**Supplemental Material**

Therapy rationales and evidence provided in support of Behavioural Activation

**A.1 Behavioural Activation rationale**

**X Approach**
The main idea behind the X Approach is that people feel the way they do because of the types of activities or behaviours they engage in.  Depression occurs when a person stops engaging in activities which have previously led to feelings of pleasure and accomplishment. This tendency to engage in less activities then leads to less happiness, inactivity, depressed mood, and fatigue.

The X Approach does not attempt to understand the deep-rooted causes of depression.  This approach suggests that the quickest and most effective way to overcome depression is to change the types of activities a person is involved in.  Clients work with their therapist to engage in more pleasurable activities and to solve specific life problems.  Each session involves a discussion of concrete changes a client can make in his or her behaviour.  This leads to homework assignments in which clients practice new types of behaviours and activities which will decrease feelings of depression.  The overall goal is to decrease the types of activities which lead to feelings of depression, and increase those behaviours which produce positive feelings.

**A.2 Schema Therapy rationale**

**Y Approach**
The main idea behind the Y Approach is that people feel the way they do because of thinking patterns established in childhood or adolescence. Depression occurs when a person believes negative thoughts about themselves or others and then copes by detaching, giving up on pursuing goals and withdrawing from other people. This results in the person feeling numb, empty, hopeless and lonely.

The Y Approach attempts to understand the difficult situations you experienced as a child or teenager. This approach suggests that the most effective way to overcome depression is to identify what you learned about yourself and the world in the past, and then to break unhelpful patterns of thinking and behaving in the present. Sessions involve recalling memories in which your needs were not met during childhood and then practising meeting these needs yourself. This leads to homework assignments in which clients learn to recognise what they need in distressing situations and then practice meeting those needs.  The overall goal is to meet the person’s needs for safety and belonging, and to reduce the symptoms of depression.

**A.3 Evidence in support of Behavioural Activation**

Please read the following information about the X Approach

 The X Approach has been tested in many large scientific studies, with the results indicating comprehensively that the X Approach is an effective treatment for depression (Cuijpers, van Straten, & Warmerdam, 2007; Mazzucchelli, Kane, & Rees, 2009; Richards et al., 2016). The most common effective treatment for depression is called Cognitive Behaviour Therapy (CBT). The X Approach has been found to be as effective as CBT, but quicker to do and simpler to understand (Richards et al., 2016). The X Approach has also been found to be as effective as antidepressant medication for severe depression, and to outperform CBT for severe depression (Dimidjian et al., 2006).

References:
Cuijpers, P., van Straten, A., & Warmerdam, L. (2007). "X" treatments of depression: A meta-analysis. *Clinical Psychology Review, 27*, 318−326.
Dimidjian, S., Hollon, S. D., Dobson, K. S., Schmaling, K. B., Kohlenberg, R. J., Addis, M. E., … Jacobson, N. S. (2006). Randomized trial of "X", "Z", and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology, 74*(4), 658–670. http://doi.org/10.1037/0022-006X.74.4.658
Mazzucchelli, T., Kane, R., & Rees, C. (2009). “X” treatments for adults: A meta-analysis and review. *Clinical Psychology: Science and Practice, 16*, 383−411.
Richards, D. A., Ekers, D., McMillan, D., Taylor, R. S., Byford, S., Warren, F. C., … Finning, K. (2016). Cost and Outcome of “X” versus “Z” therapy for Depression (COBRA): a randomised, controlled, non-inferiority trial. *The Lancet, 388*(10047), 871-880. doi:10.1016/S0140-6736(16)31140-0