APPENDIX 16: CLINICAL EVIDENCE - COMPLETED METHODOLOGY CHECKLISTS

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1.1 EXPERIENCE OF CARE

1.1.1 Qualitative Studies

Study identification *Include author, title, reference, year of publication*	Alvidrez *et al.,* 2004
Guidance topic: PSM	**Key research question/aim: Exp of Care**
Checklist completed by: LS	

Section 1: theoretical approach		
1.1 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:
1.2 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? Yes • Is there adequate/appropriate reference to the literature? Yes • Are underpinning values/assumptions/theory discussed? **Yes**	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? Yes • Is a rationale given for using a qualitative approach? Yes • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Yes • Is the selection of cases/sampling strategy theoretically justified? **Yes**	Defensible	Comments:

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? Yes • Were the appropriate data collected to address the research question? Yes • Was the data collection and record keeping systematic? **Yes**	Appropriate	Comments:

Section 4: validity

4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? No • Is there justification for triangulation, or for not triangulating? No • Do the methods investigate what they claim to? **yes**	Not sure	Comments:

Section 5: analysis

5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? Yes • How systematic is the analysis – is the procedure reliable/dependable? Not sure • Is it clear how the themes and concepts were derived from the data? Yes	Not sure/not reported	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? Yes • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) Yes • Were negative/discrepant results addressed or ignored? Addressed	Reliable	Comments:

5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:

Section 6: ethics

6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not sure/not reported	Comments:

Study identification *Include author, title, reference, year of publication*	Bradizza & Stasiewicz, 2003
Guidance topic: PSM	**Key research question/aim: Experience of care**
Checklist completed by:	LS

Section 1: theoretical approach		
1.3 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:

1.4 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? Yes • Is a rationale given for using a qualitative approach? Yes • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? Yes • Is the selection of cases/sampling strategy theoretically justified? **No**	Defensible	Comments: Sampling strategy was not mentioned

Section 3: data collection

3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? Yes • Were observations made in a sufficient variety of circumstances? Yes • Was context bias considered? **No**	Clear	Comments:

4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? No • Is there justification for triangulation, or for not triangulating? No • Do the methods investigate what they claim to? **Yes**	Not sure	Comments:

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:

5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments:
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject?	Adequate	Comments:

• Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments:

Study identification *Include author, title, reference, year of publication*	Carey *et al.,* 1999
Guidance topic: PSM	**Key research question/aim: Exp of care**
Checklist completed by: LS	

Section 1: theoretical approach

1.5 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Not sure	Comments: believe that this could have also been explored using a quantitative approach except for the exploration of relationsips
1.6 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? Yes • Is there adequate/appropriate reference to the literature? Yes • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments:

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Not sure/ inadequately reported	Comments: Not reported thoroughly enough

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:

4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments: No triangulation

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:

5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments:
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject?	Adequate	Comments:

• Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? Yes • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? Yes • Was the study approved by an ethics committee? No	Not sure/not reported	Comments: Could have been reported more thoroughly

Study identification *Include author, title, reference, year of publication*	Charles & Weaver, 2010
Guidance topic: PSM	**Key research question/aim: Exp of Care**
Checklist completed by: LS	

Section 1: theoretical approach

1.7 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:
1.8 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments:

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Not described	Comments: Vague – doesn't mention how participants were presented information about the interview/focus group.
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances?	Clear	Comments:

• Was context bias considered?		
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments: results explain what they claim to but there was no triangulation or data collection from more than one method.

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:

5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments:
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:

5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not sure/not reported	Comments: Informed consent mentioned but not other ethical considerations

Study identification *Include author, title, reference, year of publication*	Costain, 2008
Guidance topic: PSM	**Key research question/aim: Exp of care**
Checklist completed by: LS	

Section 1: theoretical approach		
1.9 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:
1.10 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not sure	Comments: Sampling strategy not elaborated on enough; nor is data analysis. There is justification for using a qualitative approach.

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Not sure/ inadequately reported	Comments: None were reported.

Section 4: validity

4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments:

Section 5: analysis

5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments:

5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:

Section 6: ethics

6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments:

Study identification *Include author, title, reference, year of publication*	Dinos *et al.,* 2004
Guidance topic: PSM	**Key research question/aim: Exp of Care**
Checklist completed by: LS	

Section 1: theoretical approach		
1.11 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:

1.12 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments:

Section 3: data collection

3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:

4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments: Methods investigate what they claim to; but no triangulation/multiple methods

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:

5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments:
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly	Adequate	Comments:

defined? • Is there adequate discussion of any limitations encountered?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments:

Study identification *Include author, title, reference, year of publication*	Hawkins & Abrams, 2007
Guidance topic: PSM	**Key research question/aim: Exp of Care**
Checklist completed by: LS	

Section 1: theoretical approach

1.13 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:
1.14 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments:

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:

Section 4: validity

4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments: Methods aim what they were meant to investigate but no multiple methods or triangulation

Section 5: analysis

5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments:

5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:

Section 6: ethics

6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments:

Study identification *Include author, title, reference, year of publication*	Healey *et al.,* 2009
Guidance topic: PSM	**Key research question/aim: Exp of care**
Checklist completed by: LS	

Section 1: theoretical approach		
1.15 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:

1.16 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments:

Section 3: data collection

3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:

4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments:

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted	Rich	Comments:

across groups/sites?		
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments:
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate?		Comments:

For example: • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments:

Study identification *Include author, title, reference, year of publication*	Johnson, 2000

Guidance topic: PSM	**Key research question/aim: Exp of care**
Checklist completed by: Ls	

Section 1: theoretical approach		
1.17 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:
1.18 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible Not defensible Not sure	Comments:

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Inappropriate	Comments:

Section 4: validity

4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Not described	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Not sure	Comments:
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments:

Section 5: analysis

5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments:

5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Not sure	Comments:

Section 6: ethics

6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not sure/not reported	Comments:

