1) GAD (13.1) Social phobia (10.1) Panic (5.5) Phobia (1.5) PTSD (0.5) Anxiety NOS (0.5)	CBT or CBGT	CBT: m=11.1 (6.9) sessions. CBGT: 8.6 (2.2) sessions/ end of treatment	BDI-II IIP-32	low	1. IIP total scores reduced significantly pre- to post-treatment in both groups, CBT: 1.62 (0.58) to 1.02 (0.53), ES=1.03; CBGT: 1.73 (0.55) to 1.27 (0.53), 0.84. 2. In the CBT group, pre-treatment IIP total scores were not related to attrition or outcome, but in the CBGT group, more severe pre-treatment IIP total scores were associated with a higher attrition rate and poorer outcome.
Clapp et al. (2014)	Non-R	513	In	Depressive (55.0) Bipolar (13.6) Anxiety (11.1) Psychotic (9.6) Substance (2.9)	group psychotherapy, individual PD and CBT sessions, and group psychoeducation	M=35 (14.4) days/ End of treatment	BASIS-24 IIP-32	low	1. 48.3% of patients with a pre-treatment IIP submissive profile had transitioned to a normative profile at post-treatment. 57.1% of patients with a hostile/withdrawn transitioned to the normative profile by post-treatment.
Quilty et al. (2013)	R	125	Out	MDD (100)	CBT v IPT	16–20 weeks/ end of treatment	BDI-II HRSD IIP-32	high	1. IIP global sum scores reduced significantly from 6.29 (2.04) pre-treatment to 5.45 (2.23) post-treatment, p<0.01. There were no treatment effects. Mean IIP-dominance scores increased significantly from -2.77 (2.17) pre-treatment to -2.44 (1.95) post-treatment. A small increase in pre-post IIP-love scores was non-significant. Pre- to post-treatment IIP-amplitude reduced significantly. However, changes in IIP-dominance and amplitude were not significant when pre-treatment elevation was taken into account. 2. Higher pre-treatment dominance and amplitude were associated with decreased change in depression over the course of treatment. Results

were consistent across therapy type.

Hersoug et al. (2013) and Hoglend et al. (2008)	R	100	Out	Depressive (58.0) Anxiety (27.0) Somatization (7.0) Adjustment (5.0) Other (14.0) Personality (46.0)	PD with transference interpretations v PD without transference interpretations	12 months/ 3 years post end of treatment	SCL-90 GSI IIP-64	medium	1.	Mean IIP total scores reduced significantly pre- to post-treatment in both groups, transference: 1.18 (0.53) to 1.02 (0.55); non-transference: 1.14 (0.51) to 0.9 (0.52). Both groups showed large ESs. There were no significant treatment differences. Over the 4 year study period, 43% of the patients obtained CSC in IIP score. An additional 14% obtained reliable change of IIP.
Dinger et al. (2013)	R	151	Out	MDE (100.0) Comorbidity (85.0)	SET v medication v placebo	16 weeks/ end of treatment	HRSD-17 IIP-64	medium	2.	Love predicted symptom change over time. Patients who reported being overly friendly (i.e. high affiliation) improved more slowly than those less friendly. There was no significant interaction between love and treatment type. In SET, there was a significant effect of dominance on symptomatic improvement: depressive symptoms decreased significantly for more dominant patients (p<.001), but not for highly submissive patients. In the medication and placebo groups, highly submissive and highly dominant patients improved at the same rates.
Renner et al. (2012)	Non-R	523	Out	MDD (100)	CT	12–14 weeks/ end of treatment	HRSD IIP-127	high	1.	IIP mean total scores significantly reduced pre-treatment (1.66(0.53)) to post-treatment (1.15(0.56)), p<0.01. There was significant improvement on all IIP-C octant scales (p<0.01, medium effect sizes); no octant scale means indicated clinically significant distress post-treatment. Love remained stable pre- to post-treatment (p>0.05). Dominance scores increased significantly pre- to post-treatment (p<0.01).
									2.	Higher pre-treatment distress scores significantly predicted higher mean symptom scores over the course of treatment. Higher pre-treatment dominance predicted lower symptom scores in the middle of treatment and slightly lower symptom scores at the end.