Study identification *Include author, title, reference, year of publication*	Lobbana *et al.,* 2010
Guidance topic: PSM	**Key research question/aim: Exp of Care**
Checklist completed by: LS	

Section 1: theoretical approach		
1.19 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:

1.20 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments:

Section 3: data collection

3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Unclear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:

4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments:

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:

5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments:
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject?	Adequate	Comments:

• Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments:

Study identification *Include author, title, reference, year of publication*	Loneck & Way, 1997
Guidance topic: PSM	**Key research question/aim: Exp of Care**
Checklist completed by: LS	

Section 1: theoretical approach

1.21 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:
1.22 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not defensible	Comments:

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Inappropriate	Comments:

Section 4: validity

4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments:

Section 5: analysis

5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments:

5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:

Section 6: ethics

6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not sure/not reported	Comments:

Study identification *Include author, title, reference, year of publication*	Padgett *et al.,* 2008A
Guidance topic: PSM	**Key research question/aim: Exp of care**
Checklist completed by: LS	

Section 1: theoretical approach		
1.23 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:

1.24 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments:

Section 3: data collection

3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:

4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable	Comments:

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:

5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments:
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject?	Adequate	Comments:

• Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments:

Study identification *Include author, title, reference, year of publication*	Padgett *et al.,* 2008B
Guidance topic: PSM	**Key research question/aim: Exp of Care**
Checklist completed by: LS	

Section 1: theoretical approach

1.25 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:
1.26 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments:

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:

Section 4: validity

4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments:

Section 5: analysis

5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments:

5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:

Section 6: ethics

6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments:

Study identification *Include author, title, reference, year of publication*	Penn *et al.,* 2002
Guidance topic: PSM	**Key research question/aim: Exp of care**
Checklist completed by: LS	

Section 1: theoretical approach		
1.27 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:

1.28 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments:

Section 3: data collection

3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Not described	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:

4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments:

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable?	Rigorous	Comments:

• Is it clear how the themes and concepts were derived from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments:

5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:

Section 6: ethics

6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not sure/not reported	Comments: However, since the study was part of a larger 5 year trial on psychological interventions, one could make the judgment that the study authors did received ethical approval.

Study identification *Include author, title, reference, year of publication*	Pollack *et al.,* 1998
Guidance topic: PSM	**Key research question/aim: Exp of care**
Checklist completed by: LS	

Section 1: theoretical approach		
1.29 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:

1.30 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments:

Section 3: data collection

3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:

4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable	Comments:

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:

5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments:
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject?	Not sure	Comments: no limitations mentioned and discussion is not really substantial in comparison with the rest of the study.

• Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not sure/not reported	Comments:

Study identification *Include author, title, reference, year of publication*	Strickler *et al.,* 2009
Guidance topic: PSM	**Key research question/aim: Exp of Care**
Checklist completed by: LS	

Section 1: theoretical approach

1.31 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:
1.32 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments:

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Not described	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments:

Section 5: analysis

5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments:

5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:

Section 6: ethics

6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments:

Study identification *Include author, title, reference, year of publication*	Todd *et al.,* 2002
Guidance topic: PSM	**Key research question/aim: Exp of care**
Checklist completed by: LS	

Section 1: theoretical approach		
1.33 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:

1.34 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Not sure	Comments: Design is appropriate, rational given for qualitative approach, however sampling and data analysis techniques were not highlighted

Section 3: data collection

3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? Yes • Were the appropriate data collected to address the research question? Yes • Was the data collection and record keeping systematic? **Not sure**	Not sure/ inadequately reported	Comments:

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:

4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Not sure	Comments:

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable?	Rigorous	Comments:

• Is it clear how the themes and concepts were derived from the data?		
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:
5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments:

5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Adequate	Comments:

Section 6: ethics

6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not sure/not reported	Comments:

Study identification *Include author, title, reference, year of publication*	Turton *et al.,* 2009
Guidance topic: PSM	**Key research question/aim: Exp of Care**
Checklist completed by: LS	

Section 1: theoretical approach		
1.35 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:

1.36 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments:

Section 3: data collection

3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate	Comments:

Section 4: validity		
4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear	Comments:

4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable	Comments:

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich	Comments:

5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable	Comments:
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject?	Adequate	Comments:

• Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear	Comments:

Study identification *Include author, title, reference, year of publication*	Vogel *et al.,* 1998
Guidance topic: PSM	**Key research question/aim: Exp of Care**
Checklist completed by: LS	

Section 1: theoretical approach

1.37 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate	Comments:
1.38 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible	Comments:

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Inappropriate	Comments:

Section 4: validity

4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Not described	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Not sure	Comments:
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable	Comments:

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Not sure/not reported	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Poor	Comments:

5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Not sure/not reported	Comments:
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data, interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject?	Not sure	Comments:

• Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?		

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Not sure/not reported	Comments:

Study identification *Include author, title, reference, year of publication*	Wagstaff, 2007
Guidance topic:	**Key research question/aim:**
Checklist completed by:	

Section 1: theoretical approach

1.39 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate Inappropriate Not sure	Comments:
1.40 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear Unclear Mixed	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible Not defensible Not sure	Comments:

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate Inappropriate Not sure/ inadequately reported	Comments:

Section 4: validity

4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear Unclear Not described	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear Unclear Not sure	Comments:
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable Unreliable Not sure	Comments:

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous Not rigorous Not sure/not reported	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich Poor Not sure/not reported	Comments:

5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable Unreliable Not sure/not reported	Comments:
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing Not convincing Not sure	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant Irrelevant Partially relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data,	Adequate	Comments:

interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Inadequate Not sure	

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear Not clear Not sure/not reported	Comments:

Study identification *Include author, title, reference, year of publication*	Warfa *et al.,* 2006
Guidance topic:	**Key research question/aim:**

Checklist completed by:	