Berghout et al. (2012)	Non-R	113	Out	Mood (50.0) Anxiety (12.0) Personality (85.0)	LTPP or long-term PA	25 sessions or more >1 year/ 2 years post treatment start	SCL-90-R BDI-II IIP-64	low	1. In the PP group only, a statistically significant improvement was found in the PA scale (p=0.02) and NO scale (p=0.004). PP patients showed more improvement than PA patients in the first 2 years of treatment on the NO scale (p=0.024). However, both groups still had moderate to high levels of interpersonal problems 2 years into treatment compared with non-clinical samples. 2. Slow responders in both groups tended to have higher scores on pre-treatment IIP total scores compared with fast responders.
Salzer et al (2010) Aggregate data from Brockmann et al. (2006), Grande et al. (2006), Huber & Klug (2005), Leichsenring et al. (2005)	Non-R	121	Out	Depressive (76.9) Phobia/Anxiety/ OCD (44.6) Personality (38.8) Somatoform (24.0) Eating (9.9) Substance (5.8)	LTPP	M=3.5 years/ 1 year post end treatment	IIP-64	medium	1. IIP mean total scores significantly reduced pre-treatment (1.78(0.43)) to post-treatment (1.19 (0.59), d=1.37), to follow-up (1.09 (0.58), d=1.6), p<0.001. At the end of treatment, the IIP total score for patients no longer differed significantly from the German reference sample. At follow-up, patients reported significantly fewer interpersonal problems than the German general population. There was a strong improvement in Amplitude for those interpersonal subtypes that reported very weak interpersonal differentiation before treatment (medium to large ESs). In Leichsenring et al's (2005) subsample (n=36), pre to post IIP subscales all significantly improved, p<0.05, except for PA. ESs were large (d=0.80) for HI, JK, LM, FG and NO. At 1-year follow-up (n=23), significant improvements were found on all scales except for the PA scale. IIP total score ES=1.84, an increase post-treatment of >40%. 2. In Leichsenring et al's (2005) subsample (n=36), Pre to post IIP total score correlated with pre to post SCL-90-R GSI, r=0.38, p<0.05, but improvements in IIP total scores were no longer correlated with change in symptoms at the 1-year follow-up.

Study	Design	N	Setting	Diagnosis (%)	Treatment	Sessions/Follow-up	Measures	Quality	Findings
Johansson (2010)	Non-R	76	Out	Affective (38.8) Neurotic/Stress/ Somatoform (52.6) Eating/Personality (10.5)	Pharmacological or PD or a combination of both	M=10.8 (9.1) sessions, range 2–47/ end of treatment	BSI IIP-26	low	1. IIP total scores significantly reduced pre-treatment (55.6 (12.5)) to post-treatment (49.5 (12.2)), p<0.002, d=0.5 in the PD group, and 53.6 (10.4) to 49.9 (12.7), p=0.04, d=0.32 in the combination group. The drop in scores was not significant in the pharmacological group. Scores on all the IIP subscales fell for all three groups (d=0.06–0.59); there was no significant difference between groups.
Bressi et al. (2010)	R	60	Out	MDD (50.0) Dysthymic (20.0) Panic (50.0) Social phobia (26.8) GAD (53.2) Personality (36.7) OCD (8.3)	STPP v TAU	12 months/ end of treatment	CGI SCL-90 IIP-127	high	1. Mean IIP total scores reduced significantly pre- to post-treatment in the STPP group, 1.08 (0.43) to 0.8 (0.41); p=0.005, d=0.64. The small reduction in the TAU group was not significant, d=0.27. STPP was significantly superior to TAU at reducing IIP total scores (p=0.025), d=0.69. The change in IIP total score achieved clinical significance in 13 of 24 patients in the STPP group and in 5 of 24 patients in the TAU group (p=0.036).
Marriott & Kellett (2009)	Non-R	193	Out	Depression (34.2) Anxiety (22.3) OCD (14.0) Personality (3.6) PTSD (3.1) Phobia (2.6) Other/missing (29.0)	CAT or CBT or PCT; short- or medium-term	Short term= 7–15 sessions, medium-term= 16–30 sessions/ end of treatment	BSI BDI-II IIP-32	medium	1. IIP total mean scores significantly improved in all groups pre-treatment to post-treatment, ESs 0.28-1.68. PCT showed a slower rate of improvement on IIP-32 than either the CAT and CBT clients (p<0.001) in the medium-term therapies.
Ellison et al. (2009) and Goldman et al. (2005)	R	43	Out	MDD (100)	CCT v EFT	16-20 sessions/ 18 months post-treatment	BDI SCL-90-R IIP-127	high	1. IIP total mean scores significantly (p<0.001) reduced pre-treatment (1.49 (0.58)) to 6-month follow-up (0.99 (0.54)) in the CC group and 1.54 (0.4) to 0.97 (0.53) in the EFT group. At 18-month follow-up, means had increased for CC, 1.23 (0.61), but not for EFT, 0.91 (0.49). There was no significant between the groups at 6-month follow-up, and a trend in favour of EFT at 18-month follow-up (p=0.035).
Haase et al. (2008)	Non-R	408	In	Depressive (32.0) Acute Stress and Adjustment (16.7) Anxiety (20.5) Somatoform (24.9) Eating (4.5) Other (1.4)	PD	M=10 hours per week/ 12 months post-end of treatment	SCL-90-R IIP-64	medium	1. There were significant differences between pre–post treatment scores for PA (d=-0.27), BC (d=-0.63), FG (d=0.34) and HI scales (d=0.29) (p<0.001–0.0001). At 12-month post-treatment follow-up, significant differences appeared on the PA, BC and HI scales (p<0.0001–0.027). ESs were small over pre–post treatment and follow-up.

Dinger et al. (2007)	Non-R	1513	In	Affective (72.8) Personality (64.8) Anxiety (46) Adjustment-stress (45) Eating (24.1) Somatoform (21) OCD (8.8) Psychotic (6.1)	PD	Regular inpatient M=13.6 (4.85) weeks; crisis intervention unit M=5.9 (2.57) weeks/ end of treatment	SCL-90 IIP-64	low	2.	Patient love did not influence outcome ratings, but higher scores on the dominance dimension predicted better outcome (p=0.03).
Klein & Elliott (2006)	Non-R	40	Out	Mood (77.5) Anxiety (47.5) Substance (20.0) Personality (47.5)	PET	M=21.8 (16.0) sessions, range=4-63/ end of treatment	SCL-90-R IIP-26	medium	1.	IIP total mean scores significantly reduced pre-treatment (1.74 (0.66)) to post-treatment (1.5 (0.62)), p<0.007, d=0.38.
Holtforth et al. (2006)	Non-R	393	Out	Anxiety (35.5) Affective (28.7) Adjustment (7.8) Eating (4.7) Somatoform (3.7) Other Axis I (6.7) Other non-Axis I (11.2)	Integrative form of psychotherapy (individual/group/ couple). May include cognitive-behavioural, process-experiential, and interpersonal interventions	M=29.1 sessions (range=5–127)/ end of treatment	IIP-64	low	1.	IIP total mean scores significantly reduced pre-treatment, p<0.001, d=0.69. Love scores also decreased, p<0.05, d=0.09, but dominance scores increased, p<0.001, d=0.32. Pre to post scores on all 8 IIP scales were significantly decreased, p<0.001, d=0.22–0.65. ESs were small for PA, BC, DE and NO, and medium for FG, HI, LM and JK. The predominant theme of maladjustment (angular displacement) was too exploitable (315°) pre-treatment and a blend of too exploitable and overly nurturant post-treatment.
Beutel et al. (2005)	Non-R	83	In	Adjustment (34.2) Depression (20.3) Anxiety (16.5) Mixed depression and anxiety (6.3) Eating (3.8) Personality (8.1) Other (7.6)	Multimodal, to include psychodynamic individual and group sessions + medication if required	4–6 weeks/1 and 3 years post-treatment (n=65 had additional treatment during follow up, M=27.4 weeks	IIP-64 SCL-90-R	low	2.	All pre-treatment IIP subscales were significantly positively correlated with 1-year follow-up GSI (p<.05), particularly FG (r=0.41, p<0.001) and DE (r=0.37, p<0.001). Pre-treatment IIP total mean scores were also positively correlated with 1-year follow up GSI (r=0.41, p<0.01). Higher pre-treatment FG score was a strong predictor of higher GSI at follow up, β=0.282, p=0.002.
Vittengl et al. (2004) and Vittengl et al. (2003)	R	155	Out	MDD (100.0) Social phobia (20.0) Phobia (12.3) Panic (9.7) PTSD (7.7) Dysthymia (5.2)	A-CT for all, followed by C-CT v control	A-CT: 20 sessions, 12-14 weeks C-CT/control: 10 sessions over 8 months/	BDI HRSD IIP-127	high	1.	IIP total mean scores significantly reduced pre-treatment (1.62 (0.53)) to post-acute phase treatment (1.01 (0.55)), p<0.0001, d=0.91. The percentage of social-interpersonally healthy individuals (at or below the 90th percentile of dysfunction on the IIP in a normative sample) increased from 26.5% of those entering A-CT to 63.3% of those exiting, p<0.0001. IIP scores for the C-CT group were better than for the control