Section 1: theoretical approach		
1.41 Is a qualitative approach appropriate? *For example:* • Does the research question seek to understand processes or structures, or illuminate subjective experiences or meanings? • Could a quantitative approach better have addressed the research question?	Appropriate Inappropriate Not sure	Comments:
1.42 Is the study clear in what it seeks to do? *For example:* • Is the purpose of the study discussed – aims/objectives/research question(s)? • Is there adequate/appropriate reference to the literature? • Are underpinning values/assumptions/theory discussed?	Clear Unclear Mixed	Comments:

Section 2: study design		
2.1 How defensible/rigorous is the research design/methodology? *For example:* • Is the design appropriate to the research question? • Is a rationale given for using a qualitative approach? • Are there clear accounts of the rationale/justification for the sampling, data collection and data analysis techniques used? • Is the selection of cases/sampling strategy theoretically justified?	Defensible Not defensible Not sure	Comments:

Section 3: data collection		
3.1 How well was the data collection carried out? *For example:* • Are the data collection methods clearly described? • Were the appropriate data collected to address the research question? • Was the data collection and record keeping systematic?	Appropriate Inappropriate Not sure/ inadequately reported	Comments:

Section 4: validity

4.1 Is the role of the researcher clearly described? *For example:* • Has the relationship between the researcher and the participants been adequately considered? • Does the paper describe how the research was explained and presented to the participants?	Clear Unclear Not described	Comments:
4.2 Is the context clearly described? *For example:* • Are the characteristics of the participants and settings clearly defined? • Were observations made in a sufficient variety of circumstances? • Was context bias considered?	Clear Unclear Not sure	Comments:
4.3 Were the methods reliable? *For example:* • Were data collected by more than one method? • Is there justification for triangulation, or for not triangulating? • Do the methods investigate what they claim to?	Reliable Unreliable Not sure	Comments:

Section 5: analysis		
5.1 Is the data analysis sufficiently rigorous? *For example:* • Is the procedure explicit – is it clear how the data were analysed to arrive at the results? • How systematic is the analysis – is the procedure reliable/dependable? • Is it clear how the themes and concepts were derived from the data?	Rigorous Not rigorous Not sure/not reported	Comments:
5.2 Are the data 'rich'? *For example:* • How well are the contexts of the data described? • Has the diversity of perspective and content been explored? • How well have the detail and depth been demonstrated? • Are responses compared and contrasted across groups/sites?	Rich Poor Not sure/not reported	Comments:

5.3 Is the analysis reliable? *For example:* • Did more than one researcher theme and code transcripts/data? • If so, how were differences resolved? • Did participants feed back on the transcripts/data? (if possible and relevant) • Were negative/discrepant results addressed or ignored?	Reliable Unreliable Not sure/not reported	Comments:
5.4 Are the findings convincing? *For example:* • Are the findings clearly presented? • Are the findings internally coherent? • Are extracts from the original data included? • Are the data appropriately referenced? • Is the reporting clear and coherent?	Convincing Not convincing Not sure	Comments:
5.5 Are the findings relevant to the aims of the study?	Relevant Irrelevant Partially relevant	Comments:
5.6 Are the conclusions adequate? *For example:* • How clear are the links between data,	Adequate	Comments:

interpretation and conclusions? • Are the conclusions plausible and coherent? • Have alternative explanations been explored and discounted? • Does this study enhance understanding of the research subject? • Are the implications of the research clearly defined? • Is there adequate discussion of any limitations encountered?	Inadequate Not sure	

Section 6: ethics		
6.1 How clear and coherent is the reporting of ethical considerations? *For example:* • Have ethical issues been taken into consideration? • Are ethical issues discussed adequately – do they address consent and anonymity? • Have the consequences of the research been considered; for example, raising expectations, changing behaviour? • Was the study approved by an ethics committee?	Clear Not clear Not sure/not reported	Comments:

1.2 SERVICE DELIVERY MODELS

1.2.1 Systematic reviews

Study Reference	Cleary *et al*., 2008
Bibliographic reference: Cleary, M., Hunt, G.E., Matheon, S., *et al.* (2008) Psychosocial treatment programs for people with both severe mental illness and substance misuse. *Schizophrenia Bulletin, 34,* 226-8.	
Guideline topic: PSM	**Review question no:** 1.2.1/1.2.2
Checklist completed by: Craig Whittington **(**CW)	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question***
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Yes
Study quality is assessed and reported	Yes
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Yes

1.2.2 RCTs

Study ID		BURNAM1995
Bibliographic reference: Burnam, M.A., Morton, S.C., McGlynn, E.A., Peterson, L.P., Stecher, B.M., Hayes, C., Vaccaro, J.V. (1995) An experimental evaluation of residential and non-residential treatment for dually diagnosed homeless adults. *Journal of Addictive Diseases, 14,* 111-34.		
Guideline topic: PSM		**Review question no:** 1.2.2
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes (except significant differences between groups in terms of marital status):
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N=211 in treatment, n =65 in control. At 3 month follow up, n=40 dropped out in experimental, n=18 dropped out in control. At 6 months, n=8 additional dropped out in experimental, n=0 dropped out in control. At 9 months, n=8 dropped out in experimental, n=11 dropped out in control.	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? n.=56 for experimental, n=27 for control	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes

D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study ID		CHANDLER2006
Bibliographic reference: Chandler, D.W., & Spicer, G. (2006) Integrated treatment for jail recidivists with co-occurring psychiatric and substance use disorders. *Community Mental Health Journal, 42*, 405-425.		
Guideline topic: PSM		**Review question no:** 1.2.1
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Low risk of bias	Unclear/unknown risk	High risk of bias
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N=11 (out of 103) disappeared after jail.	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? N= 31 lost to followup	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