				OCD (1.3)		2 years post A-CT			group in the follow up phase, but the change was non-significant. In Vittengl et al's (2003) subsample (n=118), all 8 subscales showed significant pre to post-acute phase treatment reductions in scores. There were large ESs for LM (d=0.80), NO (d=0.80) and BC (d=0.90) and medium ESs (>0.76) for the remaining scales. General distress decreased significantly pre–post treatment, p<0.01, but love and dominance remained stable over therapy. 2. Over A-CT, change in depression scores was correlated with change in IIP scores, r=0.57, but there was no significant change in IIP scores independent of depression scores, r=0.01. Depression scores changed partly independently of IIP, r=0.69, p<0.0001 for prediction by IIP. Treatment responders had significantly lower IIP scores post A-CT than non-responders, p<0.0001.
Ruiz et al. (2004)	Non-R	220 (42 comp leters)	Out	Adjustment with depression or anxiety (39.0) Mood (25.0) Anxiety (18.0) Personality (9.0) Other (18.0)	CT, PD, behavioural, family systems, experiential or other	For completers: M=11 (10) sessions/ end of treatment	MHI IIP-64	low	2. There were significant inverse correlations between pre-treatment IIP amplitude and MHI outcome (p<0.01) and IIP elevation and outcome (p<0.05). High amplitude scores were still significantly associated with reduced levels of improvement after the effects of elevation were partialed out. None of the IIP subscales at baseline were significantly correlated with outcome.
Puschner et al. (2004)	Non-R	622	Out	Mood, affective (47.0) Neurotic, stress-related, somatoform (43.4) Behavioural syndromes associated with physiological disturbances and physical factors (3.6) Personality and behaviour (1.3)	PD, CBT or PP	M=43.6 ± 36.4 sessions over 2 years/ end of treatment	OQ-45 IIP-64	low	2. For CBT and PP, neither pre-treatment IIP total scores, pre-treatment love nor dominance predicted the pace of symptom change during or 2 years after the start of treatment for the total sample. In the PD group, the pace of symptom improvement was predicted by pre-treatment love scores; participants scoring as 'too friendly' improved more slowly than the more hostile participants. The slowest rate of improvement was found for participants with interpersonal problems in the FD quadrant. Participants initially showing pronounced interpersonal problems in the HS quadrant started with the highest symptom impairment and also showed the fastest improvement.

Study	Design	N	Type	Diagnosis (%)	Treatment	Dose/Assessment	Measures	Quality	Findings
Watson et al. (2003)	R	101 (66 comp leters)	Out	MDE (100.0)	CBT v PET	16 sessions (weekly)/ end of treatment	BDI IIP127	high	1. IIP total mean scores for completers reduced pre-treatment (1.33 (0.51)) to post-treatment (1.18 (0.53)), ES=0.3 in the CBT group, and 1.4 (0.38) to 1.05 (0.54), ES=0.74 in the PET group, p<0.001. The interaction was significant: PET clients improved more than CBT clients on interpersonal problems. There were significant pre–post improvements independent of group on the following subscales: PA, JK, DE, LM and NO. There was a significant interaction between treatment groups and time on four of the eight subscales. PET clients reported lower scores on HI, PA, JK and NO than CBT clients post-treatment.
Schauenburg et al. (2000)	Non-R	180	Out	Adjustment (39.0) Personality (32.0) Affective (23.0) Anxiety (18.0) Other (13.0)	STPP	M=3.4 months, 7.8 sessions/ end of treatment	SCL90-R IIP-64	medium	1. There was no significant change in the IIP global sum score pre–post treatment, d=0.07 2. Pre-treatment love score was significantly positively correlated with treatment outcome, but the ES was small. Dominance scores had no significant relationship with outcome.
Greenberg & Watson (1998)	R	34	Out	MDD (100.0) Personality (41.0)	CCT v PET	M=17.5 sessions, range=16-20 sessions/ 6-month follow-up	BDI SCL-90-R IIP-127	high	1. IIP total mean scores for completers reduced pre-treatment (1.86 (0.43)) to post-treatment (1.31 (0.45)), ES=1.25 in the CC group, and 1.64 (0.37) to 0.81 (0.32), ES=2.4 in the PET group, p=0.027. The PE group showed greater improvement in IIP mean scores post-treatment, p<0.0001, and in the assertive, sociable and responsibility subscales, p<0.05. There were no significant differences between the groups on any measures at the 6-month follow up, or between termination and follow-up.
Barkham et al. (1996b)	R	212	Out	MDD (85.0) Retarded/neurotic depression (12.0) Not assessed (3.0)	CBT 8 sessions v CBT 16 sessions v PIT 8 sessions v PIT 16 sessions	8 or 16 sessions/ end of treatment	BDI IIP-32	medium	1. 8-session group: 18% had a CSCe in IIP scores at end of treatment. 16-session group: 40% had CSC at end of treatment. This difference was significant, p=0.012. There was no significant difference between CB and PI on the number achieving CSC in IIP scores.

Articles reporting data from the same study are grouped together in the same row of the table. *Abbreviations:* A-CT, Acute-phase Cognitive Therapy; BASIS-24; Behaviour and Symptom Identification Scale; BDI, Beck Depression Inventory; BSI, Brief Symptom Inventory; CAT, Cognitive Analytic Therapy; CBT, Cognitive-Behavioural Therapy; CBGT, Cognitive-Behavioural Group Therapy; CCT, Client-Centred Therapy; C-CT, Continuation-phase Cognitive Therapy; CSC, clinically significant change; CT, Cognitive Therapy; EFT, Emotion-Focused Therapy; ES, effect size; GAD, Generalised Anxiety Disorder; GSI, Global Severity Index; HADS, Hospital Anxiety and Depression Scale; HRSD, Hamilton Rating Scale for Depression; IIP, Inventory of Interpersonal Problems; IPT, Interpersonal Therapy; ISTDP, Intensive Short-Term Dynamic Program; LTPP, Long-Term Psychodynamic Psychotherapy; M, mean; MDD, major depressive disorder; MDE, major depressive episode; MHI, Mental Health Index; Non-R, non-randomised; NOS, not otherwise specified; OCD, Obsessive-compulsive disorder; OQ-45, Outcome Questionnaire 45 item; PA, Psychoanalysis; PCT, Person-Centred Therapy; PET, Process Experiential Therapy; PIT, Psychodynamic-Interpersonal Therapy; PD, Psychodynamic