Study ID		DRAKE1998
Bibliographic reference: Drake, R.E., McHugo, G.J., Clark, R.E. *et al*. (1998) Assertive community treatment for patients with co-occurring severe mental illness and substance use disorder: A Clinical Trial. *American Journal of Orthopsychiatry, 68,* 201-215.		
Guideline topic: PSM		**Review question no:** 1.2.1
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? :n=20(out of 223) were lost to attrition (n=11 refused to continue, n=7 deaths, n=2 relocations) all other participants remained in the 3-year study.	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No (attrition was higher for the SCM group than for the ACT group):
C3	a. For how many participants in each group were no outcome data available? N=20	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study ID		ESSOCK2006
Bibliographic reference: Essock, S.M., Mueser, JK.T., Drake, R.E. *et al.* (2006) Comparison of ACT and standard case management for delivering integrated treatment for co-occurring disorders. *Psychiatric Services, 57,* 185-196.		
Guideline topic: PSM		**Review question no:** 1.2.1
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N=19 (out of n=198) lost to follow-up (n=5 withdrew or refused participation, n=6 died, n=8 relocated)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? n=145 (out of n=179) completed every assessment, n=34 did not complete all assessments.	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

Study ID		MORSE2006
Bibliographic reference: Morse, G.A., Calsyn, R.J., Klinkenberg, W.D., *et al. (*2006) treating homeless clients with severe mental illness and substance use disorders: Costs and outcomes. *Community Mental Health Journal, 42*, 377-404.		
Guideline topic: PSM		**Review question no:** 1.2.1
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N=47	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No (two groups differed in terms of the final sample had fewer days of alcohol use and more days of stable housing).
C3	a. For how many participants in each group were no outcome data available? N=47	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

1.2.3 Observational studies

Study Reference		Anderson, 1999
Bibliographic reference: Anderson, A.J. (1999) Comparative impact evaluation of two therapeutic programs for mentally ill chemical abusers. *The International Journal of Psychosocial rehabilitation, 4,* 11-26.		
Guideline topic: PSM		**Review question no: 1.2.1/1.2.2**
Checklist completed by: LsH		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 135 out of 360 (high dropout rate for MICA referrals, 100 out of 135, 35 from the TLC group)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

Study Reference		Blankertz & Cnaan, 1994
Bibliographic reference: Blankertz, L.E., & Cnaan, R.A. (1994) Assessing the impact of two residential programs for dually diagnosed homeless individuals. *Social Service Review, 68*, 536- 560.		
Guideline topic:		**Review question no: 1.2.1/1.2.2**
Checklist completed by:		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 89 out of 135 overall	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? 89 out of 135 had outcome data available	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias (although very high attrition)		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes (3 months)
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure	No

	to the intervention	
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study Reference		Brunette *et al*., 2001
Bibliographic reference: Brunette, M.F., Noordsy, D.L., Buckley, P.F., *et al.* (2005) Pharmacologic Treatments for Co-Occurring Substance Use Disorders in Patients with Schizophrenia. *Journal of Dual Diagnosis, 1*, 41-55.		
Guideline topic: PSM		**Review question no: 1.2.1/1.2.2**
Checklist completed by: LS		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
High risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 3 out of 43 in long term group, no mention of how many participants at follow-up in short-term groups	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? 3 out of 43 in long term group, no mention of how many participants at follow-up in short-term group	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the	Yes

	outcome	
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

Study Reference		de Leon *et al*., 2000
Bibliographic reference: De Leon, G., Sacks, S., Staines, G., *et al.* (2000) Modified therapeutic community for homeless mentally ill chemical abusers: Treatment Outcomes. *The American Journal of Drug and Alcohol Abuse, 26(3),* 461-480.		
Guideline topic: PSM		**Review question no: 1.2.1/1.2.2**
Checklist completed by: LS		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 119/183 in TC1 followed up at 12 months 65/93 in TC2 followed up at 12 month**s** 48/66 in TAU received 12 month baseline interviews	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	No (completed did significantly better on multiple outcomes)
C3	a. For how many participants in each group were no outcome data available? 119/183 in TC1 followed up at 12 months 65/93 in TC2 followed up at 12 month**s** 48/66 in TAU received 12 month baseline interviews	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study Reference		Drake *et al*., 1997
Bibliographic reference: Drake, R.E., Yovetich, N.A., Bebout, R.R. *et al*. (1997) Integrated treatment for dually diagnosed homeless adults. *The Journal of Nervous and Mental Disease, 185*, 298-305.		
Guideline topic: PSM		**Review question no: 1.2.1**
Checklist completed by: Laura Shields		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 12 of 59 in standard treatment vs. 18 of 158 in integrated with treatment.	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? 12 of 59 in standard treatment vs. 18 of 158 in integrated with treatment.	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes

D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study Reference		Ho *et al.*, 1999
Bibliographic reference: Ho, A.P., Tsuang, J.W., Liberman, R.P., *et al. (*1999) Achieving effective treatment of patients with chronic psychotic illness and comorbid substance dependence, *American Journal of Psychiatry,156,* 1765-1770.		
Guideline topic: PSM		**Review question no: 1.2.1**
Checklist completed by: Laura Shields		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes (note: consecutive enrolled participants, pre-post design)
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Not reporeted	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes

D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study Reference		Mangrum *et al*., 2006
Bibliographic reference: Mangrum, L.F., Spence, R.T., & Lopez, M. (2006) Integrated versus parallel treatment of co-occurring psychiatric and substance use disorders. *Journal of Substance Abuse Treatment, 30*, 79-84.		
Guideline topic: Psychosis with coexisting substance misuse (PSM)		**Review question no: 1.2.1**
Checklist completed by: Laura Shields		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Unclear (two groups were randomly allocated, the third was allocated by geographical location, which could have influenced the outcomes)
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes (except for geographical location in the unequivalent control group)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Data was not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Data was not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study Reference		Nuttbrock *et al.*, 1998
Bibliographic reference: Nuttbrock, L.A., Rahav, M., Rivera, J.J., *et al.* (1998) Outcomes of homeless mentally ill chemical abusers in community residences and a therapeutic community. *Psychiatric Services, 49*, 68-76.		
Guideline topic: PSM		**Review question no: 1.2.1/1.2.2**
Checklist completed by: LS		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Of the 169 residents who completed treatment in a therapeutic community, 123/169 completed 2 months of treatment, 72/169 completed six months, 43/169 completed 12 months. Community residentcs – 106/121 started two months of treatment, 67/121 completed 6 months, 45/121 completed 12 months.	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? As above	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes

D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

1.3 PSYCHOLOGICAL/ PSYCHOSOCIAL INTERVENTIONS

1.3.1 RCTs

Study ID		BAKER2006
Bibliographic reference: Baker, A., Bucci, S., Lewin, T.J., *et al.* (2006) Cognitive-behavioural therapy for substance use disorders in people with psychotic disorders. *British Journal of Psychiatry, 188*, 439-448.		
Guideline topic: PSM		**Review question no:** 1.2.2
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear

B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear (raters were blind)
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? All in control arm completed treatment, n=8 completed 0 treatments, n=11 completed some, and n=46 completed all treatments (out of 65)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? N=119 (out of n=130) completed baseline, 15 week and 6 monthf ollowup, and n=97 completed fourth assessment at 12 months	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

Study ID		BARROWCLOUGH2001
Bibliographic reference: Barrowclough, C., Haddock, G., Tarrier, N., *et al.* (2001). Randomised controlled trial of cognitive behavioural therapy plus motivational intervention for schizophrenia and substance use. *American Journal of Psychiatry*, *158*, 1706-1713.		
Guideline topic: PSM		**Review question no:** 1.2.2
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N=17 and n=15 (n=32 out of 36) did not complete assessment at 9 months, and at 12 months → 3 deaths, n=2 refused to complete assessments	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? n=5	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study ID	BARROWCLOUGH2010
Bibliographic reference: Barrowclough, C., Haddock, G., Wykes, T., Beardmore, R., Conrod, P., Craig, T., Davies, L., Dunn, G., Eisner, E., Lewis, S., Moring, J., Steel, C., & Tarrier, N. (in press) A randomised controlled trial of integrated motivational interviewing and cognitive behaviour therapyfor people with psychosis and co-morbid substance misuse – the MIDAS trial. BMJ.	
Guideline topic: PSM	**Review question no:** 1.2.2
Checklist completed by: CW	

A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	No

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	b. How many participants did not complete treatment in each group? CBT+MI: 29 out of 164 did not complete assessment at 12 months, and 25 out of 164 at 24 months → 2 deaths, 1 misdiagnosis. Control: 14 out of 163 did not complete assessment at 12 months, and 46 out of 163 at 24 months → 5 deaths.	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Unclear
C3	b. For how many participants in each group were no outcome data available? CBT+MI: 1 of 164; Control: 0 of 163 (primary outcome)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes

D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study ID		EDWARDS2006
Bibliographic reference: Edwards, J., Elkins, K.., Hinton, M., *et al.* (2006) Randomized controlled trial of a cannabis-focused intervention for young people with first-episode psychosis. *Acta Psychiatrica Scandinavica, 114*, 109-117.		
Guideline topic: PSM		**Review question no:** 1.2.2
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? End of treatment : n= 1 in CAP dropped out, n=1 in PE dropped out. At 6 months post-intervention, n=6 dropped out (CAP), n=6 (PE)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? N=24 nonparticipants (ITT) n=47 randomized	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study ID		GRAEBER2003
Bibliographic reference: Graeber, D.A., Moyers, T.B., Griffith, G., *et al.* (2003) A pilot study comparing motivational interviewing and an educational intervention in patients with schizophrenia and alcohol use disorders. *Community Mental Health Journal, 39*, 189-202.		
Guideline topic: PSM		**Review question no:** 1.2.2
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	No
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes (except more Hispanics than any other ethnic group)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? All participants (n=30) completed treatment	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes

C3	a. For how many participants in each group were no outcome data available? 2/15 were not assessed at follow-up periods	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

Study ID		HELLERSTEIN1995
Bibliographic reference: Hellerstein, D.J., Rosenthal,R.N., & Miner, C.R. (1995) A prospective study of integrated outpatient treatment for substance-abusing schizophrenic patients. *American Journal on Addictions, 4,* 33-42.		
Guideline topic: PSM		**Review question no:** 1.2.2
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Whole ITT sample n= 18/47 were non-starters upon failing to attend at least 2 outptaient sessions after hospital charge (.n=7 experimental, n=11 control subjects)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? 25/29 treatment started completers 4 month followup, 17/29 completed 8 month followup.	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

Study ID		JERRELL1995
Bibliographic reference: Jerrell, J.M., & Ridgely, S.M. (1995) Comparative effectiveness of three approaches to serving people with severe mental illness and substance abuse disorders. *The journal of nervous and Mental Disease, 183*, 566-576.		
Guideline topic: PSM		**Review question no:** 1.2.2
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (randomly assigned cohort reported lower housing stability, lower family interaction, lower personal well-being) when compared to the clinician assigned group.
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? n/a (no retention or attrition rates reported)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? n/a	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study ID		KAVANAGH2004
Bibliographic reference: Kavanagh, D.J., Waghorn, G., Jenner, L., *et al.* (2004a). Demographic and clinical correlates of comorbid substance use disorders in psychosis: multivariate analyses from an epidemiological sample. *Schizophrenia Research*, *66*, 115-124.		
Guideline topic: PSM		**Review question no:** 1.2.2
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (SC in hospital longer on average than SOS patients, and SOS patients more confident in controlling substance use) but these did not predict outcomes.
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear (Raters were blind who were assessing abstinence)

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? All completers (n=25)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? 2/13 participants in the SOS and 6/12 participants iN SC were not assessed at 12 months. 1 participant additionally could not be contacted for followup.	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes

D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study ID		RIES2004
Bibliographic reference: Ries, R.K., Dyck, D.G., Short, R., *et al.* (2004) Outcomes of managing disability benefits among patients with substance dependence and severe mental illness. *Psychiatric Services, 55,* 445-447.		
Guideline topic: PSM		**Review question no:** 1.2.2
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	b. How many participants did not complete treatment in each group? N= data not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a.For how many participants in each group were no outcome data available? N= data not reported	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	No (maybe contact authors – as statistic used is not described in detail, and no tables)
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Unclear
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