Psychotherapy; PP, Psychoanalytic Psychotherapy; PTSD, Post-Traumatic Stress Disorder; R, randomised; RCI, Relative Change Index; SCL-90-R, Symptom Checklist-90-Revised; SET, Supportive–Expressive Dynamic Psychotherapy; SFT, Solution-Focused Therapy; STPP, Short-Term Psychodynamic Psychotherapy; TAU, treatment as usual. IIP-C subscales are labelled according to their usual convention: PA, domineering; NO, intrusive; LM, overly nurturant; JK, exploitable; HI, non-assertive; FG, socially avoidant; DE, cold and BC, vindictive.

Table 3: Characteristics of studies included in meta-analysis of pre- to post-treatment IIP total scores for brief psychotherapy

Study	Rando-mised	% MDD diagnosis	Study quality	Active intervention	IIP total scoring method	Pre-treatment N	Pre-treatment IIP	Pre-treatment IIP SD	Post-treatment N	Post-treatment IIP	Post-treatment IIP SD	Pre–post ES	95% CI
Steinert et al. (2015)	Non-R	100	low	psychodynamically oriented psychosomatic treatment	Total mean	151	1.66	0.52	151	1.41	0.59	0.45	0.22–0.68
Solbakken & Abbass (2015)*	Non-R	88.3	medium	ISTDP, individual and group sessions	Total mean	30	1.76	0.33	30	1.44	0.49	0.76	0.23–1.28
Lindfors et al. (2015)*	R	82	medium	SFT	Total raw	97	97.2	30.1	93	77.6	36.4	0.59	0.3–0.88
				STPP	Total raw	101	92.8	31.4	98	79	35.8	0.41	0.13–0.69
Quilty et al. (2013)	R	100	high	CBT	Global sum	47	49.61	17.32	47	44.52	20.38	0.27	-0.14-0.67
				IPT		50	54.13	13.53	50	43.69	15.09	0.72	0.32–1.13
Renner et al. (2012)*	Non-R	100	high	CT	Total mean	490	1.66	0.53	354	1.15	0.56	0.94	0.79–1.08
Ellison et al. (2009) and Goldman et al. (2005)	R	100	high	CCT	Total mean	29	1.49	0.58	29	0.99	0.54	0.88	0.34–1.42
				EFT	Total mean	27	1.54	0.4	27	0.97	0.53	1.2	0.61–1.78
Klein & Elliott (2006)*	Non-R	77.5	medium	PET	Total mean	31	1.74	0.66	31	1.5	0.62	0.37	-0.13–0.87
Vittengl et al. (2004) and Vittengl et al. (2003)	R	100	high	CT	Total mean	147	1.62	0.53	122	1.01	0.55	1.13	0.87–1.39
Watson et al. (2003)	R	100	high	CBT	Total mean	29	1.33	0.51	29	1.18	0.53	0.28	-0.23–0.8
				PET	Total mean	30	1.4	0.38	30	1.05	0.54	0.74	0.22–1.26
Greenberg & Watson (1998)	R	100	high	CCT	Total mean	17	1.86	0.43	17	1.31	0.45	1.22	0.48–1.96
				PET	Total mean	17	1.64	0.37	17	0.81	0.32	2.34	1.45–3.24

*Means and SDs obtained through contact with the authors. *Abbreviations:* CBT, Cognitive-Behavioural Therapy; CCT, Client-Centred Therapy; CI, confidence interval; CT, Cognitive Therapy; EFT, Emotion-Focused Therapy; ES, effect size; IIP, Inventory of Interpersonal Problems; IPT, Interpersonal Therapy; ISTDP, Intensive Short-Term

Dynamic Program; MDD, major depressive disorder; Non-R, non-randomised; PET, Process Experiential Therapy; R, randomised; SD; standard deviation; SFT, Solution-Focused Therapy; STPP, Short-Term Psychodynamic Psychotherapy.