Study ID		SCHMITZ2002
Bibliographic reference: Schmitz, J.M., Averill, P., Sayre, S., *et al.* (2002) Cognitive-behavioural treatment of bipolar disorder and substance abuse: A preliminary randomized study. *Addictive Disorders and Their Treatment, 1,* 17-24.		
Guideline topic: PSM		**Review question no:** 1.2.2
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes (except for marital status, and MM group reported more depressive and manic symptoms than MM+ CBT group)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N=24	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes (non-significant by by-group comparisons favboured the MM+ CBT group over MM group for treatment completion)
C3	a. For how many participants in each group were no outcome data available? N=24, n=22 gave outcome data	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

Study ID		TRACY2007
Bibliographic reference: Tracy, K., Babuscio, T., Nich, C., *et al.* (2007) Contingency management to reduce substance use in individuals who are homeless with co-occurring psychiatric disorders. *The American Journal of Drug and Alcohol Abuse*, *33,* 253-258.		
Guideline topic: PSM		**Review question no:** 1.2.2
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	yes
B2	Participants receiving care were kept 'blind' to treatment allocation	unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	unclear
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unknown/unclear risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N= 4 out of 30 did not complete the study	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	yes
C3	a. For how many participants in each group were no outcome data available? N=4 (out of 30)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	no
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	unclear

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unknown/unclear risk of bias		
Likely direction of effect:		

Study ID		WEISS2007
Bibliographic reference: Weiss, R.D., Griffin, M.L., Kolodziej, M.E., *et al.* (2007) A randomized trial of integrated group therapy versus group drug counselling for patients with bipolar disorder and substance dependence. *American Journal of Psychiatry, 164*, 100-107.		
Guideline topic: PSM		**Review question no:** 1.2.2
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear (partial – the psychologist and raters were blind but the research assistants were not):
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N=7 (out of 31) discontinued treatment in intergrated group therapy arm, n=14 (out of 31) disctoninued in group drug counseling arm.	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available?	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Unclear

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study ID		WEISS2009
Bibliographic reference: Weiss, R.D., Griffin, M.L., Jaffee, W.B., *et al.* (2009) A "community friendly" version of integrated group therapy for patients with bipolar disorder and substance dependence: A randomized controlled trial. *Drug and Alcohol Dependence, 104*, 212-219.		
Guideline topic: PSM		**Review question no:** 1.2.2
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		

Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N= 6/31 (integrated group therapy), 6/30 (group drug counseling)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	
C3	a. For how many participants in each group were no outcome data available? N= 3/61 no outcome data available (95% of sample completed all data throughout 6 month follow-up points)	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes

D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

1.3.2 Observational studies

Study Reference		James *et al*., 2004
Bibliographic reference: James, W., Preston, N.J., Koh, G. et al. (2004) A group intervention which assist patients with dual diagnosis reduce their drug use: A randomized controlled trial. Psychological Medicine, 34, 983-990.		
Guideline topic: PSM		**Review question no:**
Checklist completed by: LS		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 29/32 for intervention group , 29/31 for control group	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? 29/32 for intervention group , 29/31 for control group	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes

D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

Study Reference		Helmus *et al.*, 2003
Bibliographic reference: Helmus, T.C., Saules, K.K., Shoener, E.P., et al. (2003) Reinforcement of counselling attendance and alcohol abstinence in a community-based dual-diagnosis treatment program: A feasibility study. Psychology of Addictive Behaviors, 17, 249-251.		
Guideline topic: PSM		**Review question no:**
Checklist completed by: Laura Shields		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Unclear
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? Not reported	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Not reported, just reported that for each CM group, group attendance rates were (m, SD): 61%(35%) for Group 1, 65%(32%) for Group 2, 69%(29%) for Group 3.	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	N/A (within-subjects reversal design)
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the	Yes

	outcome	
D4	Investigators were kept 'blind' to participants' exposure to the intervention	No
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study Reference		Lykke *et al.*, 2010
Bibliographic reference: Lykke, J., Oestrich, I., Austin, S.F., et al. (2010) The implementation and evaluation of cognitive milieu therapy for dual diagnosis inpatients: A pragmatic clinical trial. Journal of Dual Diagnosis, 6, 58-72.		
Guideline topic: PSM		**Review question no:**
Checklist completed by: Laura Shields		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes No Unclear N/A
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes No Unclear N/A
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes No Unclear N/A
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias Unclear/unknown risk High risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes No Unclear N/A
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes No Unclear N/A
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes No Unclear N/A

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias Unclear/unknown risk High risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 34 out of 102 deoppred out overall	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Not reported but can assume it si 34 of 102	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	No
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure	No

	to the intervention	
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study Reference		Santa Ana *et al*., 2007
Bibliographic reference: Santa Ana, E.J., Wulfert, E., & Nietert, P.K. (2007) Efficacy of group motivational interviewing (GMI) for psychiatric inpatients with chemical dependence. Journal of Consulting and Clinical Psychology, 75, 816-822.		
Guideline topic: PSM		**Review question no:**
Checklist completed by: Laura Shields		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? N=2 lost to follow up in month 1 in GMI group (out of 50), n=2 lost to follow-up at month 1 in TAAC group (out of 51) N=6 dropped out at month 3 in GMI group N=8 dropped out in month 3 in TAAC group	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? 48/50 at month 1 for GMI group, 49/51 for TAAC group 44/50 at month 3 for GMi group, 43/51 for TAAC group	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		

D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		

Study Reference		Tyrer *et al.*, in press
Bibliographic reference: Tyrer, P., Milošeska, K., Whittington, C., et al. Nidotherapy in the treatment of substance misuse, psychosis and personality disorder: secondary analysis of a controlled trial. The Psychiatrist (in press).		
Guideline topic: PSM		**Review question no:**
Checklist completed by: LS		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	Yes
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes
B3	Individuals administering care were kept 'blind' to treatment allocation	Yes

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? n=52 in original trial, however n=19 in nidotherapy group, and n=18 in control group had comobird substance misuse and were used for this guideline. Therefore n=37 2 drop outs (n=1 death from nidotherapy, n=1 drop out from control)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? Nidotherapy group: 1/19 no outcome data at 6 month follow up, 6 out of 18 no outcome data at 12 month follow-up Control: 1 out of 18 no outcome data at 6 month, 5 out of 18 no outcome data at 12 month follow-up	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		

D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Unclear (as outcomes were part of a secondary analysis)
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

Study Reference		Weiss *et al.*, 2000
Bibliographic reference: Weiss, R.D., Griffin, M.L., Jaffee, W.B., et al. (2009) A "community friendly" version of integrated group therapy for patients with bipolar disorder and substance dependence: A randomized controlled trial. Drug and Alcohol Dependence, 104, 212-219.		
Guideline topic: PSM		**Review question no:**
Checklist completed by: :LS		
		Circle one option for each question:
A. Selection bias (systematic differences between the comparison groups)		
A1	The method of allocation to treatment groups was unrelated to potential confounding factors (that is, the reason for participant allocation to treatment groups is not expected to affect the outcome(s) under study)	No (potential selection-bias)
A2	Were any attempts made within the design or analysis to balance the comparison groups for potential confounders?	Unclear
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	No
B3	Individuals administering care were kept 'blind' to treatment allocation	Unclear

Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	Yes
C2	a. How many participants did not complete treatment in each group? 2 dropouts of 21 patients (both in first cohort of the study sequentially assigned to treatment)	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	Yes
C3	a. For how many participants in each group were no outcome data available? All, both drop outs of treatment continued to do assessments.	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available)	Yes
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes
D4	Investigators were kept 'blind' to participants' exposure	No

	to the intervention	
D5	Investigators were kept 'blind' to other important confounding/prognostic factors	No
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Unclear/unknown risk		
Likely direction of effect:		

1.4 PHARMACOLOGICAL INTERVENTIONS

1.4.1 Systematic reviews

Study Reference	Buchanan *et al.*, 2009
Bibliographic reference: Buchanan, R.W., Kreyenbuhl, J., Kelly, D.L., et al. (2009) The 2009 schizophrenia PORT psychopharmacological treatment recommendations and summary statements. Schizophrenia Bulletin, 36, 71-93.	
Guideline topic: PSM	**Review question no:** 2.1.1/2.3.1/2.5.1
Checklist completed by: CW	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question***
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Yes
Study quality is assessed and reported	Unclear
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Yes

Study Reference	Casas *et al.*, 2008
Bibliographic reference: Casas, M., Franco, M.D., Goikolea, J.M., et al. (2008) Spanish Working Group on Bipolar Disorders in Dual Diagnosis. Bipolar disorder associated to substance use disorders (dual diagnosis). Systematic review of the scientific evidence and expert consensus. Actas españolas de psiquiatría, 36, 350-361.	
Guideline topic: PSM	**Review question no:** 2.1.1/2.3.1/2.5.1
Checklist completed by: CW	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question***
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Yes
Study quality is assessed and reported	Unclear
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Yes

Study Reference	Center for Substance Abuse Treatment, 2005 [TIP42]
Bibliographic reference: Center for Substance Abuse Treatment (2005) *Substance Abuse Treatment for Persons With Co-Occurring Disorders*. Treatment Improvement Protocol (TIP) Series 42. DHHS Publication No. (SMA) 05-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration.	
Guideline topic: PSM	**Review question no:** 2.5.1
Checklist completed by: CW	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question*** **Yes/ No/ Unclear**
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Unclear
Study quality is assessed and reported	Yes
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Unclear

Study Reference	Center for Substance Abuse Treatment, 2005 [TIP43]
Bibliographic reference: Center for Substance Abuse Treatment. (2005) *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs.* Treatment Improvement Protocol (TIP) Series 43. DHHS Publication No. (SMA) 05-4048. Rockville, MD: Substance Abuse and Mental Health Services Administration.	
Guideline topic: PSM	**Review question no:** 2.5.1
Checklist completed by: CW	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question*** **Yes/ No/ Unclear**
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Yes
Study quality is assessed and reported	Unclear
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Yes

Study Reference	Center for Substance Abuse Treatment, 2006 [TIP45]
Bibliographic reference: Center for Substance Abuse Treatment (2006) *Detoxification and Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 45. DHHS Publication No. (SMA) 06-4131.* Rockville, MD: Substance Abuse and Mental Health Services Administration.	
Guideline topic: PSM	**Review question no:** 2.5.1
Checklist completed by: CW	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question*** **Yes/ No/ Unclear**
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Yes
Study quality is assessed and reported	Unclear
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Yes

Study Reference	Green *et al*., 2008
Bibliographic reference: Green, A.I. (2005) Schizophrenia and comorbid substance use disorder: effects of antipsychotics. *Journal of Clinical Psychiatry, 66*, 21-26.	
Guideline topic: PSM	**Review question no:** 2.1.1/2.3.1/2.5.1
Checklist completed by: CW	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question***
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Unclear
Study quality is assessed and reported	Unclear
An adequate description of the methodology used is included, and the methods used are appropriate to the question	No

Study Reference	Hjorthoj *et al*., 2009
Bibliographic reference: Hjorthoj, C., Fohlmann, A., & Norentoft, M. (2009) Treatment of cannabis use disorders in people with schizophrenia spectrum disorders – A systematic review. *Addictive Behaviours, 34,* 846-851.	
Guideline topic: PSM	**Review question no:** 2.1.1/2.3.1/2.5.1
Checklist completed by: CW	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question***
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Yes
Study quality is assessed and reported	Yes
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Yes

Study reference	Mills *et al*., 2009
Bibliographic reference: Mills, K.L., Deady, M., Proudfoot, H., *et al.* (2009) *Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings*. Sydney: University of New South Wales.	
Guideline topic: PSM	**Review question no:** 2.1.1/2.3.1/2.5.1
Checklist completed by: CW	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question***
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Unclear
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Unclear (authors stated that guideline based on a comprehensive review, but not details given)
Study quality is assessed and reported	Unclear (authors stated "In developing these Guidelines, we have relied where possible on evidence from welldesigned research studies. Where this evidence was not available, recommendations are based upon appropriate clinical experience.")
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Unclear

Study Reference	San *et al*., 2007
Bibliographic reference: San, L., Arranz, B., & Martinez-Raga, J. (2007) Antipsychotic drug treatment of schizophrenia patients with substance abuse disorder. European Addiction Research, 13, 230-243.	
Guideline topic: PSM	**Review question no:** 2.1.1/2.5.1
Checklist completed by: CW	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question*** **Yes/ No/ Unclear**
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Yes
Study quality is assessed and reported	Yes (but not reported for each study)
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Yes

Study Reference	Smelson *et al*., 2008
Bibliographic reference: Smelson, D.A., Dixon, K., Craig, T., *et al.* (2008) Pharmacological treatment of schizophrenia and co-occurring substance us e disorders. *CNS Drugs, 22*, 903-916.	
Guideline topic: PSM	**Review question no:** 2.1.1/2.3.1/2.5.1
Checklist completed by: CW	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question*** **Yes/ No/ Unclear**
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Unclear
Study quality is assessed and reported	No
An adequate description of the methodology used is included, and the methods used are appropriate to the question	No

Study Reference	Tiet & Mausbach, 2007
Bibliographic reference: Tiet, Q.Q. & Mausbach, B. (2007) Treatments for patients with dual diagnosis: A review. Alcoholism: *Clinical and Experimental Research, 31*, 513-536.	
Guideline topic: PSM	**Review question no:** 2.1.1/2.3.1/2.5.1
Checklist completed by: CW	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question*** **Yes/ No/ Unclear**
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Yes
Study quality is assessed and reported	No
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Yes

Study Reference	Vornik & Brown, 2006
Bibliographic reference: Vornik, L.A. & Brown, E.S. (2006) Management of comorbid bipolar disorder and substance abuse. *Journal of Clinical Psychiatry, 67,* 24-30.	
Guideline topic: PSM	**Review question no:** 2.1.1/2.3.1/2.5.1
Checklist completed by: CW	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question*** **Yes/ No/ Unclear**
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Unclear
Study quality is assessed and reported	No
An adequate description of the methodology used is included, and the methods used are appropriate to the question	No

Study Reference	Wobrock & Soyka, 2008
Bibliographic reference: Wobrock, T., & Soyka, M. (2008) Pharmacotherapy of schizophrenia with comorbid substance use disorder – Reviewing the evidence and clinical recommendations. *Progress in Neuro-Psychopharmacology and Biological Psychiatry, 32,* 1375-1385.	
Guideline topic: PSM	**Review question no:** 2.1.1/2.3.1/2.5.1
Checklist completed by: CW	
SCREENING QUESTIONS	
In a well-conducted, relevant systematic review:	***Chose one option for each question***
The review addresses an appropriate and clearly focused question that is relevant to the guideline review question	Yes
The review collects the type of studies you consider relevant to the guideline review question	Yes
The literature search is sufficiently rigorous to identify all the relevant studies	Yes
Study quality is assessed and reported	No
An adequate description of the methodology used is included, and the methods used are appropriate to the question	Yes

1.4.2 RCTs

Study ID		SWARTZ2008
Bibliographic reference: Swartz, M. S., Wagner, H. R., Swanson, J. W., *et al*. (2008) The effectiveness of antipsychotic medications in patients who use or avoid illicit substances: Results from the CATIE study. *Schizophrenia Research, 100(1-3)*, 39-52.		
Guideline topic: PSM		**Review question no:** 2.1.1
Checklist completed by: LS		
A. Selection bias (systematic differences between the comparison groups)		
A1	An appropriate method of randomisation was used to allocate participants to treatment groups (which would have balanced any confounding factors equally across groups)	Yes
A2	There was adequate concealment of allocation (such that investigators, clinicians and participants cannot influence enrolment or treatment allocation)	Yes
A3	The groups were comparable at baseline, including all major confounding and prognostic factors	No (but accounted for in analysis)
Based on your answers to the above, in your opinion was selection bias present? If so, what is the likely direction of its effect?		
Low riks of bias		
Likely direction of effect:		
B. Performance bias (systematic differences between groups in the care provided, apart from the intervention under investigation)		
B1	The comparison groups received the same care apart from the intervention(s) studied	Yes
B2	Participants receiving care were kept 'blind' to treatment allocation	Yes

B3	Individuals administering care were kept 'blind' to treatment allocation	Yes
Based on your answers to the above, in your opinion was performance bias present? If so, what is the likely direction of its effect?		
Low riks of bias		
Likely direction of effect:		
C. Attrition bias (systematic differences between the comparison groups with respect to loss of participants)		
C1	All groups were followed up for an equal length of time (or analysis was adjusted to allow for differences in length of follow-up)	N/A
C2	a. How many participants did not complete treatment in each group? N=	
	b. The groups were comparable for treatment completion (that is, there were no important or systematic differences between groups in terms of those who did not complete treatment)	N/A
C3	a. For how many participants in each group were no outcome data available? N=	
	b. The groups were comparable with respect to the availability of outcome data (that is, there were no important or systematic differences between groups in terms of those for whom outcome data were not available).	N/A
Based on your answers to the above, in your opinion was attrition bias present? If so, what is the likely direction of its effect?		
Low risk of bias (time to discontinuation was the primary outcome; other outcomes are more prone to bias)		
Likely direction of effect:		
D. Detection bias (bias in how outcomes are ascertained, diagnosed or verified)		
D1	The study had an appropriate length of follow-up	Yes
D2	The study used a precise definition of outcome	Yes
D3	A valid and reliable method was used to determine the outcome	Yes

D4	Investigators were kept 'blind' to participants' exposure to the intervention	Yes
D5	Investigators were kept 'blind' to other important confounding and prognostic factors	Yes
Based on your answers to the above, in your opinion was detection bias present? If so, what is the likely direction of its effect?		
Low risk of bias		
Likely direction of effect:		